

AHEC Team Report Form

Regional AHEC: Northern WVRHEC

Dates of AHEC rotation: 10/3/08 to 10/31/08

Students/Residents Participating:

Name	Discipline	School/Residency Program
Robert Crake	Resident	WVSOM
Stephanie Ehland	Nursing	WVU
Randy Engelman	Resident	WVSOM
Amanda Julia	PharmD	WVU
Aleksandr Kins	Nursing	WVU
Sandra Lang	Nurse Practitioner	WVU
Brittany Rusnak	Nursing	WVU
Tom Spyrato	Medicine	WVU
Holly Treen	Nursing	WVU

Preceptor(s) in charge of AHEC team:

Rick Greco, DO

Continuing education of faculty development events *(please include number of people attending, broken down by faculty, students/residents, and community members):*

N/A

AHEC Team Member education:

Team held weekly meetings at Wheeling Health Right. At the first meeting, Lew Holloway, Dalena Riggs and Randy Engelman, OVMC resident, discussed the work completed by previous IDTs focusing on diabetes. Beginning with the second week Dr. Engelman was joined by Robert Crake, a second OVMC resident who participated on the IDT for the remainder of the month. The IDT was encouraged to consider incorporating all or a portion its efforts toward diabetes education. After considerable discussion during the first meeting the IDT decided to focus on increasing knowledge of foot care and the importance of checking the condition of one's feet. The IDT's goals were to; 1.) educate those >65 years old with Medicaid that they are eligible to see a podiatrist every three months, 2.) increase the incidence of health professionals checking the feet during a routine visit to clinic/doctor, & 3.) increase awareness with diabetics about the necessity of daily foot care and the negative impacts it may have if not completed. Activities developed to achieve the goals included researching, writing and publishing 1000 copies of the "Why do I NEED foot care??" pamphlets. These were distributed during three separate presentations to attendees to take home. The pamphlets were also left at easily accessible locations at the three facilities that hosted the presentations for those unable to attend the presentation. In addition, hand held foot mirrors were given away at each presentation. Several IDT members contacted local providers to emphasize the importance of foot examinations and daily foot care for diabetics. The residents and residency director planned to include the pamphlet as part of a patient's take home information at OVMC's ER (EMSTAR). In addition, over the course of the month the residents lead case studies and spent one session accessing and explaining OVMC's Electronic Medical Records.

Counties assessed by students/residents:

Marshall and Ohio Counties

Healthy People Objective(s) addressed:

Diabetes

5.3- Reduce the frequency of lower extremity amputations to 15 per 1,000 persons with diabetes.

5.9- Increase to 52% the proportion of persons with diabetes who have received diabetes education in the past year from someone other than their physician, such as a registered dietician or certified diabetes educator.

Assignments given students/residents:

Beginning with the first meet the IDT assigned tasks to individual students. These included:

1. Gather information about foot care.
2. Measure current community practices regarding diabetic foot care/screening.
3. Make an easy to understand pamphlet for diabetic patients intended to increase awareness regarding the importance of proper foot care.
4. Presentations at local community agencies and groups to raise awareness.
5. Distribute pamphlets to physician offices, attendees at the IDT presentations and several additional community groups.

Pew Competencies selected by students/residents: (number in parentheses is number of students who selected that competency):

1. Embrace a personal ethic of social responsibility and service. (2)**
 2. Exhibit ethical behavior in all professional activities. (2)**
 3. Provide evidence-based, clinically competent care. (5)**
 4. Incorporate the multiple determinants of health in clinical care. (4)**
 5. Apply knowledge of the new sciences. (3)**
 6. Demonstrate critical thinking, reflection, and problem-solving skills. (1)**
 7. Understand the role of primary care. (1)**
 8. Rigorously practice preventive health care. (2)**
 9. Integrate population-based care and services into practice. (1)**
 10. Improve access to health care for those with unmet health needs. (2)**
 11. Practice relationship-centered care with individuals and families. (0)**
 12. Provide culturally sensitive care to a diverse society. (2)**
 13. Partner with communities in health care decisions. (2)**
 14. Use communication and information technology effectively and appropriately. (0)**
 15. Work in interdisciplinary teams. (5)**
 16. Ensure care that balances individual, professional, system and societal needs. (0)**
 17. Practice leadership. (2)**
 18. Take responsibility for quality of care and health outcomes at all levels. (4)**
 19. Contribute to continuous improvement of the health care system. (4)**
 20. Advocate for public policy that promotes and protects the health of the public. (2)**
 21. Continue to learn and help others learn. (7)**
- **Number of students selecting competency.

Interventions implemented by students/residents (include brief description of intervention, including number of community members impacted):

Activities developed to achieve the goals included researching, writing and publishing 1000 copies of the "Why do I NEED foot care??" pamphlets. These were distributed during three separate presentations to attendees to take home. The pamphlets were also left at easily accessible locations at the three facilities that hosted the presentations for those unable to attend the presentation. In addition, hand held foot mirrors were given away at each presentation. Several IDT members contacted local providers to emphasize the importance of foot examinations and daily foot care for diabetics. The residents and residency director planned to include the pamphlet as part of a patient's take home information at OVMC's ER (EMSTAR).

Sample of data collected:

N/A

Summary of community interventions:

The IDT presented and distributed the "Why do I NEED foot care?" brochures to the following groups.

1. Wyngate Assisted Living Center- October 25th @ 1pm
2. Welty Home- October 28th @ 2 pm
3. Wheeling Health Right- October 21st @ 10 am
4. Diabteic luncheon @ Marhshall County Extension Office- November 3rd @ noon
5. Pamphlets were also distributed at Follansbee Pharmacy, Brooke County Health Dept., & Riverside Medical in Follansbee

Findings of the AHEC Team:

1. Several facilities when asked were not interested in having the presentation. They felt it was not pertinent to their staff.
2. Trying to get presentations scheduled on short notice, Pamphlets were not ready until the end of the month, then we had to hurry to try to schedule presentations at the last minute.

General Finds

1. Time – spread project over 2 months to allow more planning time.
2. Have formal meetings every other week and allow more time to actually implement the intervention.
3. "Diabetes has been beaten to death in these meetings; maybe we need to be concentrating on another of the many health issues in this area." (resident comment)
4. Allow team to actually choose their topic. We were told we could, but then it was evident that we were supposed to choose diabetes. I felt pressured into the topic.

Recommendations of the AHEC team:

1. Concept is a good idea, work not distributed evenly between disciplines.
 - a. Medical students left early.
 - b. Nursing students were left to actually do all the work
2. Preferred attending IDS where the topic changes each week.
3. Felt the IDT case studies were redundant, and did not see the benefits of focusing on diabetes when capstone was on a different topic.
4. No internet access at Wheeling Health Right in the meeting room making it difficult to do on-line case studies.
5. Month is too short, time constraint,
6. Disciplines starting and leaving at different times made dividing work equally difficult because some people were not there the entire month.