Objectives

- Recognize the desired need for the development of IP teams in rural Northeast Tennessee (NETN)
- Explain the Clinical Fellow Model as framework for the IP clinics
- Describe the purpose of interprofessional (IP) teams to build interprofessional education (IPE) and interprofessional practice (IPP) for improved patient health outcomes
ETSU Community-Based Clinics

- Hancock County Elementary School CHC
- Johnson City Community Health Center (JCCHC)
- Mountain City Extended Hours Health Center
- Johnson City Day Center
- Hancock County Middle High CHC
- Johnson City Partners for Health

- 23,000 square foot facility was completed and opened for patients in October 2012.
- It is a state-of-the-art, interdisciplinary facility for the delivery of primary health care services and the education of students.

Vulnerable Population Served

- Local homeless
- Hispanic
- Uninsured
- Underinsured
- TennCare enrollees
- Patients who have inability to pay
- Unemployed

County Health Rankings and Roadmaps, 2014
USDHHS, 2013
Target Population

- Multiple Chronic Conditions
  - ¼ of Americans and 2/3 of older Americans have at least 2 chronic health problems
- 66% of the nation’s health care costs
- Aging population
- Rising health care cost

Background/Significance

- ETSU developed 4 IPE/IPP Clinics
- 6 disciplines involved
  - Nursing
  - Social Work
  - Nutrition
  - Medicine
  - Psychology
  - Pharmacy
- Purpose of IP clinic
  - IP Education/IP Practice
  - Improve health outcomes
  - Evidence-based practice
  - Management of multiple chronic conditions (MCC)

Clinical Fellows Model
Proposed Outcomes

- Health Resources and Services Administration (HRSA) grant funding of $1,200,000
- Sustainable IP Student Clinic
- Structured, supervised clinical teaching and integrated learning environment
- Target adult patients with multiple chronic conditions
- Interprofessional patient evaluation and management
- Interprofessional faculty oversight
- Use of evidence-based practice

Objectives

- Discuss innovative approaches and contributions of each discipline to empower student clinical decisions
- Define student leadership and role development in the IP setting
- Analyze the four IP competencies and their relationship to IP clinic and didactic content

Collaboration Between Disciplines

- Acknowledges the specialized knowledge and skills of each discipline
- Recognizes the contributions of each discipline
- Empowers each discipline to become active decision makers
Providing IP Team-Based Patient-Centered Care

- Integrated faculty and students from several colleges in the Academic Health Sciences Center
  - College of Nursing
  - Bill Gatton College of Pharmacy
  - College of Clinical and Rehabilitative Health Sciences
- Identified patient health problems and the management and treatment of patients with MCC
- IP team was embedded into existing nurse managed clinics
- Conducted “student led” clinics at a variety of sites

Student Leadership and Role Development

- The “student-led” clinics (with faculty supervision) encourages collaboration, leadership, and role development among all students in each discipline
- Each student (from each discipline) takes the lead in presenting the patient and development of the treatment plan by the IP team

Incorporation of the Four IP Competencies

- 4 IP Competencies
  - Values/Ethics
  - Roles/Responsibilities
  - Communication
  - Teams/Teamwork
- “Student Led” clinics
- Case Study
  - Development
  - Presentation
Development of Education Platform

- Developed a Desire2Learn (D2L) site with a variety of modules addressing various topics
  - IP education
  - 4 core IP competencies
  - Health literacy
  - Variety of healthcare, nutrition, pharmacy, and nursing issues

IP Conference and MOOC

- In the process of developing a MOOC (Massive Online Open Course)
- Sponsoring 1st Annual Southeastern IPE conference June 11, 2015 in Pigeon Forge, TN; “Improving Outcomes for Patients with Multiple Chronic Conditions”
- [http://www.etsu.edu/nursing/ipecon.aspx](http://www.etsu.edu/nursing/ipecon.aspx)

Objectives

- Identify challenges faced during IP team development
- Indicate barriers encountered with strategies for improvement in IP clinic development and student participation
- Recognize strengths to build professional growth and collaboration across disciplines
Challenges

- Combining students from various disciplines with different levels of student learning
- Scheduling IP clinics around conflicting teaching schedules of the faculty
- Integration into the existing workflow of the clinic

Challenges

- Interaction with providers not familiar with the IP model
- Integration of online modules and active learning in the clinical setting
- Collaboration requires communication between team members, which increases time required for patient visits

Strategies for Improvement

- Getting the right people “on the bus”
- Purposeful relationship-building with the staff and providers at the clinic sites
- Orientation to the IP process for all students before starting the program
- Sharing of success stories with other providers
Recognizing Strengths to Build Collaboration

• Focus of the team on needs of the patient rather than on individual contributions of members
• Recognition that the basis of primary health care is effective communication with patients - a principle shared by all health professionals
• Appreciation that collaboration requires both depending on others and contributing one’s own ideas toward solving a common problem

Recognizing Strengths to Build Collaboration

• Collaborative experience enables the students and faculty to learn new skills and approaches to care
• IP clinic provides an environment for innovation
• IP clinic facilitates shift in emphasis from acute, episodic care to long-term preventive care and chronic illness management

Summary

• Team building
• IP practice competencies
• Continued growth of IPP
• HRSA Grant Funding
• Sustainable IP Model
Questions?

References