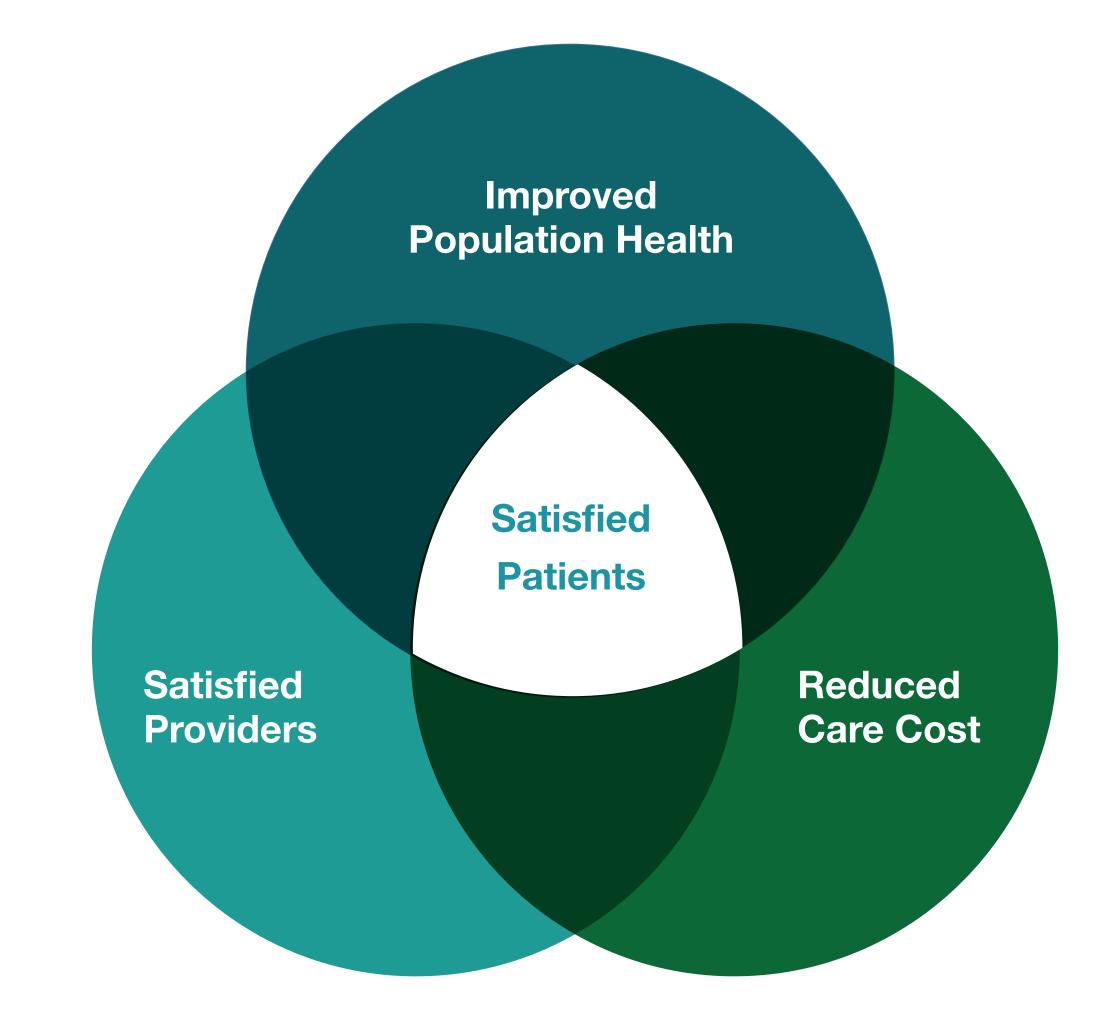


Purpose

The purpose of this three year PACER project is to catalyze meaningful change by building inter-professional teams equipped with the skills to transform clinical practice and educational programs within various primary care settings.

Quadruple Aim



Why Stewardship?

Many studies focus on decreasing patient healthcare cost, however, few show how stewardship of resources shapes knowledge and attitudes toward inter-professional collaboration, high value care, patient and provider satisfaction, and better health outcomes (Quadruple Aim) related to team based care (www. annfammed.org, 2014).

This traditional, case-based exercise was developed as a pilot module to advance professional commitment to improving access to care. Collaborative teams defined stewardship and used a patient case with limited resources to develop care plans and to achieve the Quadruple Aim.

Progress Report: Stewardship of Resources Module

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Educational Modules

Inter-Professional Team-Based Care

Method 90-minute face-to-face session

- Family medicine, internal medicine, and pediatrics residents; physician assistant students; pharmacology students, nurse practitioner students, doctorate of psychology students, and faculty.
- A brief overview of stewardship, patient welfare, patient autonomy, and social justice addressing improved access to care; just distribution of resources.
- Small interprofessional groups discussed leadership and how their team would approach the case at hand.
- The teams then reviewed a traditional case study of a patient with Diabetes Insipidus to develop a care plan with sufficient resources.
- The same case study, with now limited resources, was reassigned to each small group (e.g. no pharmacy, no tertiary care, and no community resources).
- Then each team was asked to develop a second care plan for the patient based on the resource adjustment.
- The large group reflected on the impact of the inter-professional team approach and the adjusted care plan with the re-allocation of resources.



Evaluation

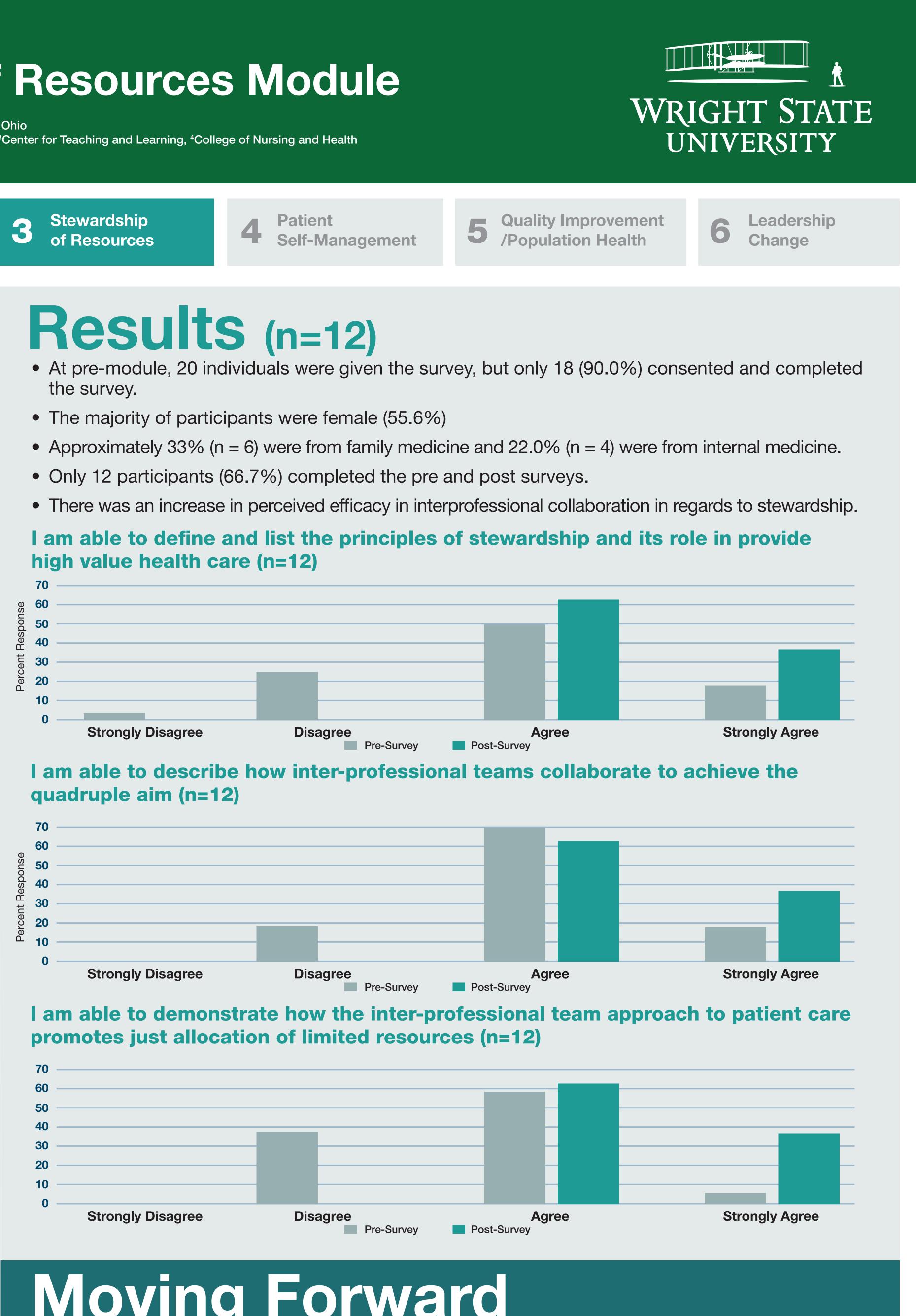
Participants completed a pre- and post-survey on attitudes towards interprofessional learning collaboration and perceived efficacy in interprofessional collaboration in regards to stewardship.

- Participants who have not attended a previous module increased learning
- Participants who have attended a previous module no change in pre/post perceived learning

2 Social Determinants of Health

Stewardship of Resources

- the survey.



Moving Forward

- Limitation Audio Record event to collect qualitative data for future research

References:

- 1. Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. 2016. Retrieved from: https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report final release.pdf.
- 2. MacDougall, C., Schwartz, B. S., Kim, L., Nanamori, M., Shekarchian, S., & Chin-Hong, P. V. (2017). An Interprofessional Curriculum on Antimicrobial Stewardship Improves Knowledge and Attitudes Toward Appropriate Antimicrobial Use and Collaboration. Open Forum Infectious Diseases, 4(1), ofw225. http://doi.org.ezproxy.libraries.wright.edu/10.1093/ofid/ofw225
- 3. Pollard, K., Miers, M. E., & Gilchrist, M. (2005). Second year scepticism: Pre-qualifying health and social care students' midpoint self-assessment, attitudes and perceptions concerning interprofessional learning and working. Journal Of Interprofessional Care, 19(3), 251-268. 4. www.annfammed.org

• Continue to measure behavior changes with PCMH Attitude and Behavior Scale • Implement longitudinal surveys to track participant implementation into practice

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