

West Haven- Video Vignette Transcript

Narrator: Welcome to the VA Connecticut Healthcare System and the VA West Haven Center of Excellence in Primary Care Education. This Center of Excellence, or CoE, is helping to create healthcare leaders of the future while making a big impact on patient care. In the CoE, faculty, staff, and health professions trainees come together each Monday morning to talk about the week's schedule and team members' responsibilities, and to ensure that all bases are covered. Team members may huddle throughout the week and touch base about patient or planning needs, resource requirements, or emerging events to ensure efficiency. This flurry of activity is targeted at improving the patient care experience and health outcomes for the Veterans. It can also make a big difference for the Veteran when they have multiple needs met during a single visit.

Alfred Montoya: You're seeing Veterans who are getting multidisciplinary care within the Center of Excellence instead of having to go to different clinics and different providers. Really, it's a one-stop-shop for our Veterans to be able to get the care that they need and deserve.

Narrator: This model of care has proved so successful that West Haven has been redesigning space to better accommodate this exciting model of caring, teaching, and learning.

Patrick O'Connor: The overall goals of an institution like the Yale School of Medicine include a focus on developing leaders in healthcare, and that means leaders in patient care, leaders in education, leaders in research, and leaders in community service. And that's what the VA Center of Excellence is all about from my perspective.

Patti Pitkin: I think it's a success when someone knows how to reach any of us at any time from outside the VA, if they are thinking about our patients.

Narrator: The team partners with the patients to develop the rapport and trust that is central to preventative self-care. Veterans in the West Haven CoE have noticed the difference.

Linda Mele: It's not "they expect", "we expect", it's all a matter of discussion. There's a much more across-the-board understanding of everyone's role.

Katherine Rickert: I feel like I can go to them at any time and contact them at any time. It's more open for me, and I find the care is more comprehensive.

Gennaro Carbone: Every year I have great feedback from the nurse practitioner fellows that are in there, as well as the doctors that watch the presentation, and they always thank me for kind of giving them an overview of not just what my experiences were but what the patients that they see daily.

Narrator: the CoE trainees build relationships with their patients. One aspect of treatment is shared decision making, where a patient is actively involved in creating a treatment plan and making health care decisions with the team.

Patient speaking to provider

Narrator: How did this all come together? Through a team of professionals with complementary skills working together to teach, learn, and improve care, but this change doesn't happen overnight.

Rebecca Brienza: Training health professionals together in teams, but actually including elements in training, like leadership training, facilitation training, conflict management training; all the skills were assumed that we knew after we graduated, now we're actually training trainees how to be effective in those areas.

Anne Hyson: Being able to say "Well, this is my provider and my nurse", and people really do use the possessive pronoun for that. "This is my team, my health care team"; that's something that we introduced to our patients and try to reinforce at every visit. And try to reinforce at every encounter, whether it's on the phone or face-to-face.

Narrator: The CoE trainees are important contributors to this effort. In fact, trainees here pointed out a need for enhancements to the curriculum. The CoE curriculum has evolved to include content around policy and advocacy, and team members' work on public speaking, writing, facilitation, and conflict management skills. This innovative curriculum is an important component and contributor to the success of the West Haven CoE.

Rebecca Brienza: The most rewarding piece of this program to me is the trainees. The trainees drive this program. They are committed, they are enthusiastic, they are tomorrow's healthcare leaders. The creativity and commitment that they have brought to this program continue to amaze me every day when I watch them.

Trishul Siddharthan: You can't really teach that, it has to be practiced. It really can't be described in many ways. Knowing, first of all, what each member of your team does is uniquely important. Before I came to the program, health tech, nurse practitioner, nurses, were all just terms, but in terms of how they actually played out in the health care field, I had no idea.

Dolores Carccone: You can definitely take those skills going forward no matter what setting you're working in because you're just more confident in what you can provide, and you know what the other health care providers can provide. You kind of streamline your questions to the best person.

Narrator: Another CoE innovation in West Haven includes an interprofessional education and collaboration seminar. Here, team members have time for role play and reflection, address potential stereotypes, and have open discussion about real patient situations.

Sara Utzschneider: Now I have the benefit of context where we spend a lot of time thinking and talking about how to communicate and work as a team and understand what everyone else does. I'm happy for the residents and the nurse practitioner trainee fellows, that they're experiencing that.

John Thomas: I think that MDs and nurse practitioners have very different emphases in their training, and they actually complement each other. The MDs, I think, are much more focused on pathophysiology and disease process, and the nurse practitioners, I think, focus a lot more on counseling and preventative medicine and anticipatory medicine.

Narrator: The team learns from each other, and gets to experience the benefit that comes from teamwork and self-development, while learning that the whole team is greater than the sum of its parts.

Alice Li: I think if I didn't realize this difference, I probably would not have the perspective and the depth of appreciation that I have for this program.

The feedback that we get from the Vets, I believe shows that, I think that they really do feel better taken care of. They do feel that they get more personal attention, that we're more responsive to their concerns, that we're really listening to them.

William Neilson: I really appreciate the fact that I've got a number of different people in this organization that are looking out for me.

Rebecca Brienza: I have learned an incredible amount working side-by-side with my nursing co-directors, and I would say that it's been both incredibly rewarding and valuable. But not only that, I believe that the relationship that we have established, our interprofessional relationship, has sort of set the tone for the rest of the center, and our role modeling of how a nurse and physician can work together has set that tone and we have role modeled that throughout for our trainees.

Susan Zapatka: The fellowship is absolutely what most nurse practitioners would have always wanted if I think back to when I started. And this program is allowing to see the mingling of the fellows with the residents, with post-doc fellows from health psychology and pharmacy. It has allowed nursing universities that are affiliated with us to see the importance of this future training.

narrator: Interprofessional co-precepting keeps the West Haven team ready to tackle any problem. MDs and NPs have been paired in teaching, learning teams since the program's inception. Now, pharmacy and health psychology are critical partners.

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Scott Cioffi: The VA has really made a huge stride to get pharmacists really part of the care team, and the CoE has really taken it to the next level, which is really nice. I think that the CoE, even VA in general, has let pharmacists be a part of the health care team and really start to practice as a pharmacist.

Katherine Hofstetter: Having PharmDs integrated with us has to be, I mean, I can't imagine anything better. I don't know how people are in practice at my level, and not having somebody to ask those questions of every day. Really, it's amazing.

John Sellinger: To know that there's kind of one-stop shopping, as I call it, they can call into the clinic and they know that whoever they interface with at the clinic is going to know the pharmacist they're working with, or is going to know the health psychologist they're working with. And to know that behind the scenes when they're not here personally in the clinic, they we're more than likely talking about them and coordinating their care and making sure that their interests are being put on the table for multiple perspectives.

Trishul Siddharthan speaking to preceptor Rebecca Brienza.

Narrator: A balance of professional perspective is key to quality care and improving patient outcomes. During precepting, trainees are able to discuss patient cases with their preceptors face-to-face, and a

plan of action is addressed with the team.

David Vance: So, it's important for the Center of Excellence to develop a road map of what's being done because so much of what the Center of Excellence is doing is innovative. And because the style of education of the Center of Excellence is in the spirit of collaboration and teamwork, there's a good deal of innovation and spontaneous ideas that are incorporated into education.

Chris Ruser: Before long, this will be the type of program where we look back and say, "Can you believe that we actually had to have a program to teach people to do that? And now it's just part of something that we do."

Jackie Conelius: I think it's important because we have to work as a team and actually put the patient first, so the patient is the hierarchy of the team. And we all work together to have better patient outcomes.

Katherine Hofstetter speaking to patient

Narrator: One more exciting part of the CoE includes an immersion learning model with physician residents and adult primary care NP post-masters fellows.

Narrator: This twelve month fellowship program was designed to support a concentrated interprofessional team experience in a practice-based partnership, replacing the traditional independent provider model to one where the physician residents and NP fellows work collaboratively with the team and care for a shared panel of patients. This program has been so successful that all of VA's CoEs in primary care education have adapted this model.

Jeanne Lavasseur: So, I think that a program like this allows Nurse Practitioners that extra year to work with teams, to have mentor relationships, and currently they don't have that kind of experience. I did some research a few years ago, and 90% of the Nurse Practitioners interviewed, and there were hundreds of them, would have like a residency like this.

Mark Siegel: For me, to work with residents who are inspired, not just here to do a job, but actually inspired by what they do is unbelievably exciting. The way I see it is not just hearing second hand about what they're doing, but when they come back to New Haven and share their experiences.

Narrator: West Haven's CoE, leading change through partnerships, innovation, and teamwork in primary. Better education, better communication, better collaboration, and a better future for Veterans and VA.

For More Information

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