Implementing Campus-Wide Interprofessional Education: The Jefferson Health Mentors Program

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With Much Thanks to Our Funders

- The Association of American Medical Colleges/ Josiah Macy Foundation Grant for Chronic Illness Care Education at Jefferson Medical College
- Eastern Pennsylvania – Delaware Geriatric Education Center, HRSA Grant # D31HP08834
- The Deans of Jefferson Medical College and Jefferson College of Health Professions
A Few Simple Steps to Success

• Forming the educational team
• Genesis of the idea
• Developing curriculum
• A modest proposal to 4 Curriculum Committees
• Implementation: logistics, logistics, logistics
• Measuring our success
Like so many great ideas….

Jefferson Health Mentors owes its existence to lost funding OR “Necessity is the mother of invention.”
(with apologies to Plato)
Jefferson BHM*

- Eastern Pennsylvania – Delaware Geriatric Education Center (EPaD GEC) funded 9/05
- Brought together interprofessional team of geriatric educators, who quickly normed into an effective team
- By 11/05, it was clear that funding for geriatric education programs would be eliminated from the next Federal budget...

*before Health Mentors
One Door Closes…

The Association of American Medical Colleges/ Josiah Macy Foundation announced new grants for Chronic Illness Care Education of Medical Students
Underlying Principles

• Wagner Chronic Care Model – curriculum needed to address all 6 key elements of the Model (Health System, Clinical Information Systems, Delivery System Design, Self-Management Systems, Decision Support, The Community)

• Medical Students needed to understand that good chronic illness care **REQUIRES** expert **interprofessional team care**
We Already Had a Team

- The EPaD GEC clinical faculty team was largely reconstituted to become the Chronic Illness Care Curriculum team
- Some key additions were made
- Charged with developing curriculum for all 4 years of the medical school – AND creating interprofessional opportunities
Planning Team

• Christine Arenson, Lauren Collins, Howard Rabinowitz, Susan Rattner – JMC
• Carol Beck – Pharmacology
• Cecilia Borden – Nursing
• Leigh Ann Hewston – Physical Therapy
• Stephen Kern – Occupational Therapy
• Becky Ledva – Social Work
• Jon Veloski - Evaluation
Key Goals Identified:

• Professionals must understand each others’ roles in the healthcare team

• Professionals must understand the patient’s perspective in order to practice patient-centered care
Planning Phase

• One year planning period – grant funded
• Regular meetings and homework assignments
• Based on previous experience and buy-in, settled on existing geriatric Senior Mentor programs as model
• COMMITTED to a longitudinal, patient-centered, interprofessional team experience
• JCIPE established mid-year – provided an “academic home” for the new curriculum and staff support
Making It Work Requires…

...Coordination among 6 disciplines, 18 courses, 20+ faculty, 1000 students and 250 volunteers.

With 3 staff members to hold it all together!
Implementation Team

- Lauren Collins, Christine Jerpbak, Carol Reife, Christine Arenson, Nethra Ankam, Susan Rattner – Medicine
- Cecilia Borden, Molly Rose, Kathy Shaffer, Julia Ward, Joseph DeRanieri, Kathy Clark – Nursing
- Leigh Ann Hewston, Marcia Levinson – PT
- Stephen Kern, Shelley Wallock – OT
- Kenneth Covelman – Couples and Family Therapy
- Rob Simmons, Reena Antony – Public Health
- Elena Umland – Pharmacy
- Jon Veloski, Kevin Lyons – Evaluation
- Jillian Necky – Coordinator; Cassie Mills – Assistant
The Structure

• Student teams - 3-5 students, 2-4 professions
• Partnered with a Health Mentor – an adult volunteer who has one or more chronic conditions or disabilities
• Teams complete a variety of curriculum-based assignments with and without their mentors over 2 years
Who Are Our Students?

- 2007-2008 (Year 1) – all entering medical, 2 year BSN nursing, physical and occupational therapy students – 473 total
- 2008-2009 (Year 2) – all 1st and 2nd year medical, BSN nursing, OT and PT students PLUS all entering pharmacy, couples and family therapy and some elective MPH students – about 1000 students
- 262 Teams
Who Are Our Mentors?

• Recruited from:
  – Jefferson primary care practices
  – Local senior centers
  – Retirement communities
  – Magee Rehab Hospital
  – Liberty Resources – coordinates services for permanently disabled adults
  – Other community sites

• Approximately 250 – some have two teams
Learning Objectives

1. Jefferson students will understand the roles of their colleagues and be prepared to function as members of effective health care teams.

2. Jefferson students will understand the point of view of individuals with chronic conditions, and be prepared to provide patient- and family-centered care.
Logistics

• Content is embedded in the appropriate course for each discipline
• Replaces/enriches clinical and/or didactic experiences
• Required for **ALL** students
• Products (reflection papers, patient education materials, etc) from most sessions
• Inter- and intra-professional small group sessions to debrief throughout the year
Year 1 Curriculum

- September  –  Orientation
- October    –  Module 1 – Life History
- December   –  Module 2 – Health History
- March      –  Module 3 – Access to Care
- April      –  Module 4 – Professionalism and End of Year Celebration with Mentors
Year 2 Curriculum

• September - Orientation
• November – Module 5 – Wellness Plan
• December – Module 6 – Appropriate Use of Drugs, Herbals, and Vitamins
• February – Module 7 – Patient Safety
• March – Module 8 – End of Year Seminar
Evaluation

• Jefferson Attitudes toward Chronic Illness Care survey – Veloski et al

• Readiness for Interprofessional Learning Scale - Parsell G and Bligh J

• Interdisciplinary Education Perception Scale - Luecht RM, Madsen MK, Taugher MP, Peterson BJ.

• Perception of Health Scale – Diamond et al

• Qualitative evaluation of reflection papers – Collins et al

• Course Evaluations
Strengths For Students

• Our students are meeting and working with each other across disciplines
• Enhanced understanding of the academic preparation of other disciplines
• Students recognize their mentors as teachers, and many have formed very strong bonds with their mentors
Strengths for our Mentors

• The Health Mentors are ENTHUSIASTIC supporters
Strengths for Faculty

- The faculty have formed strong new collaborations across professions and colleges
Challenges

• Logistics – QUITE challenging to coordinate up to 6 disciplines’, 1000+ students’ and 250 mentors’ schedules

• More logistics – teams of students coordinating exam and clinic schedules with busy mentors’ schedules
Faculty Intense

20+ faculty plus coordinators — **BUT**
this has also been a benefit as important new relationships have formed and significant academic productivity has been realized
Student Reactions - Positive

• Many are very positive
• Appreciate the opportunity to get more patient and team contact early in training
• Most understand the potential impact on future practice and patient/client care
Student Volunteer Roles

• Many have volunteered:
  – Refine curriculum
  – Address logistic concerns
  – Create newsletters for Health Mentors
  – Created a guide for students
  – Participate in evaluation
Student Reactions - Negative

- Don’t understand the goals and objectives
- Don’t feel the logistic burden of scheduling/traveling to meetings with mentors are “worth it”
- Want a lecture, or at least teams should only meet with patients currently in the hospital...
- Don’t understand the implications to their future practice
Interestingly...

- Recent student feedback included an element of “team care is obviously the right thing to do – why do you need to keep telling us?”
Measured Impact to Date

• Prior to 2007-2008, medical and nursing students had relatively negative attitudes towards chronic illness care
• After 1 year, students do have a better understanding of the training and perspective of their colleagues
• Students recognize the contributions of their Health Mentors as teachers
Next Steps

- Continually working with faculty, students to refine the curriculum and logistics
- Working towards establishment of “University Time” from 12-2 on Mondays – previously recognized in JCHP – as a time for limited or no scheduled classes, to provide team work time
- Ongoing evaluation of impact on students, faculty, Health Mentors
Longer Term Goals

• “Fit” interprofessional team education experiences to learning needs of students as they progress in their education

• Simplify logistic barriers for students, faculty, and staff

• Refine evaluation strategies
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<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>Lunch</td>
<td>12:00pm – 1:15pm</td>
<td>JAH - Center</td>
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<tr>
<td>Poster Session</td>
<td>1:15pm – 1:45pm</td>
<td>Hamilton Lobby</td>
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<tr>
<td>Workshop 1</td>
<td>1:45pm – 2:45pm</td>
<td>Hamilton 208-209</td>
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<tr>
<td>Workshop 2</td>
<td>1:45pm – 2:45pm</td>
<td>Hamilton 210-211</td>
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<tr>
<td>Workshop 3</td>
<td>1:45pm – 2:45pm</td>
<td>Hamilton 505</td>
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<tr>
<td>Break</td>
<td>2:45pm - 3:00pm</td>
<td>Hamilton Lobby – Bar area</td>
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<td>Simulation Session</td>
<td>3:00pm – 4:30pm</td>
<td>Connelly Auditorium</td>
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<td>Collect Forms</td>
<td>4:30pm – 4:40pm</td>
<td>Hamilton Lobby – outside Connelly Auditorium</td>
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