Lack of Multiple-Discipline Learner Placement is a Barrier to IPE in Primary Care
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WHAT WE LEARNED
There are unique barriers to Inter-professional Education within the Ambulatory Setting compared to the Inpatient Setting, and for Primary Care Clinics Sites that accepted trainees, very few took learners from more than one discipline

BACKGROUND
- Inter-professional education and collaborative practice (IPECP) are health system goals for the Woodruff Health Sciences Center at Emory University
- These principles emphasize teamwork
- They focus on top of license practice
- They permit all disciplines to be involved in the education of the patient, the providers, and the trainees
- In actuality, many primary care practice settings fall short in achieve IPECP
- IPECP may be more difficult to achieve in the ambulatory setting because of block rotations and pace of practice
- We assumed that ideal interprofessional education could only take place IF there were learners from multiple professions

OBJECTIVE
- To find out how many academic PC sites accepted learner placements from multiple disciplines
- To determine common barriers to IPECP in the Emory system and from literature review

METHODS
Study Type
Survey of placement coordinators of medical students, Physician Assistant students, Nurse Practitioner Students, and Pharmacy Students.

Measures
- Comparison of placement rosters across programs against list of PC clinics that were Emory-owned or Emory faculty practices in primary care

Analysis
- We conducted interviews with clinician educators where coordinators had placed multiple disciplines to confirm that these disciplines worked within the clinic at the same time

RESULTS
Lists of Placements for Different Disciplines Amongst Emory PC Clinics

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med Student Sites</td>
<td>Clinics A, B, C, G-P</td>
</tr>
<tr>
<td>NP student sites</td>
<td>Clinics A, D, E</td>
</tr>
<tr>
<td>PA student sites</td>
<td>Clinics A, B, E, F</td>
</tr>
<tr>
<td>Pharmacy student sites</td>
<td>Clinic A</td>
</tr>
</tbody>
</table>

Sample Barriers Mentioned Impeding Teaching Activities in Primary Care

<table>
<thead>
<tr>
<th>Domain</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>If you teach the traditional way (e.g., student sees patient, presents to provider) this is going to take 20 minutes per visit for a simple problem, more for physical or complicated problems.</td>
</tr>
<tr>
<td>Patient preference</td>
<td>I have had patients complain about teaching on my Press Ganey surveys. &quot;I did not like going through the visit twice,&quot; one comment stated, for example.</td>
</tr>
<tr>
<td>Block system</td>
<td>It's become hard for me to precept Emory students due to their block system. I don't like to have students more than 2 days per week. My preference would be to have the same student for fewer days per week for shorter periods.</td>
</tr>
<tr>
<td>Unprepared students</td>
<td>I work in internal medicine where many patients have two pages of meds and walk in with complicated problems. Waits for specialists are long and our patients in Smyrna have limited financial resources. I need students who are ready for and welcome this challenge.</td>
</tr>
<tr>
<td>EMR</td>
<td>Students should have computer access for chart reviews if possible. This would teach them necessary skills in primary care such as digging through the chart to compile each patient's health maintenance screenings and vaccines before a visit.</td>
</tr>
</tbody>
</table>

Summary and Next Steps
1. We found 2 PC clinics with multiple, simultaneous learner placement across multiple disciplines
2. Of these, 1 practice had robust IPE activities with a commitment to team-based care, practicing at the top of license, and collaborative practice
3. This clinic is working on more fully describing their model and disseminating best practices

References
References are available in the original research paper.