

VA Centers of Excellence in Primary Care Education

Kathryn Rugen, PhD, FNP-BC

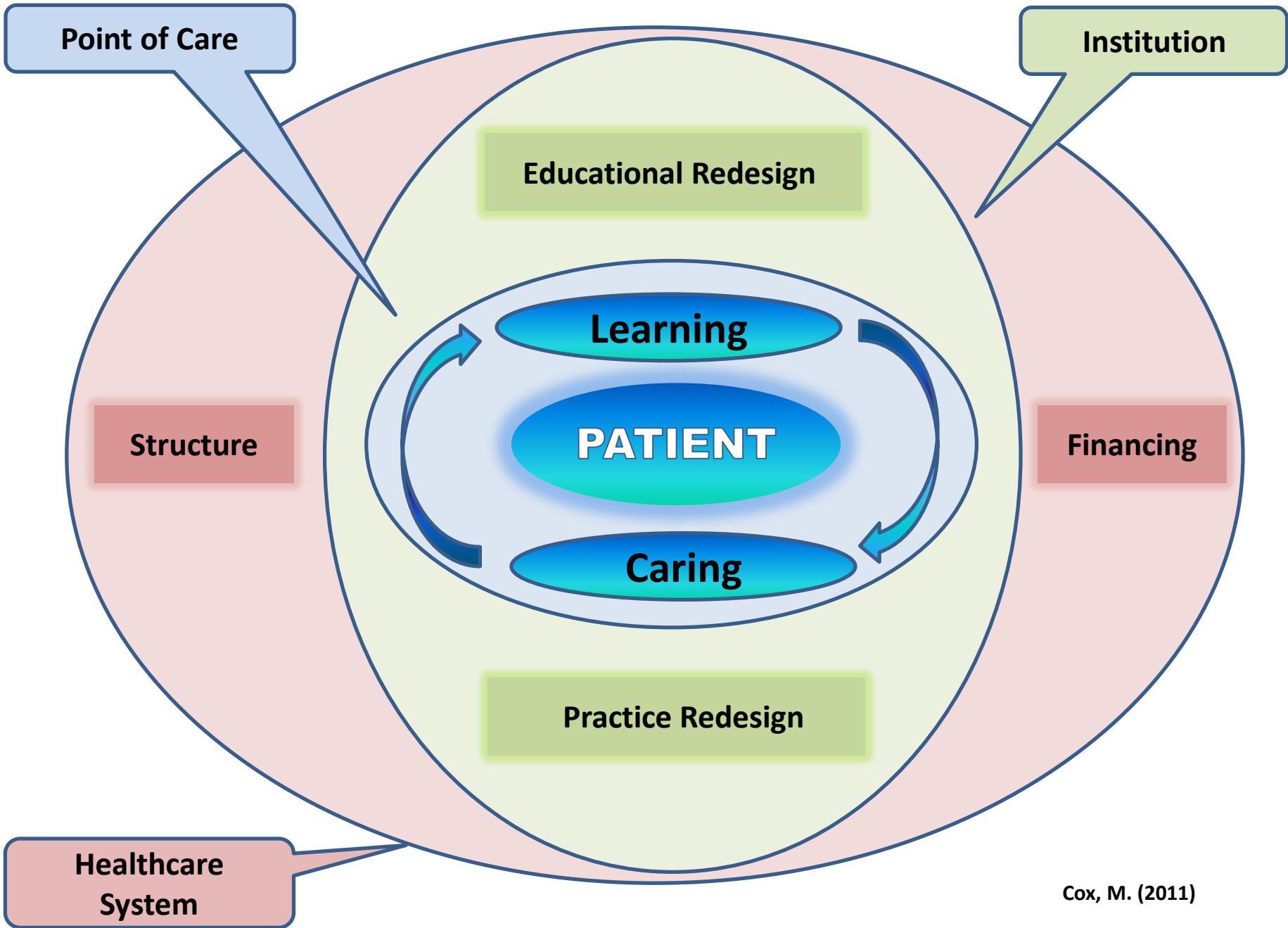
Stuart Gilman, MD, MPH

Office of Academic Affiliations

Veterans Health Administration

CoEPCE Purpose

- **Develop and test innovative approaches for curricula related to core competencies of patient-centered care.**
- **Study the impact of new educational approaches and models on health professions education to include collaboration, cultural shifts in educational priorities, and educational and workforce outcomes within and beyond VA.**
- **Improve primary care instructional strategies with emphasis on workplace learning**



CoEPCE 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:

Frances Payne Bolton School of Nursing at Case Western Reserve University

Case Western Reserve School of Medicine

The Breen School of Nursing at Ursuline College

Cleveland Clinic Foundation



Welcome to the
VA Puget Sound Healthcare System

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

- **Physician and NP Co-Director leadership**
- **Trainee engagement at least 30%**
- **Each program has a different (locally developed) training model**
- **Collaboration across five sites with central coordination**
- **Program impact is expected at three separate “levels”: point of care/learning (microsystem); VA facility/affiliated program (mesosystem); and VA/national health systems (macrosystem)**
- **Learning what works, for whom, in what circumstances and why**

CoEPCE Trainees

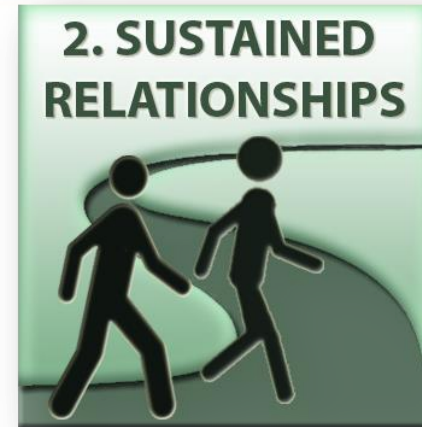
- **All sites**
 - **Physician residents trainees:** Internal Medicine PGY 1, 2, 3, Chief resident
 - **Nurse Practitioner trainees:** Pre-Master's, Pre- Doctorate of Nursing Practice, Post-Master's residents, Post- Doctorate of Nursing Practice residents
 - **Post-Doctorate Pharmacy residents**
 - **Post-Doctorate Psychology fellows**
- **Some sites**
 - **Social Work**
 - **Medical Students**
 - **Nutrition/Dietetics**
 - **Podiatry**
 - **BSN Nursing Students**
 - **Physician Assistant**



CoEPCE Educational Domains



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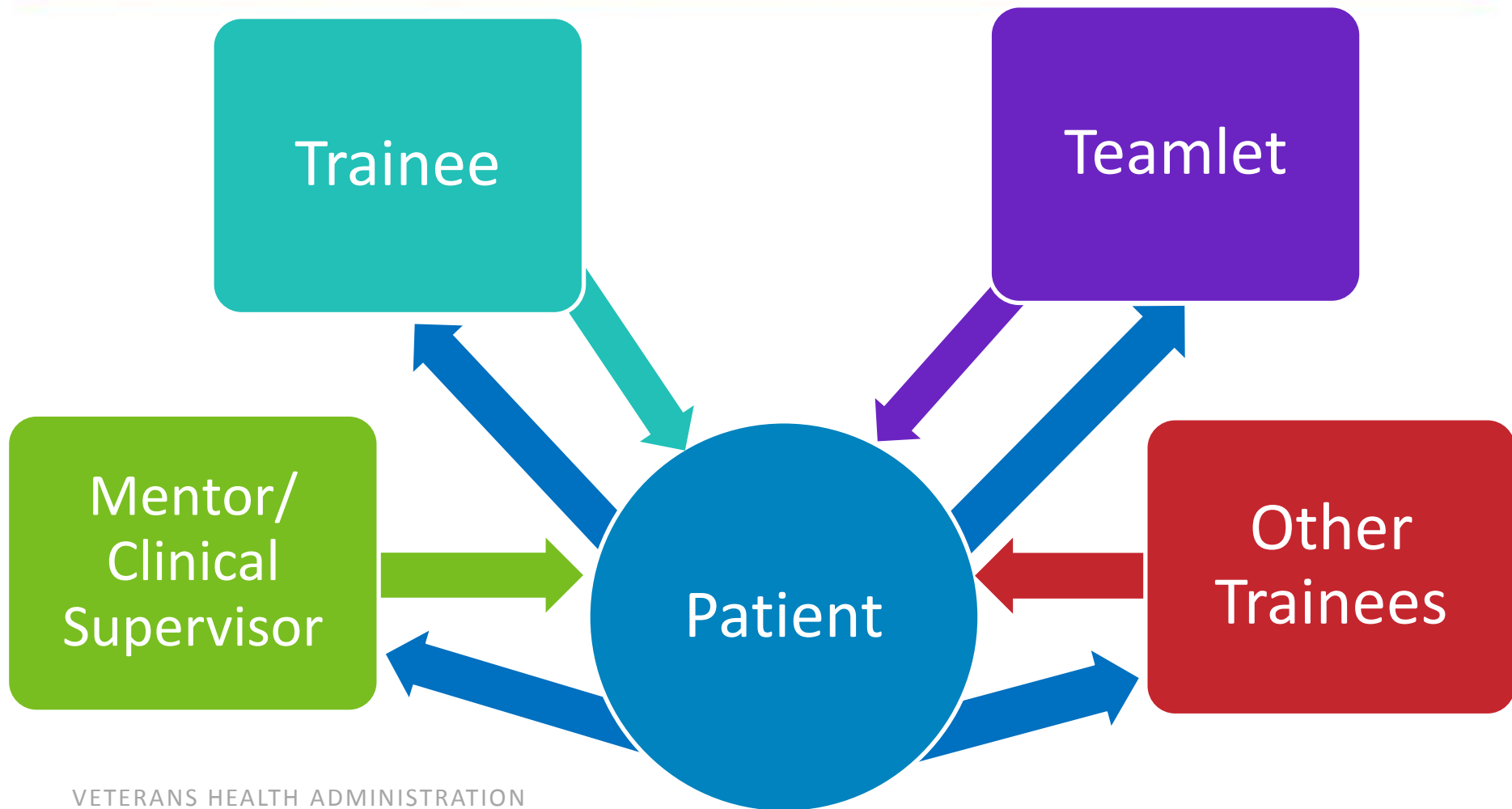
**3. INTERPROFESSIONAL
COLLABORATION**



Interprofessional Engagement

- **Ideally trainees from PACT relevant professions learn together to prepare them to work in and lead future team-based practices**
- **Interprofessional clinical staff and academic faculty need to collaborate across professions**
- **Academic affiliates need to be engaged and involved**
- **Need to understand other professions culture, values, educational “trajectory”**

Sustained Relationships are Complicated!

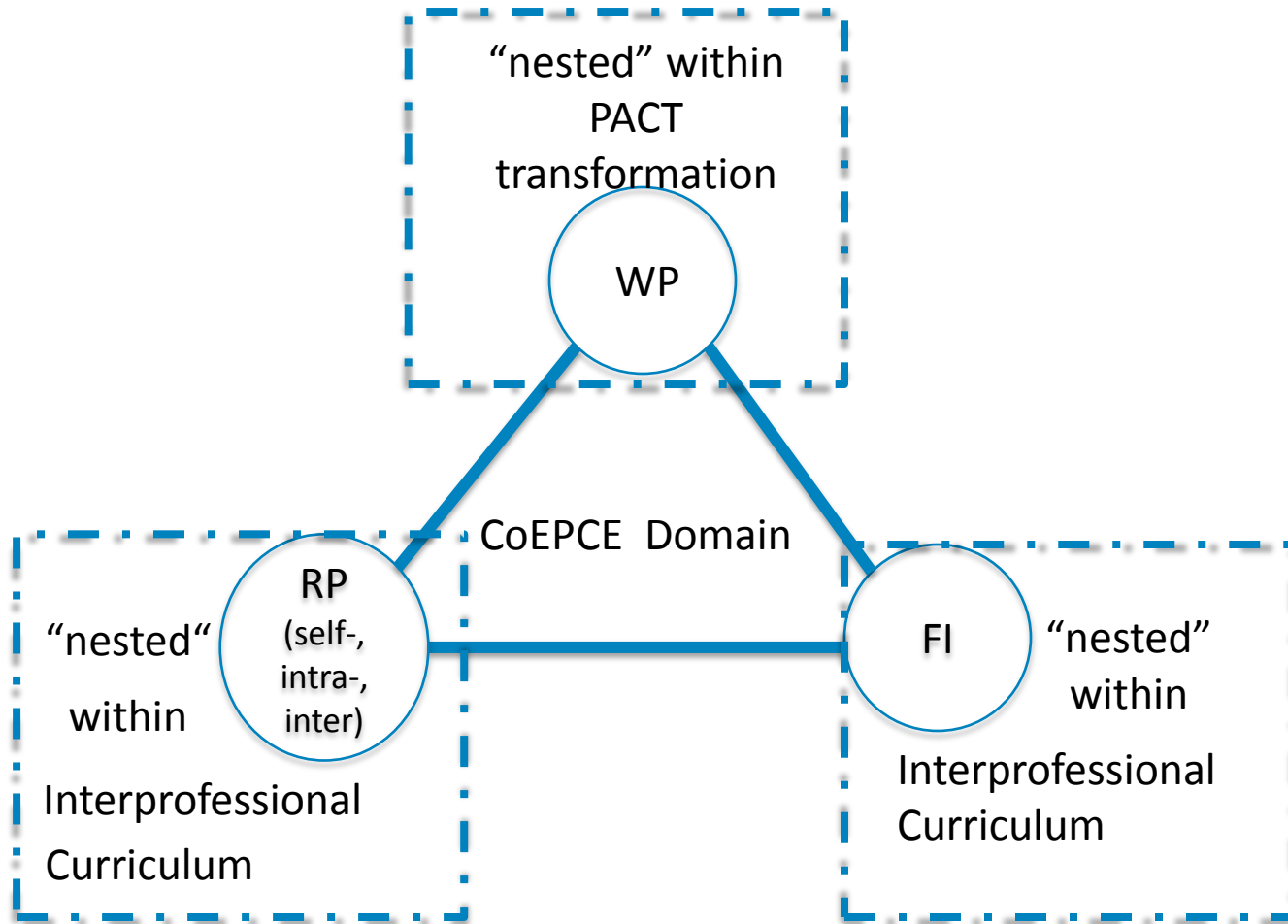


Interprofessional Leadership

- **Leadership is interprofessional and representative of all the trainee professions**
- **Leaders are present/included when critical decisions are made about space, staffing, design**
- **Leaders are present/included when curricular elements about PACT are designed and implemented**
- **Renegotiating roles and responsibilities rather than relying on traditional silos and hierarchies**

Interprofessional Curriculum and Instruction

- **PACT teamlet and team members traditionally considered “clinical” must accept personal responsibility for teaching roles**
 - **All “teachers” must have local support to develop roles as teachers**
 - **All “teachers” have meaningful roles in assessing learner performance**
 - **All “teachers” must learn from, with and about teachers from other professions**



WP = Workplace learning

RP = Reflective practice

FI = Formal instruction

Structural component - Scheduling

- **Interprofessional challenges**
 - **Creating cohesive learning community among programs with different academic calendars**
 - **Sequencing of formal instruction**
 - **Right content for the right profession/academic level at the right time**
- **Intraprofessional challenges**
 - **Nursing – usually part-time trainees while working fulltime; have concurrent academic classes and clinical rotations**
 - **Medicine –ACGME requirements can encourage discontinuity**

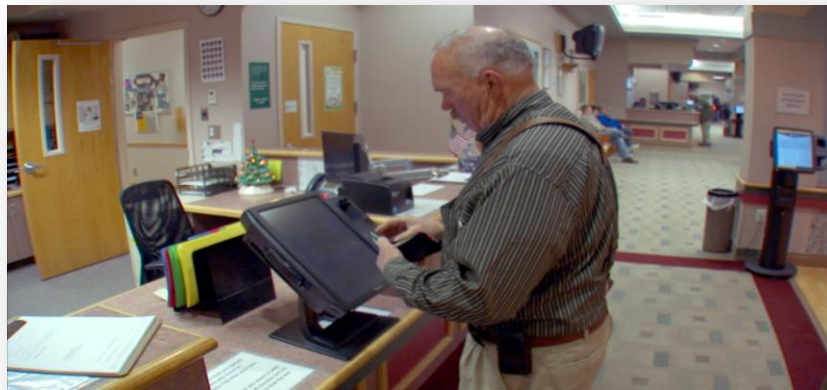
Structural Components-Space

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



Structural Components- Technology

- **Electronic Health Records**
 - **24 hr and off-site access for trainees**
 - **Ability to relate trainees, patients, faculty, staff**
 - **To monitor panels, assess trainee performance, patient outcomes**



NP Residency in Primary Care

- **Interest exceeds slots available**
- **One year, full-time, post-graduate degree training**
 - **Master's or DNP degree**
- **60% direct patient care**
 - **Panel of patient, prescribing and ordering capacity**
 - **Cover rotating medical residents patient panel**
 - **Secured messaging**
- **40% indirect patient care**
 - **PI projects**
 - **Panel management**
 - **Journal club, presentations, publications**
 - **Precepting in second half of residency**

Trainee Reported Strengths

- **Value meeting and learning about other professions**
- **Value learning with and from other professions**
- **Value team-based approach to patient care**
- **Report application of learning to their practice**
 - **E.g. Shared Decision Making tools, motivational interviewing**
- **“It just kind of insidiously crept into my day to day behavior.”**

Recommendations Trainee

- **More workplace learning**
- **More in-room precepting**
- **Synchronous scheduling for all trainees**
- **Further clarification of professional roles**
- **Further refinement of integration of pharmacy, psychology, social work trainees**
- **More peer-to-peer teaching opportunities**

Recommendations Institution/System

- **Contextual factors that facilitate, impede program implementation:**
 - **degree of PACT/PCMH implementation**
 - **facility space constraints**
 - **Institutional commitment to faculty for educational roles**

Recommendations Faculty /Staff

- **Focus on faculty and staff development:**
 - **Multiple teaching roles**
 - **Faculty development in IPE and patient-centered practices**
- **Match curriculum to trainee clinical readiness AND interests**
- **Curriculum is a work in progress and requires ongoing attention to the right mix of instructional strategies—workplace learning, reflective practice, and didactic, formal instruction**
- **Be mindful of clinic team and faculty capacity constraints, including risk of burn-out**

CoEPCE Coordinating Center

- **Stuart Gilman, MD, MPH; Director**
- **Kathryn Rugen, PhD, FNP-BC; Nurse Practitioner Consultant**
- **Judith Bowen, MD; Physician Consultant**
- **Laural Traylor, MSW; Program Manager**
- **Nancy Harada, PhD, PT; Evaluation Coordinator**
- **Annette Gardner, PhD, MPH; Evaluation Consultant**
- **Deborah Ludke, MHA, Administrative Officer**
- **Kimberly Uhl, MBA, Management Analyst**