Integrated Care and the Value of Interprofessional Education
Disclosure:

- Peggy Wisdom, M.D. has no financial interests to disclose. All potential conflicts of interest have been resolved.

- Amie Torres, M.H.S, P.A.-C has no financial interests to disclose. All potential conflicts of interest have been resolved.

- Mark Britton, Pharm.D., CDE, BC-ADM has no financial interests to disclose. All potential conflicts of interest have been resolved.

- Terrie Fritz, MSW, LCSW has no financial interests to disclose. All potential conflicts of interest have been resolved.
Participants will gain understanding of:

- The critical need for interprofessional education (IPE)
- Overview of national trends
- IPE Projects on the OUHSC campus
- Future work and ideas
Presenters:

Peggy Wisdom, MD

Amie Torres, M.H.S, P.A.-C

Mark Britton, Pharm.D., CDE, BC-ADM

Terrie Fritz, MSW, LCSW
Transformation of the US Healthcare System

- Rapid movement to value-based payment models
- Strong support for patient-centered care
- Broad recognition of current fragmentation in healthcare
Health Professions Education

”.....all health professions should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”
“Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

Interprofessional Education on the OUHSC Campus

Peggy Wisdom, MD
Amie Torres, PA-C
Traditional Healthcare Education

Health Care System
**IPE on the OUHSC Campus**

Three-year pilot funded by the Wisdom Family Foundation

- Year one – development of curriculum and faculty development
- Years two and three – pilot with students from all colleges on campus (including the School of Social Work on the Norman campus)
List key interprofessional competencies:

- Ethics and Values
- Roles and Responsibilities
- Communication
- Team and Teamwork

Demonstrate team based skills in interprofessional collaboration on simulations
Participants Disciplines

- **Allied Health**
  - Speech Pathology & Audiology
  - Nutrition Sciences
  - Physical Therapy
  - Occupational Therapy

- **Dentistry**
  - Dentistry
  - Dental Hygiene

- **Public Health**

- **Medicine**
  - Physician
  - Physician Associate

- **Nursing**
  - Bachelor & Advanced Practice

- **Pharmacy**

- **Social Work**
The OU Experience

Components of EPIC Project:

- Didactic sessions
- Clinic sessions supervised by interprofessional faculty
- Research/Outcomes
The OU Experience

Didactic

• Sessions on competencies
• Roles and Responsibilities
• Ethics
• Communication
• Teambuilding
• Interactive with debriefing
• Focused on Team Building
The OU Experience

University of Oklahoma

Medicine
Public Health
Allied Health
Dentistry
Pharmacy
Physician Associate
Nursing
Social Work
The OU Experience

Didactic
• Interactive
• Focused on Team Building
The OU Experience

Clinical Experience

- Apply competencies
- Team building skill development
- Supervision by interprofessional faculty
Interprofessional Education Outcome

- Medicine
- Public Health
- Allied Health
- Dentistry
- Pharmacy
- Physician Associate
- Nursing
- Social Work

Health Care System

Medicine
Pharmacy
Nursing
Allied Health
Dentistry
Social Work
Interprofessional Education Activities 2015-2016

- Faculty Development Session
- All Professions Day: Thursday, September 24
- All Professions Day: Friday, October 30
- Intersession Community Project by Student Teams: Thursday, January 28
RIPLs and T-TAQ

![Graph showing the comparison between RIPLs and T-TAQ over three time points (T1, T2, T3). The y-axis represents Mean Score (1=Lowest, 5=Highest), and the x-axis represents the time points. The graph compares RIPLS and T-TAQ, with RIPLS showing a slight increase from T1 to T3, while T-TAQ remains relatively stable.]
Health Care Professionals Diagrams (HCPD)
Example HCPD

Time 1
Example HCPD

Time 2
Example HCPD

Time 3
**HCPDs**

- Medicine
- Public Health
- Allied Health
- Dentistry
- Pharmacy
- Physician Associate
- Nursing
- Social Work

![Graphs showing HCPDs](image-url)
Patient-centered goals

- Goal Met: 41.7%
- Progress towards goal: 40.9%
- Goal not met or no progress made: 17.4%
Conclusions

• Successfully applied IPEC competencies to patient care

• Increased perception of the healthcare team

• Improved patient outcomes
Project EPIC
Empowering Patients through Interprofessional Collaboration
Diabetes Interprofessional Rotation
Pharmacotherapy Service
OUHSC Family Medicine Center
**OUHSC Family Medicine Center**

- Delivers comprehensive primary care through over 4300 visits per month
- Pharmacotherapy Service
  - In existence since 1995 with a focus on anticoagulation therapy and diabetes self-management education and medication therapy management
  - Services are provided by clinical pharmacy specialists and a dietitian with physician, PA, and social work support available
- Training site for many learners in medicine, PA program, pharmacy, dietetics, and social work
Development Team

- **Development team members**
  - Nutritional Sciences – Peggy Turner, MS, RD/LD and Micki Hall, MS, RD/LD, CDE
  - Pharmacy – Mark Britton, Pharm.D., M.Div, CDE, BC-ADM and Nancy Letassy, Pharm.D., CDE
  - Physician Associate Program – Laura Reinhardt, PA-C, Amie Torres, PA-C, Shelly Collins, PA-C
  - Social Work – Terrie Fritz, LCSW
- **Started work in summer 2013**
- **Selected IPEC competencies for rotation’s focus**
- **Chose learning activities to develop competencies**
- **Designed an assessment program**
Competencies

• **Value and Ethics**
  • Respect the unique cultures, values, roles and responsibilities, and expertise of other health professions (VE 4)
  • Work in cooperation and develop a trusting relationship with patients, families, and other team members (VE 5/6)

• **Roles and Responsibilities**
  • Recognize one’s limitations in skills, knowledge, and abilities (RR 2)
  • Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable (RR 5)
• **Communication**
  - Organize and communicate information and opinions to patients, families, and healthcare team members with confidence, clarity, and respect, avoiding discipline-specific jargon to the extent possible and working to ensure common understanding of treatment and care decisions. (CC 2/3)
  - Listen actively and encourage ideas and opinions of other team members (CC 4)

• **Teams and Teamwork**
  - Integrate the knowledge and experience of other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preferences for care. (TT 4)
  - Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care. (TT 7)
Rotation Structure

- **Assigned pre-readings or videoclips about each profession**
- **AADE core curriculum**
- **Rotation was 4 weeks long (1-5 pm each day)**
  - Rotations offered in 2014 (February, March, April, September, and November) and 2015 (February, March, and April) for pharmacy, PA, nutritional sciences and social work students
  - Direct patient care delivered on Monday-Thursday for referred patients
  - Team staffing meeting at the end of each clinic session
- **Reflective journaling after each clinic session**
  - Guided by focused questions about relationships among team members or feelings elicited during team interactions providing patient care
Rotation Structure

- **Friday sessions from 1-5 pm (students and faculty)**
  - Each week had an IPEC competency theme
  - Discussion sessions about the theme
  - Patient case presentations by each profession
  - Review of reflective journal entries

- **Group Project**
  - Focused on educating patients about diabetes self-care
  - Handouts
  - Videos
Assessment

- **Surveys**
  - Taken before and at the end of the rotation
  - TeamSTEPPS Teamwork Attitudes questionnaire (T-TAQ)
  - Readiness for Interprofessional Learning Scale (RIPLS)

- **Final Assessment**
  - Submission of successful completion of the AADE core curriculum or successful completion of an examination on the AADE core curriculum
  - Completion of a written questionnaire assessing learner perspectives about interprofessional practice and the rotation itself
  - Completion of a performance-based examination using standardized participants. Each student conducted an interview with a diabetic patient and wrote a progress note including an assessment and treatment plan. Then the team worked together, with the same patient again, if needed, to develop a treatment plan. All sessions were videorecorded.
Working “Together” to Evaluate Standardized Patients with Mental Disorders

The Results of an Interprofessional Educational Activity
**College of Medicine**

**Rhonda Sparks, M.D.,** Clinical Professor
Department of Family Medicine,
Director, Clinical Skills and Education
Testing Center

**Michelle D. Wallace,** Standardized
Patient Coordinator

**Britta Thompson, Ph.D.,** Assistant Dean
for Medical Education, Director,
Office of Medical Education

**Phebe Tucker, M.D.,** Professor,
Department of Psychiatry

**TooToo Cirlot,** Standardized Patient
Coordinator

**School of Social Work**

**Terrie Fritz, MSW, LCSW,** Director of
the Center of Social Work and
Healthcare, Anne and Henry Zarrow
School of Social Work
• Bipolar Disorder
  o Patient Visit with concern about her job performance

• Depression
  o Return Visit to Primary Care Office

• General Anxiety Disorder
  o Return Visit to Primary Care Office

• Schizophrenia
  o Patient brought to ER after found wandering in snowstorm
# Standardized Patient Evaluation of Team Performance

## Diagnosis & Treatment

<table>
<thead>
<tr>
<th>Not Discussed</th>
<th>Discussed Briefly</th>
<th>Discussed in Depth</th>
<th>SP Evaluation Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 POINTS</td>
<td>1 POINT</td>
<td>2 POINTS</td>
<td>The student group accurately diagnosed my disorder</td>
</tr>
<tr>
<td>The group explained my diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group allowed me to ask questions about my diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group discussed potential treatment options with me</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group discussed my ability to follow up with a treatment plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group considered what support I have in my life – such as spouse, family and friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group considered my health insurance resources/financial resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group asked about any illicit substances that you may be using</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The group asked about my education level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The student group asked about my work history</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Psychosocial
<table>
<thead>
<tr>
<th>Group</th>
<th>Case</th>
<th>Mean</th>
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</thead>
<tbody>
<tr>
<td>Control (60)</td>
<td>Anxiety</td>
<td>5.1333</td>
</tr>
<tr>
<td></td>
<td>Bipolar</td>
<td>5.0000</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>5.4000</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>5.4000</td>
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<tr>
<td></td>
<td>Total</td>
<td>5.2333</td>
</tr>
<tr>
<td>Treatment (53)</td>
<td>Anxiety</td>
<td>5.8462</td>
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<tr>
<td></td>
<td>Bipolar</td>
<td>5.1667</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td>4.7857</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>5.0714</td>
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<tr>
<td></td>
<td>Total</td>
<td>5.2075</td>
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<tr>
<td>Group</td>
<td>Case</td>
<td>Mean</td>
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<tr>
<td>----------------</td>
<td>----------</td>
<td>--------</td>
</tr>
<tr>
<td>Control (n-60)</td>
<td>Anxiety</td>
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<tr>
<td></td>
<td>Bipolar</td>
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<td>Depression</td>
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<tr>
<td>Treatment (n-53)</td>
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<td>Bipolar</td>
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<td>Depression</td>
<td>6.7857</td>
</tr>
<tr>
<td></td>
<td>Schizophrenia</td>
<td>3.0714</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5.283</td>
</tr>
</tbody>
</table>

P<.01
Most significant things you learned during the session:

• I learned that Social Workers can help with details of treatment that doctors may not have time to focus on.

• The importance of incorporating multiple disciplines allowing us to provide more holistic care. As an MD student, I found myself more mindful of the patient as a whole person.

• The importance of asking the hard questions and digging deeper.

• That working as a team gives medical students insight into resources available.

• I learned a lot about social workers; they asked questions I never even would have thought of.

• I learned suicide protocols (Social Work student).

• Our professions are more alike than I had previously thought.

• It was less repetitive to sit WITH the doctors while gathering patient social information.

• This must have been an easier process for the client, not having to repeat themselves.
Discussion

- IP teams including medical students and social work students performed better than medical students alone in an OSCE involving mental disorders.
- IPE activities will increasingly be used in healthcare provider education and evaluation.
- We should be open to opportunities to train learners in interprofessional teams.
OU SBIRT Collaborative

Educating OU Students in Health Professions about the process of Screening Brief Intervention and Referral to Treatment
Funded By SAMSHA

Partners Include:

School of Social Work (grantee)

And the Colleges of:

Medicine
Nursing
Pharmacy
Dentistry

In addition-ODMHSAS

Students on Tulsa Schustermaier Health Sciences Center campuses will receive training
Goals and Objectives:

Effectively train dentistry, medicine, nursing, pharmacy, physician associate, and social work students in the SBIRT model

- over 1900 students will be trained over the three years of the project.
- SBIRT curriculum will be infused into existing relevant courses
- Professionals already trained in SBIRT and Motivational Interviewing skills will provide instruction, initially.
- Over the three years of the grant funding, Professors and Instructors will be trained in the curriculum.
All Students will receive...

- orientation to SBIRT and Motivational Interviewing skills through the use of interactive video instruction

- four to six hours of in class didactic and participatory learning activities

- An interdisciplinary simulated patient experience
Goal Two:

*In collaboration with ODMHSAS Provide training and technical support to practicing healthcare professionals.*

Goal Three:

*Provide for sustainability of the teaching and learning resources*