



# **OPPORTUNITIES AND OBSTACLES:** BUILDING AN INTERPROFESSIONAL LEARNING EXPERIENCE

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# DISCLOSURE

I have no relevant financial or personal conflicts of interest to disclose.

# OBJECTIVES

## **At the end of this discussion, attendees will be able to:**

- Describe the core principles of collaborative care as defined by the National Academy of Medicine
- Identify approaches to precepting interprofessional learners and associated gaps in precepting
- Discuss strategies to overcome common barriers in developing interprofessional learning experiences

# FACED WITH A BIG TEAM...

- Free clinic for uninsured, low-income, adult patients
- Designed as an **interprofessional** learning clinic
  - Physicians
  - Nurse practitioners
  - Physician assistants
  - Nursing
  - Dietetics
  - Counseling
  - Pharmacy

## MSU Care

Missouri State  
UNIVERSITY

Mercy<sup>+</sup>





## ...AND A BIG TASK

- 1** Integrate into the team to develop a collaborative practice agreement to meet clinic needs
- 2** Balance time between responsibilities to teaching and practice
- 3** Teach students to find and define their role on a healthcare team



**Where do we *start*?**



## DEFINING TEAM-BASED CARE

”...the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve coordinated, high-quality care.”

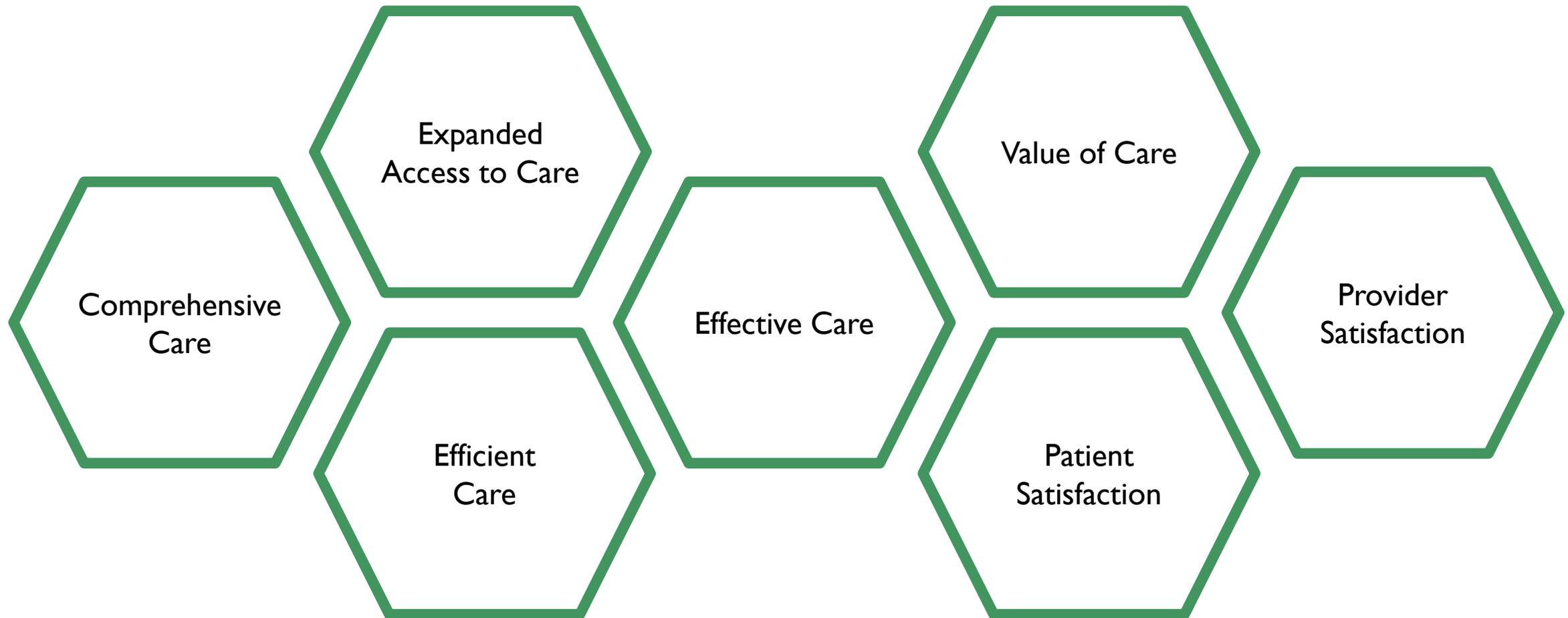
— National Academy of Medicine

## DEFINING TEAM-BASED CARE

”...the provision of **health services** to individuals, families, and/or their communities **by at least two health providers** who work **collaboratively** with patients and their caregivers – to the **extent preferred by each patient** – to accomplish **shared goals** within and across settings to achieve **coordinated, high-quality care.**”

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# PROVEN BENEFITS



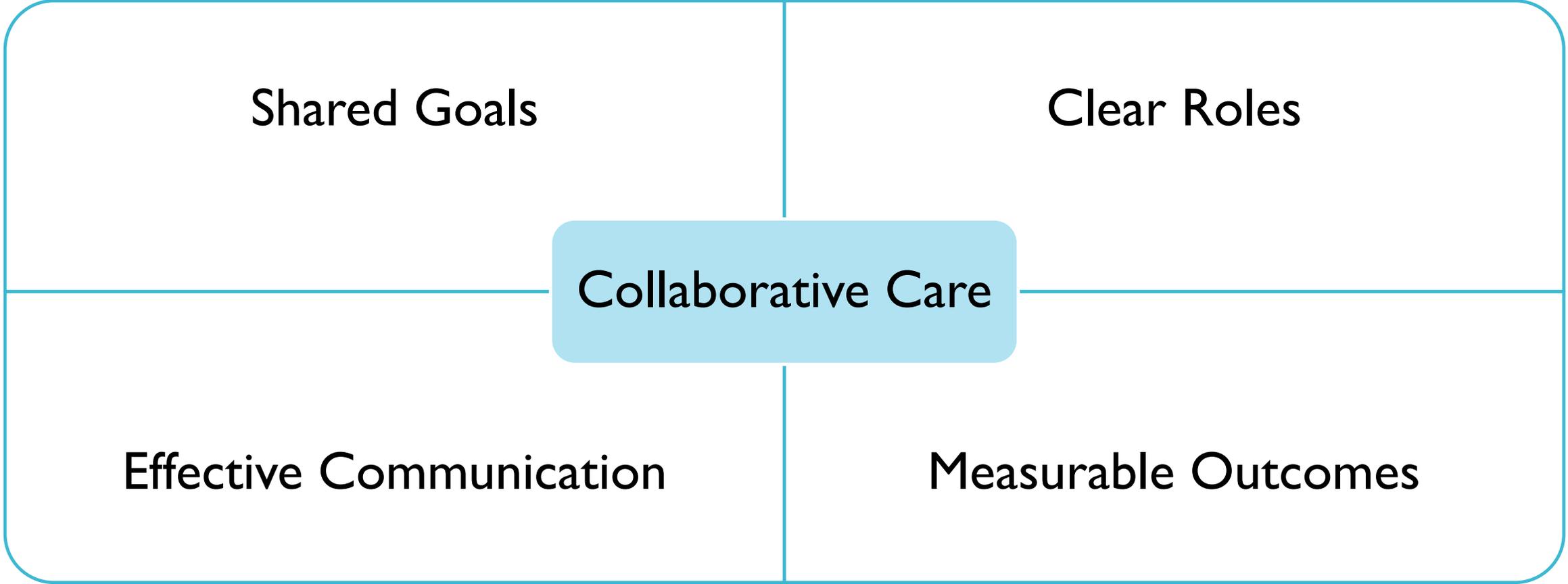


**How do we do it?**



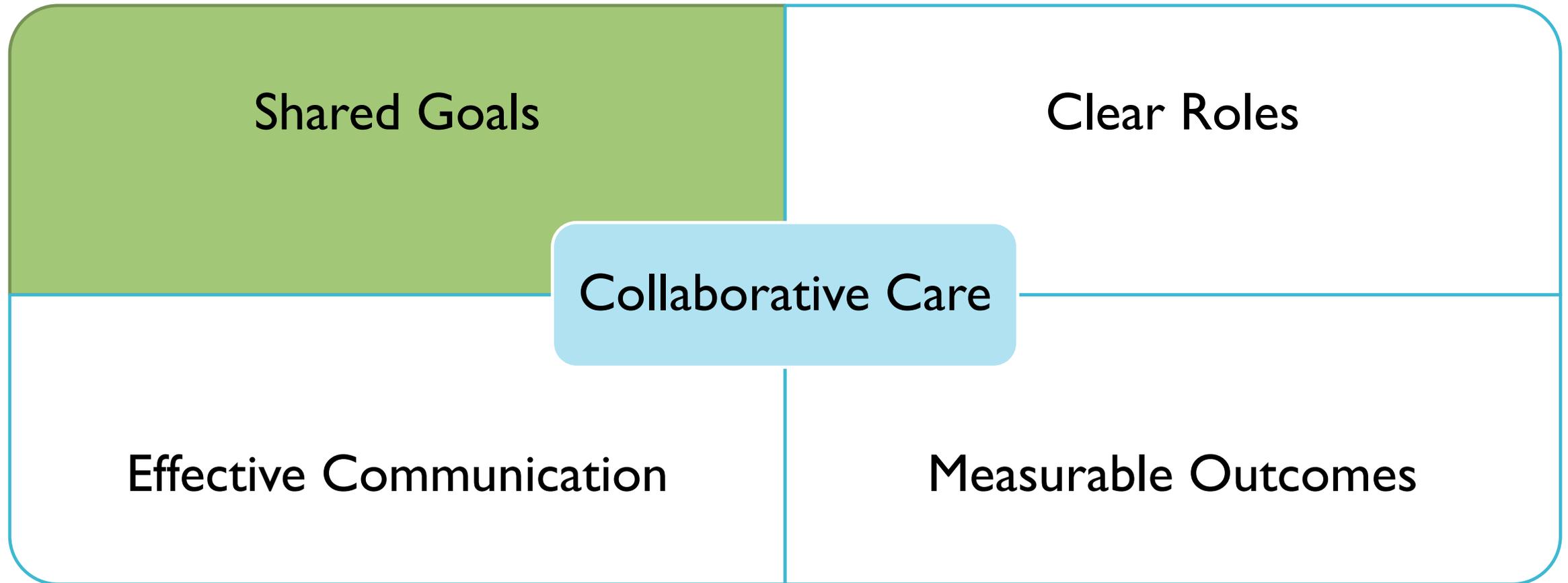


# FUNDAMENTAL REQUIREMENTS FOR TEAM-BASED CARE





# FUNDAMENTAL REQUIREMENTS FOR TEAM-BASED CARE





# HOW DO WE DEFINE OUR GOALS?



Organization  
Mission

A white trapezoidal shape with a grey border, representing the Organization Mission.

School of  
Pharmacy  
Objectives

An inverted grey trapezoidal shape representing the School of Pharmacy Objectives.

Department  
Mission

A white trapezoidal shape with a grey border, representing the Department Mission.

# DO YOU KNOW YOUR MISSION?

Your mission is the **language of your stakeholders**

Service  
expansion

Resource  
allocation

Space  
assignments

## PUTTING A MISSION INTO ACTION AT MSU CARE

The purpose of MSU Care is to **increase healthcare access** providing both preventative and chronic care management **for uninsured adults** with limited or no income through a team-based inter-professional clinical practice. Through collaboration and partnerships with community organizations, MSU Care is committed to **provide quality patient outcomes** and innovative **learning opportunities for healthcare students.**

# DO YOU KNOW YOUR STUDENTS' MISSION?

Pharmacy  
ACPE  
Standards  
2016

Nurse  
Practitioner  
AANC  
competency  
statements

Physician  
Assistant  
ARC-PA  
Curriculum  
Standards

Nursing  
NCLEX  
competency  
statements

Dietetics  
ACEND  
Accreditation  
Standards

Standards 2016. Accreditation Council for Pharmacy Education.

Accreditation Standards for Physician Assistant Education. Accreditation Review Commission on Education for the Physician Assistant. 2016.

ACEND Accreditation Standards for Nutrition and Dietetics Didactic Programs. Accreditation Council for Education in Nutrition and Dietetics. 2018.

FNP & AGNP Certification Handbook. American Academy of Nurse Practitioner Certification Board. 2018.

Detailed Test Plan for the National Council Licensure Examination for Registered Nurses. National Council of State Boards of Nursing.

ACEND Accreditation Standards for Nutrition and Dietetics Internship Programs. Accreditation Council for Education in Nutrition and Dietetics. 2018.



# HOW DO WE INTEGRATE OUR MISSION WITH OUR STUDENTS'?

Team-based care and interprofessional learning is **NOT** a coincidence

Service Line	Eligible Patients	Pharmacy Interventions	Interprofessional Opportunities	School of Pharmacy Objectives Addressed	Mercy Metrics Addressed
<b>Direct Patient Care – Pharmacy Clinic Schedule</b>					
Chronic disease management via collaborative practice agreement <ul style="list-style-type: none"> <li>Diabetes</li> <li>Hypertension</li> <li>COPD/Asthma</li> </ul>	<p><b>Diabetes</b></p> <ul style="list-style-type: none"> <li>A1c &gt; 9%</li> <li>New diagnosis</li> <li>New insulin initiation</li> <li>Insulin-dependent and uncontrolled per provider assessment</li> <li>Experiencing adverse effects related to diabetes therapy</li> </ul> <p><b>Hypertension</b></p> <ul style="list-style-type: none"> <li>BP &gt; 140/90 for 2 visits</li> <li>3+ antihypertensive agents</li> <li>Experiencing adverse</li> </ul>	<p><b>Collect</b></p> <ul style="list-style-type: none"> <li>Medication history and reconciliation</li> <li>Relevant medical, family, and social history</li> <li>Relevant socioeconomic factors and functional goals</li> <li>Basic physical exam               <ul style="list-style-type: none"> <li>Vitals</li> <li>Diabetic foot exam as indicated</li> </ul> </li> </ul> <p><b>Assess</b></p> <ul style="list-style-type: none"> <li>Disease state control               <ul style="list-style-type: none"> <li>Lab value interpretation</li> <li>Patient-reported values for blood pressure, blood glucose</li> <li>Disease-state-appropriate assessment tool (e.g. Asthma Control Test, COPD Assessment Test)</li> </ul> </li> <li>Immunization status</li> </ul>	<p>Diabetes and hypertension synchronized visits with dietetics/dietitian intern program</p> <p>Medicine/PA/NP students join pharmacy clinic for focused management of disease state and patient education</p> <p>Shared visits for</p>	<p><b>IPPE Gen Med I</b></p> <ul style="list-style-type: none"> <li>Collect and organize accurate and comprehensive subjective and objective patient-specific information</li> <li>Assess information collected and analyze clinical effects of drug therapy</li> <li>Select and recommend appropriate drug and non-drug therapy as part of an individualized patient-centered care plan</li> <li>Monitor and evaluate the effectiveness of the care plan</li> <li>Develop complete medical and drug therapy problem list</li> <li>Document patient care activity</li> <li>Demonstrate effective communication</li> </ul>	<p><b>Clinic Loyalty Metrics</b></p> <p><i>Directly</i></p> <ul style="list-style-type: none"> <li>Instructions about what to do following appointment</li> <li>Involving patient in decision-making process</li> <li>Listening skills</li> <li>Info on ways to stay healthy</li> </ul> <p><i>Indirectly</i></p> <ul style="list-style-type: none"> <li>Teamwork between doctors, nurses, and staff</li> <li>Being able to schedule a timely appointment               <ul style="list-style-type: none"> <li>Proposed pharmacy clinic schedule of 8 hours/week</li> <li>Schedule review revealed up to</li> </ul> </li> </ul>

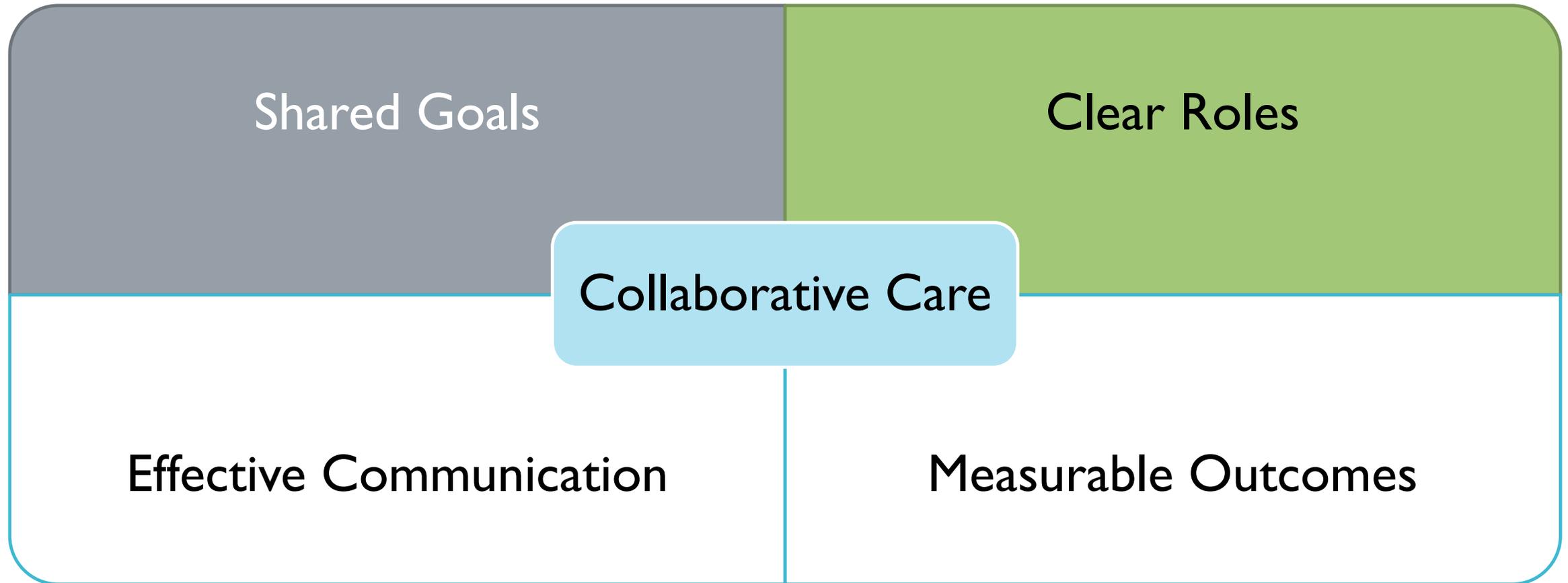
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# Where do we go next?

Map Your  
Mission



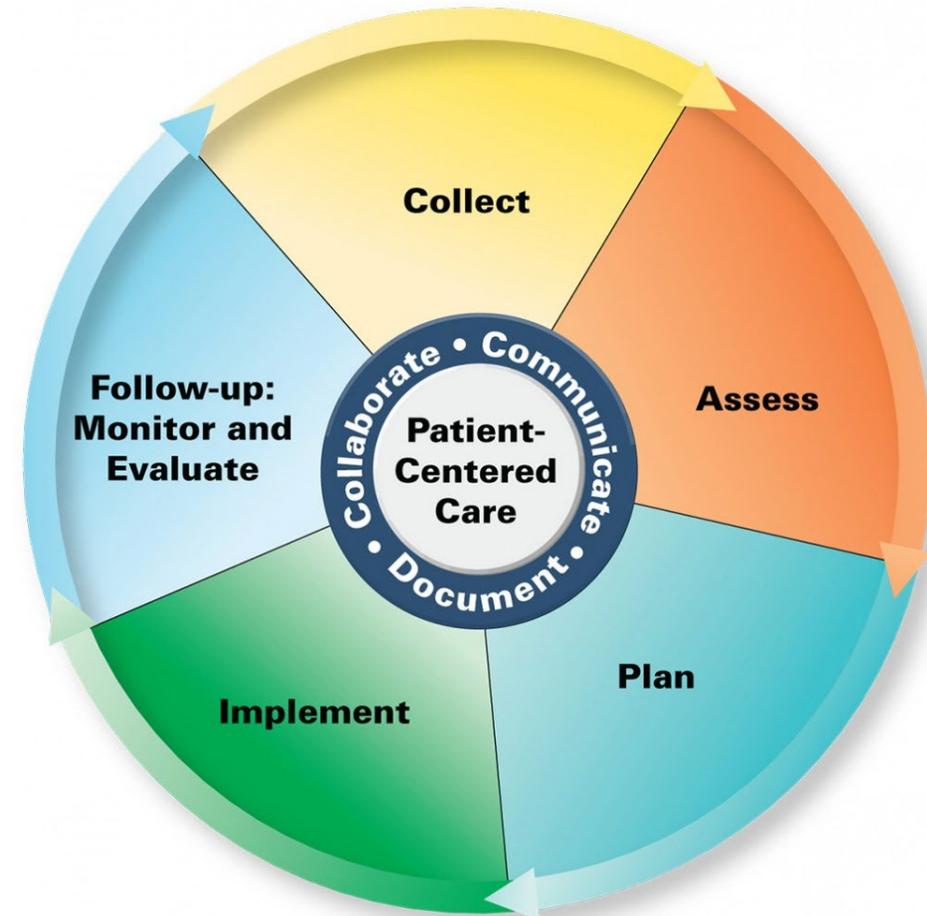
# FUNDAMENTAL REQUIREMENTS FOR TEAM-BASED CARE



# ARE PHARMACISTS ALONE?

**What other profession(s) have a well-defined process of care?**

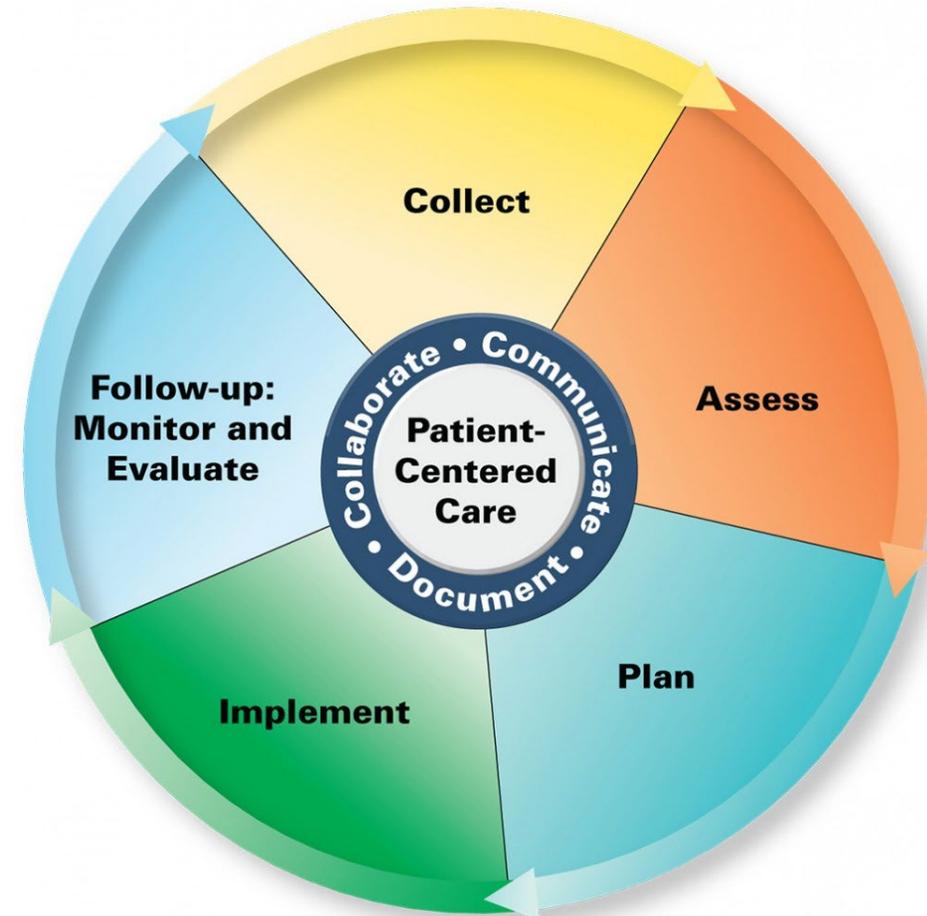
- Physician assistants
- Nursing
- Nurse practitioners
- Dietitian



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- Physician assistants
- **Nursing**
- **Nurse practitioners**
- **Dietitians**





## A PATIENT CASE

74 y/o AAF presents to establish care. She recently moved here from St. Louis and denies any significant medical history other than diabetes, which she reports was “cured” about 1 year ago, and a 3-year history of not being able to eat solid food. She drinks about 5 Ensures each day and has recently reintroduced oatmeal and ice cream into her diet. She brought the medications she has been filling at a free clinic in St. Louis with her to clinic.

# WHERE DOES EVERYONE **FIT**?

	Pharmacy	NP or PA	Dietetics	Nursing
Medical/social/family history				
Medication reconciliation				
Physical exam				
Ordering labs				
Interpreting labs				
Diagnosis				
Pharmacologic treatment plan				
Non-pharmacologic treatment plan				
Disease state education				

# MAPPING PROCESSES OF CARE

	Pharmacy	NP or PA	Dietetics	Nursing
Medical/social/family history				
Medication reconciliation				
Physical exam	*limited			
Ordering labs				
Interpreting labs				
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Interpreting labs				
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Pharmacologic treatment plan				
Non-pharmacologic treatment plan				
Disease state education				



# EMBRACING OVERLAP AT MSU CARE

## Coordinated visits with pharmacy, dietetics, and PCP

Patient disclosure of different information to different providers

Providing backup to other providers with recommendations

Advanced teachback and comprehension checks

Team-based care and interprofessional learning is **NOT** a coincidence

# ESTABLISHING TRUST

- Provide **time, space, and support** to build personal relationships
- Ensure all voices on the team are **heard equally**
- **Follow-through** on commitments
- **Listen actively** to team members' concerns and ideas
- Reflect and **evaluate processes together** so the team can **improve together**

# WHERE IS **YOUR** OVERLAP?

**Where** do you overlap with other providers?

How has that affected your **practice**?

*Has it been helpful? Difficult? Frustrating? Empowering?*

How do your **students** view this overlap?

# THE PRECEPTOR'S ROLE IN OVERLAP

- Chen, et al. qualitatively examined methods preceptors use with trainees of other professions

## Together-but-separate approach

Worked only with trainees from own profession with minimal interaction with other trainees in clinic

## Undifferentiated approach

Treat all trainees similarly without regard to profession or level of training

## Semi-differentiated approach

Did not specifically ask about background or level

Treat trainees the same as trainees of their own profession at that level

## Individualized approach

Adjusted training to the level and profession of the trainee

Potential to highlight differences and similarities in professions as well as career goals

# THE PRECEPTOR'S ROLE

## Knowledge gaps

- Observed – level of discussion and guidance more brief when working with other trainees
- Reported – did not know where other trainees were in training or what expectations of that level would be
- No formal training on precepting trainees from different professions

## Communication gaps

- Self-introduction
- Lack of knowledge about other profession rotation schedules
- Less frequent feedback to trainees of other professions than own

## Logistical gaps

- Billing requires oversight by same profession
- Rotation and academic calendars varied



# PRECEPTING ACROSS PROFESSIONS

Start with the basics – **introductions!**

...to training programs

**Ask** about other training programs

...to levels of learners

**Orient** your providers and staff to your students

...to students

Consider something more **lasting** than a handshake

...to staff

**Empower** your students to seek answers from staff and join the team

Team-based care and interprofessional learning is **NOT** a coincidence  
**Share** what your students are learning  
**residents** fit?

# EMPOWERING THROUGH INTRODUCTIONS

## MSU Care Pharmacy Student and Residents

### P3 Students (GenMed)

Rotation Structure	GenMed students are assigned for the entire academic year. Each student completes a minimum of 45 hours/semester at MSU Care. <ul style="list-style-type: none"><li>Students will rotate through on Monday and Thursday mornings from 8 am to 12 pm.</li><li>Some discussions and meetings may occur in clinic on Wednesday mornings from 10 am to 12 pm.</li></ul>
Didactic Progression	<ul style="list-style-type: none"><li>Completed all basic sciences course work (biochemistry, pharmacology, medicinal chemistry, pathophysiology)</li><li>Completed course focused on patient-centered communication</li><li>Completed introductory pharmacy practice experiences in community and health-system pharmacies</li><li>Concurrently enrolled in Pharmacotherapy and Evidence-Based Medicine courses</li></ul>
Expected Clinical Activities	Expect GenMed students to grow significantly throughout the year with progressing independence as they build their EBM and therapeutics knowledge base. <ul style="list-style-type: none"><li><b>Initial activities:</b> answering drug information questions, seeing patients alongside pharmacist and/or upper-level students, observing joint visits between pharmacy and NP/PA students, reviewing patients for vaccine recommendations, participating in</li></ul>

Provided to providers and staff

Provided to students

If you have a question about...	Your best resource is...
Patient scheduling	Connie or Alisha
Enrollment procedures and paperwork	Connie or Alisha
Community resources <i>Shelters, food banks, clothing exchanges, vocational rehab</i>	Elisa or Cassie
Governmental resources <i>Medicaid, disability, and food stamps applications</i>	Elisa or Cassie
Mercy Charity Care	Elisa
Lab procedures	Tina or Ingrid
Med room procedures	Ingrid



# THE CHALLENGE OF LETTING GO

- Requires **trust** between providers that everyone is on the same page
  - Be explicit with your partners when they are serving as your backup
- Can generate powerful **discussions** within disciplines
  - Be ready for them!
- **Empowers** our students
  - Be on the lookout for those Kodak moments

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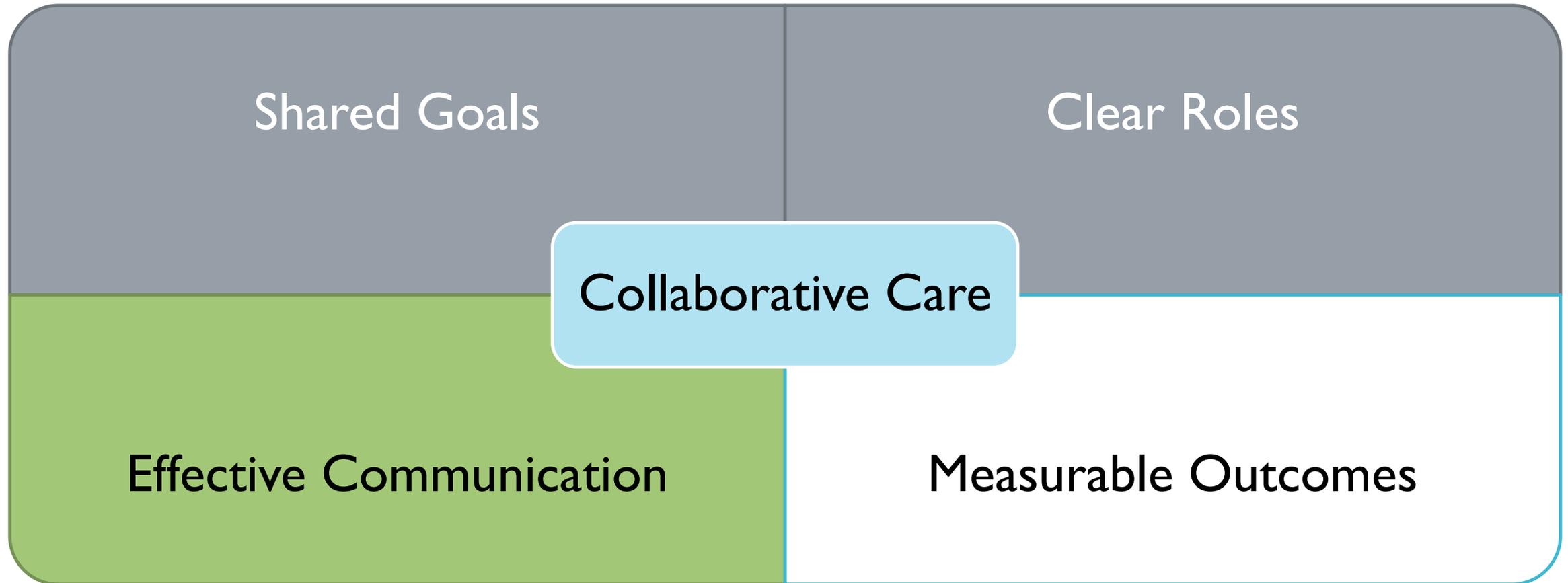
Map Your  
Mission

Embrace The  
Overlap

Empower With  
Introductions



# FUNDAMENTAL REQUIREMENTS FOR TEAM-BASED CARE





# VALUE-BASED COMMUNICATION

## Honesty

- Open communication regarding goals, uncertainty, mistakes, and conclusions

## Discipline

- Seeking and sharing new information, even if it may be uncomfortable at times

## Humility

- Recognize differences in training without placing more value on any one profession's input

## Consistency

- Channels allowing complete communication used by all members

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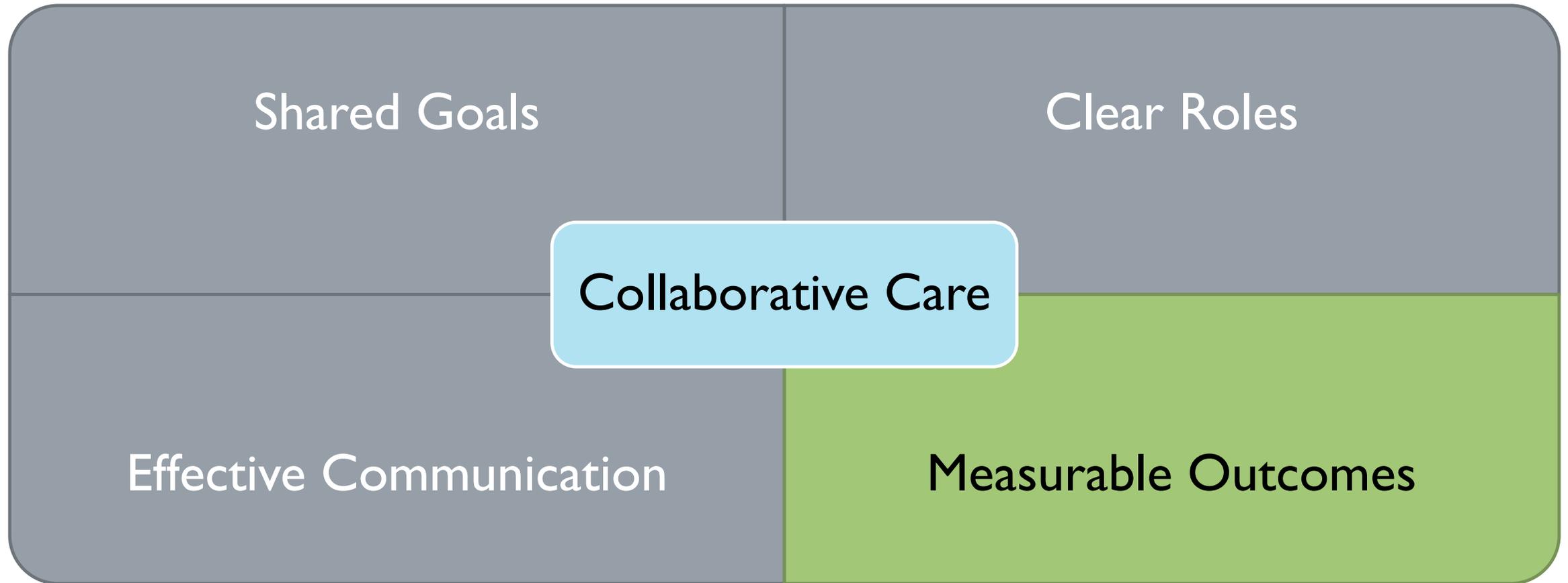
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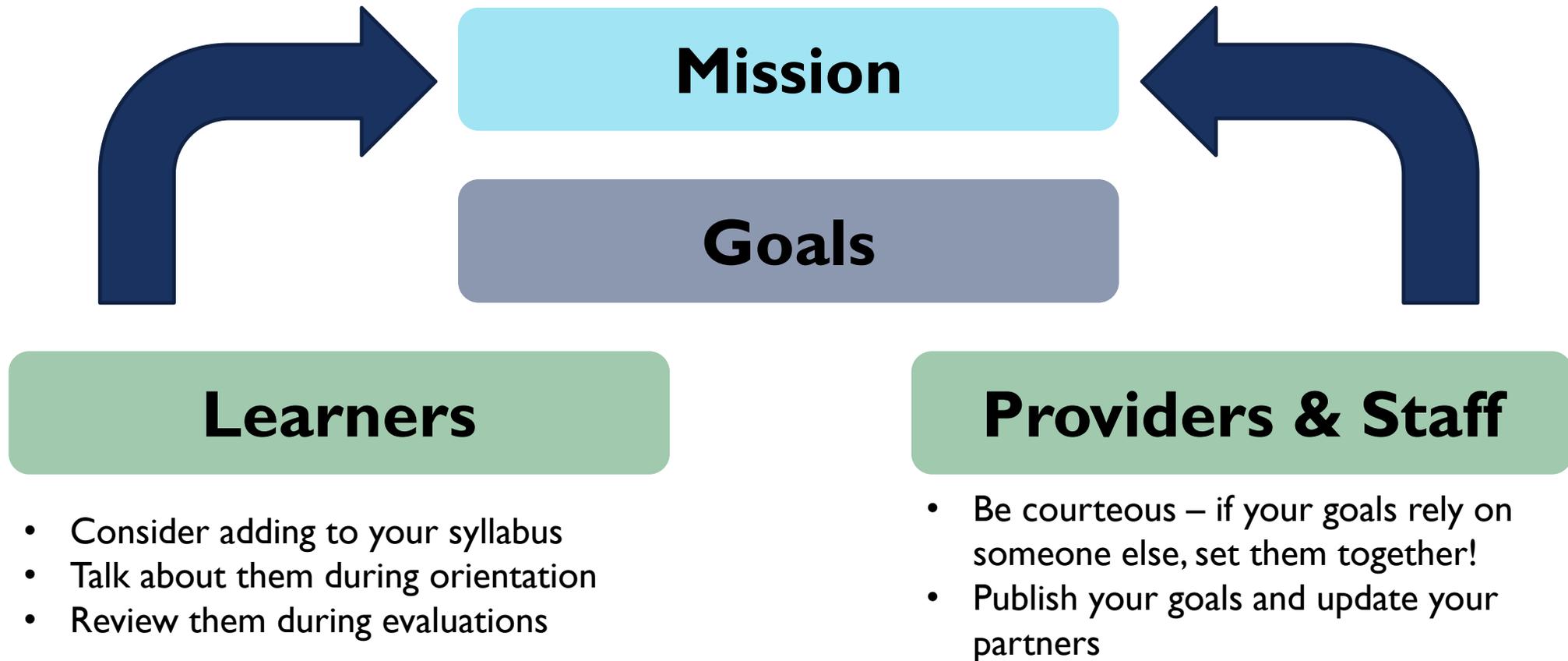


# FUNDAMENTAL REQUIREMENTS





# SET GOALS AND SHARE THEM



# GOAL-DIRECTED OUTCOMES AT MSU CARE

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## Overarching Goals

Patient Access

Patient Care

Interprofessional Education

# GOAL-DIRECTED OUTCOMES AT MSU CARE

## Patient Access

Increased clinic visits

Formulary management

Patient satisfaction

## Patient Care

Clinical measures of disease control

More frequent opportunities for monitoring

Synced visit schedules to allow for increased teamwork

## Interprofessional Education

At least one interprofessional discussion monthly

At least one shared visit with PA/NP provider and RDN monthly

At least five shared vaccine visits weekly

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# Where do we go next?

Map Your  
Mission

Embrace The  
Overlap

Empower With  
Introductions

Communicate  
Consistently

Set & Share  
Goals



# FUNDAMENTAL REQUIREMENTS



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# Where do we go next?

Map Your  
Mission

Embrace The  
Overlap

Empower With  
Introductions

Communicate  
Consistently

Set & Share  
Goals

Select Your  
Strategies

## THINGS TO CONSIDER

- Can be simple or complex
- Can be low- or high-tech
- May not require additional resources
- Know that culture change takes time

### MSU Care Strategies

- Mapping services to mission
- Collaborative processes and shared visits
- Using advanced teachback and handoffs
- Student sign-in board
- Role delineation within disciplines
- Resource sheets for students
- Staff and provider composite composites

# TEST YOUR KNOWLEDGE

Which of the following is a core principle of team-based care as proposed by the National Academy of Medicine?

- a) clear roles
- b) adequate space
- c) individualized goals
- d) streamlined billing processes

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