

Interprofessional Hospital Service Model for Cardiovascular Trainees in a Large Academic Institution

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Abstract

Background: We conducted a needs assessment with Cardiovascular (CV) fellows in 2012. Feedback from our learners indicated the need for more autonomy, independence, and leadership (67.7%) in non-Coronary Intensive Care Unit patient care.

Program Description: Our Program Evaluation Committee along with fellow representatives designed a hospital service to meet four specific ACGME core competencies in training; 1. Medical Knowledge-Demonstrate complex decision making and improve autonomy toward independent practice; 2. Systems-Based Practice- Allow graduated team responsibility and develop an understanding of how to utilize an interprofessional practice for team-based health care; 3. Interpersonal Communication Skills- The CV fellow is primarily running the service and only supervised by attending faculty; 4. Practice-Based Learning- Direct faculty and allied health feedback are provided real-time to the trainee. Thus, the program was constructed to mirror both the responsibilities and duties expected of faculty when they lead the Interprofessional Hospital Practice (IPHP); For this service, CV fellows 1. Lead a hospital team; 2. Are primarily responsible for patient care decisions; 3. Write supervisory notes that reference first-line providers (nurse practitioners (NP)/physician assistants (PA) allied health staff) notes; 5. Direct communication in handoffs during transitions of medical care.

Program Evaluation: Allied health care providers (largely NPs and PAs) and faculty were educated prior to the beginning of a pilot service (January – June 2014). A survey assessed outcomes. All 9 trainees that were involved in the pilot rated the experience as either valuable (2/9) or highly valuable (7/9) when compared to other rotations that they were previously exposed to during training. Other goals that were positively impacted; team leadership (9/9), ready for future independent practice (7/9), documentation skills (6/9), billing practices (2/9), communication skills (6/9), improved knowledge base (9/9), coordination of care with referring providers (5/9) & between teams (7/9), organizational skills (9/9).

Conclusions: Our tailored CV fellow-led inpatient service addressed the goals of improved autonomy, graduated level of responsibility, medical knowledge, communication, and, importantly provided experience with transition of care. An additional benefit included our trainees learning to run an IPHP with NP/PA as first-line providers. Notably 100% of participating CV fellows found the rated the experience as valuable.

Objectives

Definitions:

Interprofessional care is the provision of comprehensive health services to patients by multiple health caregivers, who work collaboratively to deliver quality care within and across settings.

"Team" is a group of professionals from different disciplines that work together regularly to provide care to a specific patient population.

Allied Health Staff non-physician members of the health care team; nurse practioners and physician assistants, social workers, pharmacists, physical and occupational therapists, Chaplin, etc.

Background:

Nationally there is growing emphasis for the practice of team-based or interprofessional (IP) model of care that typically have a physician team leader. We did a needs assessment to see where the CV trainees learned this skill set. Although it is seen in the CCU, typically the majority of IP care is found on the hospital step-down wards. We also had feedback from our learners that they desired more autonomy and leadership in structured environment to learn these team leadership roles and skills.

Figure 1: CV Fellow Learning Goals

Medical Knowledge

Demonstrate complex decision making Improve autonomy toward independent practice

System Based Practice

Graduated team responsibility

Interprofessional practice for team based health care

Interpersonal Communication S

Communication Skills

Practice Based Learning

Transitions of Care



Methods

- Interprofessional Hospital Service (IPHS) Pilot
- 9 Fellows were integrated to the IPHS from January to June 2015.
- Learning goals for fellow trainees on the IPHS were clearly outlined in the language of the ACGME six core competencies. (Fig. 1)
- The faculty, allied health staff and CV Fellows had training sessions carried out by the program director on how the service was to run with clearly outlined roles and responsibilities. (Fig. 2-4)
- Results were assessed by a Survey Monkey[®] survey.
- Rotation is 7 days, the typical census is 12-14 patients.



Figure 2: CV Fellow Roles and Responsibilities

Fellow leads hospital team huddle and rounds

Primary responsibility for patient care decisions

Notes: Document daily supervisory notes

Reference NP/PA daily progress note

Communicate transitions of care with receiving health care providers

No continuity clinic

status/urgencies

At-home call, 24/7

Come into hospital as required to supervise changes in patient

Days off terminal Friday, Saturday & Sunday (averaged 1 day in 7)

Figure 3: NP/PA Roles and Responsibilities

Document daily progress notes on patients

ee new admissions

Present/staff new admissions with fellow ± faculty

Provide patient clinical updates to fellow & team



Figure 4: Faculty Roles and Responsibilities

Supervisory Educational

May but not required to round with fellow led team

Mentor, guide fellow through rounds

Abbreviated supervisory note referencing fellow & NP/PA with appropriate billing





Survey Question Not much Valuable or Highly Valuable How much independence did the faculty give you? If you needed input to make critical decisions were faculty available? Did the faculty facilitate your making critical clinical decisions for the patients on service?

How valuable was this learning

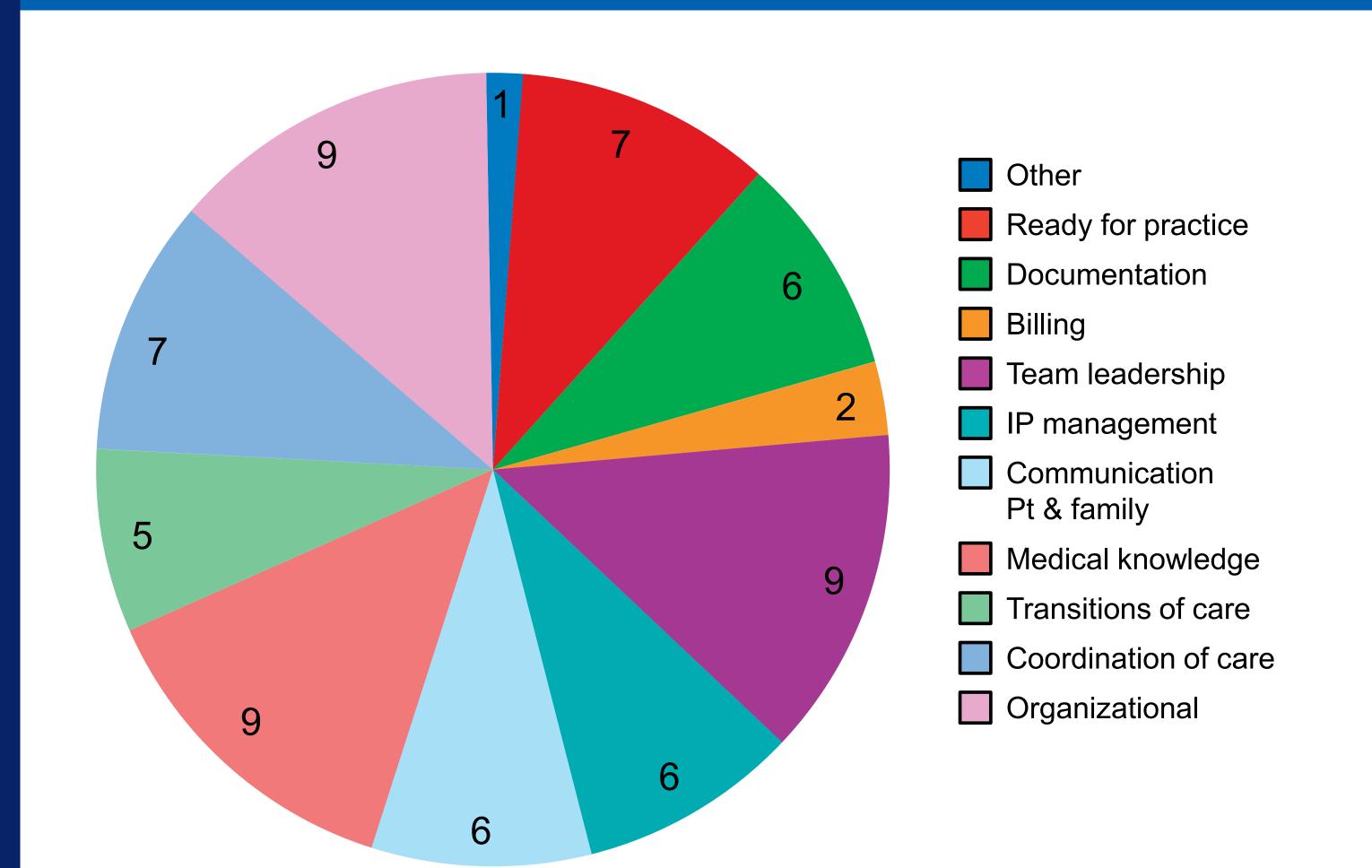
experience in meeting training

Results

Discussion

- With increasing demands on the health care delivery system, cardiology fellows need to understand how to worl efficiently in teams.
- IPHS is a model of team-based care that fellows need to master prior to departure from fellowship.
- The complex nature of running a hospital service requires several core competencies.
- Fellows training in this model felt that compared to the other experiences they had in fellowship, this experience was highly valuable or valuable.
- All fellows felt they gained skills in; team leadership, transitions of care and organizational skills of running a busy team.
- Most fellows felt that they gained better documentation skills, were better ready for practice and working in interprofessional teams and coordination of care.

Figure 5: What Educational Goals were met by the IPHS n=9 fellows



Conclusions

100% of participating CV fellows found they rated the IPHS experience as valuable

References

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