

ACKNOWLEDGEMENT:

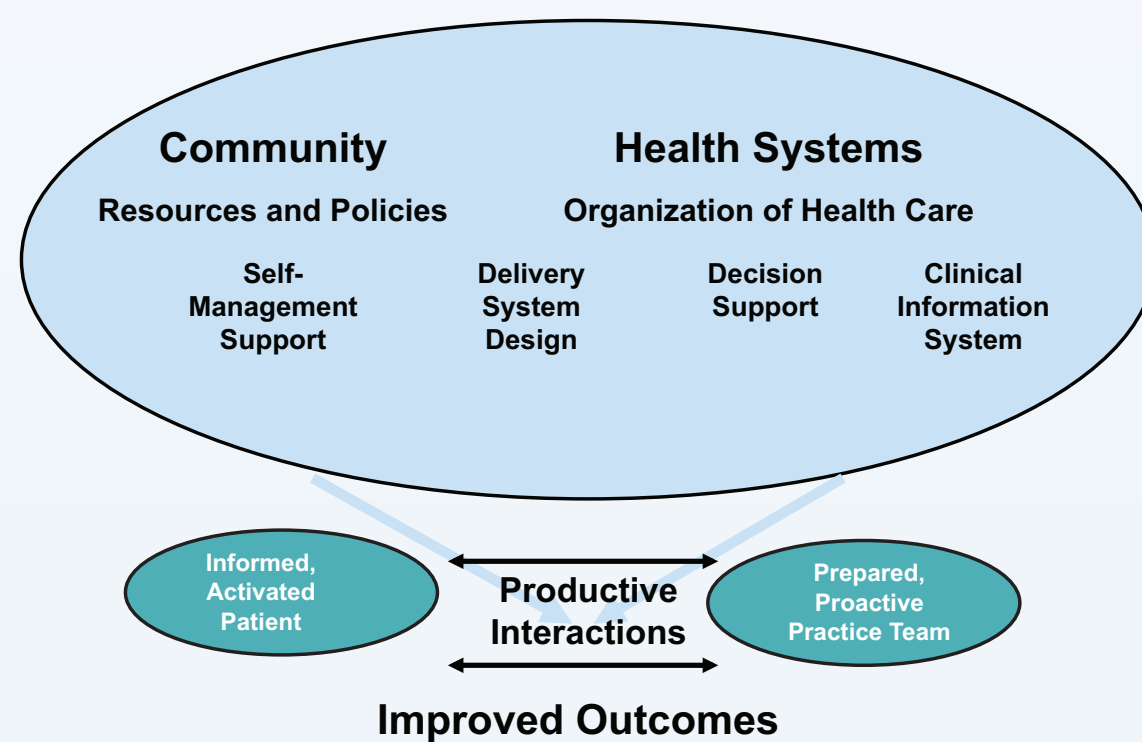
This program has been supported by The Association of American Medical Colleges (AAMC)/Josiah Macy Foundation Grant for Chronic Illness Care Education at Jefferson Medical College (Rattner S, PI; 2006-2009); and by a Geriatric Academic Career Award (HRSA #K01HP00075-01, 9/2007 – 12/2009, Collins L).

RATIONALE:

- Future state of academic medicine demands preparing students for collaborative, team-based practice
- Interprofessional education (IPE) is widely advocated as a key element to promote an effective, redesigned healthcare system
- Evidence and curricular resources describing effective IPE remain limited



The Chronic Care Model



http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&a=2

RESOURCE DESCRIPTION:

- Detailed curricular materials available on AAMC's MedEdPORTAL (<http://services.aamc.org/30/mededportal/servlet/segment/mededportal/information/>) describing the development, delivery and preliminary evaluation of a comprehensive, longitudinal, IPE curriculum called The Health Mentors Program
- Current information on the Health Mentor Program can be found on the Jefferson InterProfessional Education Center (JCIPE) website (<http://jeffline.jefferson.edu/jcipe>)

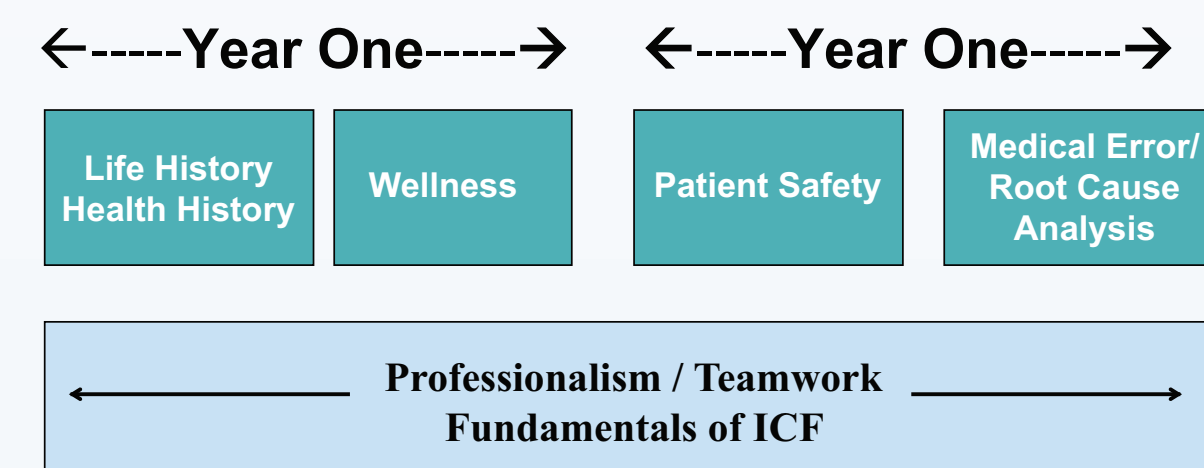
PROGRAM DESCRIPTION:

- The Health Mentors Program (HMP) is a 2 year, patient-centered, team-based curriculum which is required for all matriculating medical, traditional BSN nursing, physical therapy, occupational therapy, pharmacy, and couples and family therapy students at Thomas Jefferson University (TJU)
- HMP teams 4 to 5 students with a volunteer Health Mentor, a community-dwelling adult with one or more chronic conditions
- The Health Mentor is identified as a teacher as well as a team member

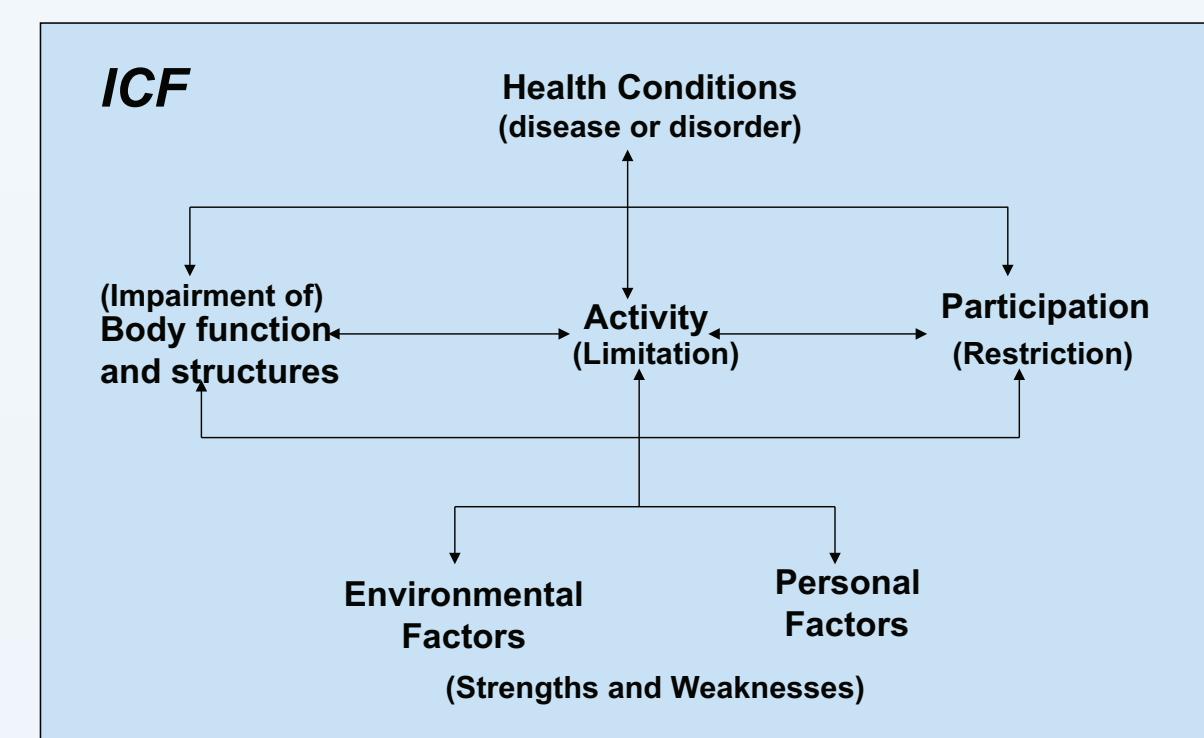
HEALTH MENTOR PROGRAM GOALS:

- Students will understand and value the roles and contributions of various members of the interprofessional healthcare team
- Students will understand the perspective of the patient and value patient-centered care
- Students will appreciate how a person's health conditions and impairments interact with personal and environmental factors.

Health Mentors Curriculum



From the WHO International Classification of Functioning, Disability and Health



International Classification of Functioning, Disability, and Health; WHO, 2001. <http://www.who.int/classifications/icf/en/>

WHO ARE OUR STUDENTS?

	Medicine	Nursing	Physical Therapy	Occupational Therapy	Pharmacy	C & FT	Total
Year 1 (07-09)	258	106	39	43	-	-	446
Year 2 (08-10)	261	122	46	65	71	11	576
Year 3 (09-11)	257	133	47	68	60	12	577
Year 4 (10-12)	264	158	49	72	91	17	651
Total	1040	519	181	248	222	40	2250

WHO ARE OUR FACULTY?

- 6 disciplines
- 18 courses
- 30+ faculty members
- 1 part-time faculty course director
- 2 JCIPE co-directors
- 3 support staff

WHO ARE OUR HEALTH MENTORS?

- Approximately 250 individuals
- Range in age from 18 – 97 (>60% over age 65)
- Recruited from:
 - Primary Care Practices
 - Senior Centers
 - Retirement Communities
 - Community agencies coordinating services for blind, disabled
 - Rehabilitation Programs
 - TJU/TJUH staff
 - Family and friends of faculty and students
- 2 serve as members of the JCIPE Steering Committee

IMPLEMENTATION TIMELINE:

- 2006**
 - Planning begins
 - Baseline assessment data collected
- 2007**
 - 1st cohort of students enrolled
 - 4 disciplines
 - 4 modules/year
 - Students must schedule all visits
 - Team building via social activities
- 2008**
 - 2nd cohort enrolled
 - 6 disciplines
 - 2 modules/year
 - Student Liaison Group
- 2009**
 - 3rd cohort enrolled
 - Mentors brought to campus for most visits
 - 1st year visits scheduled by Health Mentor Program staff
 - Added didactics and panels to explain roles of each health profession
 - Added formal Peer Evaluation
- 2010**
 - 4th cohort enrolled
 - International Classification of Function added as a 3rd curricular goal
 - Team building exercises added to orientation
 - Moved from individual peer evaluations to team performance assessment
 - Added e-learning – WIKIs, pilot on-line discussion groups in lieu of live small groups



EVALUATION STRATEGY:

- Mixed-methods evaluation tools have included:
 - Interprofessional Education Perception Scale (Luecht et al)
 - Readiness for Interprofessional Learning Scale (Parsell and Bligh)
 - Attitudes Toward Health Care Teams Scale (Heinemann et al)
 - Jefferson Attitudes Toward Chronic Illness Care Scale (Veloski et al)
 - Perceptions of Health Scale (Diamond et al)
 - Roles of Health Professions (Nisbet et al)
 - Qualitative Evaluation of Reflection Papers
 - Course Evaluations
- Students have very positive attitudes toward interprofessional education at baseline, with little change over 2 years
- Many students have negative attitudes toward chronic illness care (<50% positive), with some evidence of improvement over the course of the Health Mentors Program
- Qualitative data strongly supports that students are meeting the major goals of the curriculum



MAJOR CHALLENGES:

- Logistics, Logistics, Logistics – many students, many faculty, many courses, many volunteers, 2 year longitudinal program
- Framing the curriculum so students recognize program goals
- Coordinating timing of program content with other coursework

UNANTICIPATED POSITIVE OUTCOMES:

- Increased student awareness of other professional trainees on campus – with “ripple effect” of increased interprofessional collaboration across student organizations
- The powerful student/ Health Mentor bond formed by many teams – Students strongly value their mentors!
- Medical students entering clinical rotations with greater comfort in team-based clinical settings
- New faculty relationships and collaborations – with sharing of resources, development of academic collaborations and scholarship far beyond this program

SUMMARY POINTS:

- The HMP at TJU represents a major commitment and institutional support toward realizing the vision that future health professionals will practice safe, effective, and efficient care in highly-functioning patient-centered, interprofessional teams
- Ideally, HMP and similar curricula have the potential to ensure that each team member enters practice understanding the roles of their own and other professions and expecting to engage in team-based, patient-centered care as the norm

CONTINUOUS CURRICULUM IMPROVEMENT:

- Key to success has been the willingness of faculty from each discipline to learn together and from each other
- Communication, mutual respect, flexibility, and an unwavering commitment to the ideal of interprofessional person-centered education have become HMP hallmarks
- The HMP curricular team updates and modifies the curriculum based on process evaluation results
- Including student liaisons from all disciplines on the curriculum team has been key!

REFERENCE:

1. Collins LG, Arenson C, Rattner S, Wallock S, Umland E, Hewston LA, Antony R, Necky J. The health mentors program: a longitudinal chronic illness mentorship program. MedEdPORTAL.

http://services.aamc.org/30/mededportal/servlet/segment/mededportal/find_resources/browse/?subid=4062, Accessed February 22, 2010.