VA Centers of Excellence in Primary Care Education

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CoEPCE Purpose

• Develop and test innovative approaches for curricula related to core competencies of patient-centered care.

• Study the impact of new educational approaches and models on health professions education to include collaboration, cultural shifts in educational priorities, and educational and workforce outcomes within and beyond VA.

• Improve primary care instructional strategies with emphasis on workplace learning
CoEPCE Sites and Academic Affiliates

Co-Directors:
C. Scott Smith, MD and Melanie Nash, MSN, ANP
Academic Partners:
Gonzaga University School of Nursing
University of Washington School of Medicine
Idaho State University Schools of Pharmacy and Nursing

Academic Partners:
Fairfield University School of Nursing
Quinnipiac University School of Nursing
Yale University Schools of Medicine and Nursing
University of Connecticut School of Medicine

Co-Directors:
Joyce Wipf, MD and Kameka Brown, PhD, APN
Academic Partner:
University of Washington
Schools of Medicine and Nursing

Co-Directors:
Rebecca Brienza, MD, MPH and Susan Zapatka, MSN, APN
Academic Partners:
Fairfield University School of Nursing
Quinnipiac University School of Nursing
Yale University Schools of Medicine and Nursing
University of Connecticut School of Medicine

Co-Directors:
Mimi Singh, MD, MS and Mary Dolansky, PhD, RN
Academic Partners:
Frances Payne Bolton School of Nursing at Case Western Reserve University
Case Western Reserve School of Medicine
The Breen School of Nursing at Ursuline College
Cleveland Clinic Foundation

Co-Directors:
Rebecca Shunk, MD and Terry Keane, DNP, APN
Academic Partner:
University of California at San Francisco
Schools of Medicine and Nursing
Implementation Model

- Physician and NP Co-Director leadership
- Trainee engagement at least 30%
- Each program has a different (locally developed) training model
- Collaboration across five sites with central coordination
- Program impact is expected at three separate “levels”: point of care/learning (microsystem); VA facility/affiliated program (mesosystem); and VA/national health systems (macrosystem)
- Learning what works, for whom, in what circumstances and why
CoEPCE Trainees

• All sites
  – **Physician residents trainees**: Internal Medicine PGY 1, 2, 3, Chief resident
  – **Nurse Practitioner trainees**: Pre-Master’s, Pre-Doctorate of Nursing Practice, Post-Master’s residents, Post-Doctorate of Nursing Practice residents
  – Post-Doctorate Pharmacy residents
  – Post-Doctorate Psychology fellows

• Some sites
  – Social Work
  – Medical Students
  – Nutrition/Dietetics
  – Podiatry
  – BSN Nursing Students
  – Physician Assistant
CoEPCE Educational Domains

1. Shared Decision Making
2. Sustained Relationships
3. Interprofessional Collaboration
4. Performance Improvement
Interprofessional Engagement

• Ideally trainees from PACT relevant professions learn together to prepare them to work in and lead future team-based practices

• Interprofessional clinical staff and academic faculty need to collaborate across professions

• Academic affiliates need to be engaged and involved

• Need to understand other professions culture, values, educational “trajectory”
Sustained Relationships are Complicated!
Interprofessional Leadership

• Leadership is interprofessional and representative of all the trainee professions

• Leaders are present/included when critical decisions are made about space, staffing, design

• Leaders are present/included when curricular elements about PACT are designed and implemented

• Renegotiating roles and responsibilities rather than relying on traditional silos and hierarchies
Interprofessional Curriculum and Instruction

- PACT teamlet and team members traditionally considered “clinical” must accept personal responsibility for teaching roles
  - All “teachers” must have local support to develop roles as teachers
  - All “teachers” have meaningful roles in assessing learner performance
  - All “teachers” must learn from, with and about teachers from other professions
WP = Workplace learning
RP = Reflective practice
FI = Formal instruction
Structural component - Scheduling

• Interprofessional challenges
  – Creating cohesive learning community among programs with different academic calendars
  – Sequencing of formal instruction
    – Right content for the right profession/academic level at the right time

• Intraprofessional challenges
  – Nursing – usually part-time trainees while working fulltime; have concurrent academic classes and clinical rotations
  – Medicine – ACGME requirements can encourage discontinuity
Structural Components - Space

- Space – adequate for
  - Co-location of trainees
  - Co-precepting
  - Formal instruction
  - Clinic space for workplace learning
  - Exam rooms for patient care
**Structural Components - Technology**

- Electronic Health Records
  - 24 hr and off-site access for trainees
  - Ability to relate trainees, patients, faculty, staff
    - To monitor panels, assess trainee performance, patient outcomes
NP Residency in Primary Care

• Interest exceeds slots available
• One year, full-time, post-graduate degree training
  – Master’s or DNP degree
• 60% direct patient care
  – Panel of patient, prescribing and ordering capacity
  – Cover rotating medical residents patient panel
  – Secured messaging
• 40% indirect patient care
  – PI projects
  – Panel management
  – Journal club, presentations, publications
  – Precepting in second half of residency
Trainee Reported Strengths

- Value meeting and learning about other professions
- Value learning with and from other professions
- Value team-based approach to patient care
- Report application of learning to their practice
  - E.g. Shared Decision Making tools, motivational interviewing
- “It just kind of insidiously crept into my day to day behavior.”
Recommendations
Trainee

• More workplace learning
• More in-room precepting
• Synchronous scheduling for all trainees
• Further clarification of professional roles
• Further refinement of integration of pharmacy, psychology, social work trainees
• More peer-to-peer teaching opportunities
Recommendations
Institution/System

• Contextual factors that facilitate, impede program implementation:
  - degree of PACT/PCMH implementation
  - facility space constraints
  - Institutional commitment to faculty for educational roles
Recommendations
Faculty /Staff

- Focus on faculty and staff development:
  - Multiple teaching roles
  - Faculty development in IPE and patient-centered practices
- Match curriculum to trainee clinical readiness AND interests
- Curriculum is a work in progress and requires ongoing attention to the right mix of instructional strategies—workplace learning, reflective practice, and didactic, formal instruction
- Be mindful of clinic team and faculty capacity constraints, including risk of burn-out
CoEPCE Coordinating Center

- Stuart Gilman, MD, MPH; Director
- Kathryn Rugen, PhD, FNP-BC; Nurse Practitioner Consultant
- Judith Bowen, MD; Physician Consultant
- Laural Traylor, MSW; Program Manager
- Nancy Harada, PhD, PT; Evaluation Coordinator
- Annette Gardner, PhD, MPH; Evaluation Consultant
- Deborah Ludke, MHA, Administrative Officer
- Kimberly Uhl, MBA, Management Analyst