A 360 Degree View of the Jefferson Health Mentors Program:

Students, Administrator and Faculty Weigh in on Seven Years of Interprofessional Education
Introductions

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• Tracey Vause-Earland, MS, OTR/L
  • Sarah Dallas
• Sokha Koeuth, BBA, MPH (former Administrator)
  • Gealina Dun
• Joseph Altmann
• Amanda Gibson
• Chelsea Gorman
• Valerie Weaver
Learning Objectives

• List three strategies for successful implementation of an Interprofessional Education (IPE) curriculum
• Develop a roadmap for starting, expanding or evaluating an existing IPE program
• Discuss challenges and shared lessons learned with CQI in implementing IPE with a panel hosted by HMP students, administrator and faculty
Session Agenda

- JHMP Curricular Overview/Roadmap - 15 minutes
- Panel with Students, Administrator, Faculty - 20 minutes
- Action Planning/Development of IPE Best Practices - 10 minutes
Overview

• The Jefferson Health Mentors Program (JHMP) is a two-year IPE experience

• Students from 7 professions (Couple and Family Therapy, Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy and Physician Assistant) work on a team with a Health Mentor
Background: IOM, 2001

“Once in practice, health professionals are asked to work in interdisciplinary teams, often to support those with chronic conditions, yet they are not educated together or trained in team-based skills.”

- Health professionals mean well, but often do not use a common language and misunderstand each other
- Teamwork is not simply about being “nice” — effective teamwork requires training and practice
Why do we need IPE?  
To Prepare for Collaborative Practice

- Interprofessional Collaborative Practice:
  - “When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care” (WHO, 2010)

- Addresses the “Triple Aim”
  - Improves patient outcomes
  - Increases patient (and provider) satisfaction
  - Decreases costs
To reduce the Quality Chasm:

“All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”
TJU IPE Core Competencies

Values/Ethics:
• Respect the unique cultures, values, roles/responsibilities and expertise of other health professionals.

Roles/Responsibilities:
• Explain the roles and responsibilities of other health/healthcare providers and how the team works together to provide care.

Interprofessional Communication:
• Work to ensure common understanding of information, treatment, and health/healthcare decisions by listening actively, communicating effectively, encouraging ideas and opinions of other team members and expressing one’s knowledge and opinions with confidence, clarity and respect.

Team and Teamwork:
• Reflect on the attributes of highly functioning teams and demonstrate the responsibilities and practices of effective team member(s).

-Adapted from IPEC Core Competencies for Collaborative Practice, 2011
Background: Chronic Care Model

JHMP Goals

• Students will understand and value each others’ roles on the healthcare team

• Students will understand the patient/client’s perspective in order to practice person-centered care

• Students will appreciate how a person’s health conditions and impairments interact with personal and environmental factors
Who are our Mentors?

- Community-based volunteers who are living and coping with one or more chronic health conditions or impairments.

Examples of health conditions:
- Hypertension
- Diabetes Mellitus
- Spinal Cord Injury
- Cerebral Palsy
- Cancer
- Multiple Sclerosis
- Coronary Artery Disease
Who are our Mentors?

- 250 volunteer adults with one or more chronic health conditions or impairments
- Participate as full member of team
- Students meet with same Health Mentor for 2 years
## Who are our Students?

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JHMP Curriculum

Life and Health History
Healthy Behavior/Self Management Support
Patient Safety
IPE + Practice

Professionalism and Teamwork

ICF Model
Health Mentor Program Overview

Fall 2014
- Orientation & Module 1
  - Orientation is Friday, September 26th
    - Session A: 9am to 12pm
    - Session B: 1 to 4 pm
  - Session and Room Assignments will be emailed and posted
  - Pre-reading: Watch 2 PowerPoint presentations and complete ICF quiz in Blackboard
  - For Module 1, student teams meet with their HM on Tiju campus to complete a wellness questionnaire.
  - Meeting will be scheduled for one of the following Mondays from 12:00-2:00pm: 2/23, 3/9, 3/16, 3/30, 4/6
  - Team assignment due before IPE Small Group Session on April 13th: Self-Management Support Plan

Spring 2015
- Module 2
  - Student teams meet with their HM on Tiju campus to complete a wellness questionnaire.
  - Meeting will be scheduled for one of the following Mondays from 12:00-2:00pm: 2/23, 3/9, 3/16, 3/30, 4/6
  - Team assignment due before IPE Small Group Session on April 13th: Self-Management Support Plan

Fall 2015
- Orientation & Module 3
  - Orientation will be on Monday, September 14th...TBD
  - If HM consents, student team travels to HM’s home to complete home visit. If home visit not possible, team liaison asks HM to bring pictures to in-person meeting at location TBD.
  - Meeting will be scheduled by team at convenience of HM.
  - Team assignment due before IPE Small Group Session on date TBD: Team Safety Plan

Spring 2016
- Module 4
  - Student selects a Learning Activity from menu of 10 options.
  - Activity can be selected from offerings in Fall or Spring but assignment must be turned in during Spring semester.
  - Individual assignment due before IPE Small Group Session on date TBD: Reflection essay
Year One HMP - Timeline

**Fall 2014**

- **Orientation & Module 1**
  - **Orientation** is Friday, September 26th, Session A 9am to 12pm & Session B 1 to 4 pm
  - Session and Room Assignments will be emailed and posted
  - Pre-reading: Watch 2 PowerPoint presentations and complete ICF quiz in Blackboard
  - **For M1**, student teams meet with their HM to complete a comprehensive Life & Health History.
  - Meeting will be scheduled for one of the following Mondays from 12:00-2:00 pm: 10/6, 10/13, 10/20, 10/27, 11/3
  - Team assignments due before IPE Small Group Session on November 10th: #1 Life & Health History #2 ICF Synthesis

**Spring 2015**

- **Module 2**
  - Student teams meet with their HM on TJU campus to complete a wellness questionnaire.
  - Meeting will be scheduled for one of the following Mondays from 12:00-2:00 pm: 2/23, 3/9, 3/16, 3/30, 4/6
  - Team assignment due before IPE Small Group Session on April 13th: Self-Management Support Plan
Year Two HMP - Timeline

**Fall 2014**

- **Orientation & Module 3**
  - Orientation is Monday, September 15th from 12:00-2:00pm
  - For M3, if HM consents, student team travels to HM's home to complete home visit. If home visit not possible, team liaison asks HM to bring pictures to in-person meeting at location TBD.
  - Meeting will be scheduled by team at convenience of HM.
  - Team assignment due before IPE Small Group Session on November 3rd: Team Safety Plan

**Spring 2015**

- **Module 4**
  - Student selects a Learning Activity from menu of 10 options.
  - Activity can be selected from offerings in Fall or Spring but assignment must be turned in during Spring semester.
  - Individual assignment due before IPE Small Group Session on March 16th:
    - Reflection essay
“...I remember thinking at the time how the University must be crazy to take students within the first few months into their respective programs, throw them together unsupervised, and allow them to talk with an individual who has gone through the healthcare system. While it sounded like a great opportunity to experience the perspective of someone on the patient end, how could it possibly be useful if none of us had yet acquired relevant knowledge in our respective fields?”
PANEL DISCUSSION

HMP Students, Education Coordinator, and HMP Faculty
Potential Discussion Topics...

- Getting started
- Sustaining IPE programs
- Benefits of HMP
  - Impact on students, faculty, mentors
- Challenges of HMP
  - Value, logistics, scheduling, common language
- Technology and IPE
What are the key components for “getting started” with IPE?
Key Components: Getting Started...

- Culture change
  - Buy-in from key stakeholders, perceived need for change
- Human resources, time and space
- Funding and/or institutional support
- Developing the curriculum
- The “immeasurables”
  - Leaving egos at the door, compromise and flexibility
  - IPE faculty ‘practice’ using core competencies
JHMP Initial Funding

• The AAMC/Josiah Macy Foundation Grant for Chronic Illness Care Education at Jefferson Medical College (2006-2009)

• The Senior Vice President of Academic Affairs and Deans of JMC, JSN, JSP, JSHP - (2007-ongoing)
  • Supports funding for JCIPE

• Geriatric Academic Career Development Award, HRSA - Collins L (2007-2010)
JHMP Planning

• 11 faculty members from 6 disciplines developed concept and core curriculum
• Approved by curriculum committees of each discipline
• Content embedded within specified course for each discipline
• Monthly faculty and student liaison meetings
JHMP Implementation

- 40+ IPE faculty implement and revise program
- Ongoing support from the Deans in each college/school
What is required to *sustain* an IPE innovation?
Key Components: Sustaining IPE

- Continuous Quality Improvement (CQI)
  - Assessment (students, faculty, program, HMs)
  - Willingness to make changes along the way
- Faculty development
- Innovation

- Ongoing institutional/funding support...
CQI: Assessment

- Are program goals being met?
  - Readiness for IPE
  - Understanding of roles/expertise
  - Understanding of teamwork/leadership
  - Use of a common language
  - Attitudes toward caring for individuals with chronic illness(es)
- Is there an impact on the Health Mentors?
  - HM Surveys - mixed methods
  - HM Focus Group
- Is there an impact on future patients?
CQI: Sample Curricular Changes

- Added 3rd HMP goal in 2010 - ICF
  - ICF language interwoven throughout all 4 modules

- Enhanced 1st year Orientation in 2011
  - Half-day IPE small group session with focus on group process, teamwork, and ICF case-study

- Added new Module 4 in 2012
  - Changed from Medical Error to Healthy Behavior/SMS

- Created an IPE “menu” for newest Module 4 in 2014
CQI: Engaging IPE Leaders

- **Engage student leaders**
  - Recruit student course liaisons from each discipline for each year
  - Started new IPE student organization
  - Students lead new IPE programming efforts

- **Empower Health Mentors**
  - Added HM to Steering Committee, Newsletter columns
  - Help to recruit other HMs
  - Participate in assessment, surveys, and focus group

- **Recruit, train and support new faculty IPE leaders**
CQI: Faculty Development

How the core group of faculty champions felt after the first 2-3 years...

“One of those days, Phil?”

...need to INSPIRE, DEVELOP and GROOM more faculty!!
CQI: Faculty Development

- Online and in-person IPE training modules
- FAQs sheet developed by IPE faculty
- Dos and Don’t’s list for IPE facilitators by students
- Dedicated faculty development sessions for both new and former HMP faculty prior to IPE small group sessions (recorded for asynchronous viewing)
- Partner seasoned IPE faculty mentor with new IPE faculty
CQI: Faculty Recruitment/Retention

- Raise awareness of IPE generally with faculty development days
- HMP steering committee recruit colleagues from own discipline
- Feedback solicited from all faculty participants to encourage a sense of ownership in program
- Student evaluations given to faculty facilitators
- Recognition for effort by JCIPE, Deans, awards
Question?

• What are the benefits of an early longitudinal IPE program?
Impact on Students

• Improved role recognition and understanding of training
• Better understanding of chronic illness care, importance of health promotion and wellness
• On-campus culture change
• Appreciation for logistics of teamwork
“....Now that I am halfway through the HMP, I understand why we are repeatedly told that the community member is not our patient, but our mentor. Although we are gaining valuable insight from hearing her story and its impact on her life, her true role is in guiding us towards appreciating interprofessional relationships. Having all of the different healthcare fields come together to work towards a common goal shows how invaluable cooperation between disciplines will be in helping our future patients.”
“She is a very positive family-oriented woman who is really inspirational as both a patient as well as a mother and grandmother where she wants to improve her health for her own continued well-being but even more so for the sake of her family.”

“I think we were all able to view how you need to look at the whole person and try to learn their story before you can come up with the best fit solution for a client.”
“Through the Health Mentors program, I had the opportunity to see how our Health Mentor’s medical conditions impact her life physically, emotionally, socially, and spiritually. I was able to do this specifically through the home visit, where we not only saw her living conditions, but how she dealt with the situation.”

“From the moment we met we had a mutual understanding that although in different disciplines with different demands we would all work together at these assignments. We also were very open to learning about one another’s discipline, our program’s demands, and what we were learning in order to better understand one another and how we think.”
Impact on Faculty

- Improved role recognition and understanding of training/expertise
- On-campus culture change
- Appreciation for logistics of teamwork
- Moving towards a common language (ICF) for discussing health and wellness
- Increased collaboration
Impact on Health Mentors

- Enthusiastic supporters
- Appreciate role as “teacher”
- Awareness of role in changing views toward chronic illness and impacting healthcare delivery
- Positive health outcomes
Health Mentor Reflections

"Perfect experience for me as a patient with advanced cancer. Students were considerate and open to my sharing how I felt about end of life decisions, including how health care professionals can enhance the quality of life of someone like myself. Enjoyed the experience."

"I found compassion, which encouraged me to continue fighting for my health."
Question?

What are the challenges of an *early longitudinal* IPE program?
HMP Challenges

- HMP valued differently across disciplines
- Lack of common vocabulary across disciplines
- Garnering, training, and supporting IPE faculty
Challenge: Logistics

- Students
  - Different schedules
  - Clinical obligations
  - Exams
  - Vacations/breaks

- Health Mentors
  - Health setbacks
  - Busy personal schedules
  - Transportation/cost
Making It Work Requires...

Coordination among:

- 7 professions
- 22 courses
- 40+ faculty
- Over 1300 students/yr
- 250 volunteers

With 3 staff members to hold it all together!
Solving Logistics…

- Constant recruitment of Health Mentors
- Pre-arranged HM visits (except for home visit)
- “University Time”: Mondays, 12-2 PM
- Monthly HMP steering committee meetings and course liaison meetings
How can new technologies support and enhance IPE?
Technology and IPE

- Google docs, doodle surveys, etc.
- WIKIs
- Online discussion boards
- Tablets/digital media (i.e. iPads) to support interactive IPE experiences
Y1M1: Comprehensive Life and Health History Form

Edited by: Test Student on 9/13/2011 at 7:49 AM EDT.
Tags: None

Team Wiki Assignment: Comprehensive Life and Health History Form.

Instructions: Complete this form based on what you have learned from your Health Mentor. Assignment is due before 12 noon on November 14, 2011.

Team Number:

General Information
Name (Initials ONLY):
Sex:
DOB:
Age:
Primary Language:
Other languages spoken:
Handedness: (Underline your answer)
Right
Left

Lives with: (Underline your answer)
Alone
Partner only
Partner and Other
Children
Group Setting
Other:

General Health Status: How do you rate your general health? (Underline your answer)
Excellent
Good
Fair
Poor
1) Think back on your team’s home visit (or interview) with your Health Mentor and review your team’s Safety Plan. Identify the most interesting aspect of this visit and/or assignment to share with other teams.

Here are a few examples (or you can come up with something else on your own, too):

- Identify one of the most important safety hazards in the home and discuss team strategies for managing this hazard.
- Highlight one of your Health Mentor’s most important safety strengths and ways the team can support this safety step.
- Address a specific surprise that came up during the home visit and in assessing a person’s safety.
- Present a unique aspect of this interprofessional team experience.
- Present an overview of the evidence-based article (referenced in your Team Safety Plan) that supports the teams’ recommendations for maximizing patient safety.

2) How can the ICF framework be incorporated into patient safety assessment?

3) Module 4 Preparation - In the next module, you will be exploring Health Behavior Change and Self-Management Support with your Health Mentor. What aspects of your team process (interview style, listening techniques, visit preparation, assignment completion) will you keep the same for the next module and what might you change?

Please respond to at least one fellow student.
A key to success in the Health Mentor Program is understanding the role and function that each team member plays. To that end, this chapter will describe each team member in detail to help you understand the value of each one.

Team Members include:
- Health Mentor
- Couple & Family Therapist
- Nurse
- Occupational Therapist
- Pharmacist
- Physical Therapist
- Physician

CHAPTER 2
THE ROLES OF HEALTH PROFESSIONALS
6. Practice Assessing Home Safety (20 minutes)

Take 10 minutes to review the Home Safety Practice Images. As a team, identify the safety hazards in each room. *It does not matter how many you get correct for this practice exercise.*

![Home Safety Practice Images]
“Although I knew my role would be an active member of an interdisciplinary team, I did not realize that I would work towards finding my voice as part of that team. I believe this is an important skill to build as a future clinician. This experience provided me with the opportunities to be heard while working together with individuals of different health professions.”

- OT Student
Action Plan: Moving IPE Forward

• Outline one IPE “SMART” goal
• Identify barriers and facilitators
• Assess readiness and confidence
• Consider potential assessment tools
• Consider process for CQI
Best Practices?
More Information?

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Health Mentors/JCIPE website info
http://jeffline.jefferson.edu/jcipe