INTERPROFESSIONAL EDUCATION TO IMPROVE PATIENT HEALTH OUTCOMES

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THE PURPOSE OF OUR SYMPOSIUM

To help you identify interprofessional education strategies you can incorporate into nurse practitioner curricula and To tell you more about one approach to interprofessional education
OUR PROJECT’S FUNDING

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The information and content and conclusions are those of the authors and should not be construed as official position or policy of, nor should any endorsements be inferred by the Division of Nursing, HRSA, Bureaus of Health Professions, HHS or the U.S. Government.
WHAT WE WILL DO TODAY

- Describe the need for IPE, challenges of implementation, steps to engage partners in developing a case-based IPE program
- Identify key components of an IPE program with persons with multiple chronic conditions.
- Describe an IPE program with students across five disciplines.
- Present expansion beyond a standardized patient to include home and clinic visits.
THE PROBLEM

As educators we are challenged to address interprofessional practice in our education programs

It can be difficult to select appropriate interprofessional education strategies and to incorporate them into already full curricula

Educational programs in EVERY profession fail to lay foundation for strong collaborative primary care practice (Pohl et al 2015)
WHAT WE HAVE BEEN DOING

- Our work in evidence-based practice is often profession specific.
- Efforts of each individual profession are grounded in specific knowledge, value and belief systems.
  - These efforts result in variations in forms of and values for specific types of evidence (Ferlie et al., 2005).
- Social boundaries result in poor diffusion across professions (Ferlie).
WHAT WE SAY WE BELIEVE

- The status quo is intolerable if we want to advance the quality of care for patients in all settings
- IPE is essential to deliver unified, cohesive, patient care (IOM, 2003)
Academic silos and accreditation requirements have precluded effective interprofessional education in the past.

THERE IS HOPE

New strategies and technologies improve IP course and content delivery. Health care reform supports many of these educational changes (Macy Foundation, 2013)
RECOMMENDATIONS

• Substantive changes in the way HC professionals in all primary care disciplines are trained and held accountable for care they deliver
• All PCPs required to develop skills to support effective collaboration
  • With each other, with patients and with communities.
  • HP students need to engage in interactive learning with those outside their profession.
  • Students need to deliberately work together with the goal of building safer and more patient-centered care.

Interprofessional Education Collaborative Expert Panel. (2011)
BACKGROUND FOR OUR WORK

- Team-based education and care endorsed by:
  - AACN, IOM, RWJ, Macy Foundation, WHO
- We know collaborative care is crucial for NP students, providers, and patients
- We wanted to embed team-based care as foundational learning in our programs’ curricula

Our Plan: Develop and implement a series of structured IPE experiences in our NP curricula
OUR GOALS

- Incorporate interprofessional team-based care into health professions on our campus
- Expand faculty development programs
  - Focus on effective interprofessional learning, teaching and practice.
- Develop a model of team-based care
  - Emphasis on continuity of care over time and across settings
  - Implement longitudinal, team-based experiences
Miller (1990) The assessment of clinical skills/performance
IMPLEMENTING INTERPROFESSIONAL EDUCATION INTO NURSE PRACTITIONER CURRICULA: FACULTY EDUCATION AND ENGAGEMENT

Janet Purath, PhD, ANP-BC
Cynthia Fitzgerald, PhD, FNP-BC
PURPOSE

We will describe:

- The need for faculty development
- Steps to engage faculty partners in developing a case-based interprofessional education program
- Challenges in implementation
WHY THIS IS DIFFICULT

Faculty

- Have competing demands for teaching
- Lack strategies for implementing IPE into their programs and courses
- Likely did not learn about interprofessional practice in their education
WHAT WE DID

- Held regular team meetings
  - Pharmacy, nursing, medicine, social work and nutrition
- Educated IPE faculty and all interested faculty
- Offered Workshops
  - TeamSTEPPS
  - Motivational interviewing
  - Debriefing
  - And more
SERENDIPITOUS BENEFITS

expanded faculty’s own understanding of IP roles - their own and each other’s
IMPLEMENTING INTERPROFESSIONAL EDUCATION INTO NURSE PRACTITIONER CURRICULA: A CASE STUDY

Linda Ward, PhD, FNP-C
Miller (1990) The assessment of clinical skills/performance

- KNOWS
- KNOWS HOW
- SHOWS HOW
- DOES

DEVELOPMENT
Learn professional roles
Learn collaborative skills

PRACTICE
Demonstrate clinical and interprofessional skills in simulated encounters
OUR OBJECTIVES

- Students will:
  - Endorse the benefits of interprofessional team-based care
  - Understand roles of team members
  - Learn strategies for delivering patient-centered care
  - Develop a skill set for effective interprofessional practice
  - Practice team-based, patient-centered care
SETTING

- 82 graduate students
  - Nursing (FNP)
  - Medicine
  - Pharmacy
  - Social Work
  - Nutrition and Exercise Physiology

- 18 faculty
- 2 campuses
- 2 universities
APPROACH

- We designed structured activities for students to practice care that was:
  - Collaborative
  - Patient-centered
  - Evidence-based

- We embedded activities in designated courses
  - Two sequential NP core clinical courses
  - Clinical medicine course
  - Electives in pharmacy, social work, and nutrition-exercise physiology
Components

- Distance/online/hybrid education
- TeamSTEPPS® training
- Simulation with standardized patients
- Case
  - Unfolding, increasingly complex
  - Opportunities to apply evidence
  - Involve all professions
INITIAL ACTIVITIES

Baseline assessment

- Teambuilding
- TeamSTEPPS® training and practice
- Journal Club
- Four simulated ‘virtual’ clinic encounters
  - Feedback from Standardized Patients
  - Faculty evaluation of clinical notes & teamwork
  - Repeat assessment
TEAMBUILDING

- 12 interdisciplinary teams of 5-6 students
- “Meet and Greet” online discussion board with prompted questions
- Team names

Hello. My Name is _________ and I am currently in my second year of the Doctor of Nursing Practice (Family Nurse Practitioner) program through WSU. I am originally from Spokane and now currently live just north of Spokane in Colbert. I have been a nurse on a telemetry floor at Holy Family Hospital for four years and am still currently working there. I do not watch very many cartoons, except for the ones that my kids are watching, and so I think that I am most like Ryder (from Paw Patrol) because he is always up for a challenge, no matter how big or small. I chose the nursing profession because I always wanted to work in health care since I starting going to physical therapy in elementary school and have enjoyed working with people since I was formerly a barista.
JOURNAL CLUB

- Followed first simulated encounter
- Synchronous team activity
  - Read two articles re team-based diabetes care
  - Execute 45-minute team meeting
  - Consider 6 questions
  - Post 3-minute video summary
- Faculty reviewed, provided feedback
SIMULATIONS: THE UNFOLDING CASE

- Standardized patients
- Multiple chronic conditions
  - HTN, depression, tobacco use, overweight
- Increasing complexity of care
- Expanding team role
- Embedded care transition
- Multiple opportunities to apply evidence
  - JNC8, AHA-ACC-HRS a-fib guidelines, CHADS2-CHADS2-VASc
INITIAL SIMULATION

- Standardized patient AND standardized provider
- Provider (faculty member) elicited history
- Exam findings provided to student observers
- Students
  - Conducted team conference to collaborate about plan
  - Negotiated plan of care with patient
  - Developed (ungraded) SOAP note for encounter
  - NP students edited & submitted group SOAP note for grade (embedded in their course)
SUBSEQUENT SIMULATIONS

- Same format, same standardized patient (but)
  - Students elicit history and plan care
  - Care needs progress
  - Hypertension ➔ atrial fibrillation ➔ stroke ➔ advance directives
IMPLEMENTING INTERPROFESSIONAL EDUCATION INTO NURSE PRACTITIONER CURRICULA:

CULMINATING AN INTERPROFESSIONAL EDUCATION INITIATIVE - THE HORIZON

Karen Caines, PhD, PNP-BC
Cindy Fitzgerald, PhD, FNP-BC
Does

Knows how

Shows how

Knows

Miller (1990) The assessment of clinical skills/performance

Development
Learn professional roles
Learn collaborative skills

Practice
Demonstration clinical and interprofessional skills in simulated encounters

Synthesis
Care for patients in teams in clinical setting
PROCESS

- Faculty work with collaborating agencies to identify patients with multiple chronic conditions
- Teams met* patients in clinic setting, arranged and conducted 2-3 home follow-up visits
- Teams meet to discuss each patient encounter
- Teams managing care & collaborating with primary care providers
PROJECT CULMINATION

- Learning moves from classroom to community, from simulation-based to real-world
  - Students assume increasing autonomy for care in community-based settings
  - Interprofessional teams establish patient-centered relationship
- Online course continues to facilitate instruction and team communication
EVALUATION

- Pre-post student testing (T1 - T3)
  - Team Skills Scale (TSS)
  - Students Perceptions of Practitioners’ Interprofessional Clinical Education (SPICE)
  - Self-Assessment of Clinical Reflection and Reasoning (SACRR)

- Standardized patients evaluation of teams

- Faculty used rubrics to evaluate student documentation
CHALLENGES

- Assumption of student preparation
  - Value of clarifying expectations

- Assumption of student engagement
  - Graded vs. non-graded assignments
  - Elective vs. required (clinical) courses

- Multiple-campus engagement
  - Technology failures (!)
  - Faculty investment
WHAT WENT WELL

- Increase in faculty learning, understanding, communication across disciplines
- Unfolding case with standardized patient
  - Increasing faculty expertise in case development
  - Student-SP relationship facilitated engagement
  - Case was effective
- Provided important foundation for development of SP program on health sciences campus
OUR FUTURE

- Provides clear direction for IPE on our campus
  - Embedding IP courses across multiple health sciences programs
  - Balancing benefit with burden for faculty & students
- Informs plans for development of patient centered healthcare home at campus-based health clinic
### THANK YOU!

### GRANT MEMBER COLLABORATORS

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<td>Janet Beary E’llise Balogh Brenda Bray Karen Caines Janelle Clauser April Davis Cynthia Fitzgerald Rie Kobayashi Ann Mason Tamara Odom-Maryon</td>
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The table above lists the Collaborators and their contributions across various disciplines. The Collaborators are acknowledged for their efforts in advancing the field of education and research in various disciplines. The list includes individuals from diverse professional backgrounds and expertise, reflecting the collaborative nature of the project.
ANE-HRSA AWARD INFORMATION

USING INTERPROFESSIONAL EDUCATION TO IMPROVE CARE FOR PATIENTS WITH MULTIPLE CHRONIC CONDITIONS

Advanced Nursing Education

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REFERENCES


TeamSTEPPS: National Implementation. Available at: http://teamstepps.ahrq.gov/

Questions---Discussion

THANK YOU!