

**SGIM Submission for Curricular Innovations:  
Center of Excellence in Primary Care Education  
VA Puget Sound Seattle  
5/09/13**

**Title of Program:** VA Puget Sound CoE in Primary Care Education (“Seattle Center”)

**Co-Directors:** Joyce Wipf, MD and Laurie Angelo, ARNP

**Institutional partnerships:** University of Washington Schools of Medicine and Nursing, Department of Medicine Residency Program; Doctor of Nursing Practice Programs (DNP)

**Clinical setting(s): Trainees:** Seattle Primary Care Clinic (PCC) and Seattle Women’s Clinic

**Organizing framework for COE:**

The Center at VA Puget Sound involve University of Washington Internal Medicine residents in the Primary Care Track and students in the Doctorate of Nursing Practice (DNP) programs in the UW School of Nursing. DNP and resident trainees care for patients on the same teamlet with shared interprofessional education for 3 years in the Seattle VA PCC and the Women’s Clinic. The Center includes educational workshops on communication and team building using nationally recognized curricula, and seminars learning process of primary care. Study measures include numerous patient care outcomes and trainee outcomes. Overarching goals are to help trainees learn primary care *during* training and to feel prepared and excited to enter primary care careers.

**Key innovation in shared decision-making:**

Trainees will demonstrate effective listening skills, utilize motivational interviewing techniques to facilitate patient interactions, promote health behaviors and self-management, and utilize patient’s preferences in determining health intervention. *Evaluation: Standardized patients will be utilized for teaching and evaluation. Patient satisfaction survey (CAHPS). Skills will also be assessed by preceptors observing clinic patient interviews.*

**Key innovation in sustained relationships:**

Residents and DNPs will be paired on the same teamlets with MD and NP faculty preceptors for three years, with each trainee having an individual patient panel. They will cross-cover each other’s patients for urgent care when primary is unavailable, with focus on safe hand-offs. An important aspect of shared patient care involves cultural transformation from separate training experiences and traditional individual panel responsibility with physician leadership, to recognition and respect for complimentary skills of DNP and physician providers. *Evaluation: Continuity tool (Starfield, Magelniecki, et al); measures to assess access of care, frequency of visits with PCP and teamlet providers; patient survey of perceptions of continuity and coordination of care (CAHPS, OQP, SHEP).*

**Key innovation in interprofessional collaboration:**

In addition to above, trainees will demonstrate effective team communication skills, understand and value the contributions of each team member, and demonstrate effective collaboration. *Evaluation: UW School of Nursing Macy Project assessment tools to measure effectiveness of interpersonal training; huddle participation.*

**Key innovation in performance improvement:**

Trainees will learn panel management and data analysis via a series of didactics, with faculty guidance to track clinical performance measures, develop interventions, and study results. *Evaluation: ACGME residency competencies, newly designed DNP competency tool. Comparison data between trainee cohorts and trainees vs non-Center residents (details of control groups available).*

**Faculty development plan:** Clinician-educator faculty will participate in team-building curriculum, including “train the trainer” skills to conduct future activities. All educational seminars and workshops will be evaluated with on-going improvements and modifications as needed.

## VA Puget Sound Seattle COE

### Lessons Learned Year I

- Overall achieved implementation COE, shared clinical and educational curriculum
- Resident new schedule with 30% continuity clinic well-received
- Interprofessional education (IPE) challenging, disparate trainee backgrounds and differing readiness for clinical care and VA complex patients and comfort with curriculum
- VA PACT not set up for students as associate providers
- Excellent participation of our UW academic partners, HSR&D
- Added IPE with other clinic residents and medical students, adding COE sessions with associated health professionals
- Excellent DNP-Mental health program and curriculum initiated Year 1
- Sustainability issue with initial design: extensive commitment 3 yrs training → New design more sustainable for DNP education
- New plan for Year II:
  - Residents continue required 3 yr continuity
  - Continue current cohort of DNPs x 3 years
  - New DNP longitudinal trainees next year will be DNP3s with Masters in Passing, offer a clinical rotation to other DNP2 &3s.
  - Expanding number of core trainees, associated health professions trainees, and undergraduate nursing trainee participation
  - Expanding some of COE education to other UW trainees: Traditional track, non-VA primary care
  - Modifications in UW DNP curriculum evolving for other program trainees (ie, summer accelerated H&P course)

### Summary of CoE Curricular Themes



#### Team building/ communication

- TeamSTEPPS
- “Meet your Colleagues” IPE sessions
- Conflict Resolution



#### Panel Management/ QI

- Assess data regarding own panel
- Develop strategies to monitor measures, improve disease management, prevention
- Shared QI project IPE



#### Multidisciplinary Seminars

- Content themes not usually covered in typical education
- More in-depth; “practice” w/standardized pts
- Co-teaching MDs, Nursing and NP faculty