

VA Centers of Excellence in Primary Care Education: Transforming Interprofessional Education, Practice and Collaboration

VA Office of Academic Affiliations Centers of Excellence in Primary Care Education

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Objectives

- **Define “Academic PACT” (Academic PCHM)**
- **Describe the VA Centers of Excellence in Primary Care Education**
- **Describe VA’s strategic approach to Academic PACT**
- **Describe VA CoEPCE successes, challenges, and lessons learned**

Objective # 1

- **Define “Academic PACT” (Academic PCHM)**
 - **Context of VA’s statutory education mission**

Background: VA Statutory Education and Training Mission

- **VA - Largest education and training effort for health professionals in US**
 - **Affiliated with 126 of 141 allopathic medical schools and 15 of 26 osteopathic medical schools**
 - **40 other health professions by affiliations with over 1,800 unique colleges and universities**
 - **In 2012, 117,500 trainees – (Both paid and without compensation)**

Source: Office of Academic Affiliations, 2013

VA PACT
Patient Aligned Care Team

ACCESS

Care
Management
&
Coordination

Practice
Redesign

Patient Centeredness

Systems Redesign & Quality Improvement

Resources

Academic PACT Defined

- **A primary care clinical practice that includes educating health professions trainees as an integral component of its mission**
- **Trainees have authentic roles in delivering care**
- **All members of the Academic PACT have a role in educating trainees**

<http://www.va.gov/oaa/APACT/default.asp>

Objective #2

- **Describe the VA Centers of Excellence in Primary Care Education**

Goals of the CoEPCEs

- Transform primary care *education*
- Team-based patient-centered care for future practice
- Interprofessional focus
- Shift curricular models from classroom to workplace
- Sustain and export to VA and beyond

VA Centers of Excellence in Primary Care Education (CoEPCE)

- **5 Centers and Coordinating Center----2011-2015**
- **Core Requirements**
 - **Physician and Nurse Co-Directors (50% time)**
 - **Joint sponsorship & engagement with academic affiliate**
 - **Primary focus physician resident and nurse practitioner trainees**
 - **Integrated into interprofessional teams**
- **Resources**
 - **Funding for operations**
 - **Trainee stipend support**

Program Sites and Academic Affiliates



Welcome to the
Boise VA Medical Center

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



Welcome to the
Connecticut Healthcare System

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



Welcome to the
Louis Stokes Cleveland VA Medical Center

Co-Directors:

Mimi Singh, MD, MS and Mary Dolansky, PhD, RN

Academic Partners:

Case Western Reserve University School of Nursing

Ursuline College School of Nursing

Cleveland Clinic Foundation



Welcome to the
VA Puget Sound Healthcare System

Co-Directors:

Joyce Wipf, MD and Kameka Brown, PhD, APN

Academic Partner:

University of Washington

Schools of Medicine and Nursing



Welcome to the
San Francisco VA Medical Center

Co-Directors:

Rebecca Shunk, MD and Terry Keane, DNP, APN

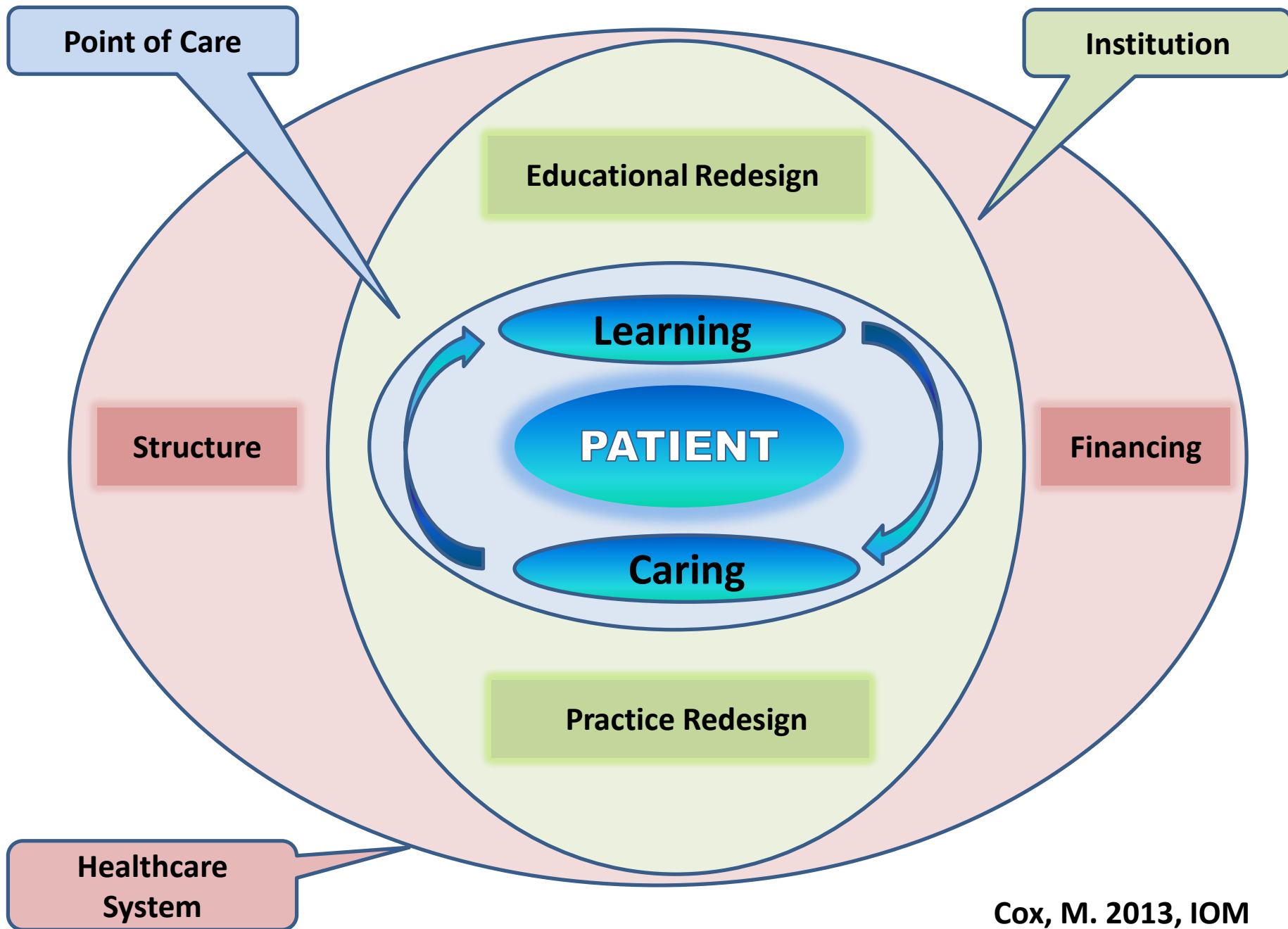
Academic Partner:

University of California at San Francisco

Schools of Medicine and Nursing

Implementation Model

- **Collaboration across five Centers with central coordination**
- **Each Center has a locally developed model**
- **Program impact is expected at three separate “levels”**
 - **point of care/learning (microsystem)**
 - **VA facility/affiliated program (mesosystem)**
 - **and VA/national health systems (macrosystem)**



AY 13/14 CoEPCE Trainees

- **Core**
 - **Physician residents trainees: Internal Medicine & Family Medicine; PGY 1, 2, 3, Chief resident; Psychiatry**
 - **Nurse Practitioner trainees: Pre-Master's, Pre- Doctorate of Nursing Practice, Post-Master's fellows/residents, Post- Doctorate of Nursing Practice residents**
 - **Post-Doctorate Pharmacy residents**
 - **Post-Doctorate Psychology fellows and Psychology Interns**
- **Some engagement**
 - **Social work**
 - **Nutrition**
 - **BSN nursing students**
 - **Medical students**
 - **Podiatry**
 - **Physician Assistant**

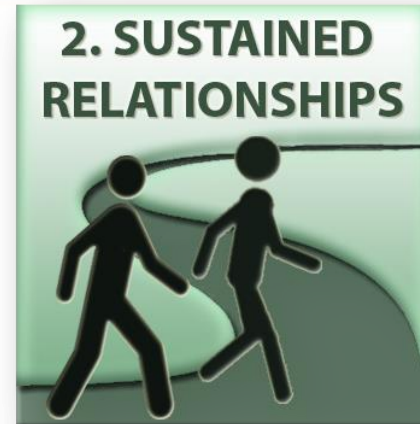
CoEPCE Educational Domains



**3. INTERPROFESSIONAL
COLLABORATION**



P
A
C
T





Formal Instruction



Workplace Learning



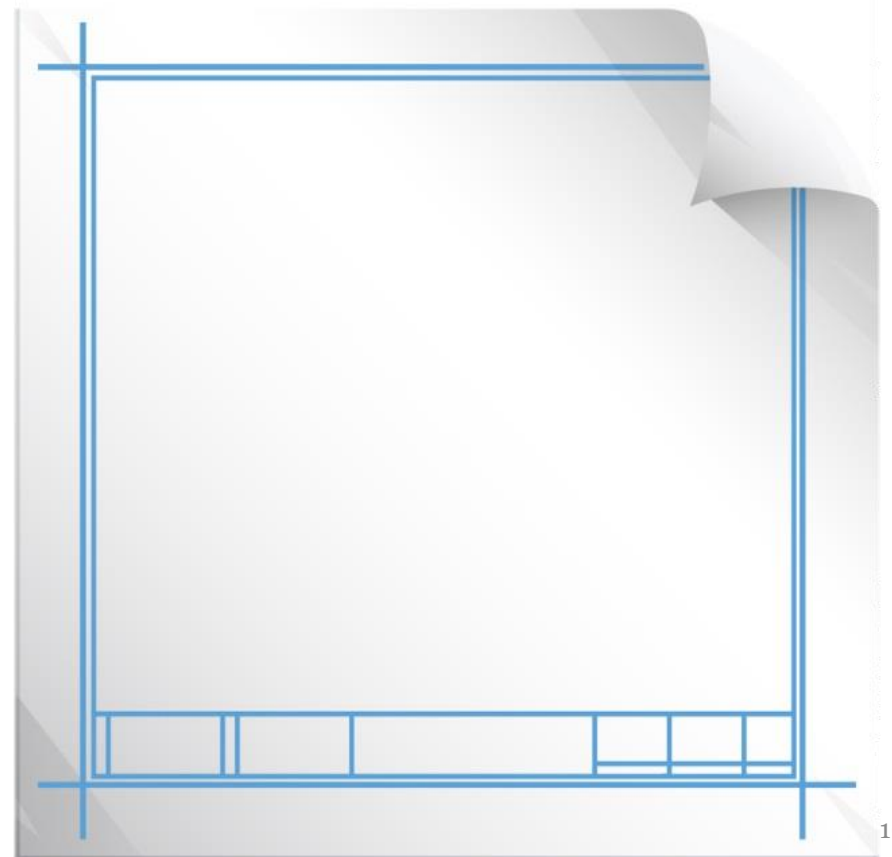
Reflection

Teaching Strategies

Objective # 3

Describe VA's strategic approach to Academic PACT

Put the **APACT Blueprint into action**



Interprofessional Faculty Engagement

- **Learn together**
 - role-model, teamwork, communication
- **Understand each other**
 - culture, values, educational “trajectory”



Interprofessional Faculty Engagement

- **PACT team members' responsibilities for teaching**
 - All “teachers” have meaningful roles in teaching
 - All “teachers” have meaningful roles in assessing learner performance
 - All “teachers” must learn from, with and about teachers from other professions
 - All “teachers” must have local support to develop roles as teachers

Interprofessional Faculty Engagement

- **Workplace teaching**
 - **Supervision**
 - **Precepting**
 - **Instruction**
 - **Assessment**

Interprofessional Trainee Engagement

- **Trainees learn together**
 - Prepared to *work* in team-based practices
 - Prepared to *lead*
- **Academic affiliates need to be engaged and involved**



Interprofessional Leadership

**Interprofessional and
representative**

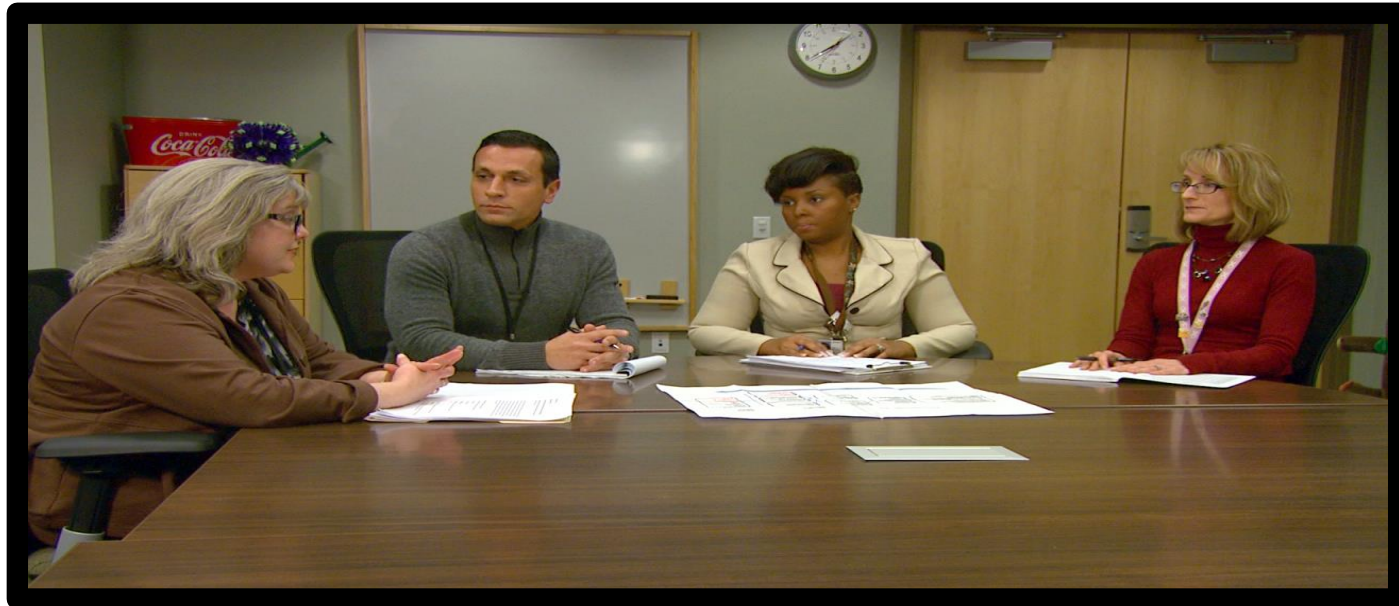
**Present/included for
clinical operations
elements**

**Present/included for
educational elements**

**“Nothing about us
without us”**

Interprofessional Leadership

- **Renegotiating roles and responsibilities rather than relying on traditional silos and hierarchies**



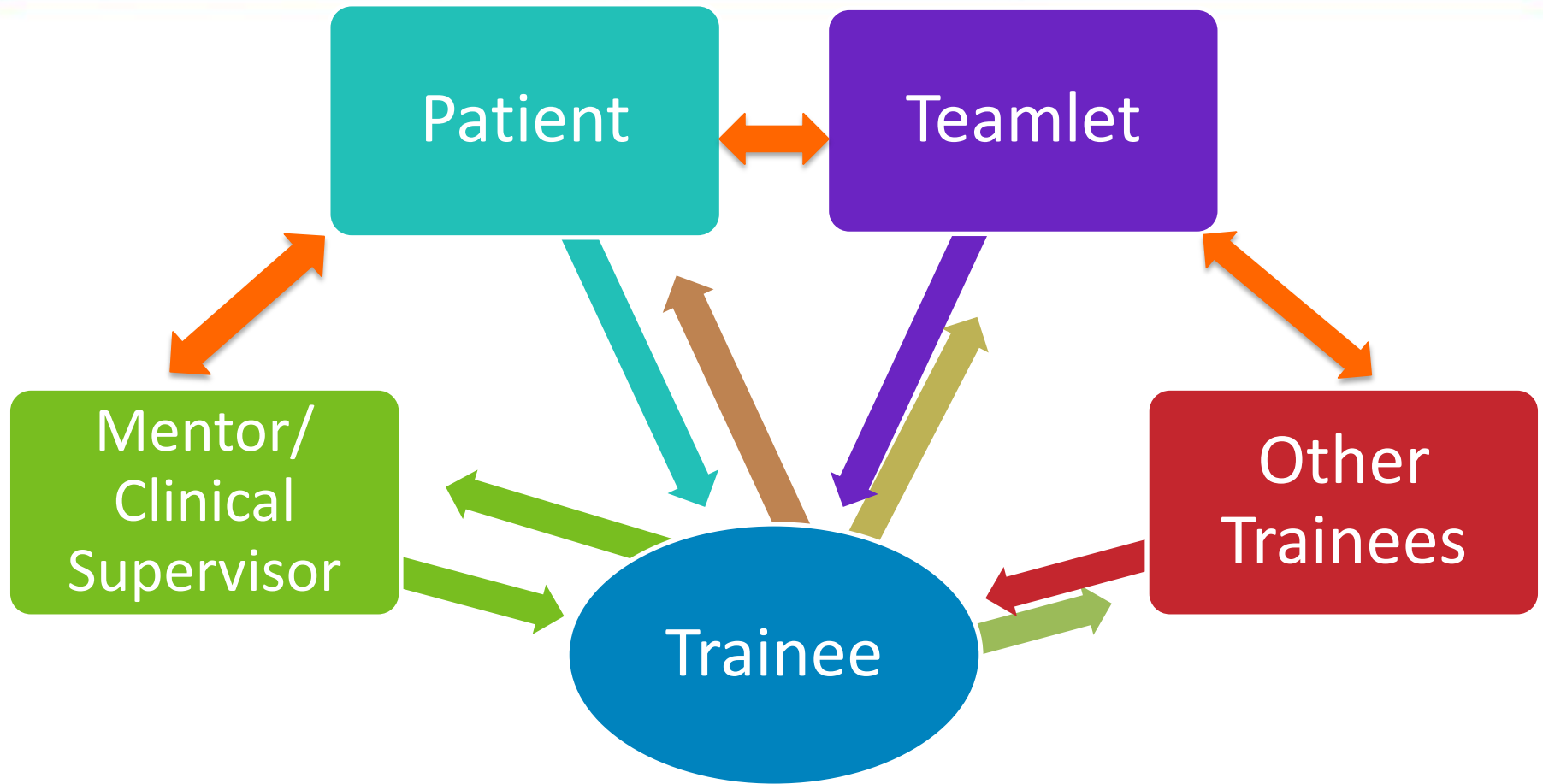
Structural Components- Scheduling

- **Scheduling**
 - **Physician trainee immersion models**
 - **2-12 weeks in length**
 - **20-100% commitment**
 - **12-24 weeks**
 - **NP trainee model**
 - **student -1.5-2 days/week for 6-36 months**
 - **NP resident – 2080 hours/1 year**

Structural component - Scheduling

- ***Inter-professional challenges***
 - Sequencing of formal instruction
 - Start of clinical rotation
- ***Intra-professional challenges***
 - Nursing – usually part-time trainees while working fulltime; have concurrent academic classes and clinical rotations
 - Medicine –ACGME requirements of inpatient rotation

Sustained Relationships are Complicated!



Structural components-space

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



Objective # 4

- **Describe VA CoEPCE successes, challenges, and lessons learned**

Successes

- **Medicine Residency restructuring to adopt CoEPCE ambulatory training models**
- **School of Nursing restructuring to accommodate NP student immersion “off cycle”**
- **Implementing NP fellowship/residency models**
- **Retaining learners as new faculty members**
- **Local VA facility supporting salaries of faculty**

Challenges remain

- **Securing protected time for precepting/supervision**
- **Integrating all trainees into teamlet structure for longitudinal learning experience**
- **Implementing interprofessional co-precepting**
- **Developing interprofessional curricula**
- **NP and physician trainees sharing a panel of patients**
- **Evaluation of small programs (program evaluation vs educational research)**

Lessons learned

- **Trainee enthusiasm facilitates recruitment of learners**
- **Interprofessional, team-based training model attracts strong candidates**
- **Trainees value**
 - **Learning about the educational experiences, roles, and skillsets of other professionals**
 - **Longitudinal relationships with patients**
 - **Having responsibility for for a panel of patients**

Lessons learned

- **Increased workload/complexity for PACT teamlet**
- **Deterrents vary by profession**
 - **NP trainees experienced constraints on work opportunities and a loss of salary**
 - **Physician trainees sacrificed other elective opportunities to participate in CoEPCE**

VA CoEPCE Educational Domain	Definition	Activity Examples	Evaluation examples
Shared Decision-Making	Care is aligned with the values, references and cultural perspective of the patient; curricula focus on the communication skills necessary to promote patients' self-efficacy	<ul style="list-style-type: none"> •Ottawa Shared Decision Making Curriculum and Skill •Three-part Longitudinal Series – LEARN (Listen, Explain, Acknowledge, Recommend, and Negotiate) •Motivational Interviewing 	<ul style="list-style-type: none"> •Mini-Clinical Evaluation Exercise •Decision Support Analysis Tool •Dyadic OPTION Scale •Learner Perception Survey-Primary Care
Sustained Relationships	Care is designed to promote continuity of care; curricula focus on longitudinal learning relationships	<ul style="list-style-type: none"> •Home visits •“Lost Opportunities” curriculum 	<ul style="list-style-type: none"> •Modified Modified Continuity of Care Index (MMCI) •Qualitative interviews •Learner Perception Survey-Primary Care •PACT continuity encounter
Interprofessional Collaboration	Care is team based, efficient and coordinated; curricula focus on developing trustful, collaborative relationships	<ul style="list-style-type: none"> •University of Toronto Centre for IPE •Huddle-Coaching Program 	<ul style="list-style-type: none"> •Longitudinal semi-structured interviews •Team Development Measure •Readiness for Interprofessional Learning Scale
Performance Improvement	Care is designed to optimize the health of populations; curricula focus on using the methodology of continuous improvement in redesigning care to achieve quality	<ul style="list-style-type: none"> •Curriculum of Inquiry •Panel Management 	<ul style="list-style-type: none"> •Clinical Outcomes •Quality Improvement Knowledge Application Tool (QIKAT)