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

Co-Directors: Joyce Wipf, MD and Kameka Brown, PhD, APN
Academic Partner: University of Washington School 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!

- Patient
  - Trainee
    - Mentor/Clinical Supervisor
  - Teamlet
  - Other Trainees
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
FI = Formal instruction
RP = Reflective practice
WP = Workplace learning

Interprofessional Curriculum

CoEPCE Domain

“nested” within Interprofessional Curriculum

“nested” within PACT transformation

“nested” within (self-, intra-, inter)
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