

**The University of Oklahoma**  
**End of Project Report**  
**September 22, 2008**

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**1. Title/Focus for your IPE prevention initiative:** Preventing Disease and Complications: Education through Team-Based Practice

**2. Goals you seek to achieve:**

The stated project outcomes in our proposal include the following:

- Prevention of disease progression and disease complications as evidenced by an improvement in disease markers from baseline
- Increased teamwork as evidenced by student reports and reflective documentations
- Positive attitudes working with other professions as evidenced by pre/post survey items (Organizational Dynamic Study) and
- Testing a model of team-based practice for patient care delivery (patient reports; satisfaction surveys)

**3. Progress to date**

o Is your project proceeding as you had planned?

Yes and no. All has moved somewhat slower than anticipated, although we were able to incorporate some of what we were going to do in the future earlier than expected. We had one team member who has been out due to severe illness since early this year and another team member who has relocated to a different part of the country. In addition, one team member has taken on a new role that is requiring much more of her time, thus we find it very difficult to meet with our competing schedules. Having faculty, providers, and students on our team made it a challenge to find times where we all could be present to meet.

- o The “Round-ups” and “Round-downs” to ascertain patient needs in the clinic has worked very well. The brief sessions have also been a great way to incorporate the non-hierarchical nature of the clinic with social work, nursing, and medical students leading the sessions. In addition, Grand Rounds were presented in the spring with students showcasing two patient case studies. Much interaction among professions and new found knowledge of the patient situation/condition was discovered. We look forward to continue holding similar Grand Rounds in the future.
- o The disease registry was to have been funded by another source, and that funding was pulled at the last minute. Therefore, we have conducted periodic manual reviews of data to determine if there have been improvements in disease markers from baseline. From the manual reviews, we are noting some improvements with specific disease markers, namely A1C’s. Anecdotally, students are reporting patient successes with weight reduction and smoking cessation, although specific data to

determine actual numbers is unavailable at this time. While the manual reviews are doable, it is very time consuming and not as reliable. Discussions are underway to determine alternate methods of collecting this data.

- The anticipated blogging site to do the reflective journaling was also put on hold, as the platform to be utilized would not allow for off-campus access. During the project time period, the reflective journaling was limited to nursing students, and done within the nursing course platform. This portion of the project continues to evolve, with anticipated completion of the blogging site within the next 3-4 weeks.
- Regarding the interprofessional education (IPE) study to look at attitudes in working with other professions, preliminary data has been obtained. In order to test the success of the program, we proposed an evaluation for the two-year duration of the program and a one year follow-up period after program completion. We expected the program to increase students' communication and teamwork skills, improve attitudes towards the other profession, increase willingness for interprofessional collaboration, and subsequently improve patient satisfaction.

So far, survey data have been collected at three measurement points (January, May and August 2008) from participating medical (n=20) and nursing (n=14) students using non-participating students as control group (medical: n=20, nursing: n=92).

Results indicate a significant change in attitudes towards the other profession in both the medical and nursing participating groups, with each group perceiving the other as more professional, team players, effective, knowledgeable, respectful and less arrogant. Professions differ in their attitudes towards IPE with participating nursing students associating higher benefits to IPE than participating medical students. Some of the benefits identified by students are: increased respect for the other professionals, increased communication, better understanding of other professions, becoming better team workers and becoming better health care providers. Additionally, participating students noted improvements in their clinical and communication skills.

Overall, participating students seem satisfied with the program and many indicated that they would recommend the program to others. The benefits and attitude changes reported by participating students seem to result in providing better health care, as survey shows that patients are highly satisfied with the care they received.

- A more concerted effort is being made by the nursing students to incorporate questioning of annual screening and other disease prevention measures, such as flu shots, upon admission into the clinic. These notations are documented within the Electronic Medical Record with appropriate referrals being made. While at this time, there is not one "interprofessional" team documentation plan of care, technology teams are working on streamlining access to other professionals documentation.
- [Have you modified any elements of your project from your original plan?](#)

We added a "Diabetes Day" to our project in which the Longitudinal teams offered diabetic screenings for disease complications as well as complication prevention education. We collaborated with the School of Optometry from Northeastern State University to do the eye exams, and the OU medical and nursing students provided the remainder of the screenings. Education was a big component of the "Diabetes Day" to

the patients and family members in attendance. Information on general diabetes, nutrition, medication reconciliation, prevention of further complications related to diabetes, as well as other topics including cancer prevention tips, smoking cessation, and stress reduction were reviewed with patients/family members. All patients had resource assessments preformed by a social worker with appropriate referrals made. Patients attending the 'Diabetes Day' received personalized notebooks, educational materials, personalized blood sugar and blood pressure logs, and healthy snacks upon screening completion. A survey of the diabetes day participants was conducted and was used as pilot data due to collection prior to IRB approval. Additional phone call follow-ups revealed an overall appreciation for the screening day as well as the personalized binder.

With over 30 patients seen (approximately 35% of all clinic diabetics) on "Diabetic Day", a 2<sup>nd</sup> Annual Diabetes Day is slated for October 21, 2008. In addition to the diabetes complication screening and prevention education, flu shots will also be administered at the upcoming event.

A modified orientation day towards the end of January was also added to all new incoming students. The full-scale orientation to the Longitudinal Clinic and the various disciplines involved was highlighted in September, 2008.

o Explain any unexpected outcomes from your project; positive, negative and other.

Positive outcomes continue to be a positive experience for the students involved in the Longitudinal project. Positive outcomes include a spread of energy in others with whom we discuss the project. To describe to others the interdisciplinary teamwork in a clinic that actually provides care to patients is intriguing to many. Discussion continues to incorporate a similar interdisciplinary model in a geriatrician's osteoporosis clinic that would include prevention and treatment of osteoporosis.

Negative: None at this time.

o Which instructional strategies have worked best?

A modified orientation was done in January, to orient any new students. In September 2008, we held our orientation session with a much greater focus on disciplines, with each discipline speaking on their role within the clinic. In addition, commonalities were discussed with an importance of learning from each other. The anticipated common competencies were not specifically addressed at this session.

o Are there any instructional strategies you would change? If yes, please explain.

Yes. Next time during our student orientation, we would like to have our sessions more interactive and with less 'information giving'. Due to time constraints, the amount of student feedback and responses is limited.

#### 4. Important decisions made (or contemplated)

o Based on what you have learned thus far, what would you have done differently?

In retrospect, the following would have been done differently:

- Setting up regular scheduled meetings with team members well in advance, possibly 6 months at a time.
- Anticipate that everything would take much longer than anticipated.

- Delegate to team members specific tasks/activities to keep up with the follow-up with the project as well as meet evaluative measures, particularly with IRB approvals and publications.
- Not rely on other departments for integral components to the project. Having funding pulled on the disease registry impacted our project and has put us behind on collecting data. In addition, utilizing a web-platform that was not user friendly was also an unforeseen delay as well.

## **5. Lessons learned or new perspectives acquired so far**

- Explain any unanticipated outcomes from your project, both positive and negative.
  - After the holidays, and semester break, our group really had a hard time gearing up again to be energized. We then had one member of our group get ill which also impacted our momentum.
  - Our team has presented either posters or presentations at other discipline specific conferences including state public health conferences, state nursing conferences, and national social work conferences.
  - Two of the students involved with our team collaborated with another student to highlight the clinic and it's involvement with disease prevention and treatment during a campus-wide Research Day.
  - Members of our team remain committed to getting the word out regarding our project and have a draft article ready to submit.
- Given your experience thus far, would any other type of training or preparation have been helpful?
  - Other trainings that might have been helpful would be the following:
    - Ways the team leader could keep the energy and motivation going in the team.
    - Focused evaluation grid to keep project outcomes focused.

## **6. Challenges faced**

- Our greatest challenge has come from trying to coordinate schedules for meetings. With our group members consisting of providers, faculty, and students, it had been difficult to get a time where everyone could attend meetings.
- When the funding did not come through on the disease registry, it impacted our project and further data gathering and project outcomes. Having to rely on manual data gathering was cumbersome, unreliable, and time intensive.
- Having students from both the Health Sciences (Medicine, Nursing, Pharmacy) and from our 'Norman' programs (Social Work), created issues with student access and IRB issues.

## **7. Evaluation plans/instruments being used:**

- For the IPE study, there were many surveys combined to determine the attitudes when working with other students from other professions. Patient satisfaction surveys are also being utilized within the clinic.
- Once the collection of specific disease markers is attainable electronically, a retrospective review of the Bedlam Longitudinal patients will be done.

## 8. Other items of interest to share

- Has your team participated in specific activities designed to help you work together more effectively? If yes, please explain.
  - No, our group did not participate in any such activities.
- What impact on the curricula at your institution do you anticipate will emerge as a result of your interprofessional prevention education initiative? Please explain:
  1. The Bedlam Longitudinal Clinic serves as a model of interdisciplinary work on this campus to ensure health promotion, disease prevention and treatment. If the upper administration agrees, we should be able to implement the work we do in other clinics as well.
  2. The College of Medicine has recently created a School of Community Medicine. One of the students' first clinical experiences within that curriculum is to experience the Longitudinal Clinic. Non-medicine faculty from our team are now joint-faculty within the School of Community Medicine, thus may have a greater impact to include an interprofessional course to the curriculum via the Medical School that will also have a greater focus on disease prevention.
  3. Our team would like to offer an interprofessional course to students, but details have not been discussed, pending what evolves from the School of Community Medicine.
- Please share future plans you have for advancing interprofessional prevention education activities at your institution.
  - We will continue to pursue those aspects of our project that have been delayed, including the disease registry and the interprofessional blogging.
  - Sharing our Bedlam L experiences will allow us to showcase our work and offer new ways of approaching serving needy clients while also providing high quality interdisciplinary experiences for our students. Publishing/presenting our work from this project via publications as well as locale venues to highlight our work and 'spread the word' on our project to encourage buy-in.
  - Hosting an "Interprofessional Day" in which we showcase works such as our project and possibly others remains a possibility. To bring in an outside/local speaker to garner enthusiasm would be helpful.
  - The local Tulsa Health Department holds an annual 2-day Prevention Health Conference each year that includes local and national presenters. The conference information is disseminated to faculty involved within the clinic as well as other departments, including students from these areas.
  - Keeping up to date with the PERC website to see how others' work may lend itself to our project and activities.
- *The entire APTR organization has been great to work with; Kudos to David Garr, Donna Page, Clyde Evans, and Suzanne Cashman for the wonderful work they do to advance prevention education! Thank you!*