



Envisioning Access for All: Students Effectively Lead Interprofessional Teams Providing Care for the Uninsured and Impoverished in Urban Federally Qualified Health Centers

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Disclosure: HRSA Grant

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Objectives

- ▶ Describe how to effectively **bridge-the-gap** between interprofessional vision and interprofessional clinical practice using the scientific method/nursing process
- ▶ **Advocate for faculty** commitment, guidance, and role in an Interprofessional Student Run Clinic
- ▶ **Compare and contrast** interprofessionalism vs. integrated care and the need for students to have interprofessional immersion experiences

Objectives

- ▶ **Empower students to lead** interprofessional teams using the "See, Do, Teach" approach
- ▶ **Utilize the acronym FORGES:** Focus, Optimism, Respect, Guidance, Education and Strategic planning; to develop an interprofessional 'dream-team' to guide the development of interprofessional Student-Run clinics
- ▶ **Discuss research outcomes** related to the student's perceptions of interprofessionalism collected from the Interprofessional Socialization and Valuing Scale-9A (ISVS-9A)

Interprofessional (IP) Collaboration Vision and Ideals

- ▶ “ .. health professions working in concert to maintain and increase the health of society as well as the individual” (Coggeshall Report, 1965)¹
 - Need increased use of a team approach
 - Because
 - Increased knowledge base and
 - Increase health expectations



Conceptualization of Collaboration



- ▶ Sharing
- ▶ Partnership & Power
- ▶ Interdependency

Clinic Objectives

Provide students with experiential IP clinic

- ▶ Allow students a safe place to work together with faculty support
- ▶ Work as a team to address Social Determinants of Health (SDOH)
- ▶ SDOH awareness remove the words “non compliant”

Clinic Video

<https://odu.box.com/s/y7jurn48pfzkhzm3yjbkk3vxdaaf49ao>



Clinic Development

- ▶ Shared grant funding blending two Universities (faculty buy-in)
- ▶ Developed our own SDOH Tool
- ▶ Community Resources
- ▶ Ran the clinic with Standardized Patients
 - ▶ 1st faculty, then students



Students (n=63)

- ▶ Three Universities
 - ▶ Private Medical School
 - ▶ Public University
 - ▶ Historically Black Public University
- ▶ Advanced Practice Nursing (NP and CNS) (masters and doctoral) (N=3)
- ▶ Clinical Mental Health Counseling (PhD) (N=8)
- ▶ Dental Hygiene (BS senior year and Master))N=6)
- ▶ Medical (3rd and 4th year) (N=10) and Residents (N=9)
- ▶ Physical Therapy (2nd year in a 3 year program) (N=25)
- ▶ Social Work (BS) (N=1)

Standardized Patients (SP) in IP Clinic

- ▶ Using the SDOH tool listened to the SP stories at the same time
- ▶ Community Champions to develop clinic and refine SDOH Tool and its use
- ▶ Faculty developed a “script” for students to follow during the interview
- ▶ Faculty practiced to work out kinks before students were brought to clinic
- ▶ Students trialed the clinic with SPs to work out kinks

Social Determinants of Health Screening Tool

- ▶ Unlike other validated tools this includes questions on movement and dental health (developed by all faculty)²
- ▶ Screening was piloted with faculty, students, standardized patients and patients
- ▶ Questionnaire assesses for social determinants of health, barriers to health that are beyond medicine
 - ▶ 32-questions



Community Resources

- ▶ Food Bank of South Eastern Virginia
- ▶ Youth Earn and Learn
- ▶ Regent University Legal Outreach
- ▶ Tidewater Free Dental Clinic
- ▶ Chesapeake Care
- ▶ Sentara 3-Day Diabetes Training Program
- ▶ Union Mission Homeless Shelter
- ▶ ODU Dental Hygiene Clinic
- ▶ ODU Physical Therapy Clinic
- ▶ 2-1-1 Virginia



A Clinical Day Outlined

12:30-12:45 2:30-2:45 (15 min)	Small Conference Room <u>Learner</u> orientation and clinic introduction		Waiting Room Patients are pre-registered and clinic staff brings patients to exam rooms. Community resources available (i.e. HTN Health coach)		
12:45-1:00 2:50-3:05 (15 min)	Precept Room 1 Learners + Faculty Small IPC learner group meets with a faculty member to introduce self, describe their discipline, and assign roles	Precept Room 2 Learners + Faculty Small IPC learner group meets with a faculty member to introduce self, describe their discipline, and assign roles	Precept Room 3 Learners + Faculty Small IPC learner group meets with a faculty member to introduce self, describe their discipline, and assign roles	Precept Room 4 Learners + Faculty Small IPC learner group meets with a faculty member to introduce self, describe their discipline, and assign roles	Precept Room 5 Learners + Faculty Small IPC learner group meets with a faculty member to introduce self, describe their discipline, and assign roles
1:00-1:35 3:05-3:40 (35 min)	Exam Rooms - The team's faculty member will enter the exam room first, to introduce the clinic to the patient, prior to the learner group entering.				
	Exam Room 1 Patient, Learners + Faculty Patient navigator gives info about clinic and learners conduct <u>screen</u> , asking additional questions as needed Students clarify 3 target areas for appointment	Exam Room 2 Patient, Learners + Faculty Patient navigator gives info about clinic and learners conduct <u>screen</u> , asking additional questions as needed Students clarify 3 target areas for appointment	Exam Room 3 Patient, Learners + Faculty Patient navigator gives info about clinic and learners conduct <u>screen</u> , asking additional questions as needed Students clarify 3 target areas for appointment	Exam Room 4 Patient, Learners + Faculty Patient navigator gives info about clinic and learners conduct <u>screen</u> , asking additional questions as needed Students clarify 3 target areas for appointment	Exam Room 5 Patient, Learners + Faculty Patient navigator gives info about clinic and learners conduct <u>screen</u> , asking additional questions as needed Students clarify 3 target areas for appointment
1:35-2:00 3:35-4:00 (25 min)	Precept Rooms Learners + Faculty Member Discuss case and make plan to present resources and give additional services (i.e. counseling, oral health screen, etc.). Students gather packet of resources to give to patient.		IPE Coordinator available to gather resources		Exam Room Patient Patient waits in exam room. <u>Community resources</u> available (i.e. HTN Health coach)
	IPE Coordinator available to gather additional resources				
2:00-2:30 4:00-4:30 (30 min)	Exam Rooms Patient, Learners + Faculty Learners (+PN, Scribe) will return to their patient's exam room and provide additional services based on patient need and request. Learners discuss resources, referrals, and plan for follow-up with the patient.				
2:30-2:50 4:30-4:50 (20 min)	Large Conference Room <u>Learners</u> conduct <u>post-huddle</u> (1 patient's case is selected by faculty for students to present)				

Student Outcomes

- ▶ Measured using Interprofessional Socialization and Valuing Scale ISVS9a
 - ▶ Cronbach alpha of .79 - .89
 - ▶ Measures self perception of IP socialization and valuing
 - ▶ Used pre and post
 - ▶ Summative scoring
 - ▶ 9 items
 - ▶ Likert scale:
 - ▶ 1=Not at all
 - ▶ 7=To a great extent

ISVS9a Pre and posttest survey scores (N=63) Pre Mean=5.6; Post Mean=6.3

	Pre-IPE Mean	Pre-IPE Median	Post-IPE Mean	Post-IPE Median	p-value
1. I am able to share and exchange ideas in a team discussion	5.62	6.00	6.11	6.00	.000
2. I have gained an enhanced perception of myself as someone who engages in interprofessional practice	5.08	5.00	6.17	6.00	.002
3. I feel comfortable in speaking out within the team when others are not keeping the best interests of the client in mind	5.30	5.00	6.03	6.00	.000
4. I believe that the best decisions are made when members openly share their views and ideas	6.32	6.00	6.52	7.00	.000
5. I feel comfortable in describing my professional role to another team member	5.68	6.00	6.32	7.00	.000
6. I have gained an enhanced awareness of roles of other professionals on a team	5.16	5.00	6.25	6.00	.010
7. I have gained an appreciation for the importance of having the client and family as members of the team	5.62	6.00	6.44	7.00	.015
8. I am comfortable engaging in shared decision making with clients	5.76	6.00	6.41	7.00	.000
9. I feel comfortable in accepting responsibility delegated to me within a team	5.86	6.00	6.37	7.00	.001

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Student Comments

- ▶ “I will view my patients differently in the ED and ask different questions now”
(Nurse Practitioner Student)
- ▶ “I feel like I’ve really made a difference in this patient’s care [more] than during any other experience”
(Medical Student)



Student Comments

- ▶ “It was a lot of fun and insightful; it was good collaborating with other medical minds”
(Physical Therapy Student)
- ▶ “It was very insightful about how other professions address patient’s problems and how interprofessional collaboration can be beneficial to patients”
(Physical Therapy Student)
- ▶ “It was very interesting to see how well different professions can work together”
(Physical Therapy Student)

Client Data

Clients Screened n=20 (90%) identified being affected by the following Social Determinants of Health:

- ▶ Housing
- ▶ Food
- ▶ Medical access
- ▶ Heat

Hard to manage their health condition

Constraints



- ▶ Space
- ▶ Student and faculty availability
- ▶ Assuring balance of each profession
- ▶ Different communication systems (ie. Black Board) between schools

Lessons Learned

- ▶ MD perceptions of themselves and others perceptions of the MD role as leader
- ▶ Changing clinic format too quickly based on individual feedback
- ▶ Committed faculty really did not understand interprofessional team based care at the start; and still struggling
- ▶ Give yourself a break, with best planning the clinic is still "messy"
- ▶ Old beliefs are hard to change
- ▶ The script (while important) makes the visit too cookbook
- ▶ Communication remains difficult between faculty leaders
- ▶ Moving from a medical model to health wellness model is difficult for MD and PA
- ▶ Patient "really is" part of the team
- ▶ Programs need to assure that this content is reinforced carried over

Future Directions

- ▶ Adding additional sites
- ▶ Expanding the IP Clinic-two days a month
- ▶ Adding telehealth to connect PharmD from another university
- ▶ Adding additional Clinical Counseling Students
- ▶ Moving this type of clinic into the following populations
 - ▶ Geriatric
 - ▶ Pediatric

F-O-R-G-E-S May Serve as a Framework

- ▶ **F**ocused - Streamline the vision
- ▶ **O**ptimism – Refuse to feed negativity
- ▶ **R**espect – Only way to create a non-hierarchical team
- ▶ **G**uidance – Identify professions strengths and shared leadership
- ▶ **E**ducation – It's really an attitude, you are either learning or you are teaching or both
- ▶ **S**trategic Planning – Put a date on your dream





Create Your Own IP Collaborative Clinic

- ▶ For the next 10 minutes work in your group to address the needs of the population at your table
- ▶ What professions would you like to include
- ▶ What universities or colleges (if any) would you include
- ▶ What community resources will you involve
- ▶ What technologies might you include
- ▶ What type of funding or financial resources will you need
- ▶ How will you assure sustainability

Settings

- ▶ Free clinic
- ▶ Hospital setting
- ▶ Homeless shelter
- ▶ Academic setting
- ▶ Long-term care
- ▶ Urgent care
- ▶ Primary care (pediatric or adult)
- ▶ Schools



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