

PRIMARY CARE TRAINING ENHANCEMENT PROGRAM *Awardee Profile: Ohio State University*

Organization	Ohio State University Department or Division: Department of Family Medicine
Principal Investigator	Mary Jo Welker, M.D. MaryJo.Welker@osumc.edu 614-293-2653
Partners	<ul style="list-style-type: none">• Ohio State University College of Nursing

PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Bachelor's students: nursing, social work, dietetics
- Advanced degree students: nurse practitioner, dietetics, social work, pharmacy
- Medical or predoctoral students
- Residents: family medicine

Primary project objectives

- Develop, implement, and evaluate a four-year Primary Care Interest (PCI) component of the Ohio State University College of Medicine Lead.Serve.Inspire Curriculum.
- Develop, implement, and evaluate a three-year focused Primary Care Track (PCT) of the Ohio State University College of Medicine Lead.Serve.Inspire Curriculum.
- Refine, expand, and extend clinical transformation education to medical students, nursing students, and other health professional students at The Ohio State University.
- Develop, implement, and evaluate a health care transformation and leadership training curriculum for physicians in the Ohio State University Family Medicine residency program.

EVALUATION OVERVIEW

Evaluator contact information

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EVALUATION OVERVIEW

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| HRSA Priority Outcomes | <ul style="list-style-type: none">• Rate of graduates/program completers practicing in primary care, at least 1 year after program completion.• Rate of graduates/program completers practicing in underserved areas, at least 1 year after program completion.• 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.• Cost of care provided by trainees and faculty at participating PCTE clinical training sites. |
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| Measures and Tools | <ul style="list-style-type: none">• The overarching evaluation strategy for this proposal will assess at the exposure, and as appropriate, immersion stages in the learning continuum for the four core competencies for Interprofessional Collaborative Practice^{i,ii}; competencies are shown in parentheses.<ol style="list-style-type: none">1. Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)2. Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations. (Roles/Responsibilities)3. Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease. (Interprofessional Communication)4. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient-/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork) |
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ⁱPanel, Interprofessional Education Collaborative Expert. *Core competencies for interprofessional collaborative practice: Report of an expert panel*. Interprofessional Education Collaborative Expert Panel, 2011

ⁱⁱCollaborative, Interprofessional Education. "Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel. Washington, DC: Interprofessional Education Collaborative; 2011." (2016).

ABSTRACT

As submitted with proposal

Overview: The intertwined issues of a fragmented health care system, burdened by inefficient and increasingly expensive health care delivery, coupled with maldistributed and limited supply of primary care physicians, balanced by new possibilities allowed by the patient-centered medical home model of care and Affordable Care Act initiatives, present new challenges to academic medical centers and new opportunities for Departments of Family Medicine and Colleges of Nursing.

Purpose and Objectives: The purpose of this collaborative project is to further enhance the leadership roles of the Department of Family Medicine (lead applicant training program) and the College of Nursing (partnering collaborative training program) through continued development and implementation of innovative education and training initiatives designed to assure an enlarged primary care provider workforce well-prepared to practice in and lead transforming health care delivery systems. To this end, we have four project objectives:

ABSTRACT

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Objective 1: To develop, implement, and evaluate a four-year Primary Care Interest (PCI) component of the Ohio State University College of Medicine Lead.Serve.Inspire Curriculum. Medical students who express interest in a primary care career will receive enhanced training in clinical transformation to prepare them for excellence in primary care residency and leadership of health care transformation in the primary care workforce. Objective 2: To develop, implement, and evaluate a three-year focused Primary Care Track (PCT) of the Ohio State University College of Medicine Lead.Serve.Inspire Curriculum. Medical students dedicated to pursuing a primary care career will receive enhanced training in clinical transformation to prepare them for excellence in primary care residency and leadership of health care transformation in the primary care workforce. Objective 3: To refine, expand, and extend clinical transformation education to medical students, nursing students, and other health professional students at The Ohio State University. Objective 4: To develop, implement, and evaluate a healthcare transformation and leadership training curriculum for Family Medicine resident physicians in the Ohio State University Family Medicine residency program.

Methodology: We propose project methods and outcomes that are viable at Ohio State and can be easily adopted or adapted by others who might desire to do so. First, we propose to focus on Interprofessional Collaboration – a much desired competency in this era of patient-centered medical homes and accountable care organizations. Second, we will utilize a variety of teaching methods on clinical transformation to health professional learners across the spectrum of training. And third, we will work toward increasing student interest in careers in primary care and toward increasing the number of graduating physicians matching in primary care residencies.