

## Cleveland Vignette Transcript

**Narrator:** Welcome to Louis Stokes Cleveland VA Medical Center and the Cleveland Center of Excellence in Primary Care Education. On a journey to transform outpatient care, this Center of Excellence is creating and enabling nurses, physicians, and other health trainees to lead and provide the team-based care models of the future.

**Alli Heilman:** In the CoE, I see patients independently, but after every patient, I go out, I discuss it with my physician or nurse practitioner preceptor; we kind of flush things out. There are opportunities for learning. It just helps you synthesize everything you learned in school and better develop your diagnostic decision-making, your assessment skills, your treatment skills; it's incredible.

**Jason Tuckerman:** Where we really get the opportunity to really know the patients, really manage the patients, put in a treatment plan, and see it be enacted, see actually the results of it because we bring the patients back. We see them in a couple of weeks. We see them in a month. We check some labs; we see what the results are. We call the patients at home; we follow up on things. The rest of my colleagues that are not in this program don't have that opportunity to do this.

**Rose Marie Burleson:** A primary care visit doesn't need to be "they have to see the doctor" or "they have to see the nurse practitioner". They can see their RN Care Manager; they can see the nutritionist. And because everything is now following under that same umbrella, there's much more collaborativeness, there's much more teamwork, and I really think the patients are getting a lot more at these visits than they ever did in the past.

**Narrator:** NP students, MD residents, and other trainees and health professionals work together and learn to share decision-making, collaborate, and hear each other's unique perspective. As one example, nurse practitioners have an extra year to prepare for independent practice.

**Kristin Zimbardi:** What it means for patients is that they're getting a really skilled clinician who is there specifically to excel, and to not just be competent but to be a clinical leader. Nowadays, in other programs, once you graduate you're just done.

**Matthew Sparks:** We get to work collaboratively with residents, and so they're still learning, they're still kind of coming through, progressing as physicians, and we get to kind of be part of that process. So, they get to teach us, so they get to learn about teaching in a primary care setting, which doesn't really happen in other primary care settings, generally. And we get to really develop in primary care as well.

**Narrator:** Physician residents have more continuity of care and better understanding of NP skill sets.

**Megan McNamara:** There's a tremendous amount of access for their patients because they're just there all the time. So things are followed up on very, very quickly, and then patients can also get to see them whenever they need to. At the attending level, so to speak, we interact with nurse practitioners all the

time, so to see them in the earlier stages of their training gives us a really good understanding of what their background is and how they complement us and how we can complement them.

**Narrator:** Team members may include social work, behavioral medicine, nutrition, and pharmacy.

**Murray Altose:** Perhaps years ago, it used to be viewed as the responsibility of the doctor or maybe the responsibility of the nurse, but in this day and age it's changed considerably. The expectations are that the optimal, the proper, the effective care of patients requires a team; it's a team effort.

**Lisa Bell:** I've found that one of the most challenging yet rewarding experiences has been changing the culture.

**Sandy Stratman:** I think for the students, learning that continuity is really important, and they get it here. They don't get it in other entities, not through any fault of the entity, but just because the nature of the fact that they're there for twelve weeks.

**Craig Nielson:** You know, as a physician, the day to day stuff with us talking in a room, making the diagnosis, you know, trying to manage is the same, but what happens before and after the visit, you know, working on making sure you're getting good quality healthcare, the team involved with you- Those things are all changing.

**Sarah Augustine:** And I think the thing that's been most amazing to me is looking at the complete ownership that residents actually take over their patients.

**Narrator:** Workplace learning occurs as learners share their views, hear the views of others, and share strategies around a plan of care with the patient.

**David Aron:** What underlies a discipline? The single most important thing is the creation of a language that is understood only by those in the discipline. To me, the key, and it gets right back to this interaction bit is that you have to be able to communicate.

**Susan Fuehrer:** When you combine diverse people with different mindsets, administrative, clinician, allied health professionals, learners, and they work together as a team, you can do great things.

**Narrator:** These programs are co-led by a nurse and a physician.

**Mary Dolansky:** I think that the national VA, the Office of Academic Affiliations, took a broad statement in having and mandating that each site have co-directors that were both from medicine and nursing. I do believe that this co-directorship is the key to the learning of this new model of care because I believe if the co-directors get it and can role model the interprofessional collaboration, then it will trickle down.

**Mamta Singh:** We're building the structure in which it will be hard to do the wrong thing, if you will. So, what I mean by that is you build a learning system or an education system in which people are going to have ownership of their patients, going to take care of their patients, going to have longitudinal

relationships with their patients, get their patients involved in the decision-making, and then also be involved in continual improvement or performance improvement, which is something, again, our current structures don't necessarily work to that advantage. So, what we want to do is actually set up systems in which that's the only way you can work.

**Robert Bonomo:** And I think where the main benefit for this is for the patients because being taken care of in a model that has nursing, psychology, social work, medicine, with the goal not only to maintain, but to improve and to bring someone to the level of health care that is best for that particular person is an opportunity that is unprecedented in medical care.

**Narrator:** The Cleveland VA is a leader within the VA community. The Veterans Health Administration is known for its commitment to innovative quality and safety program. In Cleveland, the CoE trainees are exposed to a curriculum in quality improvement, starting with a foundational course in improvement science. Trainees then work on projects aimed at quality of care; some of these projects have received national recognition.

**Brook Watts:** And so what we do at first is try to give learners a foundation, really sort of the "Why? Why are we doing this?". Then we give them the tools to be able to do the sorts of things that we need them to do, then we have them use the tools to demonstrate their use, and then teach them to others.

**Mamta Singh:** Well, Quality improvement is when you're actually delivering care, it's not enough just to deliver the care; it's also thinking about how are you going to improve the care as you deliver it? So it's not to come to work and say "I did my job and I'm leaving"; it's about saying "Hmm, can I do this job better, and how do I do it?" And getting the people that are involved in that to actually, you know, make the changes that will lead to the improvement.

**Simran Singh:** Great patient care is not just clinical medicine where you take care of the patients and his or her diagnosis, but actually really getting to learn about the patient, what motivates the patient, and allows the learners to actually develop a relationship with the patient so that they're not just a set of diagnoses but they're actually a human being. They're human beings with whom they develop a relationship, and more so than the faculty being instructors, it's an opportunity to have the patients be the teachers.

**Richard Standing:** They're able to shadow some of the best providers we have here at the VA. And being a Veteran, I understand and can relate to the Veteran population, it could be difficult.

**Richard Standing:** So the psychology resident's role will be to be in the clinic, embedded there, listening to the medical learners present cases to the attending physicians, listening for things that maybe the physicians are not particularly listening to at the time which might be things like depression, anxiety, PTSD. And so they may then ask the questions, the psychology resident may ask the question "Hey I heard you say this. Do you think this may be going on? Can I go into the room to see the patient for a minute or two?"

**Narrator:** Another unique example of learning happens at the nearby Cleveland Museum of Art, where CoE learners and faculty participate in a program called Vital Signs. The gallery experience provides participants with an opportunity to engage in teamwork activities through analysis and exploration, ultimately improving learners' clinical skills and around observation and communication.

**Caroline Goeser:** So, we hear from the VA learners and faculty that their experiences in the galleries, their experiences creating art, or handling art really change their perspective. And I think one of the ways that that happens is they begin to see that they see and perceive things differently from their colleagues.

**Mary Dolansky:** Our learners reflect and think about how their care can be different, and this reflection is key in healthcare. In healthcare we never pause and reflect, we're moving very fast in healthcare. Most healthcare professionals don't have time to think and stop and try to do things better. So, we're really reaching this important piece to our learners of pausing and reflecting, and in that reflection to hear the views of other people so that we can make better decisions in healthcare.

**Narrator:** The VA Cleveland's Centers of Excellence, improving performance and leading change in Veteran-centered, interprofessional, team-based care.

For More Information

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