

AHEC Team Report Form

Regional AHEC: Northern WVRHEC

Dates of AHEC rotation: 7/2/2006 to 7/30/2006

Students/Residents Participating:

Name	Discipline	School/Residency Program
Katie Priddy	Pharmacy	WVU
Tara Settineri	Nursing	WVU
Megan Rinard	Nursing	WVU
Brandie Gorrell	Medical	WVSOM
Julie Orlosky	Medical	WVSOM
Kelly Chaney	Medical	WVSOM
Connie Harris	Medical	WVSOM
Joseph Holmes	Medical	WVSOM
Chad Griffith	Medical	WVSOM
Kayla Brown	High School Student	John Marshall
Tommy Francis	High School Student	John Marshall
Aron Orlosky	Medical	WVSOM
Jamie Etzel, DO	Family Medicine Resident	Wheeling Hospital Residency
Vonda York, DO	Family 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 Hospital. At the first meeting, Dr. Etzel (resident) introduced diabetes and associated symptoms as a topic-of-interest of the Residency and explained how successive IDTs may build on the work of this IDT to develop a comprehensive on-going project (the Wheeling residency program has identified seven (7) residents, who will lead IDTs through April, 2008). Dr. Etzel and Dr York (2nd resident), challenged the IDT to identify several topics and encouraged them to narrow these down. The team decided to develop an educational program to be offered to Wheeling Health Right diabetic patients. Lew Holloway discussed team project parameters, expectations and goal setting in the first meeting. At subsequent meetings, Dr. Etzel and Dr. York presented cases studies related to the topic of diabetes.

Counties assessed by students/residents:

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. Find resources to provide blood glucose monitors, brochures, and diabetes information.
 - a. Gather information regarding diabetes and SBGM.
 - b. Obtain information about glycemic index.
 - c. Review appropriate recipes for diabetic patients and gather nutritional information.
2. Find a venue where Power Point developed by the team – “Take Control” – can be presented.
 - a. Linked w/Health Right and its “Diabetic Education Day.”
3. Develop Power Point structure & fine tune with the information gathered
 - a. Presentation entitled “Take Control” – 30 min presentation with information regarding diabetes and benefits of tight glucose control, nutrition presentation with baking demonstration and example of diabetic friendly food.
4. Develop a “Take Control Tips” handout about diabetes and diabetes education.
5. Develop pre/post questionnaire and handout for the participants (this was not handed out during the presentation. Lew & Dalena, working with the residents are attempting to make this happen in August).
6. Develop advertising flyers and handouts to be distributed at clinics where students are practicing and throughout the Wheeling Health Right facility.
7. Obtain diabetic log books and show presentation attendees examples of how to complete.

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

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

After the team identified diabetes as its focus they selected the WV HP2010 Objective 5.8 & 5.9 to address through the identified project. Students contacted Health Right and learned there was a weekly meeting of diabetic patients and asked if it would be possible to present patient awareness materials to this group. They were given permission and from there begun working on the development of a Power Point which they titled "Take Control." Take Control is a 30 minute presentation intended to provide patients with diabetes information and outlines the benefits of tight glucose control. In addition nutrition and healthy food choices were discussed with a demonstration on how to prepare a no-bake cheese cake (See Power Point Attachment).

Team members researched information regarding SBGM, and the glycemic index. A nutritionist from Wheeling Hospital spoke to the group on the importance of carbohydrates and specifically how to incorporate information on "exchange lists" in their presentation. A short bulleted handout, "Take Control Tips" was developed for handout. Log books were obtained from Health Right and during the presentation Team members provided guidance in how to best keep up entries into logs.

Marketing was limited, but an advertising flyer was used throughout Health Right and handouts were also distributed at clinics where students did their clinicals.

In addition to the students, 15 Health Right patients attended the workshop.

Sample of data collected:

N/A

Summary of community interventions:

See above Interventions Implemented by Students/Residents.

Findings of the AHEC Team:

1. During the actual presentation @ Health Right, there were a lot of questions from the attendees regarding nutrition and the IDT members felt they were not prepared to respond. In hindsight, the IDT members felt that the Residents could/should have provided more information related to nutrition during the weekly meetings throughout the month. It should be noted though, that no one anticipated the large number of nutrition related questions. This surprised everyone. IDT members and the Residents all indicated that they better understood patients' needs relative to this issue.
2. Lots of questions from participants during the actual intervention.
 - a. Team members felt somewhat prepared, but Health Right staff responded to most of the questions.
 - b. Lots of questions regarding the math associated with calculating carbs
3. There was a high level of awareness among the attendees of the presentation and many were keeping up as best they could with monitoring their disease.
 - a. Health Right staff seemed to be doing a good job.
4. There was a high level of attentiveness on the part of the attendees to the information the Team was presenting.
5. The attendees kept up well with the Team presenters.
 - a. Nutrition ended up being the focus of the teams work.
 - b. People care more about what they can do themselves.
 - c. They do not care how it works, but how they can control it.
6. The Team felt there was a void with some attendees regarding the public awareness regarding preventive medicine.
7. Lack of medical care on the part of the uninsured adds to the lack of educational awareness toward their involvement with their own care.

8. IDT members felt it was good that there were different disciplines associated with the project.
 - a. They also appreciated the perspective the two High School students provided. They felt their input assisted with developing appropriate materials in laymen's terms, which ultimately helped attendees to better understand the materials.
9. The IDT members commented they left meetings energized and willing to do the tasks associated with developing the project. Some were surprised at this finding.

Recommendations of the AHEC team:

1. There was a general comment made during the reflection that the delegation of the work may have been better handled. As it was, although everyone contributed, a few students were saddled with putting the formal presentation together. It was admitted however that no one felt they had been taken advantage of.
2. This IDT had five weeks to pull together its project and the students felt this was fortunate, that had the time been shorter (the typical four week IDT) it would have been much more difficult getting the work finished.
3. The Residents started providing case studies during the second week. Additional case studies were provided by the Residents in the successive weeks. Other than that, the team members felt the Residents could have provided more guidance throughout the month. They needed to be more engaged.
4. Planning time was adequate, but more than the 3 to 4 case studies provided would have impinged on the team's ability to develop its project.
5. Pre-test post-test for residents and students might provide insight into what the team learned. This might be challenging since the project focus is not identified until the team is assembled and it begins to research community needs and/or residency interests.
6. More time to advertise may have resulted in a larger attendee rate. 15 diabetic patients from Health Right did attend the presentation. More time would have allowed students to recruit patients from their clinical sites.

Take Control! Tips

- To get tight control, you ***MUST*** pay close attention to your diet and exercise. You must measure your blood glucose levels more often. And, if you take insulin, you must manage it appropriately.
- You ***MUST*** become an involved teammate with your physician or health care team because control will be a team effort. **RECORD AND BRING LOG SHEETS TO DOCTOR!**

- You should make a list of all the reasons to control your diabetes for the rest of your life.
- You should set attainable goals or break big goals into small steps.
- You should make simple changes you can stick with.
- You should identify your weaknesses or things in your life that make you slip up and think about how to overcome these roadblocks.
- You should ask for help from your family, friends, or support group and talk to someone when you are feeling down or overwhelmed
- You should not be too hard on yourself and reward yourself (in ways other than eating what you want) when you do reach a goal or stay in control.

Develop an action plan similar to this:

Current: A1C _____ Blood Pressure _____ Cholesterol _____

Goal: A1C _____ Blood Pressure _____ Cholesterol _____

Write three reasons to control your diabetes.

Write three things you can work on over the next 3 months to reach your goals.

List people who can help me do these things (friend, doctor, co-worker, fellow patient).

Your plan may change over time and your goals definitely will. Be ready to make a new one in 3 months or whatever time period you choose.... Do not use the same goals for a long period of time. Set realistic goals and work hard to achieve them. Then one day you can look back and see how far you have come!