

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

Awardee Profile: Duke University

Organization	Duke University Department of Community and Family Medicine - Physician Assistant Program (Lead)
Principal Investigator	Karen Hills, M.S., PA-C karen.hills@duke.edu 919-668-6400
Partners	<ul style="list-style-type: none">• Duke University Medical Doctor program• Duke University Master of Science in Nursing and Doctor of Nursing Practice nurse practitioner program• Duke University Family Medicine Residency• Duke University Pediatric Residency• Duke University the Internal Medicine Residency

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Advanced practice students: nurse practitioner, physician assistant
- Medical or predoctoral students
- Residents: family medicine, pediatrics, general medicine
- Faculty
- Preceptors: physicians, nurse practitioners, physician assistants

Primary project objectives

- In year one, convene an interprofessional education team composed of faculty educators from MD, NP, and PA programs, and family medicine, pediatrics, and medicine residencies.
- In years 2-5 develop, deliver, and evaluate a curriculum on interprofessional care of underserved populations in the state of North Carolina (including culturally competent care, QI, team skills, and population health) aimed at MD/NP/PA “triads” of learners.
- In years 2-5 develop, deliver, and evaluate a faculty development program for community preceptors in designing and implementing effective curricula (in QI, interprofessional team skills, culturally competent care, and population health).
- Increase recruitment of veterans to the PA profession.

EVALUATION OVERVIEW

Evaluator contact information

Thomas Konrad (consultant)
bobkonrad@gmail.com
919-244-8659



EVALUATION OVERVIEW

Continued

HRSA Priority Outcomes	<ul style="list-style-type: none">• Patient service provided by trainees and faculty at participating PCTE clinical training sites.• Quality of care provided by trainees and faculty at participating PCTE clinical training sites.
Measures and Tools	<ul style="list-style-type: none">• Skills in QI processes, teamwork, and assessing needs of and caring for underserved populations• Assessment of patient satisfaction with care received• The Duke University PA program has a longitudinal database in which data are collected on all students as they matriculate

ABSTRACT

As submitted with proposal

We will engage learners and faculty in collaborative projects to improve population health through practice- and community-based interprofessional quality improvement (QI). Medical doctor (MD), nurse practitioner (NP), and physician assistant (PA) student triads will work with clinical preceptors and program faculty on QI projects, in an innovative team-based clinical learning model that addresses the crisis in access to clinical learning. Didactic curricula will address population health, QI, cultural competence, health information technology, and community engagement. A veterans' liaison will enhance military veterans' entry to the program and support to improve veterans' experience and success as PA students and graduates.

Innovation is needed to improve health outcomes, quality, and cost of care. An interprofessional team of educators from the departments of community and family medicine, pediatrics, internal medicine, PA program, and School of Nursing will develop, deliver, and evaluate didactic, clinical and faculty development curricula in population health, QI, cultural competence, use of health information technology, and community engagement. Triads of MD, NP, and PA learners, faculty, and consulting preceptors will engage in rapid cycle QI projects informed by community needs and preferences, to improve population health at Duke Primary Care and community based practices targeting the medically underserved. A veteran PA graduate will enhance veterans' entry to the PA profession through recruitment to the program, and support during their education and as graduate PAs.