



Impact of an interprofessional population health course and clinical immersion experience: Students and practice outcomes



Meg Zomorodi ^{a,*}, Lisa de Saxe Zerden ^b, Betty Nance-Floyd ^a, Lorraine Alexander ^c, Rachel Wilfert ^c, Julie Byerley ^d, the Healthcare PROMISE team

^a The University of North Carolina at Chapel Hill School of Nursing, CB# 7460, Chapel Hill, NC 27599, United States

^b The University of North Carolina at Chapel Hill School of Social Work, CB#3550, Chapel Hill, NC 27599, United States

^c NC Institute for Public Health, The University of North Carolina at Chapel Hill Gillings School of Global Public Health, CB #7435, Chapel Hill, NC 27599, United States

^d The University of North Carolina at Chapel Hill School of Medicine, United States

ARTICLE INFO

Article history:

Received 31 January 2017

Received in revised form

12 July 2017

Accepted 22 August 2017

ABSTRACT

The purpose of this paper is to describe the impact of an interprofessional (IP) population health course and accompanying clinical immersion experience. Outcomes related to IP learning, team-based communication, and clinical practice outcomes are discussed. Graduate students in medicine, nursing, pharmacy, public health and social work participated in a blended learning didactic course followed by a clinical immersion experience in primary care. Students worked in interprofessional teams to complete a needs assessment, and design and implement quality improvement projects with primary care partners. Student assessment included evaluation of teamwork and collaboration and reflective practice. Overall impact of the course was measured by course outcomes, the impact of the quality improvement project at the practice site, and clinical satisfaction working with the student teams. This model demonstrates a clear need to continue to develop educational curricula aimed at building collaborations between health professionals and communities to provide care to populations that is cost effective and quality and outcomes based.

© 2017 Elsevier Inc. All rights reserved.

1. Format for didactic course and clinical experience

Health professionals must be trained interprofessionally on topics related to health promotion and prevention; risk identification and stratification; effective communication and conflict management; and population health management. Training providers to utilize a systems-based approach that considers the health of populations not just individual patients, maximizes their ability to fully actualize their roles, thus improving care delivery. Thus, our team created an interprofessional population health course to provide foundational knowledge to students in nursing, social work, medicine, public health, and pharmacy to effectively collaborate and coordinate care in population health management.

Students then worked with interprofessional primary care practices to conduct quality improvement projects focused on population-based clinical issues. This experience was strategically designed to include knowledge and skill building through a blended learning format that was uniquely developed by interprofessional students and faculty.¹ The didactic component occurred during the fall semester, with the students then participating in a clinical immersion experience over the spring and summer semesters.

2. Target audience

Second year graduate students from five health professions: medicine (n = 4), nursing (clinical nurse leader (CNL) students) (n = 4), pharmacy (n = 7), public health (n = 6: 5 nutrition, 1 health policy and management), and masters of social work (n = 2) participated in the fall course. Of these twenty-three students, twenty continued to participate the following semester in the clinical immersion experience (medicine (n = 4), nursing (n = 3), pharmacy (n = 7), public health (n = 5: 4 nutrition, 1 health policy

* Corresponding author. The University of North Carolina at Chapel Hill School of Nursing, 526 Carrington Hall CB# 7460, Chapel Hill, NC 27599, United States.

E-mail addresses: Meg_Zomorodi@unc.edu (M. Zomorodi), Lzerden@email.unc.edu (L. de Saxe Zerden), bnfloyd@unc.edu (B. Nance-Floyd), Lorraine.alexander@unc.edu (L. Alexander), Rachel.wilfert@unc.edu (R. Wilfert), Julie_byerley@unc.edu (J. Byerley).

and management), and social work ($n = 1$).

3. Objectives

The goal of the population health management course was to introduce students to the foundations of collaborative practice in order to prepare them for the implementation of improvement projects within real-world primary care practices (spring and summer). Outcome measures focused on students' knowledge and attitude changes related to population health concepts. Further, students' understanding of and appreciation for the training, expertise, and perspectives of different health professions as well as understanding role delineation between professions were assessed. Course evaluations for the didactic component were obtained as well as the impact on patient care and population health management in the primary care practices during the clinical immersion experience.

4. Activity description

The didactic course consisted of six online modules focused on population health from an organizational perspective and six face-to-face class sessions. Online modules focused on competencies related to: 1) population health management; 2) quality and the quadruple aim; 3) needs assessment; 4) patient and community engagement; 5) care coordination; and 6) understanding the impact of cost in risk assessment, prevention, and care delivery.¹ Embedded in the modules were interactive quizzes, videos, discussion boards, and short answer responses highlighting the core competencies adopted by IPEC.²

During the face-to-face class sessions, students ($n = 23$) worked on team-building exercises in small groups. The students were assigned to one of four interprofessional teams at the beginning of the semester and remained in that team throughout their clinical immersion experience. A typical team had at least one student from medicine, nursing, pharmacy, public health, and social work. Student teams completed unfolding case studies focused on chronic disease management that were designed to reinforce concepts from each of the online course modules. Each case study was developed interprofessionally by faculty from each profession, clinical practice partners, and interprofessional students in order to include multiple perspectives. The case studies were designed to guide the students in the completion of a hypothetical population-based quality improvement project during each face-to-face session.

Following completion of the didactic population health course, student teams led a quality improvement project at a primary care practice. Teams were placed in one of two primary care practices located in nearby communities. One practice site was urban, the other rural, and both included a wide payor mix and diverse patient population. Student teams shadowed every member of the care team at the primary care practice and conducted a needs assessment based on the Ottawa Decision Making Framework.³ Specifically, the clinical needs assessment conducted by the student teams included interviewing every member of the primary care practice (i.e., front desk, medical assistants, nurses, social work, nutrition, advanced practice providers, and physicians) to identify decision-making practices and perceptions of resistance to use statin and aspirin amongst patients with diabetes.

Following analysis of the needs assessment, student teams reviewed evidence-based interventions and worked with the primary care practice to collectively address the identified area for improvement. The student teams then implemented their quality improvement project with the cooperation and support of health professionals in the practice. The quality improvement outcomes

were measured over a three-month period. Student teams presented this outcomes data to their peers, interprofessional faculty, and clinical practice partners through monthly quality improvement practice meetings and as part of the final assignment related to this immersion experience. While both teams decided to address the same problem (statin and aspirin use for diabetic patients), the interventions were different based on the findings of the needs assessment, practice resources, and needs of the patient population.

5. Assessment

The University's Institutional Review Board determined that this was not human subjects research given the program evaluation and performance improvement focus of the project. Descriptive statistics (means and frequencies) were used for all survey assessment and benchmark clinical data.

5.1. Assessment for interprofessional team communication scale (AITCS)

The AITCS is a 37-item survey designed to evaluate team collaboration.⁴ Baseline assessment of the AITCS were collected at the beginning of the didactic course, at the end of the didactic component, and again at the end of the clinical immersion experience. Each item is preceded by the stem, "When we work as a team, all my team members are ..." and each item included a 5-option Likert scale (5 = always; 4 = most of the time; 3 = some of the time; 2 = occasionally, and 1 = never). The AITCS includes three attributes: 19 items related to partnership/shared decision making, 11 items related to cooperation, and 7 items related to coordination. The reliability for the three subscales ranges from 0.80 to 0.97.

Pre-and post-test assessment of the AITCS showed mean increases for all students over the semester. The baseline AITCS ($n = 23$) was 2.65 ($SD = 0.87$). The AITCS ($n = 20$) at the end of the didactic course was 3.30 ($SD = 0.72$). Only two students completed the AITCS at the end of the clinical immersion experience, thus this data is not reported. Additional AITCS information cross-tabulated by factors and professions is presented in Table 1:

5.2. Reflective practice

Students were also asked to complete a reflection paper at the end of the course on their personal growth and the impact of this experience on their understanding of interprofessional collaboration. A rubric designed by faculty was used for this evaluation metric.

Reflective practice captured many positive comments about individual growth and attitudinal change regarding teamwork. All of the students expressed a deeper appreciation for the roles of their team members. Common themes included the importance of encouraging others to work at the top of their license, flexibility in leadership styles, a deeper value of their own professional roles and contributions to the patient care team, and an understanding of the care system and systems-based thinking. For example, one student stated:

"Learning from, with, and about other health professions allows you to get the best of both worlds; having your specialty and being able to contribute your professional opinion, while learning from other professionals whose points of view and unique skill sets ... enable you to look at interventions and treatments from a different perspective."

An example from another student also exemplifies similar

Download English Version:

<https://daneshyari.com/en/article/5569386>

Download Persian Version:

<https://daneshyari.com/article/5569386>

[Daneshyari.com](https://daneshyari.com)