Making Interprofessional Practice “Real”: Developing Student Experiences in Rural Settings to Align Practice and Education

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University of Kansas Schools of Medicine and Pharmacy, AHEC, Center for Interprofessional Education and Simulation, Office of Rural Health and Education, and Office of Community Engagement
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1) Sign the session attendance roster.
2) Complete the session evaluation.
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• KUMC Center for Interprofessional Education and Simulation
Objectives

• Verbalize the concepts of interprofessional practice and education.

• Describe the unique advantages and challenges of interprofessional practice and education in rural communities.

• Identify strategies to promote collaboration between academic institutions and health care organizations to enhance student experiences in rural settings.

• Find resources about interprofessional education and practice applicable to preceptors and practice sites.
The Journey to Interprofessional Education...
We Need to be Here...In the “Real” World!
Vision for Interprofessional Learning IN Practice

• Preceptors and staff ROLE MODEL interprofessional collaboration on a daily basis.

• Learners are VALUE-ADDED for interprofessional collaboration.
  • Contribute to achievement of the Quadruple Aim = Bring the joy back to practice
  • Education can drive practice transformation

• Create INTENTIONAL and EXPLICIT interprofessional opportunities for learners.
Interprofessional Learning IN Practice

The Sweet Spot

Education World

Practice World

PRECEPTORS ARE THE NEXUS!!!
Our Journey

**Interprofessional Practice Experience at KUMC**
- Started August 2011
- Prototypical Model

**Preceptors In the Nexus Toolkit**
- Available at www.nexusipe.org
- Resources for Free

**Interprofessional Practice Experience at Rural Sites**
- 3 Sites in SE Kansas
- Pilot Fall 2015 and Spring 2016
- Sustained and Growing AY16-17
# Interprofessional Practice Experience at KUMC

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**Intentional IP Practice + Explicit IP Education**
Breaking the Silos Down in Practice

Shared Leadership
Team Huddles
Alternative Presentation Styles
Patient Partnership
Transparency
Reflection on Team Process

Different from the Status Quo

Innovational vs. Traditional
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?
IP Precepting Best Practices

Uncertain about how to best precept learners from multiple professions?

Learn how to implement best practices for interprofessional precepting and make a plan for your next group of learners.

Begin!
Five iOSTE Scenarios

Coaching and debriefing throughout

1. **facilitate a small group** of IP students, even in the face of reluctant and disruptive behavior

2. **precept an IP student team**, even when the team is dysfunctional and dominated by one voice

3. **evaluate an IP student team**’s communication and patient care, offering up difficult and timely feedback

4. **precept an IP student team** “with and in front of the patient”, even when the team is used to the more traditional style of patient presentations

5. **co-precept an IP student team**, discussing the patient and teaching with preceptors from other professions
Enhancing and Aligning Interprofessional Practice and Education

...what’s the big deal...we already do this?

We have nurses, pharmacists, PAs, and Social Work in our clinic....I send in referrals to PT all the time

We already have different students rotating in our clinic/unit...
Huddle and Discuss...

• Huddle up and form a small group

• Consider 2 scenarios and determine how to
  • (1) enhance interprofessional collaboration
  • (2) integrate IP learners to be value-added for the patient, preceptor(s), and clinic

• 5 minutes to discuss and 5 minutes to report out
• You are developing this practice site and preceptors...

• What suggestions do you have for enhancing interprofessional collaborative practice?

• How would you include interprofessional learners?

A primary care provider sees a patient for many chronic diseases, including major anxiety and depression, which appear worse today. The patient has many issues related to social determinants of health. He is frequently in the emergency department for chronic diseases, mostly due to non-adherence to medications. The provider writes a prescription for an increased dose of his antidepressant.
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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.

The interprofessional student team initiates and completes a rapid cycle quality improvement project in the primary care clinic with the aim of universal annual screening for depression for all patients. In addition, the interprofessional student team makes home visits to patients with depression and social isolation to better assess their physical and environmental conditions, and to develop a plan to enhance adherence and quality of life.
• You are developing this practice site and preceptors...

• What suggestions do you have for enhancing interprofessional collaborative practice?

• How would you include interprofessional learners?
Outside of a patient’s room, an attending physician stands in the center of a group that includes a medical student, medical resident, and pharmacist. The pharmacist is off to the side and does not say much. The attending does most of the talking.

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.

Include the interprofessional student team on daily rounds and have them present their recommendations in front of the patient. Consider alternating students from each profession to lead the presentation. Doing so will send an implicit message about flattening hierarchies and role model good interprofessional collaborative teamwork.
Expansion of Model to Rural Kansas
Rural-specific challenges to IPECP

• Limited exposure of preceptors and staff to IPECP
• Availability of preceptors
  • Ever increasing productivity pressures
  • Many preceptors face less control of their own schedules
• Availability of healthcare professionals to collaborate with
  • Community-resources limited
  • Payment models for rural clinics present challenges
• General student challenges
  • Student engagement
  • Housing
  • Space within clinic
• Organizational challenges
  • Coordinating learners schedules, limited communication with the colleges
How Did We Engage Preceptors and Sites?

• Continuing education credit for professional development activities
• Enhanced innovative team-based care and medical home models at your site
• Implementation and training of TeamSTEPPS®
• Students help with practice-efficiencies and value-added work (QI projects, home visits, chronic case management, PA requests, call-backs, etc.)
• Recruitment tool to enhance primary care workforce needs throughout Kansas
• Small compensation for pilot sites for completing assessments for first year (none thereafter)
Process for Implementation

• Step 1: Identify sites, observe, and needs assessment

• Step 2: Develop preceptors and clinical staff

• Step 3: Intentionally bring student teams together at the site for IPECP

• Step 4: Assessment of preceptors, staff, students, and patients

• Step 5: Reflections and next steps

• Step 6: Sustainability
Step 1: Identify sites, Observe, Needs Assessment

- Accreditation standards for rotation supervision
- Rotation requirements and needs
- Sites in physical location (possibility of “match-making”)
- Utilized learners from other universities in the region
- Housing
- Utilized AHEC and Office of Rural Medical Education
Step 1: Identify Sites, Observe, Needs Assessment

• Needs assessment

• Utilized uniprofessional students already at the sites for data and observations at baseline
  • Clinical Site Inventory and Narrative Report
  • IOPPS survey considering interprofessional opportunities
Step 2: Preceptor Development

• Preceptors and staff (IPECP introduction, IP precepting, IP practice transformation, TeamSTEPPS®) BEFORE the interprofessional clinical experience occurred

• 4 hours of training
  • Content from modules and group activities from Preceptors in the Nexus toolkit
  • TeamSTEPPS®

• 2 additional hours of follow-up training
  • Refreshers
  • InSITE tool

• Invited EVERYONE at the sites
  • CE and food were incentives
Step 3: Develop Experiential Learning at Sites

- Current alignment only two weeks, intentional alignment this year 4 weeks

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<thead>
<tr>
<th></th>
<th>Preceptor</th>
<th>Half-Days</th>
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<tr>
<td>Primary care visits</td>
<td>Physician PA or NP</td>
<td>1 half-day</td>
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<td></td>
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<td>1 half-day</td>
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<tr>
<td>Non-traditional clinician visits</td>
<td>Diabetes Educator Pharmacist Psychologist</td>
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<tr>
<td>Non-traditional visit type</td>
<td>Nurse or Physician</td>
<td>1 half-day</td>
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<tr>
<td>IPE curriculum: Reflection and Debriefing</td>
<td>Rotating Preceptor</td>
<td>2 hours</td>
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## Step 4: Assessment

| I | Reaction/Satisfaction | Satisfaction survey to preceptors/clinicians (post)  
Satisfaction survey to students (post) |
|IIa | Modification of Perceptions | Attitudes Toward Healthcare Team Scale (Pre/Post) |
|IIb | Acquisition of Knowledge and Skills | ACE-15 tool to assess ‘teamness’ (Pre/Post) |
| III | Behavioral Change | Clinical Site Inventory (Pre/Post)  
IOPPS Interprofessional Opportunities (Pre/Post)  
Focus Groups of Faculty Preceptors and Students (post) |
| IVa | Benefits to Service Delivery | Clinical Site Inventory (Pre/Post)  
IOPPS Interprofessional Opportunities (Pre/Post)  
Focus Groups of Faculty Preceptors and Students (post) |
| IVb | Benefits to Patients | Patient Focus Groups |
Benefits to Service Delivery and Patients

• Evidence of the IP Practice Experience driving practice transformation emerged at the sites
  • Incorporation of team huddles into the daily work flow
  • Increased collaboration with the pharmacist for patient care visits (as opposed to the dispensing role they were already providing)
  • Centralized coordinator of students to improve opportunities for intentional collaboration

• Patients valued the increased time spent by the IP student team in the visit
  • Discovery of social factors that impacted health
  • Improved medication history and education
  • Tracking down information from three different sites/systems that led to better coordination of care
Step 5 and 6: Reflections, Next Steps, Sustainability

• Interchangeable preceptors highly valuable for students
• Students value the experience of INTENTIONALLY working together to develop care plans with patients
• Time for debriefing and reflection with the students about IPECP critically important
• Collaborate with regional universities
• Mindful of students being value-added vs. burden
• Customize to clinic and patient population needs
• Market “what’s in it for them” to participating sites
Step 5 and 6: Reflections, Next Steps, Sustainability

• Most administrators, preceptors, and clinical staff do not understand the concept and importance of aligning IPECP.

• Preceptor/staff development on all concepts related to IPECP is necessary, but time for participation is a constant challenge.

• Assessment of site culture, including the existence of hierarchical behaviors and physician-centered attitudes is important, and careful consideration of assigning interprofessional students to those sites.
Step 5 and 6: Reflections, Next Steps, Sustainability

• Education to patients about the benefits of interprofessional team-based care delivery is needed as primary care continues to evolve

• Continued professional development about interprofessional collaborative practice is important for clinical staff (that are not directly precepting interprofessional students) because they are role models and are an important factor for success

• Finding a balance between the interprofessional team-based care provided by students and the time/schedule/fee-for-service payments is extremely important for wide-spread adoption of the interprofessional Learning IN Practice model
Step 5 and 6: Reflections, Next Steps, Sustainability

• Continuing at all 3 sites (expanding to other sites) this year

• Local IP Preceptor Summit that now is growing into an IP Academic Healthcare Day for wide-spread professional development

• Learning IN Practice Committee formed within KUMC Center for Interprofessional Education and Simulation
  • Database development to identify interprofessional student overlap
  • Messaging and marketing campaign about IPECP to practice community
  • State-wide IPECP summit (initial conversations started)
15% Solution Activity

• What is your 15% solution for interprofessional Learning IN Practice (rural or not) at your institution?

  • 5 minutes: INDIVIDUALLY generate a list

  • 5 minutes: Share and consult within a SMALL GROUP
THANK YOU!

Any Questions or Comments?

Feel free to contact us:
sshrader2@kumc.edu
jzaudke@kumc.edu
Extra Slides
Introduction to IP Collaboration

You may know that “healthcare systems research indicates that interprofessional care can provide numerous benefits, including improved patient care and safety, enhanced patient and provider satisfaction, and better organizational efficiency.”

But do you know what it takes to effectively collaborate in healthcare?

Find out what you must know about effective interprofessional collaboration and apply that knowledge to familiar situations.
Facilitating IP Discussions: Best Practices for Preceptors
IP Teams

Interprofessional team-based care
Is your team as effective as it could be?

Begin
Enabling or Interfering Factors

Foundational Education
Graduate Education
Continuing Professional Development

Interprofessional Education

Learning Continuum (Formal and Informal)

Professional culture
Institutional culture
Workforce policy
Financing policy

Enabling or Interfering Factors

Learning Outcomes

Reaction
Attitudes/perceptions
Knowledge/skills
Collaborative behavior
Performance in practice

Health and System Outcomes

Individual health
Population/public health
Organizational change
System efficiencies
Cost effectiveness
What Do the Learners Say?

• Evidence extremely limited with graduate and workforce learners

• Evidence from STUDENTS:
  • Survey of IM/FM clerkships 30% or less included IPECP
  • Series of longitudinal studies regarding attitudes about IPECP
    • Initial: favorable
    • Middle: skepticism (while on rotations)
    • 1-year practice: beginning to be favorable again
  • Qualitative study of recent grads on IPE
    • Unanimous value of IPE (best experiences “authentic”)
    • Want more in clinical environment (many “missed opportunities”)