

# Parent Satisfaction in Pediatric Ambulatory Clinic with Interprofessional Student Education Model

Jill A. Morgan, PharmD, BCPS, BCPPS<sup>1</sup>, Nicole Omecene, PharmD<sup>2</sup>, Elsie Stines, DNP<sup>3</sup>, Margaret Martin, BSN<sup>4</sup>,  
Everett Smith, Jr, LGSW<sup>5</sup>, Victoria Marchese, PT, PhD<sup>6</sup>, Jay Perman, MD<sup>3</sup>

<sup>1</sup>University of Maryland School of Pharmacy, <sup>2</sup> Virginia Commonwealth University School of Pharmacy, <sup>3</sup>University of Maryland, Baltimore,

<sup>4</sup> University of Maryland Hospital for Children, <sup>5</sup>University of Maryland School of Social Work, <sup>6</sup>University of Maryland School of Medicine

## Background

The National Center for Interprofessional Practice and Education states that interprofessional education (IPE) is important to support patients and their families and may reduce healthcare costs.

Experiences in IPE have focused on the utility of interprofessional care and education in the inpatient setting. Inpatient pediatrics supports the practice of family-centered rounds and involving parents in a hospitalized child's care improves parent satisfaction while increasing parental understanding of interprofessional roles.

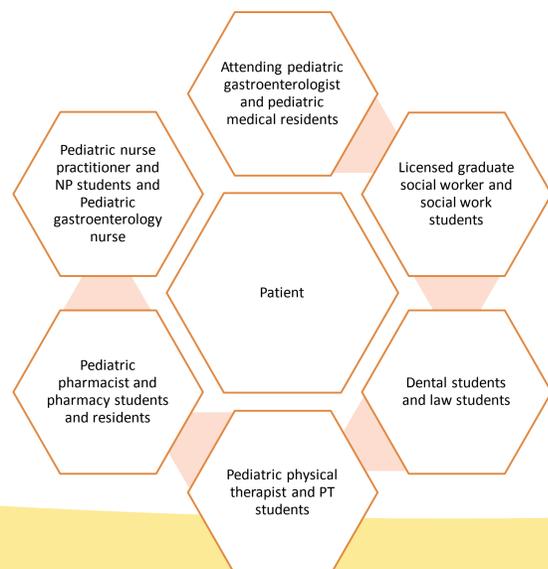
However, there are limited studies examining the impact of IPE in an outpatient ambulatory care clinic and even fewer exploring the opinions and satisfaction of parents with respect to IPE-based care.

## Objectives

To determine parent satisfaction in a student-led, interprofessional, pediatric ambulatory care clinic.

## Clinic Model

Since 2010, our pediatric gastroenterology clinic has integrated IPE into the ambulatory care setting. The clinic cares for pediatric patients with a variety of gastrointestinal (GI) conditions, including constipation, inflammatory bowel disease, and failure to thrive.



## Methods

This study was a prospective, convenience sample survey.

From September 2015 to April 2017, parents were asked to complete an electronic thirteen-question survey in the clinic to assess their satisfaction with receiving IPE team-based care led by students, residents, fellows, and faculty. Parents were provided an electronic tablet to complete the survey anonymously. Authors used a three-point scale: "yes," "no," and "unsure" for each closed-ended question. For select questions, the authors followed up with open-ended questions, allowing respondents to elaborate. The questions asked parents to describe their experience with and perceptions of the interprofessional clinic visit regarding comfort of the child during the visit, satisfaction with the team-based approach to the care, and satisfaction with the overall care (e.g. whether all parent questions were answered, diagnosis and plan were obtained and enacted).

Descriptive statistics were used to analyze the survey data. Investigational Review Board approval was granted by the University of Maryland.

## Table 1. Survey Responses From Parents

Survey Responses from Parents (n=160, unless noted)	Yes n (%)	No n (%)	Unsure n (%)
After your visit, would you prefer getting care from this type of team instead of getting care from one doctor or NP alone?	139 (87)	7 (4)	14 (9)
Were all of your questions answered?	156 (98)	2 (1)	2 (1)
Did you get more questions answered than you expected? (n=159)	141 (89)	15 (9)	3 (2)
Do you agree with the team on how to help your child? (n=159)	155 (97)	1 (1)	3 (2)
If your child needed medical care again, would you come back to this kind of clinic? (n=158)	156 (99)	0 (0)	2 (1)
Was this type of team visit worth your time? (n=159)	155 (97)	0 (0)	4 (3)
	Very happy / satisfied	Don't care	Very unhappy / dissatisfied
How happy (satisfied) are you with today's clinic visit?	160 (100)	0 (0)	0 (0)

## Results

A total of 169 surveys were completed out of 225 possible patient visits for a 75% response rate. Nine surveys were excluded, one for failing to answer greater than 50% of questions and eight for duplicate entries, leaving 160 surveys for analysis.

Reasons provided for preferring IPE team care included "the team approach was thorough and helpful" (87%), "clinic saved time since it was a one-stop visit" (7%), and "no answer" (6%) (n=139)

Reasons provided for not preferring IPE team care include "not all professions are relevant to visit" (47%), "privacy or not comfortable" (27%), and no preference (26%) (n=15)

## Discussion

All parents were very satisfied with the IPE team care their child received in the pediatric GI clinic. Parents enjoyed interacting with several professionals and appreciated the thorough care received.

A small number of parents did not see the utility of all the disciplines participating in the clinic visit or their child felt overwhelmed with the number of people in the room. The authors appreciate these families concerns and recommend in these situations that the team identify the most appropriate team members to complete the assessment with discussion from the other disciplines in the team room.

### Limitations:

The authors limited the number of survey questions which led to excluded demographic information. The open-ended questions were grouped into qualitative themes, which could result in miscategorization of responses. The specificity of the pediatric gastroenterology clinic may limit generalizability of satisfaction within other pediatric disciplines and adult interprofessional clinics. There was no control group to evaluate whether parents were more satisfied with the interprofessional clinic compared to a single-provider clinic.

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