Seminar 2
The Jefferson Health Mentors Program: Continuous Improvement of a Longitudinal Interprofessional Curriculum

Saturday, March 13, 2010 11:45a.m. to 12:30p.m. Connelly Auditorium, Hamilton Bldg

Lauren Collins, Thomas Jefferson University, Pennsylvania
Elena Umland, Thomas Jefferson University, Pennsylvania
Shelley Wallock, Thomas Jefferson University, Pennsylvania

The Jefferson Health Mentors Program (JHMP) is a 2-year interprofessional (IP), required curriculum for all entering medical, BSN nursing, occupational therapy, physical therapy, pharmacy, and couples and family therapy students. Student teams partner with a Health Mentor, a client volunteer with one or more chronic conditions. Teams and Health Mentors complete a series of activities based on the Wagner Chronic Care Model. The goals are to prepare students to work in highly functioning teams and to further their understanding of clients’ perspectives of chronic condition care. An overview of the development, evolution, logistics, and evaluation strategies of the JHMP will be provided. Participants will identify the process, facilitators, and barriers to developing institution-wide longitudinal IP education and will receive a toolkit to further dialogue at their home institutions.

Chronic disease prevention and management is critical for optimal client care. Highly functioning IP teams are needed to provide rational, client-centered, evidence-based care. However, individual health professions have evolved in parallel with varying approaches to the education and clinical service within their fields. To address the gap in chronic condition care education, an IP group of faculty at our University developed a longitudinal chronic condition mentorship program for all entering medical, BSN nursing, occupational therapy, physical therapy, pharmacy, and couples and family therapy students.

This longitudinal IP curriculum uses a person with chronic conditions or disabilities, the health mentor, as the teacher. Teams of 4-5 students from the various health professions are paired with a health mentor to complete 4 modules over 2 years. Topics addressed include obtaining a comprehensive health history; medication usage; client safety; wellness planning; teamwork and professionalism. Team visits are followed by IP debriefing sessions, faculty-facilitated small groups, team assignments and individual reflection exercises and grading for the program is embedded in specific courses from each discipline. At present, over 1100 students are enrolled in the program and paired with 256 health mentors, 60% of whom are over age 65. An IP team of nearly 30 faculty and students are implementing, evaluating, and revising the JHMP.

To our knowledge, the JHMP is the largest IP chronic condition curriculum in the country. Findings from our assessments suggest that a longitudinal, IP mentorship program is a promising tool for the development of higher-quality IP healthcare teams. Community health mentors with chronic conditions can have a positive impact on health professions’ student attitudes and are key components of IP chronic condition care education. We are eager to share our innovative curriculum and evaluation tools and hope to generate rich discussion about future strategies for IP education.