Development of interprofessional health education programs in two academic family medicine practices:

Moving towards the Patients Medical Home

Memorial University - Ross Family Medicine

Integrated students from OT, PT, SW, pharmacy, nurse practitioner

program into the family medicine clinic between July 2018- July 2020.

explore experience of participants on prior interprofessional teams

explore experience of participants specific to their time at the RFMC

characterize how participants feel their interprofessional experience

identify facilitators and barriers to working on an IP team at the

1) 85% response rate of learners - perceived a focused team approach

2) while all agreed to experiencing a cohesive team environment, some

learners remained clear that they viewed the physician as having the final

say in patient care and this occasionally set a tiered dynamic specifically

3) 100% of respondents stated they would work in an IP environment in

their future practice, and 96% felt that the exposure was beneficial to

based on respect between professionals where multiple sources of

Clinic (RFMC), St. John's, NL

will affect future work

Outcomes MUN Survey

between physicians and nurses

their education

expertise came together in patient care

Surveyed the students with the following objectives:

Amanda Tzenov^a, Nic Fairbridge^a, Karen Hurtubise, Michelle Levy^a, Patricia Moores, Carmel O'Keefe^c, Daphne Pereira^d, Lynn Shaw^{cd}, Katherine Stringer^a, Joanna Zed^b



Family



Shared Objectives

Service Delivery in the Patient Medical Home Enhance Partnering and knowledge of community services Integration of new multidisciplinary team members Operationalize student learners as part of sustainable services Interprofessional knowledge skill development in authentic collaborative service environments

Why does

Interprofessional

Education in Family

Medicine matter?

It was excellent to experience a collaborative approach to primary care as a student. We all have different areas of expertise, and by having a team approach, the practice is able to provide more holistic care to clients. Student

For the most part there is an hierarchy between the nursing staff and the physicians. However when coming involvement with the physiotherapy occupational therapy and pharmacy these was good collegiality and learning from both sides. RFMC

Every single individual in that clinic helped one another and gave feedback to one other in manners that displayed respect and kindness. Additionally, the family physicians made a great effort to include students from other professions. An experience I would highly recommend, RFMC respondent

The opportunity to work virtually and inter professionally with OT and medicine was invaluable to both my PT we served. PT student

Working with the healthcare professionals at DFM has taught me collaboration than I could ever imagine, setting me up for success in my future career. OT Student

OT and PT students are so confident, personable, capable, and responsible. They saw a patient with severe PTSD and mobility issues that are compounding her mental and physical health. They looked at function in home and mobility and made suggestions for both (bathroom appliances & exercises). The patient was very positive about her visit with the students and seemed more motivated around their own health care plan after the consult with them. DFM Member

Dalhousie University - DFM Mumford and DFM Spryfield clinic

- OT and PT learners joined DFM Halifax clinical teams virtually between June and September 2020.
- OT and PT learners worked with Faculty and residents to develop needs assessment, program development and implementation.
- Prioritized service provision using social determinants of health.

DALHOUSIE UNIVERSITY

- Student learners engaged with 50+ patients.
- Secured communication using EMR documented aspects of care.
- Developed referral form and joint intake.
- Student learners completed telehealth training prior to start of placement.
- DFM learners, faculty and OT and PT learners integrated into huddles
- OT and PT and FM learners/faculty communicated and collaborated directly on patient care and outcomes

Outcomes Dalhousie Feedback

- 1) Learners & providers overwhelmingly positive about service provision over the phone.
- 2) Patients positive about service experience and valued contribution to learner education.
- 3) New community partnerships established.
- 4) New access to technology for patients and collaborative clinics.
- 5) New process for rehabilitation services referral and provision was established.
- 6) New research to evaluate virtual format as model for collaborative care and learning (e.g.
- IP competencies attained, value for learning about community interprofessional care in family medicine home model)

Shared Organizational Value & Commitment

Opportunity to build interorganizational capacity and access to services and community resources and connections for patients. Opportunity to address the social determinants of health.

Opportunity to improve health equity in access to rehabilitation services through student learners.

Opportunity for authentic interprofessional learning and capacity building for collaborative practice. Fosters team approach to quality comprehensive health care

Shared Future Directions

Research using mixed-methods studies to examine outcomes for patients and preceptors Further research collaboration between the two-family medicine clinics and Universities Proof of process and economic benefit analysis related to sustainable preceptor funding Research Grant applications for Feasibility, Acceptability and Scalability of Virtual Integrative Interprofessional Accessibility approach to care in the medical home

DALHOUSIE

UNIVERSITY

FACULTY OF HEALTH

School of Occupational Therapy

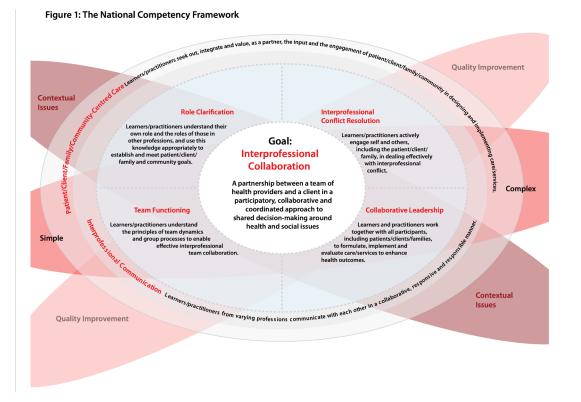
Contact

For more information contact Amanda Tzenov at

Amanda.tzenov@med.mun.ca

Background

- collaborative team-based care (patients medical home) is the vision for primary care in Canada
- opportunities for the development of interprofessional competencies necessary for the implementation of these models can only be found in acute care settings
- Two family medicine clinics have created pilot projects to integrate students from a variety of health disciplines into primary care teams
 - St. John's NL (Memorial University)
 - Halifax, NS (Dalhousie University)



Innovation

Novel interprofessional opportunities were developed through Memorial University and Dalhousie University. Learners from pharmacy, nursing, medicine, social work, occupational therapy and physiotherapy participated in the Ross Family Medicine Clinic between June 2018 and July 2019. Learners from occupational therapy and physiotherapy participated in two Dalhousie family medicine clinics from July – Sept 2020. Students engaged with learners in other health disciplines in primary care, fostering role clarification, team functioning, collaborative leadership and team conflict skills.

Conclusions

A survey of students revealed that the team approach was a supportive and collaborative learning environment. Direct feedback revealed faculty and learners gained enhanced knowledge of skills and scope of practice of OT and PT health professionals. Patients appreciated the efficiency of access to allied health professionals in and through the clinic. These two provincial initiatives provide a foundation for interprofessional learning and delivery of care within family medicine clinics. Partnerships across academic health education programs, medical schools and primary care clinics have capacity to advance sustainable clinical learning opportunities, patient care outcomes and authentic delivery of collaborative interprofessional care.

Methods

- Survey
- Direct feedback