

Creating and Advancing the Interprofessional Education Curriculum for FM Residents

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FAMILY PHYSICIANS

Curricular Objectives

- Identify other health care professionals in the community for effective collaboration
- Develop strategies for incorporating other professionals into patient care teams
- Identify areas where interprofessional collaboration can be utilized to promote patient panel and population management
- Develop ideas for curricular guidelines

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Introduction

- An Identified Practice Gap
 - Ineffective utilization of interprofessional teams to meet extensive health care needs
- An Identified Training Gap
 - Underutilization of training opportunities that maximize overlooked ACGME subcompetencies

2018 ACGME Resident Survey

Question # 44

How often do you work in interprofessional teams to care for patients?

Interprofessional teams include physicians from one or more specialties, nurses and other health professionals such as pharmacists, social workers, and respiratory therapists.

Question # 45

In your program, how effectively do residents, fellows, faculty, nurses and other staff work in teams to provide clinical care?

ACGME Competencies

Systems-Based Practice:

- IV.A.5.f) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
- Subcompetencies:
 - IV.A.5.f).(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty
 - IV.A.5.f).(2) coordinate patient care within the health care system relevant to their clinical specialty
 - IV.A.5.f).(5) work in interprofessional teams to enhance patient safety and improve patient care quality

ACGME Competencies

Interpersonal and Communication Skills:

- IV.A.5.d) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
- Subcompetencies:
 - IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies
 - IV.A.5.d).(3) work effectively as a member or leader of a health care team or other professional group
 - IV.A.5.d).(4) act in a consultative role to other physicians and health professionals

Positive Outcomes

Overarching outcomes of interprofessional learning include:

- Enhancing communication to foster stronger patient care teams
- Minimizing errors
- Reducing redundancy
- Increasing efficiency in healthcare utilization
- Lowering cost of healthcare

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Poll Question:

How Often Do You Utilize Nurse Practitioners in Your Residency?

- A. They are an integral part of the program
- B. They occasionally participate in patient care
- C. We act as preceptors for their students
- D. We do not use them at all
- E. Other

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Poll Question:

How Often Do You Utilize Social Workers in Your Residency?

- A. They are an integral part of the program
- B. They occasionally participate in patient care
- C. We act as preceptors for their students
- D. We do not use them at all
- E. Other

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Poll Question:

How Often Do You Utilize Clinical Pharmacists in Your Residency?

- A. They are an integral part of the program
- B. They occasionally participate in patient care
- C. We act as preceptors for their students
- D. We do not use them at all
- E. Other

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NP Collaborations

Timing Specific Opportunities

Rotating NP Students

Intern Orientation via Simulation Lab

Still in Development

Collaborative Care Clinic with NP Faculty

Medicare Wellness Visits

Chronic Care Management

Ongoing Throughout Residency Training

In-Patient Collaboration on OB, Peds, and consult services for IM & FM

FMP Patient Panel Management

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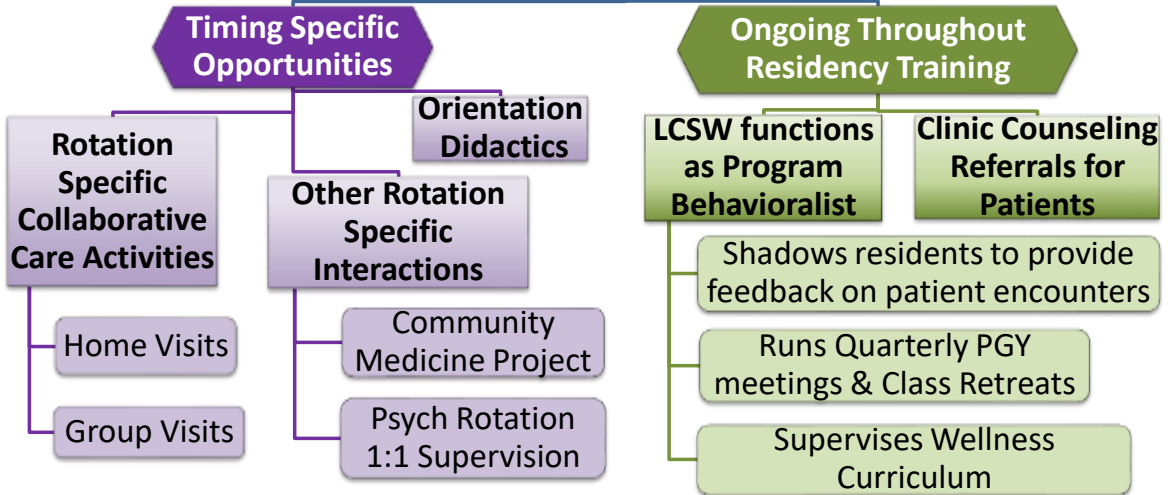
Panel / Population Management

- Chart review of vulnerable patient populations
 - Medicaid patients with 15 or more visits in the last 12 mos
 - Children age 7-10 with BMI greater than 99%
 - Patients with dementia on more than 10 meds
 - Patients with last A1c greater than 14
- NPs contacted patients/caregivers
 - Conducted a detailed psycho-social assessment
 - Provided appropriate education and resources
- Communication to PCP via task in EMR

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Social Worker Collaborations



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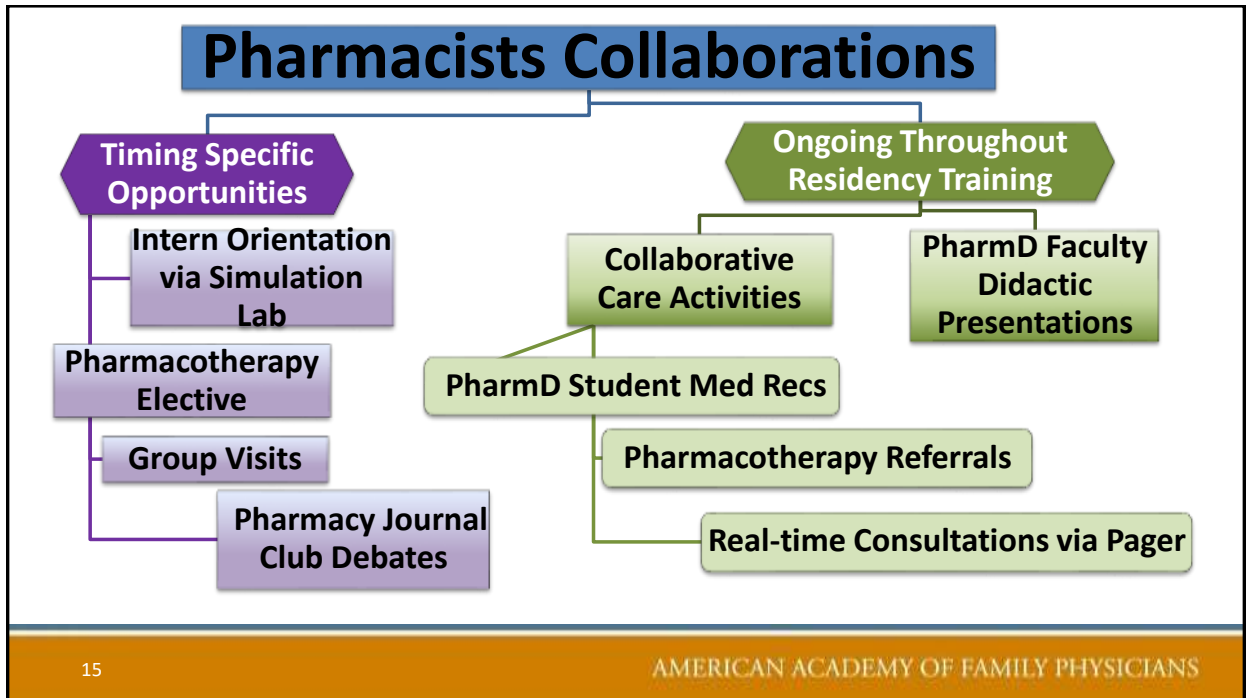
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Home visits and Group visits

- Interprofessional Teams
 - FM resident, social worker and student, pharm D and student
- Home visit structure
 - Community Medicine FM resident selects two continuity patients
 - Resident completes EMR note following the visit
- Group visit structure
 - Health Systems Management FM resident
 - Topics : DM, Asthma, Obesity, and Advanced Care Planning

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- ## Rotation and Longitudinal Experiences
- FM pharmacotherapy elective
 - PGY2 or PGY3 elective rotation
 - Site-FMC ambulatory clinic
 - Longitudinal curricular opportunities
 - Medication Reconciliation by pharm D student
 - Availability of pharm D student for real time questions and patient education
 - Pharmacotherapy clinic referral
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Pharmacotherapy Referrals

- Schedule
 - Three half day clinic sessions staffed by PharmD faculty
- Workflow
 - Physician order entry
 - EMR templates
 - PharmD
 - Physician Physical Exam
 - Physician Attestation
 - Encounter form submitted by FM attending

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Order Entry

 **Questions**

Services Requested	<input type="text"/>
Duration of Services	Adherence/Polypharmacy review
Appointment Time/Duration	Asthma
Comments	Diabetes
Appointment Made / Action Completed By	Hypertension
MAIL ORDER Rx and/or TYPE of FORM(s) to process	Hyperlipidemia
	Rx Economic Medication Review
	Other: write Below
	Tobacco Cessation
	Anticoagulation

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PharmD Template

PharmD Assessment -32

Mr. MOUSE attended diabetes group today. She received an overview of what is diabetes the basics of eating physical activity and exercise. Mr. MOUSE understood what is diabetes, normal blood glucose levels, signs and symptoms of hyperglycemia, two major types of diabetes.

After learning the educational information about diabetes in this group, Mr. MOUSE said she would make dietary adjustments, increase physical activities, log blood glucose reading to improve diabetic health.

Arrange for follow-up by telephone/office visit within 1 week/2 weeks.

Recommendations for PCP - 33

Start aspirin 81 mg qday for cardioprotection

Start ACE inhibitor for renoprotection

Increase dose of Lisinipril 10mg to 20mg

Check CMP

Check BMP

Check CBC

Check liver functions

Check fasting lipid panel

Check A1C

Check thyroid function

Influenza vaccination

Pneumococcal vaccination

Comprehensive foot exam

Refer for dilated eye exam

Start therapy with ACEI

Discontinue therapy with Lantus

Check urine albumin to creatinine ratio.

Physician Attestation

Physician Statment - 13

I, Nancy Blevins, saw this patient and reviewed the problem list, current medications, and recent labs. The patient indicates understanding of what is needed for better control of his/her diabetes/hypertension/coumadin management.

The patient is alert, oriented, in no acute distress, and has normal respiratory effort and normal mood.

Plan: See changes above

Medication adjustments: Continue current medications as previously ordered. []

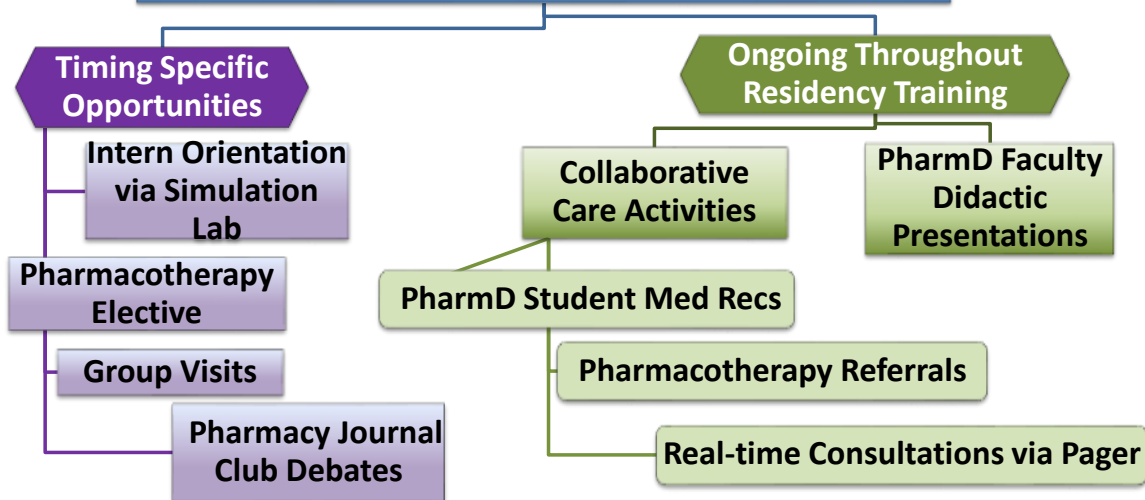
Return appointment/labs ordered.

Attending Statement - 11

I have reviewed / discussed with the resident the history, exam and medical decision making related to the pt's visit.

I, Nancy Blevins, agree with the resident's note.

Pharmacists Collaborations



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FMR Education

- Pharm D faculty didactic lectures
 - Insulin management
 - Coumadin and other anticoagulation therapies
 - Medicaid guidelines for medication management
 - Hypertension guidelines

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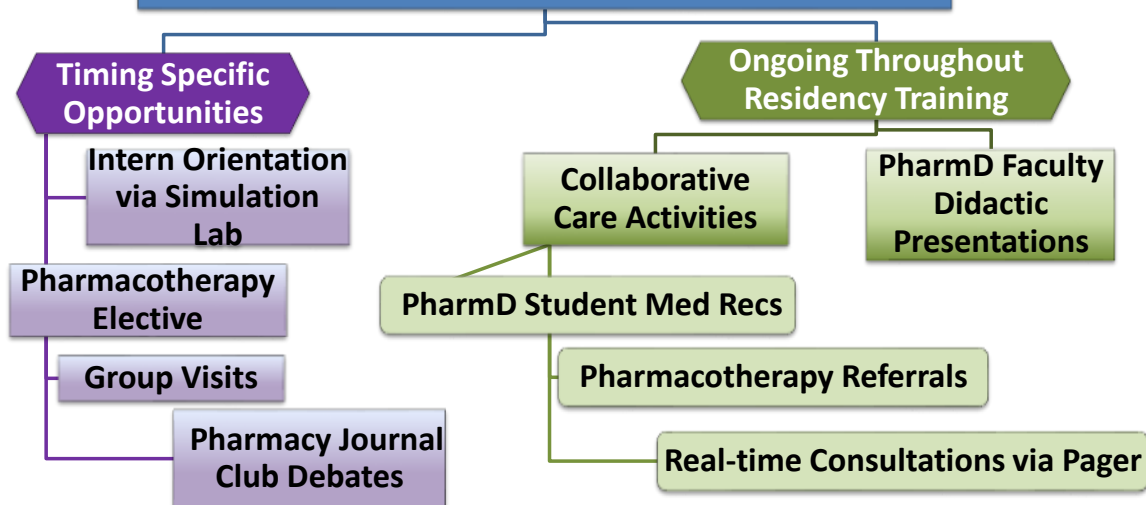
Journal Club Debates

- Interprofessional Teams
 - PGY3 FM residents and PharmD students
- Preparation
 - Material distributed by PharmD faculty one month in advance
 - Teams meet on their own time to review debate material
- Structure
 - Introduction, Questions, and Closing arguments
- Evaluation
 - Completed by FM and PharmD faculty & uploaded to Medhub

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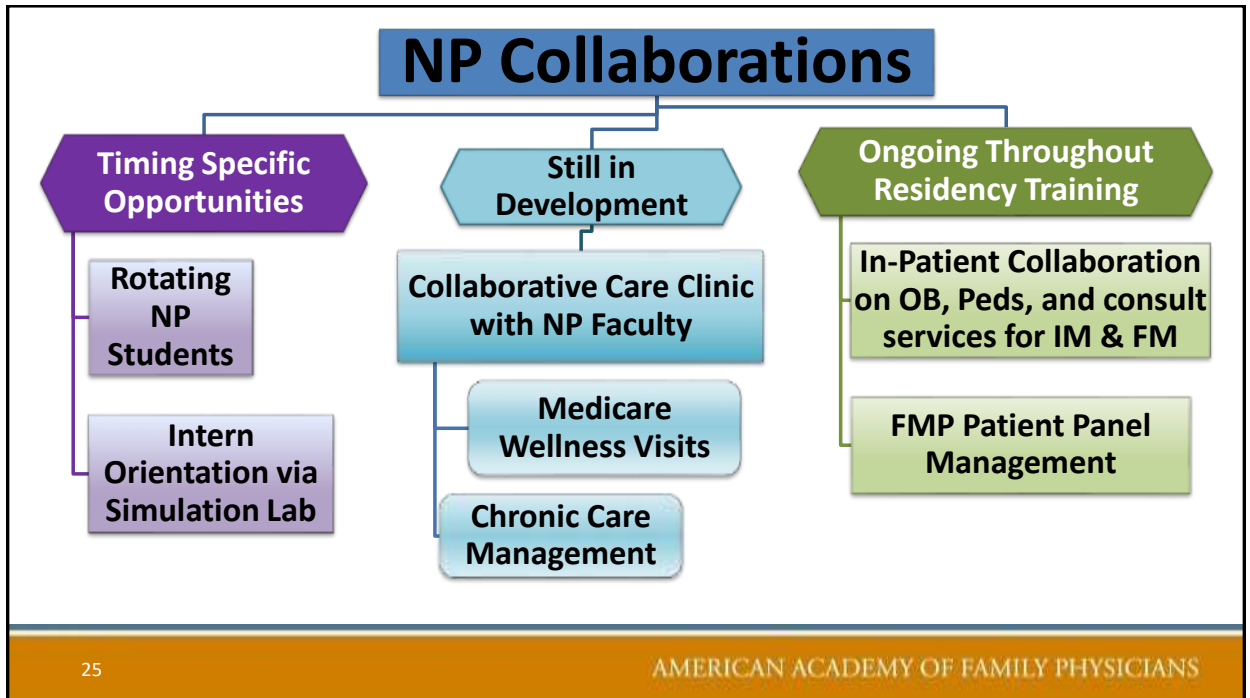
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Pharmacists Collaborations



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- ## Orientation Simulation Lab
- Interprofessional Teams
 - FM & IM PGY1 residents , PharmD and NP students
 - Timing
 - Day long simulation lab at UAH College of Nursing as part of PGY1 orientation
 - Structure
 - Case based simulations for inpatient scenarios
 - Acute chest pain(STEMI)
 - Atrial fibrillation with RVR
 - Acute SOB(PE)
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Orientation Simulation Lab

- Structure (Continued)
 - Workstations
 - Pelvic , Breast, and Prostate exam
 - Patient Handoffs
 - Sterile technique
- Evaluation
 - Completed by FM faculty as part of entry level milestone assessment
 - Debriefing session with all learners and respective faculty

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Orientation Simulation Lab: Lessons Learned

- Understanding NPs and clinical pharmacists' contribution to the team
- Setting realistic expectations for optimal communication between the professions
- Separate hand off training sessions for residents and NP students

Interprofessional Education: Take Home Points

- Interprofessional collaboration is an integral part of family medicine residency training
- Collaboration methods can vary based on the resources, needs, and desires of both the program and its community
- Opportunities exist for longitudinal integration into residency curriculum

Poll Question:

How likely are you to integrate interprofessional learning & teams?

- A. We already have this in place
- B. I am very interested in expanding current opportunities
- C. I will explore opportunities when I return and hope to start some activities
- D. I see significant barriers to introducing these activities

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Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

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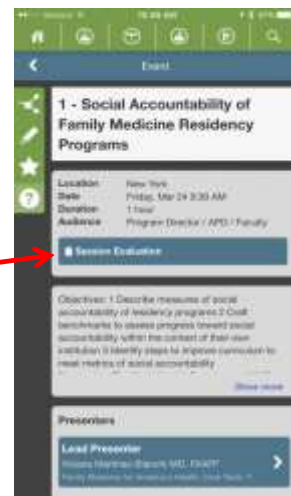
Social Q&A

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Please...

Complete the
session evaluation.

Thank you.





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