

A CENTRALIZED OFFICE FOR CLINICAL STUDENTS PLACEMENTS ACROSS PROFESSIONS IS A WIN-WIN

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AURORA HEALTH CARE - MILWAUKEE, WISCONSIN

NEED FOR INNOVATION

EXPANDING NEED FOR CLINICAL PLACEMENTS ACROSS PROFESSIONS

- As a private, not-for-profit integrated academic health care system, health profession schools request clinical placements in a variety of settings/venues supporting approximately
 - 500 NP and 300 PA students/year
 - Over 550 MD and DO trainees each year
- Medical student [MS] placements** are typically coordinated by a department and/or rotation coordinators
- Coordination assures** that there are sufficient site resources to meet the education requirements and to coordinate consistent on-boarding and orientation across disciplines
 - Name badges, IT/EHR access, compliance training
 - Manage number of students / rotations
 - Identify available sites / locations / preceptors
- However, other professions' students** (nurse practitioner [NP], physician assistant [PA], certified nurse midwives [CNM], certified registered nurse anesthetist [CRNA]) may concurrently secure placements at the same site independently from MS process
 - Increasing number of NP and PA students with new training programs and expansions of existing
 - Typically NP students, and occasionally PA students, must secure their own clinical placements to complete their semester/hours requirements
- Lack of centralization/coordination of placements can overwhelm the site/preceptor resources with missed opportunities for IPECP

PROJECT AIM

To streamline student onboarding/orientation and optimize opportunities for Interprofessional Education Collaborative Practice [IPECP] by centralizing clinical student placements for multiple health professions

METHODS – APPROACH

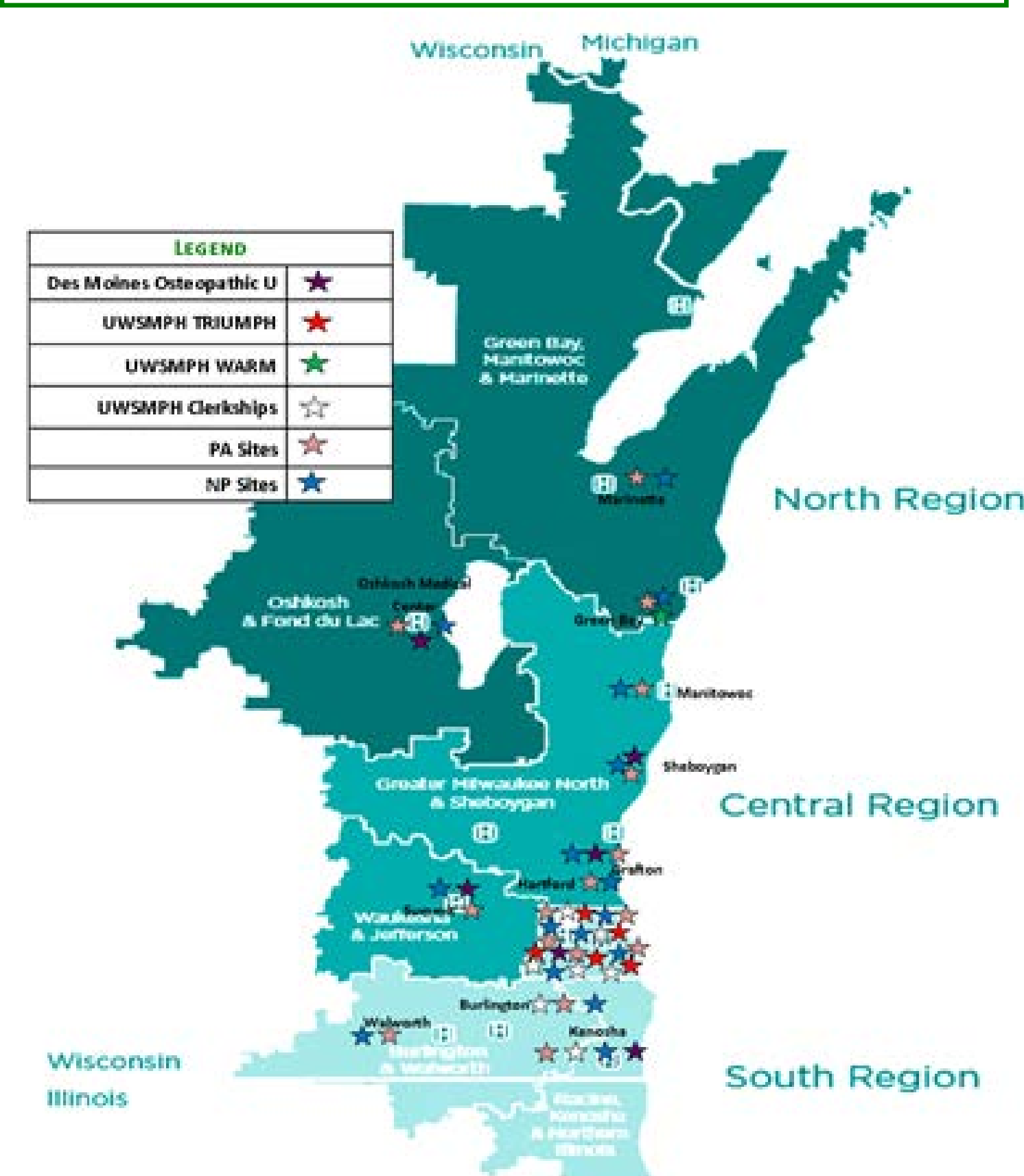
LEADERSHIP BUY-IN ACROSS PROFESSIONS

- Leaders from medicine and advance practice met and agreed to streamline clinical student placements and processes
- Created an SBAR (Situation, Background, Assessment, Recommendation) to better describe and demonstrate the need
- Leaders soon recognized the cost/benefits that would emerge from centralizing all placements in one office

CONSISTENCIES & RESOURCES

- Cross-cutting onboarding and orientation elements were identified (e.g., Epic training, wayfinding, HIPAA, compliance training, quality/safety)
- Workflows created with associated software and staffing resource needs
- Funding was realigned/secured to:
 - Create a centralized **Clinician Student Services (CSS) Office**
 - Purchase administrative software to manage and track student placement applications, on-boarding, preceptor registry

CLINICIAN STUDENT SERVICES PLACEMENT LOCATIONS BY PROFESSION ACROSS AURORA HEALTH CARE



DEVELOP PROJECT PLANS WITH ACCOUNTABILITIES

Aurora Clinician Student Services- Project Plan					
Focus Areas	Milestones	Due Date	On Track	Owner	Comments
Identify and Manage Preceptor Pool	Identify and develop streamlined mechanism for collecting preceptor data; 1.) Preceptor availability 2.) Preceptor discipline (MD/DO, NP, etc) 3.) Preceptor specialty 4.) Preceptor preferences	9/1/17	Completed	Jennifer/Kristin/Coordinator	How will the spread sheet function when new semesters begin? Semester, Days/Times- Communication-Provider Portal, Automated, Communicate to System and Schools
Preceptor Development	Pilot MDTCC (Most Difficult Case)	10/1/17	Completed	Jennifer/Deb Simpson	On-going monthly

RESULTS: PRE-NOW CENTRALIZATION FEATURES

PLACEMENT WORKFLOW ↓ BY PROFESSION →	MD/DO		PA		NP		CRNA		CNM	
	Pre	Now	Pre	Now	Pre	Now	Pre	Now	Pre	Now
Pre-Placement Planning										
• Affirm/initiate affiliation agreement	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Processing placement requests	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Preceptor matching	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Confirm placement and dates	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Orientation										
• Introduction to Aurora Health Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Meet & greet with program coordinators	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Expectations, goals and objectives	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Wayfinding, site security, safety	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Hardware distribution (laptops, pagers)	✓	✓								
• Required On-line Learning Modules across Professions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Epic training		✓	✓	✓	✓	✓	✓	✓	✓	✓
On-Boarding										
• Patient safety & quality	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Preceptor introductions	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Site-specific training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Post-Rotation										
• Scheduled student debrief sessions	✓	✓			✓	✓	✓	✓	✓	✓
• Rotation evaluations – by school	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• Rotation evaluations – by AHC			✓	✓						

STREAMLINED PLACEMENTS → SYSTEM LEVEL IMPACTS & EFFICIENCIES

- Placements are now system wide (northern Wisconsin-Northern Illinois) rather than just region/city
- Affiliation agreements written as “health professions” rather than profession specific
- All workflows from pre-placement to orientation and onboarding are consistent for all placements
- Human Resources
 - Single set of on-line orientation modules replace multiple staff
 - Epic training standardized and provided by single (vs multiple) trainer
 - Purchased software to manage and track student placement applications, on-boarding, preceptor registry /data base
 - Discipline specific education coordinators in centralized location enhances communication with students, preceptors and between professions

REPRESENTATIVE REACTIONS FROM END USERS

- PRECEPTORS' REPORT:** Students are arriving better prepared and ready for clinical experience and less paperwork / forms to complete
- STUDENTS' REPORT:** Epic (EHR) was “invaluable”, feel welcomed and that “Goals and Objectives are clear”

CONCLUSIONS & NEXT STEPS

WHAT WE LEARNED

- Establishing a CSS Advisory and Executive Committee composed of all stakeholder professions supports buy-in, resource support, and strategic planning for new steps

AREAS FOR IMPROVEMENT

- Centralization with on-line software allows us to identify opportunities for interprofessional education at specific sites
- Expansion of preceptor registry
- Activate data scoreboards to monitor progress – identify gaps for next improvement cycle

FEASIBILITY ROI

- ROI makes a strong business case for a multi-profession student placement office across a large health care system vs costs associated with professions independently managing clinical student placements

