Interprofessional Introduction to Prevention 2011
Syllabus

INTERDIS 104B      Interprofessional Introduction to Prevention
PhyAsst  203       Interprofessional Introduction to Prevention
PT 606       Health Promotion Across the Lifespan

Course Directors
Victoria Kaprielian, MD, FAAFP
Carol Figuers, PT, EdD
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Course Staff
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Course Faculty and Presenters
Patricia M. Dieter, MPA, PA-C
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Colleen Grochowski, PhD
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Betsy Melcher, MS, ATC, MHS, PA-C
Elizabeth Ross, PT, DPT, MMS
Barbara Sheline, MD, MPH
Anh Tran, PhD, MPH

Course Overview

This interprofessional course uses a team-based learning approach to develop awareness of the unique contributions of various health care providers in providing best practice prevention care to populations. Interprofessional student teams meet in lecture and small group settings for organized activities and community assignments. Web-based modules on cultural competence, health literacy, and community health are also used. A final team project is required.

Course Requirements

Attendance is mandatory for all lectures and small group sessions. Team-based Learning (TBL) will be a key part of the sessions on August 31 and September 7. Students are expected to be prepared for class, which includes bringing equipment and having completed preparatory modules. Students are expected to participate fully with team members and in team learning activities, including the final project. No course credit is awarded until all grading components are completed.
Interprofessional Introduction to Prevention
Course Goals and Objectives

Goal 1: Demonstrate understanding and apply basic principles of prevention for individuals, groups, and populations across the lifespan.

Objectives: By the completion of this course, each student will be able to:
A. Define and identify examples of primary, secondary, and tertiary prevention.
B. List and describe the four types of preventive interventions: screening, counseling, immunization, and chemoprophylaxis.
C. Explain principles of effective screening tests.
D. Discuss the role and proper use of health risk assessment tools.
E. Discuss determinants of health and disease (e.g. genetic, behavioral, socioeconomic, environmental, health care access and quality).
F. Discuss criteria for successful preventive interventions, e.g. effectiveness, benefits and harms, barriers, cost, acceptance by community.
G. Identify specific preventive interventions such as diet, exercise, smoking cessation.
H. Describe the U.S. Preventive Services Task Force (USPSTF) methodology and structure of recommendations.
I. Access and utilize the U.S. Healthy People Agenda and USPSTF recommendations.
J. Assess prevention recommendations from other organizations, (e.g. Heart Association, Cancer Society)
K. Discuss the cost and risk-benefit analysis of preventive interventions.

Goal 2: Analyze health promotion and disease prevention service needs for a population or community.

Objectives: By the completion of this course, each student will be able to:
A. Discuss sources of data (e.g. vital statistics, active and passive public health surveillance).
B. Use health status data to identify needs.
C. Discuss cultural influences on individuals and communities (e.g. health status, health services, health beliefs).
D. Identify problems best addressed on a population level.
E. Propose population-based interventions.
F. Utilize evidence-based recommendations for community preventive services.
G. Describe health demographics of Durham County.

Goal 3: Demonstrate skills and attitudes for interprofessional teamwork

Objectives: By the completion of this course, each student will be able to:
A. Recognize the training and scope of practice of physicians, physician assistants, and physical therapists.
B. Effectively communicate with health professions peers.
Interprofessional Introduction to Prevention
Required Assignments

Complete Prior to Session One – August 24, 2011:

1) Prevention is Primary: Module 1
   No Quiz

2) Duke / CFM Basic Community Health Training Module:
   http://chtraining.duhs.duke.edu/
   Complete Quiz

3) Readiness for Interprofessional Learning Scale (RIPLS)  Complete

Complete Prior to Session Two – August 31, 2011:
Session Two will be a TBL exercise focusing on the scientific concepts of prevention including screening guidelines

1) Medical Screening in a Community Setting (Duke CFM)
   Complete Quiz
   http://chtraining.duhs.duke.edu/

2) Updated: USPSTF Guide to Clinical Preventive Services (Use this site to become familiar with how to access individual guidelines online)
   No Quiz
   http://www.ahrq.gov/clinic/pocketgd1011/

Complete Prior to Session Three – September 7, 2011:
Session Three will be a TBL exercise focusing on health promotion and working with communities

1) Updated: Community Factors and How They Influence Health Equity
   No Quiz

2) Working Effectively in Communities (Duke CFM)
   Complete Quiz
   http://chtraining.duhs.duke.edu/

Complete Prior to Session Four - September 14, 2011:

- Finalize Team Powerpoint Presentation
Interprofessional Introduction to Prevention
Student Assessment

Possible Points  WEEK  ITEM

5  Week 2  Individual Readiness Assessment (IRA)*
10  Week 2  Group Readiness Assessment (GRA)*
5  Week 3  Individual Readiness Assessment (IRA)*
10  Week 3  Group Readiness Assessment (GRA)*
40  Week 4  Multiple Choice Exam
30  Week 4  Powerpoint Presentation
100  TOTAL

* Students/teams must achieve 70% correct on the IRA and GRA to earn the possible points. The Group Application exercises will not be graded.

All required assignments (modules) must be completed and documentation provided for credit to be awarded. A grade of Incomplete will be submitted if documentation is lacking.

DPT students should refer to PT606 syllabus for additional details.

Policies

Attendance is mandatory for all course sessions. Due to the nature of the team learning activities, missed classes cannot be made-up. It is the responsibility of each student to contact their course director before the session if an absence is anticipated. No course credit can be awarded until all grading components are completed.

Remedial assignments will be determined by your course director listed below.

MD: Victoria Kaprielian, MD, FAAFP  kapri001@mc.duke.edu
DPT: Carol Figuers, PT, EdD  carol.figuers@duke.edu
PA: Antoinette Polito, MHS, PA-C  antoinette.polito@duke.edu
### Interprofessional Introduction to Prevention
#### Session Schedule

**Week 1: August 24, 2011**  
**Searle Center Lecture Hall**

**Session plan:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Instructor(s)</th>
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</table>
| 1:00 – 1:45 | **Course Nuts And Bolts**   | Course Directors: Victoria S. Kaprielian, MD, FAAFP  
Carol Figuers, PT, EdD  
Antoinette Polito, MHS, PA-C |
| 1:45 – 2:30 | **Team Tasks 1 – 5**   | Elizabeth Ross, PT, DPT, MMS                                                  |
| 2:30 - 2:45 | **Break**                          |                                                                              |
| 2:45 – 3:30 | **Improving Health: A Team Sport** | Leah Devlin, DDS, MPH  
Gillings Visiting Professor  
UNC Gillings School of  
Global Public Health |
| 3:30 – 4:30 | **Team Tasks 6 - 8**   | Barbara Sheline, MD, MPH                                                      |
| 4:30 | **Overview of Project** | Carol Figuers, PT, EdD  
Mary Anne McDonald, MA, DrPH                                                     |
Interprofessional Introduction to Prevention
Team Activities

Your team has the following tasks to complete today. One student will be needed to do each of the following 8 tasks (some students will do more than one task):

****Students to discuss only 2 family members.

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<thead>
<tr>
<th>Task</th>
<th>Time</th>
<th>Who will lead?</th>
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</thead>
<tbody>
<tr>
<td>1. Get volunteers for today’s tasks</td>
<td>1:45 - 1:50</td>
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<td>2. Keep Time</td>
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<td>3. Introductions</td>
<td>1:50 - 2:00</td>
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<tr>
<td>4. Icebreaker*</td>
<td>2:00 - 2:15</td>
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<td>5. Create group ground rules**</td>
<td>2:15 - 2:30</td>
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<tr>
<td>6. Lead discussion of family members (1)</td>
<td>3:45 - 4:00</td>
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</tr>
<tr>
<td>7. Lead discussion of family members (2)</td>
<td>4:00 - 4:15</td>
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<tr>
<td>8. Feedback***</td>
<td>4:15 - 4:30</td>
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</table>

*Icebreaker:* Choose your favorite exercise (e.g., two truths and a lie) or Google for ideas.

**Ground Rules** (examples):
1. **Communication** – what are our preferred means of contact? What are our expectations for responsiveness?
2. **Coordination** – how will we keep all members informed and ensure everyone is aligned?
3. **Collaboration** – how will we share roles and responsibilities and exchange ideas?
4. **Conflict** – how will we ensure that team members feel free to express their point of view and manage differences of opinion? How will we acknowledge cultural and personal preferences?

***Feedback:**
1. What worked for our team today?
2. What did not work?
3. What changes do we want to make as a working group?
Instructions for in-class exercise: Each group will be assigned one family member. 1) List the antecedents and the possible consequences for the problems described for that person. 2) Make a list of all opportunities for prevention for each problem. 3) Identify whether each prevention strategy is primary, secondary or tertiary.

Background information on the Riggsbees:
Three generations of the Riggsbee family live together in a 3 Bedroom house in eastern Durham. No one in the family has health insurance except for Grandmother Hill who has Medicare.

Homer Riggsbee, age 49
Mr. Riggsbee has been married to Edna for 25 years. He is employed as a truck driver, but has been out of work for 2 weeks since he hurt his back at home working on his car. He saw an urgent care provider after he hurt his back and was given a brand name non-steroidal anti-inflammatory agent, but is not feeling better. He is 30 pounds overweight and does not usually exercise or stretch. He drinks 2 beers each night, but does not smoke or use drugs. He left high school mid-way in his senior year to get a job to help out his parents when his father was ill and does not have a HS diploma or a GED.

Antecedents (causes) Consequences
Mr. Riggsbee has back pain due to accident, 30 pounds overweight has heartburn

What are the opportunities here for prevention?

Edna Riggsbee, 46
Mrs. Riggsbee has been married to Homer for 25 years. She has worked as a cashier at a local family-owned cafeteria for the last 15 years. She has poorly controlled Type 2 diabetes, is 35 pounds overweight (she has always been heavy) and does not exercise. She has mild kidney failure. She also has had shoulder pain for 6 months and recently took many of Homer’s NSAIDs because they helped her so much. She does not trust doctors and rarely makes or keeps her appointments. She graduated from high school and worked for a church day-care center for 3 years before she married Homer and continued to work there until her son John was born.

Antecedents (causes) Consequences
Mrs. Riggsbee has out of control diabetes is overweight has worsening kidney failure

What are the opportunities here for prevention?
Interprofessional Introduction to Prevention
Family Case Study – The Riggsbees

Lily Riggsbee, age 17
Lily is a high school junior. She is 25 pounds overweight and has always been “big.” She is shy and has low self esteem. She has a part-time job watching a neighbor’s 2 young children after she gets home from school. She does not exercise due to ankle pain, which she has had since she broke her ankle 4 years ago. Her ankle was set at the ED but has always hurt since the break. Even though her brother smokes she does not and is scared to try drugs or alcohol. Six months ago she became sexually active with her boyfriend and does not want her parents to find out.

<table>
<thead>
<tr>
<th>Antecedents (causes)</th>
<th>Consequences</th>
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</thead>
<tbody>
<tr>
<td>Lily is overweight</td>
<td></td>
</tr>
<tr>
<td>does not exercise because of ankle pain</td>
<td></td>
</tr>
<tr>
<td>has low self esteem</td>
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<tr>
<td>is sexually active</td>
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What are the opportunities here for prevention?

John Riggsbee, age 20
John is a sophomore at NC Central University and is studying business. He is a former high school basketball star, but developed knee problems and had to quit playing. His knees still bother him if he runs or walks for a long time so he does not exercise. He drinks around 4-8 beers each evening, and sometimes more on weekends, and weighs 15 pounds more than when he graduated from high school. He has been sexually active since he was a HS junior and has had sex with at least 8 women, but he has been seeing his current girlfriend exclusively for 3 months. After he had to quit playing basketball he started smoking and smokes a little less than a pack a day. He has a job at a Quick Mart all day Saturday and Sunday. He converted the attic of the house into a bedroom so he could have some privacy after he gave up his bedroom when his Grandmother moved in.

<table>
<thead>
<tr>
<th>Antecedents (causes)</th>
<th>Consequences</th>
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<tr>
<td>Over use of alcohol</td>
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<tr>
<td>no exercise</td>
<td></td>
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<tr>
<td>gaining weight</td>
<td></td>
</tr>
<tr>
<td>has knee pain</td>
<td></td>
</tr>
<tr>
<td>smokes</td>
<td></td>
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<tr>
<td>sexually active</td>
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What are the opportunities here for prevention?
Grandmother Hill, age 69
Grandmother Hill is Mrs. Riggsbee’s mother. After her husband died 6 years ago she found she could not afford to live alone so she moved in with her daughter’s family. She worked first shift at the cotton mill from when she was 19 in 1961 until it closed in 1985. After that she worked at Wal-Mart as a greeter until she took early retirement at age 62. She has brown lung from breathing in cotton fibers at the cotton mill all those years, cannot walk very far and tires easily. Because of the brown lung she uses bronchodilators every day and sometimes many times a day to help her breathe. She is not overweight, but Edna worries that she doesn’t eat enough. She has arthritis in her feet and shoulders so some activities are painful. Recently her doctor told her that she is at risk for high blood pressure. She has never smoked or drunk alcohol. She does most of the housework and helps Edna with meals. She attends church, the VFW bingo game on Wednesday evenings and has many friends all over town.

<table>
<thead>
<tr>
<th>Antecedents (causes)</th>
<th>Consequences</th>
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</thead>
<tbody>
<tr>
<td>Brown lung</td>
<td></td>
</tr>
<tr>
<td>has arthritis pain</td>
<td></td>
</tr>
<tr>
<td>tires easily</td>
<td></td>
</tr>
<tr>
<td>may not eat enough</td>
<td></td>
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<tr>
<td>pre-hypertensive</td>
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What are the opportunities here for prevention?

Brittany Baker age 6
Brittany is Edna Riggsbee’s younger sister Elva’s child and she has lived with the Riggsbees since she was one year old. Elva’s husband is not in contact with the family and Elva has had trouble with substance abuse and is not able to care for Brittany so Edna takes care of her, although she does not have legal guardianship. Elva didn’t keep track of her daughter’s medical records so Edna had to take Brittany to the County Health Department for all her vaccinations before she could start school. Brittany hasn’t been to the doctor in years because she is healthy and Edna doesn’t see the need. Brittany is a sweet child and is in first grade. She is plump, but no one thinks she is fat, even though she loves sweets of any kind. Sometimes she complains of toothaches but Edna hasn’t made a dentist appointment for her yet because a dental check-up costs around a hundred dollars. Brittany watches TV with her Grandmother Hill every evening and sometimes stays up much too late on school nights. At school she eats the school lunch and loves recess. After school Lily takes care of her since she watches the 2 neighbor children. Lily loves Brittany and they share a room.

<table>
<thead>
<tr>
<th>Antecedents (causes)</th>
<th>Consequences</th>
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<tbody>
<tr>
<td>Has toothaches</td>
<td></td>
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<tr>
<td>limited activity</td>
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<tr>
<td>plump</td>
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What are the opportunities here for prevention?
Interprofessional teams will consist of 6-7 members. Each team will be assigned a family member from the Hypothetical Family and one health problem. The team is responsible for considering how to intervene or educate specifically for this issue in this individual. The project will include description of the problem (statistics, prevalence, etc.), and then discuss a plan for the family member. In addition, the team will consider and propose an intervention for the community as a whole, to approach this health problem on a population level. The team will develop a PowerPoint presentation of no more than 12 slides, and present their work during the final session.

Students will find their project topic assignment corresponding to their team number on the following page. Class time is allotted each week to work on the project. Students may need additional time outside of class to meet with their teammates and work on the presentation. The project will be graded by course faculty and others using the rating form found in the course materials.

The presentation should include the following:

- **Title Page:** Include the title of your project and the names of all team members (1 slide).
- **Description of the Health Problem:** Include statistics and demographics to put the problem in context locally and nationally, and consider implications for this individual within his/her family and community (1-2 slides).
- **Precursors and consequences of the health problem:** From the activity on the first day of class (1 slide).
- **Recommended Interventions:** Describe what health care providers would recommend to help this individual with this problem (1-3 slides).
- **Follow-up:** Describe how this individual’s progress toward better health will be assessed. List the measures and indicators you would use as a health care provider (1 slide).
- **Application to Community:** Describe how this health problem could be addressed through prevention in a larger context – community or population at large (1-2 slides). Be sure to address primary prevention – how would you keep this problem from developing? Describe intervention objectives and possible barriers.
- **Evaluation:** Describe how you would assess the impact of a population level intervention for this problem. What measures would you use to track improvement? (1 slide).
- **Conclusion:** Summarize problem, recommendations, and measures for success (1 slide).
- **References:** List a minimum of 6 references relevant to the problem, interventions, and evaluation (1 slide). References must be in AMA format.
Interprofessional Introduction to Prevention
Team Assignments

Each team is assigned ONE family member and problem as listed below:

Homer:
- Chronic back pain - Teams 1 & 2
- Obesity - Team 3
- Low physical activity level - Team 4
- Heartburn - Team 5

Edna:
- Diabetes - Teams 6 & 7
- Obesity - Team 8
- Low physical activity level - Team 9
- Kidney failure - Teams 10

Lily:
- Overweight - Team 11
- Low physical activity level - Teams 12 & 13
- Low self-esteem - Teams 14 & 15
- Sexually active - Teams 16 & 17

John:
- Alcohol abuse - Teams 18, 19 & 20
- Overweight - Team 21
- Low physical activity level - Team 22
- Cigarette smoking - Teams 23 & 24
- Sexually active - Teams 25 & 26

Grandmother Hill:
- Chronic lung disease - Teams 27 & 28
- Chronic pain/joint disease - Teams 29 & 30
- Low nutrition - Teams 31 & 32
- High blood pressure - Teams 33 & 34

Brittany:
- No pediatrician and no regular medical visits, school mandated vaccinations only - Teams 35 & 36
- Poor dental hygiene - Teams 37 & 38
- Low physical activity level - Team 39
- Overweight - Team 40
## Interprofessional Introduction to Prevention
### Poster Rating/Critique Format

Instructions for faculty raters:
For each section indicate if criteria is MET or NOT MET

<table>
<thead>
<tr>
<th>Content</th>
<th>Met</th>
<th>Not Met</th>
</tr>
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<tbody>
<tr>
<td><strong>Title</strong> of poster &amp; list of team members (1 slide)</td>
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<tr>
<td><strong>Description of health problem</strong> (1-2 slides): problem summary, statistics, demographics, family and community context</td>
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<tr>
<td><strong>Precursors and consequences</strong> of the health problem (1 slide)</td>
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<tr>
<td><strong>Recommended interventions</strong> (1-3 slides): to help this individual (e.g. diet, exercise, medication)</td>
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<td><strong>Follow-up</strong> (1 slide): How the individual’s progress would be assessed</td>
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<td><strong>Application to community/larger population</strong> (1-2 slides): community or population level analysis, objectives, barriers to primary prevention</td>
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<td><strong>Evaluation</strong> (1 slide): measures (health indicators, survey tool, etc) to assess impact of population level intervention</td>
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<tr>
<td><strong>Conclusion</strong> (1 slide): Summary of problem, recommendations, and measures for success.</td>
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<tr>
<td><strong>References</strong> (1 slide, 6 references minimum): relevant to the health problem and interventions</td>
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<tr>
<td><strong>Presentation</strong></td>
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<tr>
<td><strong>Display aesthetics</strong>: creativity, visual interest, professional caliber presentation, enjoyable reading, grabs attention, free of typos, acronyms defined</td>
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<tr>
<td><strong>Format</strong>: logical flow of sections, arrangement, organization</td>
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<tr>
<td><strong>Understanding of subject</strong>: students demonstrate good grasp of subject</td>
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<td><strong>Ability to stand alone</strong>: poster is thorough, understandable, and effective</td>
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**Overall Rating**

**Comments:**
Interprofessional Introduction to Prevention
Family Case Study
Worksheet

Name ____________________________

**Antecedents**

**Consequences**

What are the opportunities here for prevention?

Name ____________________________

**Antecedents**

**Consequences**

What are the opportunities here for prevention?
Interprofessional Introduction to Prevention
Family Case Study
Worksheet

Name ____________________________

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What are the opportunities here for prevention?