Moving IPE beyond the classroom into the clinical setting

Pat Campbell, PA-C, UWL PA Program
Adam Gregg, PharmD, Gundersen Health System
Paul Klas, MD, Gundersen Health System
Disclosures

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Learning Objectives

Attendees will be able to:

1. Describe organizational processes for the development of a longitudinal interprofessional (IPE) activity involving multiple layers and types of learners;

2. Identify inherent challenges and apply potential resolutions to IPE in their own programs and teaching environments.
Who We Are

Graduate and Post-Graduate Medical Education

• Residencies
  – Family Medicine
  – General Surgery
  – Internal Medicine
  – Optometry
  – Oral & Maxillofacial Surgery
  – Pharmacy
  – Podiatric Medicine & Surgery
  – Sports Physical Therapy
  – Transitional

• Fellowships
  – Advanced GI MIS/Bariatric
  – Emergency Medicine PA
  – Hematology/Oncology
  – Psychology Post-Doc

• Quad-partnership PA Program
  – UW-La Crosse
  – Gundersen Health System
  – Mayo Clinic Health System
  – Marshfield Health System
Drivers

• Primary
  – Take advantage of post-graduate training
  – Underutilized simulation center
  – Integration of team concepts (TeamSTEPPS 2.0; Crew Resource Management, CRM)

• Secondary
  – Point of care US (POCUS)
  – Emphasis on rural practice
Basics of IPE

• Focused on the clinical year application & practice
  – Intentionality of pursuing other disciplines at the start
  – Receptive to inviting or including other disciplines and levels of learning to augment the learning experiences
  – Deliberately tried to construct roles & pieces for each discipline into the curriculum/scenarios
Case Design

• No need to re-invent the wheel for case design
  – Use of other HRSA project content (UNC-Charlotte)
  – TeamSTEPPS
  – CRM

• Pre- and post-readings
  – Contemporary readings, videos

• Inclusion of social determinants of health (SDH)
Case Development

• Varying levels of acuity
• Location of encounter to vary
• Opportunities to practice fundamentals
• Opportunities to demonstrate utilization of team skills
• SDH
• *IMPORTANT* – allowance for failure and/or experience errors!
Session Design

Group Orientation and Topic Chalk Talk
- Trainee pre-reading
- Faculty pre-session debriefing with simulation center staff

Simulations
- Debriefing immediately after case
  - May include review of both didactic and team performance elements

Wrap-Up
- Group teaching: key takeaways
- Trainee post-reading
- Faculty post-session debrief with simulation center staff
Curriculum

1. Orientation & team dynamics (TeamSTEPPS 2.0, CRM)
2. ACLS Lite (PEA, SVT, Bradycardia, V Fib)
3. Others – can be in any sequence
   - **Abdominal Pain** (acute cholangitis, ectopic pregnancy, perforated PUD, mesenteric ischemia)
   - **Chest Pain** (STEMI, pericarditis, panic, acute chest syndrome)
   - **Dyspnea** (asthma exacerbation, anemia, PE, PPH)
   - **Fever & Sepsis** (malignant hyperthermia, meningitis, urosepsis, serotonin syndrome)
   - **Shock & Anaphylaxis** (tension pneumo, hypovolemic-GI bleed, ACS)
   - **Stroke/mimic** (hemorrhagic, ischemic, hypoglycemia, TIA)
Increasing the fidelity of the scenario

• Intro lab session to review use of manikins & their capabilities
• Presenting goals of simulation, expectations for engagement (dispelling disbelief)
• Inclusion of standardized patients (SPs)
• Inclusion of an electronic medical record (EMR)
IPE Pedagogy

– Use of TeamSTEPPS 2.0 content
– Other trainers/evaluators present to augment the core faculty & evaluate medical learner interactions
– Utilizing senior medical residents as teachers during the sessions
– Encourage group dynamics (e.g. “phone a friend”)
Evaluation & Assessment

- Recognize inherent limitations
- Questions to consider:
  - What are meaningful and obtainable metrics?
  - What aspect(s) of the program will we evaluate?
  - What tools will we use to evaluate?
Barriers – real & potential

– Scheduling!!
– Meshing expectations & needs
– Logistics & use of simulation center

– Resources
  • Faculty
  • Support personnel
  • IT infrastructure

– Sim center activities
  • Development of a SP panel
  • Differing needs of medical learners
Optimizations along the way

• IPE simulation center use
  – Gaining student/resident buy-in
  – Dispelling disbelief EMR integration

• SPs

• External evaluators for team function

• Expanding role of senior medical residents as teachers & mentors in the project

• Role transformation of our team members
Think, Write & Share

What barriers have you encountered when attempting IPE activities in your academic or practice setting?
Future directions

• Exploring benefit of video for feedback, debriefing and revision

• Inclusion and expansion of other disciplines (nursing, TeamSTEPPS trainers)
  – Expansion has included module development related to Opioids & Behavioral Medicine specialists
    • Case design: overdose, withdrawal, chronic pain management, angry patient demanding narcotics

• Integration of TeamSTEPPS 2.0 into medical education culture
References


Thank you for your attention today

Questions?