

MAXIMIZING CO-TRAINING OPPORTUNITIES ON A TRADITIONAL HEALTH SCIENCES CAMPUS

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DISCLAIMER

- None of the presenters has any conflict of interest with the information, projects, or programs described in this presentation.
- This work was recently published in the *Journal of Nursing Education and Practice*. ^[1]

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PROBLEM STATEMENT

- Both the economics and the science of modern healthcare demand that the best patient care be delivered by an integrated team of healthcare providers, each expert in their own field, but also expert in the ability to function well as a team member
- But even the best schools of medicine and nursing, especially those with longer histories and more traditional curricula, may not be designed to support this type of instruction.
- Practical considerations such as accreditation needs, administration, budget lines, and even physical facilities tend to “silo” instruction by discipline.

POTENTIAL SOLUTIONS

- We argue that even in institutions with traditional curricula, there are numerous opportunities to co-train nursing, medical, and other healthcare students and faculty if we remain open to possibilities.



SUCCESSFUL EXAMPLES

- This presentation includes five brief case-studies of co-training events where nursing, medical, and other healthcare students and/or faculty learn in the same environment with minimal administrative effort including:
 1. The Certificate in Health Professions Education program.
 2. Workshops on Increasing Cultural Competence.
 3. The iCOPE project in interdisciplinary palliative care.
 4. Joint daily rounding in an urban children's hospital and at the University Hospital.
 5. Providing care in the Teen Age Parent Program (TAPP).

THE CERTIFICATE IN HEALTH PROFESSIONS EDUCATION

- The Certificate in Health Professions Education is a 12-credit hour graduate level program offered through a collaboration of the University of Louisville School of Medicine and the College of Education and Human Development.
- First offered in 2006, the program is open to all Health Sciences Center (HSC) faculty who wish to earn an academic credential in adult education, program evaluation, and evidence-based research methods.

THE CERTIFICATE IN HEALTH PROFESSIONS EDUCATION

- The four 3-credit-hour courses include:
 1. Evidence-based research methods
 2. Program and organizational evaluation
 3. Teaching in health professions education programs
 4. Adult learning and development.
- Since 2006, there have been 42 graduates of the program representing all of the health science programs at the University of Louisville.

THE CERTIFICATE IN HEALTH PROFESSIONS EDUCATION

- The program has received regional and national attention with the acceptance of a peer reviewed publication ^[2], formal and informal presentations, and a regional joint university award for instructional development.
- One of the most sophisticated projects by participants in the program evaluation course resulted in a recently published longitudinal study of instructional outcomes of a pediatric externship ^[3].

WORKSHOPS TO INCREASE CULTURAL COMPETENCE

- Cultural competency is a concept fundamental to the curriculum of all schools on our HSC. Not only does each of our accreditation bodies support interdisciplinary education^[5], but as our states' urban research university, it is an integral part of our mission ^[6].
- In 2005 we piloted cultural competency concepts for first year medical students, and in 2006 we added nursing, dental and public health students.
- The goals were to:
 1. Create an emotionally safe learning environment where discussions could occur about cultural beliefs, values, perceptions, and health practices of varying diverse populations; and
 2. Teach strategies that promote cultural sensitivity for enhanced healthcare delivery and improved patient outcomes.

WORKSHOPS TO INCREASE CULTURAL COMPETENCE

- We are currently on our seventh year of providing the workshops and have progressed from a faculty-led model to a student-directed model.
- The workshops are developed and planned by upper-class students from all HSC schools who have gained experience working with a variety of patients and now recognize the importance of culture on healthcare decision making.



Dr. Mark McDonald
demonstrates acupuncture.

WORKSHOPS TO INCREASE CULTURAL COMPETENCE

- Among the most popular sessions are
 - Discussions of group healthcare beliefs by members of a regional Amish/Mennonite community [8]
 - Learning about Islamic health practices
 - Lesbian, gay, bisexual and transgender health issues and concerns
 - Child abuse recognition and prevention; complementary and alternative medicines
 - Substance abuse in the health professions
 - Health beliefs in the Somali population.
- Based on what other institutions have found, these co-training workshops, provided early in learners' careers, should provide them with practical information and strategies that will help them throughout their careers [4].

INTERDISCIPLINARY ONCOLOGY PALLIATIVE CARE CURRICULUM

- Cancer is a leading cause of death in the United States ^[9]. Cancer patients have a variety of health needs and palliative care is an integral part of their plan.
- The majority of health professionals care for patients affected by cancer, but health professions students are not always taught palliative care concepts.
- Through a grant funded by the National Cancer Institute, faculty from nursing, medicine, social work, and chaplaincy, implemented an innovative oncology palliative care curriculum named iCOPE (interdisciplinary curriculum for oncology palliative education).
- iCOPE is required for nursing and medical students. Graduate social work students and clinical pastoral education residents also participate^[10].

INTERDISCIPLINARY ONCOLOGY PALLIATIVE CARE CURRICULUM

- The curriculum has three primary components:
 1. **Didactic** - delivered on-line using case based modules to teach palliative care and interdisciplinary care principles in an interactive format to assist students in applying the content.
 2. **Clinical** portion of the experience places students in a clinical care setting focused on palliative care.
 - The length of this experience varies among the disciplines ranging from two to several days.
 - As part of the clinical experience, learners complete a reflective writing exercise that is reviewed by faculty members and then discussed in a group of learners.
 3. **A case management exercise.** Teams of learners comprised of students from all disciplines develop an interdisciplinary plan of care for an oncology patient.

INTERDISCIPLINARY ONCOLOGY PALLIATIVE CARE CURRICULUM

- Although implementation of this project is in the early stages, students from all programs have evaluated their experiences positively.
- Many challenges exist when educating health professions students together as one group, but the need for interprofessional learning to equip health professions students for future collaborative practice is clear [4,5,6].



iCOPE faculty

JOINT ROUNDING

- As healthcare becomes more sophisticated, it has become apparent that no one profession can respond adequately to the complexity of problems that patients present, whether they are children at risk or the growing “baby boom” generation that will survive to an advanced age.
- Two environments where co-training is evident and critical to excellent patient care in our HSC are:
 - The inpatient pediatric ward at Kosair Children’s Hospital (KCH, our freestanding children’s hospital)
 - Neonatal intensive care unit at University Hospital (Louisville).

JOINT ROUNDING

- In general Inpatient Pediatric Medicine, the team engages in a style of rounding known as Family Centered Rounds.
- This is a multidisciplinary approach that includes not only the patient and family, but a team of an attending physician, pediatric and family medicine residents, medical students, nurses and nursing students, and pharmacists and pharmacy students.
- When needed, other health care providers such as social workers, respiratory therapists, and child life therapists will join the discussion.

Joint rounding



JOINT ROUNDING

- As reported by Mittal et al., family centered rounds improve parent satisfaction, interpersonal and communication skills, and safety ^[11].
- We have observed that the co-training approach allows the attending physician and all other team members (practitioners and learners) to clarify the treatment plan and discuss expected outcomes.
- It is an educational process for everyone involved including the patient and family, and because of this integration, patient care is made more safe and efficient. Additional investigation of these benefits will take place in the near future, most likely as a resident scholarly study.

PROVIDING CARE IN THE TEENAGE PARENT PROGRAM (TAPP)

- One of the most popular rotations in the Family Medicine program is working in the Jefferson County Public School (JCPS) Teenage Parents Program (TAPP) where 2nd and 3rd year residents work in teams with attending physicians, nurse practitioners, and nurse practitioner trainees in school based clinics designed specifically for teenaged mothers.
- This is a very rich service and learning environment because these patients often rely on TAPP for far more than their OB/GYN support.

PROVIDING CARE IN THE TEENAGE PARENT PROGRAM (TAPP)

- Interdisciplinary teams often deal with patients with asthma, diabetes, obesity, and other chronic care issues in addition to prenatal and postnatal care (including awareness of postpartum depression, a problem more common in adolescent than in adult mothers) ^[12].
- In many cases, school based programs provide the only healthcare accessible to these adolescent girls ^[13].
- Nurse practitioner trainees, especially, because of the demand for their expertise, play an integral role in dealing with patients with multiple health issues.

PROVIDING CARE IN THE TEENAGE PARENT PROGRAM (TAPP)

- The Family Medicine program does not approach the instruction of team based care as unique content but rather integrates it into the program as a whole.
- Team based care is covered formally and informally in the several days of orientation at the beginning of the program, and reinforced in the first year of residency as family medicine interns rotate through pediatrics including Family Centered Rounds at Kosair Children's Hospital (described in the section above).
- By the time they rotate through TAPP, they have actively participated in co-training and team based practice, and realize the necessity of relying on other team members.

CONCLUSION

- Instead of giving in to the limitations of co-training, we work to stay vigilant for the many day-to-day opportunities to get nursing and medical students together for classroom, lab, and bedside teaching events.
- By maximizing these natural opportunities, we can begin to build a culture of collaboration within even traditional institutions and allow learners a preview of their future roles as valued members of healthcare teams.
- At the Uof L, we have seen that even small interdisciplinary projects can have very positive, long-term outcomes as learners and faculty from nursing, medicine, and other healthcare professions begin to look to the other side of the courtyard for new ideas and opportunities.
- *Ideally, this spirit of cooperation will become a habit!*

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