

AHEC Team Report Form

Regional AHEC: Northern WVRHEC

Dates of AHEC rotation: 2/27/08 to 3/19/08

Students/Residents Participating:

Name	Discipline	School/Residency Program
Ashley Baker	Nursing	WVU
Matthew Erck	Medical	WVU
Jamie Etzel	Internal Med Resident	OVMC
Cagney Lauderman	Nursing	WVU
Casey Martin	Nursing	WVU
Mike Matos	Medical	WVSOM
Tracey Mehlman	Medical	WVU
James Paugh	Medical	WVSOM
Andrew Ross	Nursing	WVU
Meredith Sheehan	Nursing	WVU
Sarah Sofka	Medical	WVU
Ann Marie Tantoco	Medical	WVU
Vonda York	Internal Med Resident	OVMC
Cara Zangaro	Nursing	WVU

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, Jamie Etzel (resident) and Vonda York (resident) discussed the body of work completed by previous IDTs hosted @ Wheeling Health Right and focusing on diabetes. Etzel & York encouraged the IDT to review and consider incorporating all or a portion of This work into its own initiative. Etzel & York challenged the IDT to consider the geriatric population and diabetic challenges they might face as a focus area for the IDT. After consideration the IDT decided to focus on diabetic education geared toward nursing home residents and a nurse's aid class. The IDT developed a PowerPoint titled, "A Focus On Improving Outcomes For West Virginian's Living With Diabetes Mellitus," and scheduled three separate presentations. The IDT's goals were to educate a geriatric population and increase awareness regarding the importance of proper diabetes maintenance and screenings. In addition, Lew Holloway discussed team project parameters, expectations and goal setting in the first meeting. At subsequent meetings, Etzel & York led discussion relative to the topic of diabetes.

Counties assessed by students/residents:

Marshall & Wetzel County

Healthy People Objective(s) addressed:

The team addressed **Objective 5.3**. Reduce the frequency of lower extremity amputations to 15 per 1,000 persons with diabetes. (Baseline: 20 per 1,000 persons with diabetes in 1992-95), & **Objective 5.6**. Increase to 85% the proportion of persons with diabetes who have a glycosylated hemoglobin measurement at least once a year. (Baseline: 15.9% in 1998).

Assignments given students/residents:

- During the first meeting each student was assigned responsibility for the researching of individual topics to assimilate into PowerPoint presentation. These included:
 1. Hygiene & Skin Inspection
 2. Mobility: Range of Motion & Turning
 3. Nutrition & Hydration
 4. BP & Lipid Control
 5. Foot Care & Neuropathy
 6. H1Ac:
 - a. what it is,
 - b. why it's important,
 - c. desirable value,
 - d. how often,
 - e. predictor quality.
 7. Statins & ACE Inhibitors
 8. Current Standard of Care
 9. New information & New Treatments
- During the second week students wrote the introduction to the PowerPoint presentation and created the actual presentation
- The students selected several locations with the help of the AHEC/RHEP facilitators and contacted each to schedule a face-to-face training with resident population/ caregivers.
- During the third week students present PowerPoint to resident population/ caregivers.
- Residents provided case studies throughout the month on diabetes and geriatric population.
- Final IDT meeting included 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. (3)**
 2. Exhibit ethical behavior in all professional activities. (4)**
 3. Provide evidence-based, clinically competent care. (4)**
 4. Incorporate the multiple determinants of health in clinical care. (1)**
 5. Apply knowledge of the new sciences. (3)**
 6. Demonstrate critical thinking, reflection, and problem-solving skills. (9)**
 7. Understand the role of primary care. (2)**
 8. Rigorously practice preventive health care. (2)**
 9. Integrate population-based care and services into practice. (4)**
 10. Improve access to health care for those with unmet health needs. (4)**
 11. Practice relationship-centered care with individuals and families. (1)**
 12. Provide culturally sensitive care to a diverse society. (1)**
 13. Partner with communities in health care decisions. (2)**
 14. Use communication and information technology effectively and appropriately. (4)**
 15. Work in interdisciplinary teams. (8)**
 16. Ensure care that balances individual, professional, system and societal needs. (1)**
 17. Practice leadership. (6)**
 18. Take responsibility for quality of care and health outcomes at all levels. (2)**
 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. (1)**
 21. Continue to learn and help others learn. (10)**
- **Number of students selecting competency.

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

After consideration the IDT decided to focus on diabetic education geared toward nursing home residents and a nurse's aid class. The IDT developed a PowerPoint titled, "A Focus On Improving Outcomes For West Virginian's Living With Diabetes Mellitus," and scheduled three separate presentations. The IDT's goals were to educate a geriatric population and increase their awareness regarding the importance of proper Diabetes maintenance and screenings. At subsequent meetings, Etzel & York led discussion relative to the topic of diabetes.

Sample of data collected:

N/A

Summary of community interventions:

3/14/08 @ 4:00 PM

The Welty Home, Wheeling

Presenting to residents.

Students Presenting: Sarah Sofka, Tracey Mehlman, Meredith Sheehan

3/18 @ 4:00 PM

The Golden Towers, Moundsville

Presenting to residents in assisted living and staff members.

Students Presenting: Ashley Baker, Cara Zangaro, Mike Matos, JC Paugh.

3/19/08 @ 8:30 AM

New Martinsville Health Care Center, New Martinsville

Presenting to nurses aid class.

Students Presenting: Cagney Lauderman, Casey Martin, Ann Marie Tantoco

Findings of the AHEC Team:

The Golden Towers – 4 people attended

- Pretest 2/3rds of the answers correct.
- Posttest 2/3rds of the answers correct.
- Effectiveness of base knowledge was left intact but for the new knowledge there was no change which may have been due to the wording of the test. Several questions may have been reworded. More thought could have been put into the questions to make them a little more valid.

The Welty Home – 6 people attended– age 80+

- Pretest 3/4th of the questions correct.
- Posttest 5 of 5 average.
- Font of test was too small – had to read the questions and answers due to this issue.
- Attendees were being interrupted due to blood sugars being done.
- Attendees understood the importance of checking their feet – attendees made comments to students that they would follow-up their providers on that aspect of their treatment.
- IDT realized that the "simpler" interventions that attendees could do were the most successful.
- The facility forgot to publish the presentation and there were only a few folks who ended up attending the presentation.

New Martinsville Health Care Center – 10 nurses aids students attended

- Class was just learning about diabetes.
- Saw consistent improvement across the board based on pretest and posttest.

- Simplified the information.
- More time needs to be spent on preparing and not assuming that a group knows the information.
 - Don't assume include more simplified information.
 - IDT presenters could not assume this group had knowledge about the disease state of the patient.

General Finds

- Overwhelming to patients and they need to understand more than the basics. Had to look-up things.
- In hindsight it would have been best to set up the groups and then developed the presentation.
- There is diversity in the population you are presenting the information to, even within the professional population.
- Hardest thing is taking knowledge learned in the classroom and then being asked to communicate that to patients.
- Underlying sense on the part of the IDT was that patients did not have a command of their own diagnosis.
- IDT began to realize that a patient might need extra time to gain the necessary knowledge to better understand their sickness.
- Many patients did not understand the why and what of their disease.
 - Some people may not have the capacity to understand.
- The staff needs to understand the process thoroughly because many of the patients are not capable of taking the initiative to implement the desired recommendations.
- As health care professionals IDT members felt they could only educate a patient so much. It's a two way street.

Recommendations of the AHEC team:

- Everything turned out great with presentation, but felt in the beginning that they were pushed to focus on diabetes and then the geriatric population.
- At the initial meeting several students felt they would not find the time to achieve the goals. However, after breaking into groups they were able to bring the project together.
- IDT felt they were able to move quickly and bring the project together.
- Everyone contributed their own piece.
- Everyone worked together well. Better dynamics with this group than in a previous group.
- Nursing students brought their expertise and med students theirs.
- Initially timing was off. Several students felt they didn't know what to expect. Overall there was a lack of time together. Month is too short to develop a significant project.
- Talking in public is something that wasn't a personal strength.
- First meeting no one knew what to expect. More communication prior to the IDT as to what to do might be helpful. If another topic had been selected during the first meeting there would have been little time to develop. This scenario made for fewer options.
- Lack of time also could be viewed positive because it motivates people.
- The week before the initial IDT meeting an email could be sent providing information regarding possible interventions. This would provide additional mental preparation. Although such an email may or may not be read by students prior to the start of the IDT.
- If there is going to be a focused intervention, then let them know what's what.
- Provide more case studies. They are good learning opportunities.
- Preventing Type II diabetes within a younger population may be another direction if focus is to remain diabetes. It's an important issue in WV. This would provide an opportunity to reach out to schools.

- Develop a promotion with diabetics beginning in 6th grade and up who don't want to be diabetic anymore. An IDT could begin a support group for this population. Type I are somewhat left behind.
 - This was a suggestion from at least one of the nursing preceptors the nursing students were rotating with in the schools...up through 6th grade.
- Take a presentation to a parent teacher group, a woman's group, it's the parents who start the bad habits of the kids...they buy the food, snacks, etc. Parents don't want their child to be diabetic, so this group may be important.
- Project that focuses on the more vulnerable populations, such as WHr.
 - How would an IDT reach this group?
- Liked the ability to get out into the community.
- Learned that an intervention could be developed in a short period of time.
- AHEC/RHEP staff provided a lot of support and Dalena's lunches were always great.
- AHEC/RHEP goes the extra mile to make it worthwhile for nursing students.
- AHEC/RHEP staff willing to help with issues not related to the actual project.