

Neuromusculoskeletal Medicine Residency: An Example of Interprofessional Collaboration

James J. Lehman, DC, MBA Associate Professor of Clinical Sciences Director, Community Health Clinical Education University of Bridgeport





ACA's Annual Conference January 16-19, 2019 Washington, DC

Contact Information James J. Lehman, DC, MBA

Cell: 505-238-9501 Email: jlehman@Bridgeport.edu Office address: University of Bridgeport School of Chiropractic 75 Linden Avenue Bridgeport, CT 06604

- PowerPoint presentations are available at: bridgeport.edu/nmsm
- Health Sciences Postgraduate Education Department phone is 203-576-4880. Ask for Eileen



James J. Lehman, DC, MBA

- I have no commercial, financial, or research relationships or interests that affect my ability to provide a fair and balanced CME presentation for NCLC 2019 attendees.
- I am a full-time employee of the University of Bridgeport.





Learning Objectives

- How interprofessional collaboration enabled the creation of a chiropractic 1. residency within a Federally Qualified Health Center
- Comprehend the structure of a neuromusculoskeletal medicine residency for 2. chiropractic physicians that teaches evidence-based, patient-centered care
- Realize the outcomes produced by interprofessional collaboration between a 3. chiropractic college and a Federally Qualified Health Center

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• According to the Canadian Interprofessional Health Collaborative, interprofessional collaboration is a 'partnership between a team of health providers and a client in a participatory collaborative and coordinated approach to shared decision making around health and social issues'...

 Canadian Interprofessional Health Collaborative. A national interprofessional competency framework. February 2010. Available from: http://www.cihc.ca/files/CIHC IPCompetencies Feb1210.pdf

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 Interprofessional collaborative practice has been defined as a process which includes communication and decision-making, enabling a synergistic influence of grouped knowledge and skills.

 Kasperski M. Toronto, ON: Ontario College of Family Physicians; 2000. Implementation strategies: 'Collaboration in primary care – family doctors and nurse practitioners delivering shared care' Available from: <u>http://www.cfpc.ca/English/CFPC/CLFM/bibnursing/default.asp?s=1</u>

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Neuromusculoskeletal Medicine Residency and Interprofessional Collaboration

 University of Bridgeport, Health Sciences Postgraduate Education Department, School of Chiropractic, and Community Health Center, Inc. of Middletown, Connecticut collaborate to provide chiropractic residency training in primary care facilities





 Margaret Flinter, Ph.D. is Senior Vice President and Clinical Director of the Community Health Center, Inc. and is a family nurse practitioner by profession.





 Veena Channamsetty, MD serves as the Chief Medical Officer and chairs the credentialing committee and oversees all medical services.





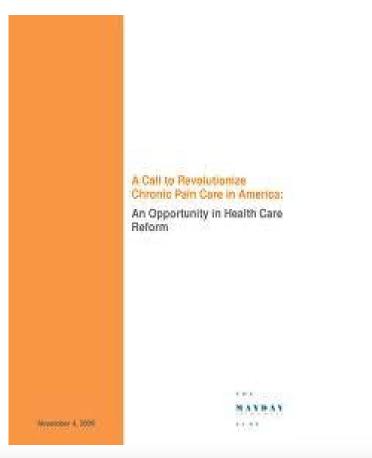
 Daren Anderson, MD is the Director of the Weitzman Research Institute and Vice-President of Quality.



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The MayDay Fund



• The MAYDAY Fund is dedicated to alleviating the incidence, degree, and consequence of human physical pain.





 James J. Lehman, DC is the University of Bridgeport's Director of Community Health Clinical Education and a clinician educator.





• Three-year, full-time, voluntary, postdoctoral residency







 Mentored by Clinician Educators that are Board-Certified chiropractic specialists

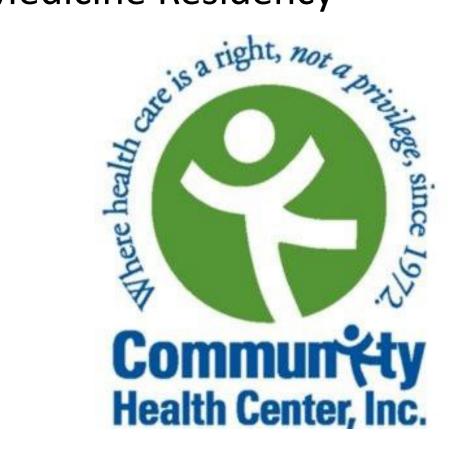


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 Residents must be credentialed as members of FQHC medical staff and recredentialed annually.



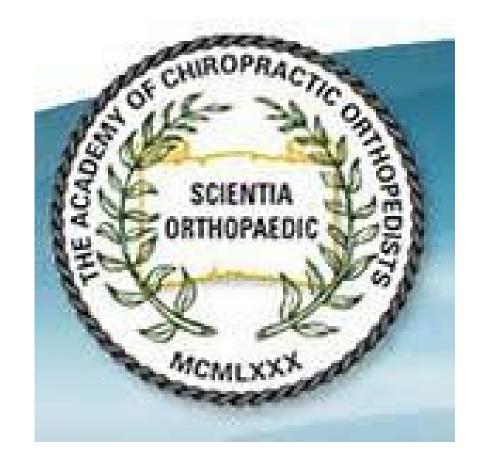
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- Complete a minimum of 300 hours of post-doctoral, advanced, clinical education
- On-site, didactic training
- Online education





• Residents are required to pass Part 1 and Part 2 of the Board Certification examination offered by the Academy of Chiropractic Orthopedists



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 In addition to providing clinical services, residents are expected to participate in academic and scholarly activities.





• Residents are required to provide clinical training to other residents and chiropractic students.



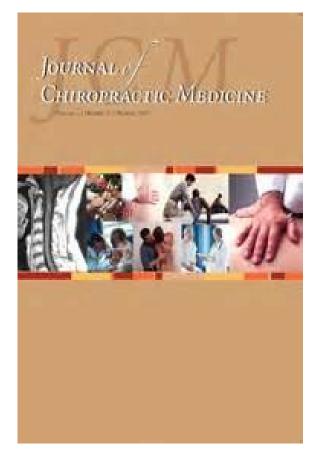
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 Residents are also required to assist in both the University of Bridgeport School of Chiropractic classrooms and labs.





• Prior to the end of the three year, fulltime residency, the resident is expected to publish in a peer-reviewed journal.





 Residents are required to provide monthly reports regarding their hours worked at the FQHC facilities and the pertinent patient statistics at the end of each month.





 Residents will demonstrate advanced competence in patient-centered, evidence- based differential diagnosis, evaluation and management of complex musculoskeletal, neuromuscular and neuromusculoskeletal conditions.



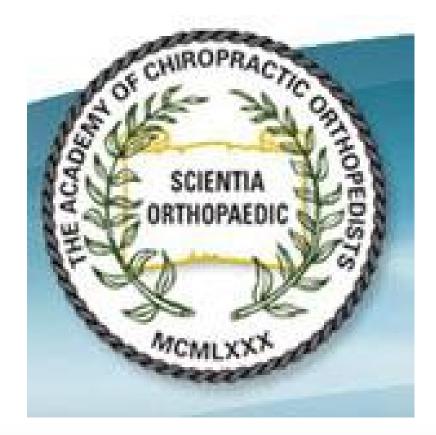
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 Residents will develop the skills and clinical competence to practice in a primary care environment as well as other interdisciplinary health care environments.



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 Residents will obtain diplomate status from the American Board of Chiropractic Orthopedics



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• Upon completion of diplomate status, residents will pursue advanced chiropractic specialty positions, including neuromusculoskeletal medicine and/or pain management clinician, fellowships, academic positions, and other leadership positions within healthcare schools/colleges and coordinated care organizations such Federally Qualified Health Centers, community health centers, specialty clinics and hospitals.





 "We have found that the integration of chiropractic services enabled our patients to experience less pain and promoted healthy living. Hopefully, other community health centers in Connecticut and across the country will use our model to reduce chronic pain and improve quality of life."

> Margaret Flinter, Ph.D. Senior Vice President and Clinical Director Community Health Center, Inc.





• Increase access to quality primary chiropractic care for underserved and special populations by training chiropractic physicians in a FQHC- based residency program that prepares residents for full and autonomous expert care of complex, underserved populations across all life cycles and in multiple settings



 Train recent chiropractic graduates in a model of primary care consistent with the Institute of Medicine (IOM) principles of health care and the needs of vulnerable populations





 Improve the clinical skills, confidence, productivity, and job satisfaction of recent chiropractic graduates who choose to work in underserved community settings, as well as contribute to employer satisfaction and workforce retention





• Provide recent chiropractic graduates with a depth, breadth, volume and intensity of advanced clinical training necessary to serve as a chiropractic specialist within a complex setting.





• Increase the number of chiropractic specialists ready to serve in leadership roles in community health care facilities and coordinated care organizations.







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