



2024 IPE Award Nominees:

The Duke Primary Care Team

Nominees: Duke Primary Care

Duke Primary Care (DPC) is a growing network of approximately 437 primary care providers who work in 37 primary care offices and 10 urgent care practices throughout the greater Triangle region. Eight of the practices are led by advanced practice providers (APPs). There are a total of 266 MD's and DO's in the network, while there are 171 practice APPs on staff. During the previous fiscal year (FY23), 43 MD's were hired into the network, and 58 APPs were hired. For FY24, we have so far hired 16 physicians and 20 APPs. DPC is involved in teaching a number of students who are enrolled in the Duke School of Medicine, the Duke School of Nursing, and the Duke Physician Assistant Program. The new Pioneer curriculum in the medical school has resulted in a large influx of 2nd year medical students who rotate in the DPC clinics. But additionally, first year, third year, and fourth year medical students rotate in our DPC clinics. Students from the Master of Biologic Sciences program and medic students from Fort Bragg also rotate through our clinics. DPC is one of only 3 sites where house staff from the Internal Medicine program rotate on a regular basis. A new rural track training program in Family Medicine has been established at our DPC site in Oxford, and residents in Pediatrics also rotate at several of our sites. DPC has hosted twice yearly Faculty Development retreats for the past five years, and a large number of DPC providers and other educators at Duke have attended these conferences. Eight years ago, the leadership team at DPC helped host an international conference of educators for the Consortium of Longitudinal Integrative Clerkships. Content about best practices for outpatient education has been composed monthly for the past five years and this has been shared with all DPC providers and any other interested educators at Duke. Finally, DPC has been sharing a listing of important review articles which has been distributed to over 625 students, residents, and faculty members twice a month for the past 5 years.

The DOC-Durham Tech Mobile Lab Team

Nominees: Duke Internal Medicine residents: Garret Johnson, Sachi Oshima, Sarah Morgan, James Robert Davis, Yajaira Jimenez, Eric A. Wilson. Duke Outpatient Clinic staff: Laurie Germino (RN, Case Management), Angela Wilson (CLT, Laboratory), Heather Beau (Service Access Manager, PRMO). Duke educators: Jan Dillard (Clinical Social Work), Elissa Nickolopoulos (Clinical Social Work), Julia Gamble (Nurse Practitioner), Katherine Henderson (Chaplaincy), Alex Cho (Medicine). Durham Tech collaborators: Whitney Dawn Young (Paramedic, Director of Durham Tech Community Health Lab project), Griselle Guzman (Instructor, Phlebotomy and Cardiovascular).

The DOC-Durham Tech Mobile Lab is a partnership that enables monthly home visits of complicated patients who are limited in their ability to come to clinic. Learner-created, learner-led & learner-centered, it was launched during the COVID-19 pandemic as a way of continuing to care for patients outside the clinic, while providing an invaluable learning experience for all involved. It is all the more remarkable for the fact that learners arrange the schedule, talk to the patients and go out as an interprofessional team (resident physician, allied health students & social work intern) supervised by an interdisciplinary group of educators from Duke and Durham Tech, to visit patients' homes and obtain vitals, perform assessments, conduct home visits, and draw labs and even do electrocardiograms if needed. The addition of clinic social work interns from NCCU has added tremendously to the depth of the home visits. As one resident learner recently noted, the chance to go to patients' homes and work side-by-side with healthcare colleagues in this way, was so different, eye-opening and rejuvenating. "It helped remind me why I wanted to become a doctor." Patients were so appreciative of the efforts of the team, too, he added. Issues that would be less visible or more difficult to address in the clinic were more readily handled. The project also engages learners to work collaboratively with key leaders and clinic staff in a different capacity than is usual during a regular clinic. Future directions include the Mobile Lab being the focus for a Duke Occupational Therapy doctoral student capstone project.

Supportive Care Committee at the Brain Tumor Center

Nominees: Katherine Peters, Jung Young Kim, Amy Heltemes, Margaret Johnson, Mallika Patel, Mary Lou Affronti

The supportive care committee at the Brain Tumor Center at Duke Cancer Institute, which includes team members such as physicians, advanced practice providers, a pharmacist, and a nursing professor, identified a lack of a dedicated interdisciplinary platform to discuss and learn about the psychosocial and supportive care needs of neuro-oncology patients. In response to this pressing need, an innovative and collaborative approach was initiated. The integrative neuro-oncology conference (INOC) brought together a diverse group of professionals, including physicians, fellows, social workers, child life specialists, neuropsychologists, palliative care teams, neuropsychiatry teams, clinical pharmacists, and nurses. The conference fostered a patient- and learner-centered environment by focusing on real cases, ensuring that educational activities were relevant and engaging, thus providing optimal learning experiences for participants. Moreover, the conference exemplified excellence in interprofessional teamwork by encouraging collaboration among professionals from different backgrounds, thereby promoting comprehensive patient care. This integrative neuro-oncology conference became a monthly gathering where 1-3 cases were discussed extensively. The teaching methodologies employed, particularly the use of case-based discussions, promoted active learning and critical thinking among participants. By discussing challenging psychosocial issues, supportive care challenges, specific questions for palliative care, and morbidity and mortality cases, the conference provided a platform for participants to learn from each other's experiences and expertise. Additionally, the conference demonstrated a commitment to collaborative and inclusive educational practices by including a wide range of healthcare professionals, ensuring that all voices were heard and valued. Overall, the interdisciplinary conference exemplified excellence in teaching and learning, aiming to increase the utilization of supportive care services, palliative care referrals, and interprofessional collaboration in neuro-oncology.

Duke-NCCU Bridge Office Neurosciences Career Team

Nominees: Andrew Spector, MD; Anita Disney, PhD; Kate McDaniel, PhD; Maria Perrone

Andrew Spector, MD (Neurology), Anita Disney, PhD (Neurobiology), Kate McDaniel, PhD, (Neurosurgery), and Maria Perrone (Neurology), partnered with the Duke-NCCU Bridge Office to host a Neurosciences Career Exploration Day event for regional HBCU students and recent alumni. Students and graduates were invited to learn about careers involving the nervous system during the free, daylong event on April 29, 2023. Over 30 faculty and staff from the Duke Neurology, Neurobiology, and Neurosurgery departments volunteered to participate. These volunteers sat on career panels, provided CV reviews, ran mock interviews, and presented information about various research paths available. Beyond an initial introduction to neuroscience careers, the event provided detailed information on pathways to pursue the various careers, along with access to Duke faculty & staff to provide guidance and answer questions. Career panels included representation from the following careers: nursing, neuropsychology, neurobiology, speech therapy, neurosurgery, bench research, pharmacy, neurophysiology, social work, occupational therapy, advocacy and physical therapy. Separate sessions were also provided to offer guidance on applying to graduate and medical school, along with opportunities to practice interview skills. Each session was interactive and allowed students the opportunity to gain knowledge about various career paths and hone skills necessary to pursue advanced study required for some of these careers. This was the first event of this kind and it was extremely well received by both student attendees and volunteers. The initiative offers underrepresented students a chance to expand their awareness of various career opportunities across the neurosciences. The organizers have been invited to continue their partnership with NCCU and plan to hold the event again this year. Additionally, several other departments have reached out with a desire to replicate the event with their own specialty focus. The organizers hope this event continues to facilitate pipeline efforts to expand interest in neuroscience and other STEM careers.

Duke TeleHOPE Team (health optimization program for elders)

Nominees: Rachel H Hughes MD, Aubrey Jolly Graham MD, Geri Kanne MSN BA ANP-BC GS-C, Cindy Roberson, PharmD BCACP

The Duke TeleHOPE (Health Optimization Program for Elders) core team is comprised of hospitalist physicians, a nurse practitioner, and a clinical pharmacist. This team is further supported by our Duke hip fracture nurse navigator, the HOPE SNF (Skilled Nursing Facility) Collaborative director, the HOPE SNF Collaborative medical director, a PHMO (Population Health Management Office) data analyst, and an administrative assistant through PHMO. Each week, Duke TeleHOPE conducts a multidisciplinary review of patients discharged from Duke University Hospital or Duke Regional Hospital with three partnering Skilled Nursing Facilities. These conferences aid the complicated and high-risk transition from hospital to SNF. The patients are discussed with teams from the SNFs that are also multidisciplinary. The SNF team varies depending on the facility, but typically includes a director of nursing, nurse practitioner, and a clinical social worker. The conference also provides a unique platform for teaching about transitions in care and emphasizes the importance of a multidisciplinary care approach when facilitating this transition. Learners from Duke University Medical School, Duke School of Nursing, East Carolina University Advance Practice Nursing and Physical Therapy School and the School of Pharmacy at UNC-Chapel Hill are provided the opportunity to work collaboratively with a Geriatrics medicine fellow and develop a plan for a patient reviewed in the TeleHOPE conference based on their discipline. A geriatric fellow developed this interdisciplinary care curriculum with the support of the TeleHOPE team in 2023. A survey of these learners revealed that participants gained clinical knowledge related to their respective disciplines, knowledge about the transition from hospital to SNF and also developed a greater appreciation for their roles within an interprofessional team. Our TeleHOPE team has collaborated with the PHMO population health analyst to develop a dashboard and track outcomes for patients that are discussed in our care conferences. We have consistently demonstrated a trend towards reduced hospital readmissions. Recently, data has been successfully presented at the Society of Hospital Medicine meeting and Duke Health Quality and Safety Conference in 2023. New data will be presented at the Duke Health Quality and Safety Conference in March 2024. This team has also worked to educate our Duke community about SNF transitions through numerous presentations to our departments and learners from our respective disciplines. Despite meeting together each week on a video conference, our TeleHOPE team has had limited opportunities to meet in person as we are physically spread across the health system. Primary locations include Duke University Hospital, Duke Regional Hospital, Duke University Tower, and remote work from home. This grant would be used to host an informal team activity and help enhance team communication and comradery.

The IPEC Pediatrics team

Nominees: Samrat Das, MD (Team Leader for Team "IPEC Pediatrics"), Jennifer Edelschick, PT, DPT-Pediatric Physical Therapist, Jared Leonard, RN- Pediatric Case Manager, Courtney Lenhart, RD, LDN- Pediatric Clinical Dietician, Sarah Molly Rowe, MSW, LCSW- Licensed Clinical Social Worker, Tara Bell- Clinical Pharmacist/Pediatrics, Jose Richardson MSN, RN- Case Manager, Sydney Ehinger- Child & Adolescent Life Specialist, Kennedy Norris, MPH, RD- Inpatient Pediatric Dietician, Renee Hunte- Program Manager child life services, Catherine Hart M.Ed- education manager for pediatric office of education, Dana Clifton, MD- Med-Peds Hospitalist, Andrew Brown , MD- Pediatric Resident

Here are the key points about the teaching and leading contributions of the IPEC Pediatrics team, led by Samrat Das, in the field of interprofessional education (IPE) and collaboration: Evidence-Based Approach: The team has based its approach on systematic reviews that indicate the positive impact of IPE and collaboration on various aspects, including team member knowledge, attitudes toward collaboration, adherence to guidelines, and resource utilization, ultimately contributing to improved patient outcomes. Delivery Methods for IPE: Acknowledging the importance of effective delivery methods, the team recognizes that problem-based learning, simulation-based learning, e-learning, and small group discussions are widely used. However, they also address the lack of strong evidence for specific interventions in a clinical setting, highlighting challenges such as a lack of specific learning outcomes and barriers to implementation. Curricular Innovation: The first-year curriculum at Duke SOM incorporates didactic IPEC principles. To bridge the gap between theory and clinical practice, they introduced a unique learning activity during the pediatric clerkship. This activity involves collaboration with various healthcare professionals, including social workers, nutritionists, physical therapists, pharmacists, child life specialists, pediatric residents, and pediatric education manager. Multi-Professional Collaboration: The pediatric clerkship engages multiple healthcare professionals in debrief sessions, where they share insights, answer students' questions, and provide advice on effective collaboration. This approach goes beyond traditional didactic teaching methods and involves real-world interactions with professionals from diverse fields. Positive Outcomes: The unique learning activity has shown positive results, particularly in improving students' attitudes. The activity is associated with enhancements in understanding roles, effective communication, respect, and team dynamics. Structured debrief sessions facilitate shared learning from the diverse experiences of other students. Real Clinical Environment Exposure: The team's emphasis on exposing medical students to IPEC principles in a real clinical environment sets their approach apart. This aligns with the idea of learning while caring for actual patients, contributing to a more authentic educational experience. Qualitative Insights: Qualitative analysis has provided valuable insights into medical students' understanding of the importance of interprofessional collaboration. Students expressing the significance of collaboration in post-discharge care highlights a holistic understanding of healthcare delivery. National Recognition: The curriculum has received recognition at national meetings in 2023 (4 national meetings- COMSEP, PAS, NEXUS & JCIPE) and is planned for further presentations in 2024. The pending manuscript submission indicates a commitment to sharing their experience and findings with a broader audience. In summary, the team's efforts reflect a commitment to evidence-based, innovative, and experiential learning in interprofessional education, contributing significantly to the broader understanding and practice of collaborative healthcare.

Improvement Science Leadership Course Team

Nominees: Emily Sterrett, MD, Heather McLean, MD, Camille DeCarlo, BS, Blair Woody, BS Susan Kline, MBA

The leadership and teaching contributions of Dr. Emily Sterrett, Dr. Heather McLean, and the Pediatric Management Engineers within the Improvement Science Leadership Course (ISLC) have been transformative, shaping the landscape of quality improvement education within our institution. Over the past five academic years, this dedicated team has led and taught the ISLC, a comprehensive program designed to develop the skills and understanding of adult learners to lead improvement projects within their respective divisions and practices.

Teaching Contributions: Innovative Curriculum Design: The ISLC team has meticulously crafted a curriculum that blends the principles of healthcare quality with industrial and systems improvement methodologies. Through monthly didactic learning sessions, led by Dr. Sterrett, Dr. McLean, Camille DiCarlo, and Blair Woody, participants are equipped with a diverse toolkit of quality improvement tools and techniques, including Key Driver Diagrams, Gantt Charts, and Process Maps.

Patient and Learner-Centered Education: The ISLC curriculum places a strong emphasis on patient-centered care, ensuring that participants understand how quality improvement initiatives directly impact patient outcomes. The course staff, drawing upon their medical backgrounds and training in quality improvement, effectively contextualize the content to clinical applications, making it relevant and actionable for participants.

Interprofessional Collaboration: By bringing together a cross-functional team of educators from various disciplines, including medicine and industrial and systems engineering, the ISLC team promotes interprofessional collaboration. This collaborative approach enriches the learning experience, providing participants with diverse perspectives and fostering a culture of teamwork and mutual respect.

Leading Contributions: Strategic Leadership: As directors of the ISLC, Dr. Sterrett and Dr. McLean provide strategic direction and leadership, guiding the development and implementation of the program. They work closely with the administrative team, including Winnie Watson, to coordinate logistics and ensure the smooth execution of the course.

Coaching and Mentorship: In addition to their roles as educators, the course staff also serve as coaches, providing mentorship and support to participants throughout their improvement projects. Through coaching sessions and individual meetings, they offer guidance, feedback, and encouragement, empowering participants to apply their learning in real-world settings.

Promoting Continuous Improvement: The ISLC team is committed to ongoing evaluation and refinement of the program. They actively solicit feedback from participants, coaches, and guest speakers, using this input to enhance the curriculum and delivery methods continuously. This commitment to continuous improvement ensures that the ISLC remains responsive to the evolving needs of participants and aligns with best practices in quality improvement education.

Guest Speakers: In addition to Drs. Sterrett and McLean, the ISLC program benefits from a diverse array of guest speakers, including faculty, nurses, engineers, and healthcare leaders from within and outside Duke. These guest speakers enrich the educational experience by sharing their expertise, insights, and real-world experiences in quality improvement. Their contributions provide participants with valuable perspectives from different sectors of healthcare, further enhancing the interdisciplinary nature of the program and fostering a culture of collaboration and innovation.

In summary, the teaching, leading, and collaborative efforts of the ISLC team, along with contributions from guest speakers, have had a profound impact on our educational institution. Their dedication to excellence, innovation, and interprofessional collaboration exemplifies the spirit of the "Excellence in Interprofessional Educational Teamwork" award, making them highly deserving of recognition.

The Pediatric Diabetes Educational Team

Kathryn Blew, Lisa Rasbach, Rachel Hall, Jordan Poythress, Danielle Brendle, Madeleine Morales, and Erin Lentz

The Duke Pediatric Diabetes and Endocrinology division has tried for many years to create an inpatient platform for teaching patients with newly diagnosed diabetes and their families the necessary survival skills for managing at home. In the past, Duke Pediatric Endocrine fellows and faculty members have done all of the teaching of new patients, including the 'hows' of glucose monitoring, insulin administration, and treatment of hypoglycemia and hyperglycemia, and the 'whys' of each facet of diabetes management. We are not stationed at the hospital, and therefore needed to set aside single long sessions of time to teach. This was often difficult to coordinate and overwhelming for the family. Patient length of stay was often longer than desired.

We have hoped to work collaboratively with inpatient nurses and nursing leadership to build a platform of teaching that would be efficient, in-scope, and thorough. We have felt that our inpatient nurses, who have near constant access to the patient, could best identify convenient times for teaching the 'hows' of diabetes care in small sessions to shorten patient's length of stay in the hospital and to avoid overwhelming the patient and family members with one long session. Pediatric Endocrine providers could then meet with the family to review concepts and to describe the 'whys' of each facet of diabetes care. Despite great intentions from our group and from our nurses, we have never been able to effectively organize a teaching platform until this year.

Our Duke Pediatric Diabetes team met with our DCT 4B inpatient nursing team to fully organize and operationalize a diabetes inpatient-teaching program. There were multiple organizational and instructional meetings, with cooperation, excitement, and commitment from all members. This was no small task given how busy everyone's schedules were, and that no program like this existed in our inpatient setting.

The Pediatric Diabetes Educational Team has accomplished a great deal, including: education of bedside RNs on use of insulin pens and home glucometers via in services, development of new onset diabetes educational packet for families detailing pathophysiology of diabetes, instructions for daily cares (blood glucose checks, insulin administration, carb counting/meal planning), as well as emergency management for diabetes, established multidisciplinary teaching process for new onset pediatric diabetes including LCSW, child life, RD, RN and providers

The results of this partnership have been impressive, including 10% reduction in floor length of stay and high patient and provider satisfaction with new teaching process. Most importantly, there is team unity and excitement for further educational opportunity, including expansion to our intensive care unit.

2023 Durham VA RN Transition to Practice Program

Nominees: Lindsey Aderman, RN, Gwen Jeffrey, RN, Parastu Mozaffari, RN, Joelinda Wilscom, RN, Jody Cherniak, MSN, MBA, RN

The Durham VA is committed to enhancing the outcomes of all Veteran patients. In the past two years, the Durham VA has focused on improving older veteran outcomes as well including those greater than 75 who are receiving surgery. The GSQC or Geriatric Surgery Quality Committee (a shared inter-disciplinary group comprised of medicine, surgery, geriatric and quality champion nurse or physician specialists) was formed and has worked together to create better outcomes for high-risk geriatric surgical patients. Two goals of the GSQC committee are to promote evidence-based practices for nursing care of older surgical patients within designated surgical units and oversee the completion of at least one QI project annually in these designated units. Reasons for these goals include that there may not be direct translation and implementation of recent research to clinical care and clinical practice implementation can lag up to several years following discovery.

The Durham VA RN Transition to Practice program is a national, VA Office of Nursing Services, supported program for federal employees in their first year of practice as an RN. The purpose of the program is to provide learning opportunities for growth and development of newly graduated RNs. The RNTTP program in Durham supports and provides significant designated time for the RN to develop their skills in using evidence-based practice to create better outcomes for patients. The program provides a day of evidence-based practice training as well as designated biweekly time to promote a current evidence-based project for the facility.

During the 2023, the Durham RNTTP program (Lindsey Aderman, RN, Gwendolyn Jeffery, RN, Parastu Mozaffari, RN and Joelinda Wilscom, RN) under RNTTP Program Director, Jody Cherniak, MSN, MBA, RN collaborated with the GSQC facilitated by Michael Holmes, DBA, MBA, MPAS, PA-C I along with the POSH program and Deni Kois (Durham VA Geriatric Surgery Program Inpatient Coordinator & POSH Inpatient Program Manager), key Duke and VA faculty including Eleanor McConnell, DNP and Susan Korucubasi, MSN MHM (Durham VA HCS Surgical Quality Consultant, VASQIP), to create a broad EBP hospital wide project that could improve surgical patient outcomes by improving the assessment process of patients for confusion.

RNTTP new graduates are invited to be members of GSVC. The 2023 RNTTP workgroup are members and attend minimal required annual attendance requirements. Three RNTTP members either formally presented their project(s) or spoke to the GSV committee at scheduled meetings about their projects. (Beth Bradley, Lindsey Aderman, and Gwen Jeffrey). Participating in GSVC and relevant geriatric focused training is provided to all RNTTP cohorts/participants to enhance and motivate interprofessional collaboration. Cohorts also receive training from GSVC members twice a year as a shared learning event during class time. The BCAM documentation and assessment process has been taught a total of 4 times over the past two years to the RNTTP groups during class time as well by past RNTTP project participants. The purpose of this ongoing effort is to promote RN comfort in teaching and value and buy-in to learning the BCAM process for better patient outcomes. These efforts have led to sustained teaching and ongoing BCAM focused learning in the acute care and ICU settings. As the RNTTP program director in the GSVC, I have focused on engaging RNTTP participants and other acute care nurses on the value of the b-CAM, learning more on early treatment actions for delirium and required actions if patients are positive b-CAM. The RNTTP program promotes interdisciplinary committee engagement and membership and requires membership in at least one committee for added learning outcomes. Learning goals for the RNTTP program participants include an introduction to EBP and QI activities, training on the use of the b-CAM, learning about interprofessional collaboration and participation in interprofessional activities. The 2022 and 2023 RNTTP/GSVC collaborative teaching effort provided posters for acute care (mounted), scheduled multiple in-person education sessions, b-CAM laminated cards, butterfly educational signage and markers to enhance compliance. This was supported later by annual scheduled training by other educators to sustain and reinforce learning for staff. The 2023 RNTTP cohort created learning events that trained staff on the value of timely documentation, provided visual aids and scheduled one-to-one training with demonstration. The total audience for the b-CAM training: 7 acute or ICU units in the Durham VA was approximately 200 staff. If we include previous shared learning experiences collaborated and facilitated

with the GSV group in 2022 and 2023, we had more than 300 participants. The RNTTP 2023 project with assistance from GSVC and the POSH program focused on nurse (RN) learners in the acute care setting. GSVC program members and providers in the group also focused on other discipline education in the facility. In 2022, Eleanor McConnell, DNP and Thomasena Moore, DNP as part of a VASW fellowship along with other fellows and Dr. Sandya Lagoo (VA Chief of Surgery) and Dr. Yanamadala (Geriatric Medicine Fellowship Director) worked to teach surgery residents an algorithm for responding to positive b-CAMS. This effort led to a current VA intern “boot camp.” This collaborative educational effort has focused on b-CAM training and actions to be taken if patients screened positive with providers as well. Education was given to providers at staff meetings which led to new b-CAM order set changes. A subgroup updated the order sets for providers based on a positive screening. The need to train both the profession doing the screening, and the provider group responding to positive screening results was an important part of this total project. In summary: The RNTTP program used the latest EBP research discussed in the GSV Committee to determine a pathway for improving our b-CAM outcomes at the Durham VA. The group assessed for staff knowledge deficits and audited for improved outcomes following education. The team sought to improve use of the b-CAM (brief confusion assessment method) in post-surgical care of patients greater than 75. The net improvement of utilizing this nationally recommended tool to the Durham VA was noted to improve from 3% to 83% in 2023. The success of this EBP project can be directly tied to the collaboration between these key stakeholders and the education and pre/post assessments of the nurses that worked together with individual units to make the designated outcomes. This collaborative project was recognized by the VA Office of Nursing Service on the National Evidence Based practice call on 2/15/2024 and the GSV committee on 2/22/2204

