

AHEC Team Report Form

Regional AHEC: Northern WVRHEC

Dates of AHEC rotation: 10/24/07 to 11/14/07

Students/Residents Participating:

Name	Discipline	School/Residency Program
Kayleigh Bruner	Nursing	WVU
Heather Magyar	Nursing	WVU
Megan Mancinelli	Nursing	WVU
Heather Miller	Nursing	WVU
Angela Pepe	Pharmacy	WVU
Kim Price	Medical	WVSOM
Caitlyn Sauritch	Nursing	WVU
Paul Scurti	Medical	WVSOM
Jason Snyder	PA	AB
Sarah Sofka	Medical	WVU
Neha Maniar	Medical	WVU-Charleston
Andy Etzel, DO	Internal Medicine Resident	Wheeling Hospital Residency
Brad Eisenberg	Internal Medicine Resident	Wheeling Hospital Residency

Preceptor(s) in charge of AHEC team:

Richard A. 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, Dr. Etzel (resident) and Brad Eisenberg (resident) introduced the work completed by the previous two IDTs associated with diabetes. Etzel & Eisenberg encouraged the IDT to review this body of work and attempt to incorporate it into its own initiative. Etzel & Eisenberg challenged the IDT to identify several topics and encouraged them to narrow these down. The current IDT decided to utilize the diabetic calendar developed by the Sept/Oct IDT. The IDT Formulate a plan of distribution for the diabetic calendar, created a PowerPoint presentation to allow for education of small groups regarding the value of the diabetic calendar to individual diabetic care, and scheduled presentations before several community groups. In addition, Lew Holloway discussed team project parameters, expectations and goal setting in the first meeting. At subsequent meetings, Etzel, Eisenberg and Greco presented cases studies related to the topic of diabetes.

Counties assessed by students/residents:

Brooke, Marshall, & Ohio County

Healthy People Objective(s) addressed:

The team addressed **Diabetes objective 5.8**, Increase to 55% the proportion of persons with diabetes who perform self blood glucose monitoring (SBGM) at least once daily and **Diabetes objective 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. (Baseline: 29.5% in 1997).

Assignments given students/residents:

1. Assign individuals to one of two committees; distribution and production.
2. Develop group objectives and formulate project goals.
3. Identify diabetic groups/clinics/other populations as possible target audiences for presentation and distribution of calendar and acquire contact information.
4. Create PowerPoint presentation based on calendar content for review by group at next IDS.
5. Review PowerPoint presentation as a group and edit.
6. Discuss initial results from distribution group search for target audience.
7. From selected contacts, schedule dates/times for presentation/distribution of calendars.
8. Finalize PowerPoint presentation.
9. Review finalized PowerPoint presentation; create talking points for presenters of presentation to accompany slides.
10. Review calendar and make final revisions prior to submitting for printing.
11. Finalize presentation dates/times as well as directions and specific instructions from sites.
12. Residents provided a two part case study "Initiating Insulin in Type 2 Diabetics."
13. Residents provided presentation to IDT on "Oral Hypoglycemic Agents."
14. Final IDT meeting included practicing presentations and a reflection/feedback discussion.

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

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

The main objective for this IDT was to take the diabetes calendar developed by the Sept/Oct IDT and distribute copies to diabetics throughout the northern West Virginia area. To facilitate this objective the IDT divided itself into two committees, a distribution and production. Each committee developed several smaller groups to review each section or each month of the calendar for editing. After editorial revisions were made the calendar was given to a local printer and 700 copies were printed. The finished calendar – a hard copy will be mailed to the Central Office in Charleston – was handed out during three separate presentations to different diabetic education classes at local medical centers. During these presentations attention was given to specific teaching points about diabetes mellitus depicted on each of the calendars thirteen months (12/07-12/08).

Sample of data collected:

N/A

Summary of community interventions:

1. Two nursing students presented the calendar to a senior group that meets at the Cameron Community Health. 25 individuals attended in addition to the two students
2. One PA student presented the calendar to a group that met at the Wetzel County Hospital. 70 individuals attended in addition to the student
3. One medical student presented the calendar to a diabetic support group that meets at Wheeling Health Right. 15 individuals attended in addition to the student
4. Since the IDT completed its project approximately 25 additional calendars have been distributed. At this time other avenues to distribute the calendar are being discussed. Plans are to distribute all of the calendars printed.

Findings of the AHEC Team:

Only two of the three presentations were given prior to the final meeting of the IDT. Findings for the two presentations provided were very positive. The attendees voiced an appreciation for the IDTs efforts with both the calendars and our participation in their diabetic education.

Recommendations of the AHEC team:

- Most every member of the IDT seemed to have a firm grasp of the issues regarding diabetes mellitus, including prevalence, pathology, and education. This made it easier for members to work on the same level.
- Having the work (diabetes calendar) from previous IDTs allowed the current IDT to take that body of work and present it in a cohesive manner.
- The Distribution and Production committees for this IDT did a good job editing the diabetes calendar and scheduling speaking engagements at local medical centers.
- IDT members felt the case study and “Oral Hypoglycemic Agents” presentation by the residents were very informative.
- There was some question initially who the target audience would be (i.e. children with diabetes, adult diabetics, those at risk for diabetes, or even family members coping with this disease). Once the target audience was agreed upon, there were concerns about what format would communicate the project and how the IDT would proceed with the implementation. While it took the better part of one session to agree upon the scope of work, members felt that once the project was decided upon, the entire team came together and worked well to facilitate a positive outcome.
- Overall, the IDT felt it was able to work well together, taking the broad topic of diabetes mellitus and narrowing the focus for presentation. All of the disciplines (as well as each individual) had something unique to add to each discussion, offering a different perspective. Members felt the

delegation of tasks, mixed amongst all of the disciplines was successful, especially in the setting of limited time. In addition, it seemed everyone involved was interested in increasing his or her understanding about diabetes as well as the success of the project itself.

- Ideally a project should be decided upon early on in during the first meeting since time is limited (within a 4 week period).
- Members also recommend building upon the work and experience from prior AHEC groups, keeping in mind that it is time consuming to begin a project from anew.
- May be merit in attempting to make presentations "less medical" and focus on a more holistic approach.
- Final recommendation included the idea of other disciplines providing presentations during the weekly formal meetings that are traditionally provided by the medical residents.