

# Developing an interprofessional health care delivery model for geriatric health & wellness

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## Background/Motivation

“The core curriculum of a medical education program must prepare medical students to function collaboratively on health care teams that include other health professionals.” (LCME Requirement 7.9). In order to achieve this curricular goal, faculty from the UCF College of Medicine have participated in an Interprofessional Working Group (IWG) that includes faculty from UCF Colleges of Health and Public Affairs and Nursing, the School of Social Work and University of Florida College of Pharmacy. Over the last two years, the IWG has designed and delivered Interprofessional Education (IPE) programs that provided opportunities for medical, nursing, pharmacy and social work students to work as a team to build shared mental models related to a specific patient case or a family. However, the instructional setting for these events has been limited to pre-clinical experiences for medical students and, while they have worked in Interprofessional (IP) teams with standardized patients, we have not yet been able to host IP learning events that include authentic patient encounters.

The geriatric population represents a unique subset of patients best served through an interdisciplinary approach. These individuals frequently have complex medical and psychosocial conditions that can lead to increased morbidity from memory loss, decreased mobility, falls, polypharmacy and medication errors. Highly functional interdisciplinary team-based care benefits the patient through holistic assessment and the development of an integrated plan of care. Learning to perform such assessments and to develop integrated plans will benefit future physicians, regardless of their field of practice. The purpose of this proposed project is to design and deliver an innovative pedagogy that will support the development of an interprofessional health care delivery model for geriatric patients for medical (M3), nursing, pharmacy (P3), social work and physical therapy students. Working in interdisciplinary teams, students will interview a resident in an assisted living community in order to conduct a holistic, comprehensive history. As a team, students will create a shared mental model that depicts their understanding of the resident’s health and wellness. This model will be incorporated into a presentation that demonstrates the team’s proposed interprofessional health care delivery model for this resident and will include a comprehensive assessment of the residents’ strengths and areas of concern related to either health maintenance or improved quality of life via wellness initiatives. The team will share their presentation with the resident and appropriate staff within the community. It is our hope that, with this information, the resident and community staff will use the assessment information to design a health and wellness plan for the resident.

## Curricular Plan/Research Focus

This exploratory project seeks to clarify how a team-based, interdisciplinary approach to geriatric patient care influences students’ understanding of: (a) the roles and functions of different health care professionals, (b) effective team functioning, (c) health and wellness issues characteristic of geriatric populations, (d) the role of assisted living communities in supporting residents’ health and wellness, and (e) the benefits of interdisciplinary approaches to geriatric care. The overall learning objectives for the proposed IPE learning encounter incorporate objectives from both UCF COMs Geriatric/Palliative Care Longitudinal Curriculum Theme and the [IPEC competency survey](#). For a complete list of objectives, see [IPE/Gerontology Learning Objectives](#).

### *Learning Encounter Plans*

- *Before resident encounter:* Prior to their visit to the assisted living center, students will complete a self-learning module about geriatric populations and assisted living communities, view information related to the specific assisted living community, and complete a pre-encounter survey.
- *1st Resident encounter at the assisted living center:* Students will be arranged in IPE groups and will be charged with conducting a comprehensive, holistic history with a resident in the community. Students will be encouraged to pay specific attention to items most relevant to geriatric population health & wellness.
- *Post resident encounter:* Each student group will create a concept map that depicts their group’s interprofessional health care delivery model. Directions for this exercise will encourage students to represent their patient in a way

that integrates the disciplines of each of their team members and identifies the strengths and areas of concern related to the resident's current and long-term health & wellness. This information will be graphically represented.

- *2nd resident encounter:* Each student group will share their assessment with their assigned resident and, if available, a representative from the assisted living community. If applicable and appropriate, students can utilize motivational interviewing techniques to assess resident's openness to change and identify any resources available to support the resident.
- *Post 2nd resident encounter:* After the 2<sup>nd</sup> resident encounter, each student will complete a post-encounter assessment that will include select response and short answer items related to health & wellness for geriatric populations, the role and function of health professions represented on their IPE team, and effective team functioning. Residents (if able) will be invited to complete a survey assessing team functioning and their overall experiences with their assigned team.

### **Justification of Financial Support**

This educational experience has the potential to serve approximately 400 students across five disciplines. It is expected that beyond learning about the clinical relevance of geriatric health-related factors, students will also be exposed to how the adoption of healthy life habits in early adulthood influence health trajectories in older adults. This knowledge is relevant to a developmental task of early adulthood - the initiation and maintenance of personal rituals and routines related to health and wellness. The experience has positive implications for the residents in the assisted living community as they can obtain a comprehensive health and wellness assessment, serve as active participants in educating future doctors, and receive an incentive for their contribution. Robust benefits and illuminating the role of IPE in shaping students' understanding of health and wellness for geriatric populations requires equally robust resources. With this consideration, we request the following:

- *Participation incentive for volunteer residents:* \$2000. Incentives serve not only as a recruitment tool, but also as a token of appreciation to participants. The incentive will be presented in the form of gift cards to be used for services within their community or for vendors within travel distance of the assisted living facility.
- *Geriatric/IPE coordinator (OPS- temporary-Half-time):* \$4000. Given the multiple disciplines, colleges, universities and potential assisted living centers involved, it will be critical to have a liaison whose primary role is to manage the complex logistics introduced when numerous stakeholders are involved. This person would establish and maintain relationships with the assisted living communities and clerkship coordinators, assist the IPE coordinator with creating and managing IPE teams and facilitating faculty schedules, be on site (if necessary) to insure that IPE teams are connected appropriately with resident volunteers, assist with IRB and other necessary applications, and assist with assessment and analyzing qualitative assessment data (i.e. presentations, short answer items on student and resident assessments).
- *Knowledge Dissemination* \$4000: Provide funding for conference registration and other travel related expenses so that grantees can share the program and program results to applicable professional communities (AAMC, IPEC).

### **Expected Deliverable**

The expected deliverables include:

- A presentation that represents each interprofessional group's shared mental model of the patient's current situation with evidence-based recommendations to enhance health and wellness for their patient. Descriptions for the presentation will include text and graphics that represent their conceptualization of the patient. These will be assessed using a rubric that incorporates clinical competencies with specific interest in how their presentation reflects geriatric specific concerns from a multi-disciplinary perspective.
- Students will also assess their functioning as a team with peer and self-evaluation.
- Student responses to pre-post surveys that assess student's knowledge of geriatric patients, of assisted living communities and of how different professions contribute to the health and wellness for geriatric populations.
- Students' assessment/reflection/survey related to their beliefs about their contribution to the team or the team dynamics (discreet exchanges).
- Residents' survey responses about their experiences with their assigned team and the program overall.