

Interprofessional Collaboration: A Rural Self Management Program

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Interprofessional Collaboration

- Teams can overcome impediments to all aspects of clinical practice and research.
- Effective teams are fluid depending upon the patients' needs and leadership of high performance teams.
 - Process Oriented
 - Relationship Focused
 - Team Community Oriented
 - Patient Centered



Interprofessional Team Domains

- Values/Ethics- Firm belief in outreach
- Roles/Responsibilities- Articulated and Agreed Upon
- Interprofessional Communication- meetings, debriefings, strategies, dissemination planning
- Team/Teamwork- strengths, barriers

Chronic Disease Self Management Program (CDSMP)

- Internationally recognized Evidenced Based program offered by Stanford University
- Licensure
- Training
- Community programs



Jackson Purchase Area

Ballard, Calloway, Carlisle, Fulton, Graves,
Hickman, Marshall, and McCracken



Purpose

- Outreach to Community
- Evaluate the Chronic Disease Self-Management Program (CDSMP) in a southern, rural region.
- Utilize Interprofessional collaboration to change health care outcomes in the community

Living Well Workshops



Presented By

School of Nursing
College Health & Human
Services
Community Leaders



Objectives

- To develop and sustain an Interprofessional Team
- To receive training and licensure to conduct an internationally recognized program: The Chronic Disease Self Management Program (CDSMP).
- To sustain the CDSMP program, replicate, and to expand the programs with other groups in the region.
- To conduct a study, designed to examine multiple, post-program outcomes

Study Design

- Quasi-experimental longitudinal pre-post test design.
- Multiple, post-program outcomes assessments on individual health and self-efficacy

Measurement Tools

- Demographic
- General Health Information
- Instrumental Activities Daily Living Scale (IADL-31 items)
- Indices of Self Efficacy (22-items)
- Spiritual Perspective Scale (10-items)
- Subjective Happiness Scale (4-items)
- Pearlin Mastery Scale (6-items)
- Activity Restriction Scale (10- items)
- Pain and Discomfort Assessment (8)
- Health Care Utilization (9-items)
- Depression Scale (20- items)

Workshop (5) Session Demographics (N=28)

Criteria		Data
Black		18%
Caucasian		82%
Age Mean		64.05
Age Range		32-86

Research Study Participants' Demographics

Criteria	Data
Program N	N=15
Age Mean	64.05
Race	Caucasian = 99% African American – 01%
Gender	Female= 81%: Male= 19%
Chronic Diseases	Depression, Hypertension, Arthritis, Fibromyalgia, Cancer, Heart Disease, Diabetes, Lung Disease, Stroke
Age Range	40-86

Aggregate Mean Preliminary Findings: Improvement

SCALE		TIME 1	TIME 2
Depression		M = 26.0	M=20.3
Pearlin Mastery		M = 2.7	M= 2.1
Subjective Happiness		M = 4.9	M= 5.5

Preliminary Health Care Utilization Visit Data

Individual	Time 1	Time 2
#1	17 visits	8 visits
#2	10 visits	0 visits
#3	21 visits	7 visits
#4	0 visits	2 visits

Recommendations

- Increase trained Stanford Lay leaders
- Sustain the CDSMP program
- Develop interprofessional CDSMP course
- Add program to MSU employee health services
- Expand throughout the - Jackson Purchase partnering with Health Care Providers, hospitals and industry.

References

- <http://patienteducation.stanford.edu/programs/cdsmp.html>
- www.aacn.nche.edu/leading-initiatives/IPECReport.pdf and
- www.aacn.nche.edu/education-resources/IPECProceedings.pdf.

Thank You

- Questions????