The webinar will begin at 1:00 p.m. CDT
Developing Interprofessional Champions in the Clinical Environment: Opportunities for Preceptors

Friday, May 8
Moderator

Sarah Shrader,
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Clinical Associate Professor,
School of Pharmacy,
University of Kansas
Presenters

Jean Nagelkerk, PhD, FNP
Vice Provost for Health, Cook-DeVos Center for Health Sciences, Grand Valley State University

Sarah Shrader, PharmD, FCCP, BCPS, CDE
Clinical Associate Professor, School of Pharmacy, University of Kansas

Jana Zaudke, MD, MA
Family Physician and Interprofessional Educator, University of Kansas Medical Center
Background

- Experts in the field of IPECP have called for increased emphasis on faculty development

Literature Review

- Emphasis on IP facilitation skills for faculty development\(^1,2\)
- More recent information regarding faculty development at academic health centers\(^3,4\)
Background

- Hidden curriculum is powerful for students!
- Focus on faculty development for the PRECEPTOR
- Making the Magic Happen…
  - Students experience both interprofessional practice AND education simultaneously

The Preceptor Lives Here
Education World
Practice World

THE NEXUS!!!
University of Kansas Medical Center Case Study:
The Preceptor as Nexus
The History…IP Teaching Clinic and IP Curriculum

- HRSA Pre-doctoral training grant in Primary Care (2011-2016)
  - Develop IP clinic → Interprofessional Teaching Clinic (IPTC)
    - Student and patient outcomes
  - Develop an intentional IPE curriculum → Studio Pop
    - Simulations and debriefings explicitly focusing on IPCP
Preceptors in the Nexus Toolkit

Ready to transform your clinical site into an interprofessional collaborative care and training site?

What you’ll get from this toolkit

A wide array of tools that support and enrich interprofessional practice to enhance patient care and professional development opportunities for clinical preceptors facilitating interprofessional teams of learners. You can use any or all of the tools in a variety of settings - everything is customizable! The tools are available in a variety of formats:

- web-based modules for preceptor development,
- active-learning materials and facilitator guides for face-to-face workshops for preceptor development,
- interprofessional education materials to be used with learners to enhance their practice experiences,
- interprofessional collaborative practice materials and other resources being used across the country.

Who this toolkit is for

This toolkit will help preceptors in any healthcare profession who wish to precept interprofessional learners and/or champion interprofessional practice and education at their clinical site.

Get started with interprofessional precepting

Build a foundation of knowledge and skills in precepting interprofessional learners, facilitating interprofessional discussions, and enhancing interprofessional practice and education at your site.

- Complete one or all of the short and self-paced online modules.
- Consider using these alone or as part of a group activity.

Provide effective interprofessional education experiences for learners

Already have a good foundation in interprofessional collaborative practice? Do you want tools and techniques for educating interprofessional learners on their clinical rotations?

Become an interprofessional practice and education champion at your clinical site

Already have a good foundation in interprofessional education? Do you want to learn strategies to promote and enhance interprofessional collaborative care at your clinical site?
### Preceptor as Learner

<table>
<thead>
<tr>
<th>ONLINE MODULES</th>
<th>GROUP LEARNING MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>An Introduction to Interprofessional Collaboration</td>
<td>Madness to Methods</td>
</tr>
<tr>
<td>Facilitating Interprofessional Discussions: Best Practices</td>
<td>Role Play Cards</td>
</tr>
<tr>
<td>Interprofessional Precepting: Best Practices</td>
<td>Objective Structured Teaching Experience (OSTE)</td>
</tr>
<tr>
<td>Enhancing Interprofessional Practice and Education at Your Site</td>
<td>Madness to Methods</td>
</tr>
</tbody>
</table>

### Preceptor as Interprofessional Educator

**EDUCATIONAL TOOLS**

- Interprofessional Crucial Conversations/Conflict Resolution
- Interprofessional Agents of Change
- Interprofessional Team Evaluation
- Interprofessional Journal/Book Club
- Interprofessional Pandora’s Box
- Interprofessional Standardized Patient Simulation
- Interprofessional Quality Improvement
- Interprofessional Debriefing Guides

### Preceptor as Interprofessional Champion

**PRACTICE TRANSFORMATION TOOLS**

- Interprofessional Group Visit and Home Visit Guides
- National Models and Resources for Interprofessional Practice Transformation
Uncertain about the best way to precept interprofessional teams of learners?

Learn some best practices for interprofessional precepting and make a plan for implementing them with your next group of learners. **Begin!**
Interprofessional team-based care
Is your team as effective as it could be?

Begin
Interprofessional Teams in Practice: Scenario 5: Patient Discharge Plan Meeting

An interprofessional team discusses patient plans for discharge and transition of care. The team includes an attending physician, bedside nurse, medical resident, pharmacist, physical therapist, dietitian, and social worker.

Move the slider to explore ways to enhance interprofessional collaboration in this situation through simple, moderate, and complex changes to process of care. Consider also, the value of engaging students.

Send an electronic message alert to the primary care provider’s offices alerting staff that their patients are in the hospital. Provide the anticipated day of discharge and a message system for communication with an inpatient team.
Examples of How to Use the Tools...

- **IP Preceptor Summit**
  - Day of discovery, discussion, development
  - Attendees
    - Leaders
    - Coordinators
    - Learners
    - Preceptors from clinics/units
- Online Modules + Discussion
- Madness to Methods Tool
- Amina Story from NCIPE
- InSITE Assessment
Examples of How to Use the Tools...

- **Interprofessional Objective Structured Teaching Experience (iOSTE)**
- Preceptors will interact with “standardized students” in scenarios to:
  - facilitate a small group of interprofessional students, even in the face of reluctant and disruptive behavior
  - precept an interprofessional team of students, even when the team is dysfunctional and dominated by one voice
  - evaluate team-based communication and patient care, offering up difficult, yet timely feedback
Evaluation

The Faculty Preceptor as Nexus: Interprofessional practice and education at the point of primary care

Current situation needing change: In order to scale up current interprofessional efforts, we need faculty preceptors and clinical sites developed where students experience both interprofessional practice and education.

Intervention: Part A: To discern the effects of a faculty development program on preceptor and learner attitudes, knowledge, skills, and behavior regarding IPECP. This package will include interprofessional faculty development materials, interprofessional practice tools, and interprofessional education curricula.

Part B: To discern effects of transforming a traditional primary care clinic into an interprofessional teaching clinic on: a. utilization of interprofessional resources/team members; b. patient outcomes of top three chronic disease diagnoses; c. patient outcomes after utilization of medical-legal partnership clinic; d. patient satisfaction with interprofessional care.

Research Question(s): Part A: In clinical preceptors and learners providing care in a traditional primary care setting, what is the effect of an interprofessional and collaborative practice faculty development program on preceptor and learner attitudes, knowledge, skills and behavior compared pre and post intervention?

Part B: What is the impact of the interprofessional experiential model (IPTC and IP education curriculum) on patient outcomes at baseline and every six months and also compared to a matched control group receiving the traditional model of primary care?

Clinical Outcomes:
1) Identifying professions on the interprofessional team and what referrals for team-based care are being made; 2) Identifying who the key cohort of patients that have highly utilized team services are; 3) Identifying the effects of the creation and utilization of a flow sheet to help capture data; 4) Change in key performance measures for each of the 3 disease states; 5) Tracking MLP referrals, 6) Identifying outcomes of the legal cases; 7) Tracking patient satisfaction surveys and patient focus groups.

Ecological Data/Variables:
Focus on chronic disease, lower SES- urban and rural clinics

Triple Aim Outcomes Addressed:
The project outcomes are connected to the Triple Aim Outcomes of improving care quality of patients and increase in patient satisfaction for care received.

Study Design with Comparison Groups:
Part A: Longitudinal study to determine the effects of the faculty preceptor at the primary point of care.
Part B: Longitudinal study to determine the effects of the interprofessional experiential model on patient outcomes compared to a matched cohort of patients seen in a traditional primary care model.
Next Steps

- Work with 5 primary care sites in rural Kansas (Case Studies)
  - Step 1: Observe and needs assessment
  - Step 2: Develop preceptors and clinical staff
  - Step 3: Intentionally bring IP student teams together at the site for IPECP
  - Step 4: Determine what worked and what did not to move forward w/ model
Evaluation

- Website: Preceptors in the Nexus
  - Analytics
  - Satisfaction
- Preceptors and Clinicians at Site
  - ATHCTS (pre/post)
  - iOSTE performance
  - Focus group
- Students at Site
  - Student satisfaction with preceptor/site focusing on IPECP (pre/post)
  - Focus group
- Patients at Site
  - Patient satisfaction (pre/post)
  - Focus group
What Have We Learned?

- **Wins** = a place to start, customizable, examples born out of experience, application suited for completion alone or in workshop/small group discussion

- **Challenges** = busy/burn-out, competing interests, variation of clinical education experiences between professions, accreditation standards


Acknowledgements

- Josiah Macy Foundation
- National Center for Interprofessional Practice and Education
  - Susan Wolf and Janet Shanedling
- Beta-Testers
  - Amy Pittenger, Andrea Pfeifle, Gerri Lamb, Mary Mauldin
  - Steve Jernigan, Renee Hodgkins, Crystal Burkhardt, Ashley Crowl, Kristy Johnston
- Macy Advisory Board for ‘Preceptors as the Nexus’
- Project Coordinator, Valorie Coffland
- University of Kansas and Regional Faculty/Preceptors
- Interprofessional Teaching Clinic students and patients
MIPERC was established as a regional inter-institutional infrastructure to infuse interprofessional education, collaborative practice and research for the improvement of healthcare in our communities.

MIPERC was founded in 2007.

Founding Partners
- Grand Valley State University
- Grand Rapids Medical Education Partners
- Michigan State University-College of Human Medicine

150 Members from 25 Organizations
MIPERC Model of Interprofessional Practice, Education, and Research

A Model Contributing to Transforming US Healthcare

Outcomes
Learning outcomes for faculty, students and collaborative partners (Knowledge, skills, attitudes)

Healthcare Outcomes
Better Health
Better Care
Decreased Costs

Interprofessional Teams
Informatics
Quality Improvement
Interprofessional Communication
Teamwork and Team-Based Care
Patient Centered Care
Values/Ethics
Roles/Responsibilities

Community Partners
Learners
- GSU Nursing
- Physician Assistant
- Physical Therapy
- Occupational Therapy
- Speech Language Pathology
- Mental Health Counseling
- Therapeutic Recreation
- Radiologic and Imaging Sciences
- Medical Lab Science
- Kinesiology
- Dietetics
- Fitness and Wellness Education
- Exercise Science
- Health Information Management
- Health Services Administration
- Community Health Education
- Allied Health
- Other Health Professions

Collaborative Partners
- Community Health Services Agencies
- Hospitals/Labs
- Multi-disciplinary Care
- Community Members

Champion Workgroups
- Clinical Setting
- Cross-Professional Competency
- Curriculum
- Scholarship
- Service
- Simulation

Logic Model

The words outside the circle represent the recommended IOM processes. The words within the circle represent the core competencies developed by the Inteiprofessional Education Collaborative, May 2011.

Revision 09-22-2014
MIPERC Workgroups

- Curriculum Workgroup
- Scholarship Workgroup
- Cross-Professional Competency Workgroup
- Service Workgroup
- Clinical Setting Workgroup
- Simulation Workgroup

Steering Committee
MIPERC Student Groups

Who is involved?

- GVSU students from allied health, public health, pharmacy, optometry, ultrasound diagnostic, vascular ultrasound, radiology/radiation therapy, communications, medical lab science, movement science, public administration, nonprofit and health administration, social work, biostatistics, therapeutic recreation, pre-medical students, nursing, physician assistant studies, physical therapy, occupational therapy, and speech-language pathology
- FSU students from pharmacy and optometry
- Medical residents from GRMEP
- Medical students from MSU-CHM
- Grand Rapids Community College
- Kent Intermediate School District
IPE Resources

- On-line IPCP Program for Faculty, Preceptors and Students
- Daily Huddle Guidelines
- Patient Centered Collaborative Plan of Care
- Community Project Guidelines
- IPE Preceptor Manual for Facilitating Interprofessional Education and Collaborative Practice Learning Experiences
- Annual Brown Bag Lunch Series
- Promoting Interprofessional Education for Students (PIPES)
- Virtual Patient Case Studies
- Interprofessional Simulations
- Annual Interprofessional Conference
- Selected Interprofessional Clinical Experiences
- Interprofessional Scholarship
- IPE Student Activity Certificate
- Interprofessional Service Learning Experiences
# Seventh Annual Brown Bag Interprofessional Learning Series

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 16</td>
<td>Providing Grief Support &amp; Collaborative Care in the Community - Wendy Wigger, Gilda’s Club</td>
</tr>
<tr>
<td>November 10</td>
<td>Individualized Education Plan - Meeting the Unique Needs of a School-Aged Student - Cindy Klum, GRPS, Derek Cooley, Montcalm ISD, Denise Ludwig, GVSU</td>
</tr>
<tr>
<td>January 15</td>
<td>Care is Better Together Tammy Kroll, Tandem 365</td>
</tr>
<tr>
<td>February 12</td>
<td>Radiation Therapy IP Approach in an Oncologic Setting LaShell Palmer, GVSU, Scott Green, GVSU</td>
</tr>
<tr>
<td>March 19</td>
<td>Interprofessional Experiences from the Trenches Jackie Bultman, Mary Free Bed, Patti Beemer, Mary Free Bed</td>
</tr>
<tr>
<td>April 13</td>
<td>Managing Crisis &amp; Volatile Situations in Practice Settings Scott Berlin, GVSU</td>
</tr>
</tbody>
</table>
8th Annual MIPERC Conference

Midwest Interprofessional Practice, Education, and Research Center
Annual Conference September 17th and 18th, 2015 in Grand Rapids

Keynote Speakers:

Michael Faas, MA, FACHE
CEO, Metro Health Corporation
President, Pennant Health Alliance
Grand Rapids, Michigan

Amy Blue, PhD
Interim Department Chair, Associate Dean for Education Affairs and Clinical Professor, Associate Vice President for Interprofessional Education for the University of Florida’s Department of Behavioral Science and Community Health
Gainesville, Florida

Darrell G. Kirch, MD
President and Chief Executive Officer of the Association of American Medical Colleges (AAMC)
Denver, Colorado

Lesley Bainbridge, PhD
Assistant Professor and Associate Principal Interprofessional Education, College of Health Disciplines for the University of British Columbia
Vancouver, BC.
IPCP Program Implementation
EFFECTS OF INTERPROFESSIONAL PRACTICE ON OBESITY-RELATED HEALTH OUTCOMES

Jean Nagelkerk, PhD, FNP1; Ramona Benkert, PhD, ANP-BC, FAANP2; Brenda Pawl, FNP-BC1; Ann Clifton, MSN, ANP-BC3; Phyllis Boone, MSN, ANP-BC4; Holly Moore, MSN,ANP-BC3; Kim Fenbert, DNP, CPNP4; Scott Berlin, PhD, LMSW4; Carly Jakstys, RD3; Sandra Maaselink, LMSW4; Lisa Nadziejka, LMSW4; Amber Myers, MPH5, and Lawrence Baer PhD1

1Grand Valley State University-Office of the Vice Provost; 2Wayne State University College of Nursing; 3Campus Health Center, Wayne State University; 4Family Health Center, Grand Valley State University,

5Michigan Department of Community Health

Funding provided by Health Resources and Services Administration (HRSA) through the Nurse Education, Practice, Quality, and Retention-Interprofessional Collaborative Practice, Grant number UD7HP 25052
Purpose and Project Goals

- **Purpose:** To test a model of interprofessional collaborative practice at two nurse managed centers (NMCs) at two different locations in Michigan.

- **Goal:** Incorporate training opportunities for nursing and other health professional students into the IPCP practice environment of two pilot nurse managed centers.

- **Goal:** Develop long-term plan for the dissemination and sustainability of the IPCP clinic-based innovation through a statewide initiative.
IPCP Program: Learning Modules

Six Online Training Modules Include:

- *Faculty Development
- Learners Introduction to Interprofessional Education
- Safety Culture
- Team Building and Team Dynamic
- Tips for Implementing Healthcare Behavioral Change
- *Preceptor Education

*Faculty and Staff Modules

Funding provided by Blue Cross Blue Shield of Michigan Foundation and Blue Care Network
Summary of Preliminary Findings

- Students, faculty, and preceptors improved IPCP knowledge. Students showed greater knowledge gains at post test, but also started at lower knowledge levels.
  - Online modules increased IPCP knowledge by 15-20%
- Over 50% of all patients who had more than one visit at both clinics lost weight
  - 76% of patients at GVSU lost weight
  - 64% of patients at WSU lost weight
Implementation of an IPCP Program in a Federally Qualified Health Center to Improve Outcomes in Adults with Diabetes

Funding provided by the Robert Wood Johnson Foundation and Blue Cross Blue Shield of Michigan Foundation
Study Purpose

Examine the effects of implementing an IPCP program in a primary care clinic of Michigan’s largest Federally Qualified Health Center

<table>
<thead>
<tr>
<th>Cherry Health Vital Stats</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Serves more than 60,000 individuals annually</td>
<td>7% Medicare population</td>
</tr>
<tr>
<td>Primary location on Grand Rapids’ South East Side</td>
<td>97% of those who reported income are below 200% of the poverty level</td>
</tr>
<tr>
<td>30% of patients are uninsured</td>
<td>Over 5,000 patients are homeless</td>
</tr>
<tr>
<td>55% are covered by Medicaid</td>
<td>Services: family practice, dental, OB/GYN, behavioral health, nutrition counseling, and a 340B pharmacy program in over 20 sites</td>
</tr>
</tbody>
</table>
Research Questions

- Does implementation of an IPCP model effect patient outcomes?
- Does implementation of an IPCP model effect patient, provider, and staff satisfaction?
- Does placing a team of students in an IPCP environment effect access to care?
- Does the cost of care change with implementation of IPCP?
Preceptor and Student Resources Include:

- IPCP On-Line Modules
- IPE Preceptor Manual
- Collaborative Care Plan Guidelines
- Remote NextGen/Citrix Standard Desktop Login Module
- RN Callback Guidelines
- IP Student Team Visit Guidelines
- Daily Huddle Guidelines
- Medication Reconciliation Guideline
- IP Student Diabetes Education Class
Study Tools

Patient Outcomes

- Patient Outcome Data: BP, Lipid Panel, Diagnoses, HbA1c, Annual Foot, Eye, and Dental Exams

Patient, Provider, and Staff Satisfaction

- Provider, staff, and patient satisfaction surveys

Access to Care

- Number of patients served at site and by provider

Cost of Care

- Cost of treatment per patient

Other Tools

- Interdisciplinary Education Perception Scale
- Entry Level Interprofessional Questionnaire
- Collaborative Practice Assessment Tool
- Provider, Staff, and Student Program Evaluations
- Monthly Provider, Staff, and Student Focus Group Meetings
- Network Users Survey & Student Users Survey
- Provider, Staff, and Student Demographic Tool
- Pre and Post Module Tests
Patients: Age, DM Type, and Gender

- Adults with a diagnosis of diabetes (n = 187 (4/07/15))
- Age:
  - Mean = 57
  - Median = 58
  - S.D. = 11.9
- Diabetes Type
  - Type 1: n = 1
  - Type 2: n = 186
- Gender
  - Female: 62%
  - Male: 38%
Provider and Staff: Age and Gender

- **n = 20**
- **Age:**
  - Mean = 41.4
  - Median = 37.5
  - S.D. = 14.3
- **Gender**
  - Female: **n = 18**
  - Male: **n = 2**
# Healthcare Provider and Staff Professions

## Healthcare Provider and Staff Professions

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Dietician</td>
<td>1</td>
</tr>
<tr>
<td>LPN</td>
<td>1</td>
</tr>
<tr>
<td>Administrator</td>
<td>1</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>7</td>
</tr>
<tr>
<td>Patient Registration Staff</td>
<td>2</td>
</tr>
<tr>
<td>Physician</td>
<td>3</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

![Healthcare Worker Professions](chart.png)
Healthcare Providers and Staff IPCP Experience

Past IPCP Experience

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>15</td>
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</table>

Type of Past IPCP Experience*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC/Team Based Site</td>
<td>3</td>
</tr>
<tr>
<td>Teaching/Training Site</td>
<td>1</td>
</tr>
<tr>
<td>Informal IPCP</td>
<td>1</td>
</tr>
</tbody>
</table>

*Past IPE Course: 0
The Student Clinical Experience

Clinical Experiences

- Each student has a designated preceptor
- Preceptors use interprofessional exercises from the interprofessional preceptor manual with students
- Each morning students participate in healthcare team daily huddles
- Once each day the student team conducts a group visit to one patient and present their findings to a single preceptor
- Student makes patient call backs with an RN supervising these experiences
- The student team participates in group diabetic classes
- Each student completes a minimum of eight patient visits independently with their assigned preceptor per day
- The student team presents a 5 minute case presentations each week about patients, procedures, diagnoses, or treatments
- Students engage in medication reconciliation
Students: Age and Gender

- \( n = 13 \)
- Age:
  - Mean = 26.5
  - Median = 26
  - S.D. = 3.3
- Gender
  - Female: \( n = 9 \)
  - Male: \( n = 4 \)
# Students: Profession Discipline

## Health Profession Discipline

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>6</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>4</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>3</td>
</tr>
</tbody>
</table>

### Rotation Lengths

- Medicine: 4 Weeks
- Pharmacy: 6 Weeks
- Physician Assistant: 8 Weeks

![Health Discipline Chart](chart.png)
**Students: IPCP Experience**

### Past IPCP Experience

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
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### Type of Past IPCP Experience*

<table>
<thead>
<tr>
<th>Value</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC/Team Based Clinic Site</td>
<td>4</td>
</tr>
<tr>
<td>One Time/Occasional Event Offered through School</td>
<td>2</td>
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</table>

*Past IPE Course: 0*
## IPCP Program Results

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>N Staff</th>
<th>N Students</th>
<th>Staff p-values</th>
<th>Student p-values</th>
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<tbody>
<tr>
<td>Preceptor Manual Overview</td>
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<td></td>
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<tr>
<td>Intro to IPE</td>
<td>15</td>
<td>11</td>
<td>&gt; 0.50</td>
<td>&gt; 0.50</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>16</td>
<td>11</td>
<td>&lt; 0.10</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Team Dynamics</td>
<td>16</td>
<td>11</td>
<td>&lt; 0.05</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>Tips for Implementing HC Behavioral Changes</td>
<td>17</td>
<td>11</td>
<td>&lt; 0.01</td>
<td>&lt; 0.01</td>
</tr>
</tbody>
</table>

### Significant Knowledge Gains for Faculty/Staff and Students

- Team Dynamics
- Tips for Implementing Healthcare Behavioral Changes

### Significant Knowledge Gains for Students

- Patient Safety
Healthcare Provider, Staff and Student Feedback

Preceptor Model
- Originally three students rotated together, alternating days with each provider
- PA and Medical students switched to one primary preceptor with Pharmacy student assisting all healthcare professionals, staff and students

Electronic Health Record (EHR) Training
- Medical and PA student EHR training originally slated for 12 hours
- Working with providers, trainers, and administration to develop optimum training, lowering the time to 4 hours and working on a 2 hour focused program

Patient Visit Length
- First groups of students, during team visits, often spent longer with the patient than the patient’s scheduling allocation
- Modifying guidelines based on practice
- Providers and staff assessing practice environment for efficiencies with student skills
Practice Based Efficiencies

- Medication Pre-authorization
- Medication Reconciliation
- RN Call Backs
- Monthly Diabetic Group Classes Taught by Students
- Daily Huddles
- Grand Rounds of High Risk Patients
- Focus Groups Guide Practice Changes
Access to Care

- Trends look promising for number of patients seen by provider
  - Encounters per hour (EPH) have not dropped post study intervention
    - Average EPH 5 months pre intervention = 1.92
    - Average EPH 5 months of intervention = 2.15
  - Factors outside of study intervention also play a role
Questions & Feedback
References


Questions?
Save the Date

Exploring Implicit Bias in Interprofessional Education and Practice

Presented by: Margaret Stuber, MD and Janice Sabin, PhD, MSW

Thursday, June 18
1:00 p.m. – 2:00 p.m. CDT
Thank you!

Please visit us at www.aihc-us.org for more information on future AIHC Webinars.