

CARING FOR VETERANS: AN INTERPROFESSIONAL EDUCATION EXPERIENCE

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BACKGROUND

- The Institute of Medicine (IOM) (2001) recommends a team-based patient-centered model of care for veterans.
- Interprofessional education (IPE) designed to improve communication, ethical decision-making, and clinical teamwork while providing primary care services to veterans.
- Training provided on military culture, common health problems among veterans, and inspiring veterans as partners in healthcare.
- Students engaged in active, respectful listening to encourage veterans to share their lived experiences and enhance communication.
- Provide class and clinical experiences relevant to the veterans' experience and the relevant psychosocial and physical healthcare.

DESCRIPTION OF PROJECT

- VA consultants share basics of military culture and norms.
- •Veterans panel share lived experiences about military service.
- •Information and treatment strategies for common behavioral and physical health problems among veterans.
- •Team-based case studies to assess and manage common problems among veterans of various eras and conflicts.
- •Student teams role-play, interacting in veteran-based scenarios with standardized patients/actors.
- •Clinical faculty role-model patient-centered care while functioning as collaborative healthcare providers.

PROJECT MODEL

Evidence-based practice for improved health outcomes

Veteran's

own health

Patient Centered Model

Learning

Strategies

Teamwork in classroom and clinical settings

perspective on

Active Listening

Communication **Skills Training**

PARTICIPANTS

Total = 42 (3 semesters)	% (n)
Race/Ethnicity	
Alaska Native	0% (0)
American Indian	4.8% (2)
Asian	21.4% (9)
Black or African American	7.1% (3)
Hispanic	2.4% (1)
Native Hawaiian/ Pacific Islander	0% (0)
White	69% (29)
Gender	
Female	88.1% (37)
Male	11.9% (5)
Age	
20-29	66.7% (28)
30-39	19.0% (8)
40-49	14.3% (6)



http://primaryhealth careteams.ca/wp-content/uploads/2013/10/cuspmain.jpg

PRELIMINARY EVALUATION

QUANTITATIVE:

Pre- and post-course surveys

Readiness for Interprofessional Learning Scale (RIPLS; McFayden et al., 2006; Parsell & Blight, 1999).

Knowledge Assessment (Peterson et al., 2015)

Attitudes toward Health Care Teams Scale (ATHCT; Heinemann et al., 1999, Kenaszchuk, 2010)

Team Skills Scale (Hepburn et al., 1998, 2002)

Interprofessional Collaboration Scale (Kenaszchuk et al., 2010)

Interprofessional Facilitation Scale (Sargeant et al., 2010)

QUALITATIVE:

Post-course focus groups and weekly reflection questions



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PRELIMINARY RESULTS

QUANTITATIVE

Data analysis—Descriptive statistics and paired *t*-tests:

Knowledge Assessment—Pre-course = 6.21 [1.24]; Post-course = 7.12 [1.13], p = .000

Team Skills Scale—Pre-course = 56.33 [6.94]; Post-course = 59.19 [6.13], p = .000

Overall high readiness for interprofessional learning, communication, and collaboration at baseline.

QUALITATIVE

Five themes emerged from focus groups and reflection questions:

- Roles and responsibilities
- Teams/teamwork
- Understanding military culture
- Advocating for patients
- Interprofessional education and professional education.

LESSONS LEARNED

Coordinating class/clinical experiences must be flexible and based on student group with the least time allocated.

Mix of students' academic preparation and level of experience adds richness to student groups.

Adapt course based on current student suggestions, so they can benefit from changes.

Start early for students' authorization to participate at VA clinical settings.



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CONCLUSIONS



http://www.sanfrancisco.va.gov/images/GRACE_480x330.jpg

Health professional students learned to collaborate caring for veterans.

Communication and teamwork was enhanced by clinical and classroom experiences.

Improvement in students' knowledge of military culture and common health problems of veterans.

Increased students' comfort and confidence in interprofessional interactions.

QUESTIONS?



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