An Interprofessional Geriatric Clinical Skills Fair

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Objectives

• Practice teaching skills related to interprofessional education (IPE) and geriatric competencies

• Formulate an Action Plan and prepare to introduce an Interprofessional Geriatric Clinical Skills Fair at their own institutions

• Recognize essential elements of a measurement tool that evaluates the effectiveness of an Interprofessional Geriatric Clinical Skills Fair
Background

• Aging population
  • 1998, 34 million adults ≥ 65 years → 2030, 71 million
  • By 2030, 25% of population ≥ 65 years old
  • Largest growing segment is over 85 age
  • Elderly use a disproportionate number of medical resources

• Institute of Medicine’s report in 2008 on “Retooling for An Aging America” calls to enhance the geriatric competence of the entire workforce

• Collaborative interprofessional practice is essential in the care of older adults
Background

• Partnership for Health in Aging - workgroup of healthcare professionals from 10 disciplines convened in 2008 to:
  • Advance recommendations of the IOM report
  • Advocate for ways to meet the healthcare needs of the nation’s rapidly growing older population

• Developed a set of “Multidisciplinary Competencies in the Care of Older Adults” in 2009
  • Core competencies in the care of older adults that are relevant to and can be endorsed by all health professional disciplines
    • Dentistry, Medicine, Nursing, Nutrition, Physical Therapy, Occupational Therapy, Pharmacy, Physician Assistants, Psychology, Social Work
Background

• With the recent release of IPE core competencies, as well as the multidisciplinary geriatric competencies, we now have a roadmap for guiding innovation in both IPE and geriatric education.

• Now, it is time for educators to realign our current educational system to better prepare health professions graduates through IPE.

• Students must develop the knowledge base and skills needed to work as an effective member of a health care team, particularly in regards to caring for older adults.
Background

- Clinical skills fair offers a fun, interactive way for learners to gain practical, evidence-based skills and knowledge pertaining to the care of older adults

- Ideal setting for clinically relevant IPE

- Highly rated by learners at various levels of training
Background

• Health Mentors Program: Provides IPE for 1st and 2nd year students from medicine, nursing, pharmacy, PT, OT, family & couples therapy
  • Student requests for more clinically relevant content
  • Student requests to better understand what other health professionals do and how they contribute to care

• First pilot in April 2013
  • 21 student volunteers participated

• Second pilot in April 2014
  • 18 student volunteers participated
Overarching Program Objectives

• Distinguish among, refer to, and/or consult with any of the multiple healthcare professionals who work with older adults, to achieve positive outcomes.

• Communicate and collaborate with different healthcare professionals to incorporate discipline-specific information into overall team care planning and implementation.
IP Geri Skills Fair: Agenda

• Pre-test
• Case presentation
• 4 interactive skills stations
• Case study questions
• Case study discussion/wrap-up
• Post-test
IP Geri Skills Fair: Case Study

• Evelyn is an 89 year-old woman coming to see you and your team for a geriatric assessment, accompanied to the visit by her daughter

• Evelyn was hospitalized 1 month ago for a stroke that has left her with left-sided weakness

• Today, her daughter is concerned that her mom has lost at least 5 pounds since she was in the hospital, seems more forgetful and less interested in activities she was involved with previously
IP Geri Skills Fair: Stations

- Older patient/caregiver simulation
- Cognitive assessment
- Gait evaluation
- Medication assessment
Station #1: Older patient/caregiver simulation

- Participate in caregiver/patient simulation to:
  - Describe the impact of health conditions and impairments associated with aging on a person’s quality of life and function.
  - Describe challenges associated with being a caregiver as well as being a care recipient.
Station #1: Older patient/caregiver simulation

- **Scenario #1**
  - Visual/Hearing/Sensory Impairment (impact on QOL, difficulty with IADLS)
    - Residents wear “drunk” goggles, shoes with rice inside and garden gloves (or gloves with cotton balls in tips) and are asked to walk over to a desk, open pill bottle, and fill weekly pillbox with correct dosage of medication (may be assisted by a resident “caregiver”)

![Image of residents handling medication]
Station #1: Older patient/caregiver simulation

- Scenario #2 - Physical Impairment (impact on QOL, difficulty with ADLS)
  - Residents will have dominant arm bandaged in ace wrap and will be asked to put on a pair of pants, button shirt, comb hair and brush teeth (may be assisted by a resident “caregiver”)

![Image of simulation activity]
Debriefing “getting older” station

• What impairment was most challenging for you and why?
• How did these impairments affect your function, ADLs, IADLs? How might these impact your quality of life?
• How did it feel to receive assistance from a caregiver? How did it feel to be the caregiver?
• How can you apply this to your visits with geriatric patients?
• Based on the results of the case patient’s overall functional assessment, what resources or referrals might be appropriate for case patient?
Station #2: Cognitive assessment

- Describe the characteristics of and differentiate between depression, delirium, and dementia in the older adult
- Administer and interpret a validated and reliable tool/instrument appropriate for use with a given older adult to assess cognition and mood.
Station #2: Cognitive Assessment

- Differentiating characteristics of dementia, delirium and depression
  - Race between 2 teams to correctly fill in chart
  - Definition, onset, mood, course, self-awareness
Station #2: Cognitive Assessment

• Role play of scripted tools to learn about and practice administering:
  • GDS: Geriatric Depression Scale, 15 item questionnaire
  • Mini-cog: 3 item recall plus clock draw
  • CAM: Confusion Assessment Method

• 1 student played role of provider, 1 student played role of patient, and 1 student was responsible for “scoring” tool

• Reviewed results of cognitive screening tests for case patient
Station # 3: Gait Assessment

- List reasons why assistive devices are prescribed for older adults.

- Identify types of assistive devices and reasons for selecting one type over another for a given patient.

- Administer and interpret the TUG (Timed Up and Go) to assess gait with an older adult.
Station #3: Gait Assessment

- Cane quiz addressing common misuses of canes
- Match the correct assistive device to the case patient
- Timed Up and Go - review and demonstration
Station #3: Gait Assessment

- Apply lesson to case patient
  - Review results of her TUG
  - What assistive device might be a good fit for case patient?
Station # 4: Medication Assessment

- Recognize the principles and practices of safe, appropriate, and effective medication use in older adults.

- Identify commonly prescribed medications that are inappropriate for older adults and explain why such medications are inappropriate.
Station #4: Medication Assessment

- “Brown Bag” case scenario based on presented patient
- Team-based review of medications to identify:
  - Polypharmacy
  - Drug-drug interactions/duplications
  - Potentially inappropriate medication use
Station #4: Medication Assessment

• Based on medication review, what medications should be eliminated to reduce her risk of adverse events and risk of falling?
Assessment and Treatment: Case discussion/Wrap-Up

• Student meet as a large group to review questions
  • What diagnosis does the results of the cognitive testing point you toward?
  • Based on her gait assessment and diagnosis today how might Evelyn benefit from continued PT?
  • Based on her medication review, what medications should be eliminated to reduce her risk of falls/adverse events?
  • Based on the results of her overall functional assessment, what resources or referrals might be appropriate for Evelyn?
Evaluation

- **Purpose:** to evaluate changes in knowledge of first and second year IP students
- **Methods:** Pre- and post-test design
  - 8 multiple-choice questions assessing knowledge related to the four stations
  - 4 questions assessing self-reported confidence (0-10) performing specific tasks taught in the fair
    - Completing a timed up and go test
    - Assessing cognition in an older adult
    - Assessing medication use in an older adult
    - Assessing sensory impairment in an older adult
Evaluation

• Post-test with 4 additional qualitative questions:

• Would you like to see an Interprofessional Clinical Skills Fair like this one incorporated as a required part of IPE training at Jefferson?

• Please list 1-2 things that you liked or learned from your participation in this Skills Fair

• Please list 1-2 things that would help to improve this Skills Fair for the future

• What other topics would you like to learn about in a Skills Fair format?
Survey Question - Sample

• What clinical assessment tool is used to differentiate delirium from other cognitive disorders?
  a. MMSE (mini-mental status exam)
  b. CAM (confusion assessment method)
  c. Mini-cog
  d. GDS (geriatric depression scale)
  e. CDT (clock drawing test)
Survey Question - Sample

• Which of the following assistive devices is most appropriate for a patient with a history of stroke with unilateral weakness and a hemi-paretic gait?
  a. 4-wheeled walker
  b. Single point cane
  c. Standard walker
  d. Wide Based Quad Cane
  e. Wheelchair
Evaluation: Results of Pilot # 2

- 18 students completed pre-test, 17 completed post-test
- 7 medical, 3 nursing, 4 OT, 3 PT, and 1 pharmacy student/s
- Comparison of pre and post-test averages showed notable score improvement
- Numbers too small to compare disciplines

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<td>Pre-Test</td>
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<td>Post-Test</td>
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Evaluation: Results of Pilot #2, cont

• Confidence Ratings:
  • Complete a TUG: 16/16 (100%) reported increase in confidence
  • Assess cognition: 16/17 (94%) reported increase in confidence
  • Assess medication use: 15/17 (88%) reported increase in confidence
  • Assess sensory impairments: 13/17 (76%) reported increase in confidence
Qualitative Questions

• 88% of students responded “yes” to the question:
• Would like to see a “fair like this one” included as a mandatory part of IPE training?
• Please list 1-2 things that you liked or learned from your participation in this Skills Fair:
  • Several stated liking various aspects of content like learning about mobility devices, cognitive screening tests, medication use
  • “I liked this session because it provided concrete skills that are helpful for my profession, while also getting a good idea of other health fields and how we can all work together.”
Qualitative Questions

- Please list 1-2 things that would help to improve this Skills Fair for the future:
  - More time at stations
  - Actual patients
  - Make it a requirement for HMP!
  - More disciplines involved
- What other topics would you like to learn about in a Skills Fair format?
  - “Any hands on topic”
  - Rehab, peds, hospital cases, mental health
  - “Anything, please keep things like this coming!”
Lessons Learned

• Strengths:
  • Highly effective teaching model that is fun, easy to replicate
  • Addresses both Geri and IPE competencies
  • Ideal setting to introduce IPE, practice teamwork

• Challenges:
  • Time intensive for faculty
  • Faculty development in IPE
  • Busy curricular schedules
  • Scheduling logistics across 6+ disciplines
Next Steps...

- Expand fair
  - Increase # of students trained in HMP
  - Consider adding disciplines
  - Modify pilot for different level learners
- Evaluation changes
  - Evaluate pre/post assessment by discipline
  - Longitudinal assessment
  - Evaluate specific IPE competencies
Questions? Contact Us!

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