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AN INTERDISCIPLINARY EDUCATION EXPERIENCE IN AMBULATORY CHRONIC CARE

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Introduction

Greater emphasis on ambulatory care is one of the key foundations of the current efforts at health care reform (Pew Health Professions Commission, 1991). It is also clear that much of the care given in these settings will be directed toward elderly populations (Koff, 1988; National Task Force on Gerontology and Geriatric Care, 1987). Unfortunately, educational institutions do not always provide adequate models for students in the health professions who will increasingly practice in ambulatory settings (Institute of Medicine, 1989).

The purpose of this paper is to provide a description of a federally funded program that has focused on increasing the knowledge and attitudes of students in the health professions toward ambulatory chronic care. The project was funded through the Department of Health and Human Services, Bureau of Health Professions, under the Model Education Program. The Ohio State University's College of Medicine was funded for three years to bring together health professionals, educators, and community practitioners to create and implement an interdisciplinary educational program in ambulatory chronic care. The program was planned to address three problems:

- 1) the need to provide students with more experience with ambulatory patients with chronic illnesses;
- 2) the need to develop new, non-traditional interdisciplinary training sites; and
- 3) the difficulty of introducing new experiences into crowded health professions curricula.

The project in Ambulatory Chronic Care Training (ACCT) included students from academic programs in allied health, nursing, and medicine. During the first year of the project, community practitioners were enlisted, program goals and materials were developed, and sites contacted about participating. In the second year, students were recruited and the program was pilot-tested with students from programs in allied health, nursing, and medicine. During the third year, program materials and procedures were reviewed and revised, followed by another implementation phase. The key component of the project included an educational experience in which students were provided with both didactic and clinical experiences related to providing care in chronic care settings, particularly with geriatric patients. The learning activities, case conferences, outside assignments and clinical rotations were designed to meet the following six goals:

- 1) Appreciate the problems and potential of patients with chronic conditions. A full range of physiological and psychosocial and

environmental factors were addressed in the course. Issues specific to the elderly and their impact on the quality of life were emphasized.

- 2) Develop and demonstrate a patient-centered approach to assessment and intervention with older adults. Under that, components of this approach included an appreciation of the diversity and worth of the patients and emphasis on functional ability and application of health promotion, disease prevention, and rehabilitation methods; and on understanding of the health professional's role as a patient advocate.
- 3) Understand the components of a continuity of care model for ambulatory care and have experience in such a setting for older adults. An interdisciplinary approach to case management was utilized. Patients were made aware of community resources, the importance of care givers, and the value of networking.
- 4) Identify basic issues in the economics of health care delivery for older adults. Students became more aware of the impact of economic conditions on health care and the role that health professionals play. A basic knowledge of Medicare and Medicaid, cost containment, and related issues were emphasized.
- 5) Describe and understand ethical and legal issues in the treatment of chronically ill patients. Students were asked to discuss both sides of issues such as incompetence, guardianship, and the right to refuse treatment.
- 6) Understand the importance of an interdisciplinary team approach to chronic care. Students gained experience in an interdisciplinary model of service coordination for the geriatric population.

The ACCT experience consisted of specific, scheduled clinical activities, interdisciplinary conference, and additional course assignments. Students were assigned to community sites based on personal interest, scheduling flexibility, and clinical site needs. In each case, there was a site orientation for students and objectives and activities were developed to guide the learning experiences of the students.

Clinical activities were designed to provide a broad range of learning experiences to students. Clerical coordination proved to be one of the more difficult aspects of the project. Scheduling a common time for a group of students was most difficult because of class schedules and availability of students. Consequently, while some students were together as a small group, others were assigned to sites with other health professionals forming the interdisciplinary team. Students, in general, were on site approximately 6-40 hours a week over a four to ten week experience. Case conferences were held Friday afternoons and allowed students to discuss their clinical activities with other students and instructors in a class. In addition, further coursework was assigned that included other case studies and additional reading and videos.

Program Evaluation

The didactic and clinical experiences occurred during the second and third years of the project. The number of students participating in the project was 30 and 35 for the second and third years, respectively. During each of these years, students were evaluated at the beginning of the experience and ten weeks later at the conclusion.

The evaluation was a two-part instrument. The first instrument asked respondents to assess their perceptions of six program goals in a Likert-scale format. The second part of the evaluation used four semantic differential scales in which respondents were asked to give their perceptions with regard to four "concepts" that were emphasized in the course. These concepts were the chronically ill, a patient center environment, continuity of care, and the interdisciplinary care team. The evaluation instrument was given to students at the beginning and end of the experience.

Because the results for each of the two years showed the same overall trend, the results were combined for the purposes of this report. The summary of student evaluation of six course goals is presented in Table I.

Table I

SUMMARY OF STUDENT EVALUATIONS

Averaged for Two Years (N = 65)
(1=strongly agree; 5=strongly disagree)

| | Pre-experience | Post-experience |
|------------------|----------------|-----------------|
| GOALS | | |
| Chronically-Ill | 2.9 | 1.9 |
| Patient-Centered | 2.8 | 1.8 |
| Continuity Care | 3.0 | 1.9 |
| Economics | 3.3 | 2.2 |
| Legal Issues | 3.6 | 2.7 |
| I.D. Team | 2.5 | 1.6 |

For each goal, students gave higher ratings after the completion of their experiences. In every case, the students' view of their understanding of the goal increased significantly by the end of the experience.

Ratings from the semantic differential of the four "concepts", emphasized during the course were also favorable (Table II).

Table II
 SUMMARY OF STUDENT EVALUATIONS
 Averaged for Two Years (N = 65)
 (1=positive; 7=negative)

| PERCEPTIONS | Pre-experience | Post-experience |
|------------------|----------------|-----------------|
| Chronically-ill | 4.8 | 3.8 |
| Patient-Centered | 2.4 | 2.0 |
| Continuity Care | 2.3 | 1.9 |
| I.D. Team | 2.4 | 2.0 |

Students came away from the experience with more positive attitudes toward these constructs than when they entered.

Further, students were offered the opportunity to voluntarily have an exit interview with a staff person on the project and several chose to participate. These interviews were unstructured and asked students to discuss their educational experience, along with any observations to improve the experience. The one item that came through very strongly during these interviews was the opportunity to work in an interdisciplinary care team. Students were emphatic that such an experience was important in the educational process of preparing health professionals. Students spoke strongly of the opportunity to work with other professionals in the field and indicated high respect for the various professions with which they had teamed.

Conclusions

Any educational project that attempts to break down traditional models of education can not expect to be fully successful. Most health professions programs are highly structured with an emphasis on preparation for practice. This does not always provide time for interaction with other professions or specific groups such as the chronically ill. Nevertheless, the project achieved several important objectives. First, the students who participated achieved the program goals. They had the opportunity to experience, through case studies and other activities, the problems of dealing with the chronically ill elderly. They had the opportunity to directly interact with this population in a community-based team environment, something that is rarely achieved in most health

professions education programs. Second, the perceptions of the students with regard to both goals and health concepts emphasized in the project improved significantly during the course of the educational experience. It was clear from the data that the students had a positive, high quality experience. Third, the emphasis of the project on interdisciplinary team care was quite successful. Students came away from the experience indicating that it was a most important factor in the experience and something that they felt added to their overall educational experience.

The project also highlighted the challenges of trying to initiate this kind of activity. First, it was difficult to recruit students into the project from a diversity of disciplines with very structured curricula. For many students, this course was either an elective or a voluntary experience and, as such, was in competition with other courses that were less rigorous in terms of time, commitment, and depth. Second, the program required extensive coordinating activities. Students had to be scheduled into clinical sites when their academic schedule allowed. Getting two or more students into a clinical setting at the same time proved difficult and some students had to team up with other professionals to work in a true team environment. In addition, medical students took the course as part of a curriculum elective process in which they were available for the course only for one month while the other students were enrolled for ten weeks.

Nevertheless, even with these problems, the project has proved quite successful and is currently evolving into a series of elective courses that will be available to all of the students in the health professions.

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