Experiential IPE Opportunity: Leveraging Students to Optimize Workflows in Ambulatory Care

Chloe Miwa & Vani Patterson
1University of Michigan Center for Interprofessional Education, Ann Arbor, United States

Background
The epidemic of physician burnout affects nearly every health system across the nation, leading to detrimental consequences for staff and patients. Most notably, primary care physicians report significantly higher rates of burnout than those in specialty care. Given the focus on preventative and continuity of care as well as the transition to value-based payments, primary care is an optimal setting where team-based care provides benefits for staff and patients, such as improved staff satisfaction, higher quality of care, and cost savings.

Institutional Need
Based on 2023 Faculty and Employee Engagement data at Michigan Medicine, a majority of practicing physicians, clinical staff, and non-clinical staff who are all experiencing burnout agree that administrative burden is a key contributor to their burnout (Table 1).

Table 1: 2023 Engagement Survey Results for Administrative Burden as a Driver of Burnout

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<tr>
<th>Type of Staff</th>
<th>N (%)</th>
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<tr>
<td>Clinical Track Faculty</td>
<td>79%</td>
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<tr>
<td>(&gt;50% direct patient care)</td>
<td>60%</td>
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<tr>
<td>Non-clinical staff</td>
<td>64%</td>
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Improving workflows is an effective approach for reducing administrative burden among teams, but it is also an arduous task for primary care teams to tackle on top of their current workload. The Center for Interprofessional Education (C-IPE) recognized an opportunity to close this gap by partnering with the University of Michigan School of Public Health (UM SPH).

Method
In January 2024, C-IPE will be a preceptor for the Introductory Field Experience graduate course. C-IPE will pilot a model, where a student collaborates with two primary care clinics over a 15-week course to conduct workflow process improvement in each clinic (Fig. 1). The student will learn about and implement two continuous improvement models: 1) appreciative inquiry via the 4D cycle (Fig. 2) and 2) the PDSA cycle (Fig. 3). By aligning the UM IPE Competencies with key learning objectives (Fig. 4), this experience will create mutual benefits as the student develops continuous improvement skills and clinic teams receive actionable recommendations to reduce their administrative burden.

Next Steps
Moving forward, the C-IPE team recognizes that the implementation of this model for an experiential IPE opportunity is dependent on progress with next steps, bandwidth of clinic teams and students, and corresponding credit hours.

Acknowledgments
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References
7. IPE Competencies at UM. Center for Interprofessional Education. https://www.med.umich.edu/iPEoac/iPE-competencies.pdf