

**Duke University Medical Center
Schools of Medicine and Nursing
Final Team Project Report
2008 APTR Institute for Interprofessional Prevention Education**

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Title/Focus of the IPE prevention initiative: Development of an Interprofessional Prevention Course

Professions involved, faculty and students:

Duke MD, DPT, PA, and nursing faculty participated; one PharmD faculty member from Campbell University also participated (Duke is a major training center for Campbell University PharmD students). MD, DPT, PA, nursing (ABSN and MSN) students from Duke, as well as PharmD students from Campbell, were participants in the Pilot Program.

Was there an existing core IPE faculty team prior to this project?

The Interprofessional Collaboration in Education group began at Duke in 2004; it includes representatives from the MD, DPT, PA, Nursing, and Pathology Assistant Programs. A major collaboration among these groups has been the annual interprofessional offering of a Disaster Preparedness module to all learners.

Goals you seek to achieve:

Project Goal: Development of an interprofessional prevention course for entry-level MD, DPT, PA, and accelerated BSN (ABSN) students, incorporating principles of team practice within the course core.

Course Goals

- 1) Describe evidence and current guidelines in recommending preventive interventions
- 2) Understand and apply basic principles of prevention for individuals, groups, and populations across the lifespan
- 3) Analyze health promotion and disease prevention service needs for a population or community
- 4) Promote healthy lifestyle choices
- 5) Develop skills and attitudes for interprofessional teamwork

Note type of prevention – primary, secondary, tertiary:

Principles of primary, secondary, and tertiary prevention will be covered under course goal 2. An on-line module developed by Duke, “Principles of Prevention,” will introduce the students to the concepts of primary, secondary, and tertiary prevention.

Educational methods or approaches used:

In our Pilot Program, we offered Interprofessional Case Conferences (ICCs) four times per year. The ICCs provided opportunities for interprofessional groups of 6-8 students to evaluate standardized patients and develop and deliver management plans for problems in which prevention strategies were a focus. We

learned what worked and didn't work in interprofessional groups, and for interprofessional pairs of facilitators.

In the new Interprofessional Prevention Course to begin Fall 2010, there will be large group presentations, team-based learning, on-line modules, and interprofessional team poster/project development on topics relating to a community prevention issue.

Was credit offered for the course or was the activity an elective?

The ICCs within the Pilot Program were optional evening activities and no credit was offered. The Interprofessional Prevention Course offered for the first time in Fall 2010 will carry 1 semester hour credit.

Progress to date:

Is your project proceeding as you had planned?

We are very proud to report that our project has proceeded as planned with only small variations in our timeline, regarding scheduling of retreats. Our Project Goal, the development of an Interprofessional Prevention Course is on track and the first course will be offered in Fall 2010. The concept was approved by the School of Medicine Curriculum Committee on October 7, 2009. Details of implementation are in progress.

Number of students involved:

In the Pilot Program, a total of 150 students attended one or more ICCs. These were held in September and November 2008, and February and April 2009. We are continuing the ICCs this academic year and anticipate similar attendance figures.

The first Interprofessional Prevention Course will include all first year MD students (100), PA students (70), DPT students (70) and ABSN students (60), for a total of 300 learners.

Have you modified any elements of your project from your original plan?

No. We continue to follow the plan we set out to in our Post-Institute Revised Description of Project.

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

We did not predict the energy that this project would create to facilitate interprofessional collaboration in a number of areas, including primary care leadership curriculum and faculty development. We also did not predict the

enthusiastic support of the Pilot Project by the many faculty and resident facilitators who have come forward to volunteer to help with the ICCs. New interprofessional relationships have been established by a social worker facilitating an ICC with an occupational medicine resident, or a PA facilitating alongside a PT, etc.

Which instructional strategies have worked best?

The extra-curricular ICC strategy was very effective in the Pilot Program. It allowed us to gauge and assess interest and readiness for interprofessional education among learners and faculty. It was a flexible activity that allowed for creativity in format and evaluation.

The Fall 2010 Interprofessional Prevention course will utilize a variety of instructional strategies, including large group instruction, team-based learning, on-line modules, and small group work including development of a poster describing an approach to a community prevention need.

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

We did refine an instructional strategy following the 2nd ICC in the 2008-2009 academic year. While students were excited to be assessing and managing a standardized patient, many evaluations reflected the students' need to know if they were "on target" in their assessments and plans. While teaching about the clinical topic of the case was not a goal of the ICCs, we did add a 10 minute debriefing at the end of the next ICC. During the 10 minute debriefing, an expert on the problem discusses important evidence in assessment and management of the problems faced by the standardized patient.

Important decisions made (or contemplated):

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

Initially, our group was focused on the development of a Team Practice course. After the Institute meeting, we were able to broaden our approach to development of team practice skills within a prevention course. We lost some time, early on, by being so narrowly focused. Broadening to cover teamwork skills in the context of required content was key to the acceptance we've experienced.

Lessons learned or new perspectives acquired so far:

Explain any unanticipated outcomes from your project, both positive and negative:

See response above, in Progress to Date.

Given your experience thus far, would any other type of training or preparation have been helpful:

An introduction to theory and practice of interprofessional course development would have been useful.

Challenges faced:

Our greatest challenges have been identification of mutually agreeable curriculum time and adequate space to accommodate the full group of 300 learners for some sessions. Expense will be an issue in reserving space.

Evaluation plans/instruments being used:

The evaluation instrument for the ICCs in the Pilot Program was a simple one-page survey. An evaluation instrument was also completed by faculty facilitators. Summarized versions of each were reviewed in monthly ICC meetings and used to improve later programs.

The Interprofessional Prevention course will be a 1-credit, Pass/Fail course. Quizzes will be administered within the team-based learning component, and quizzes will be completed for on-line modules. Pre- and post-tests will be administered to measure change in knowledge of key prevention topics. A course evaluation will be completed by all students at course end.

Any institutional change?:

The time was ripe for developing and instituting an Interprofessional Prevention Course at Duke. Six years of successful interprofessional endeavors in smaller projects were convincing of the feasibility of a required course in Prevention. Since our return from the Fall 2008 Institute, the team members have each participated in a variety of interprofessional endeavors. Duke's Vice-Dean for Medical Education and Chancellor for Health Affairs have provided encouragement for our efforts and look forward to the establishment of an institute for interprofessional education within Duke.

Conclusion:

We are pleased to report that we have achieved our Project Goal, with the first offering of the Interprofessional Prevention Course scheduled for Fall 2010 for Duke MD, DPT, PA, and ABSN students (300 students total). This will be a four-session, 1-credit course scheduled for four sequential Wednesday afternoons.

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