

2008 APTR Institute for Interprofessional Prevention Education Final Team Project Report

University of Oklahoma Health Sciences Center

1. GRANT TITLE: A Planning Year: Interprofessional Team Models for Research and Service-learning in Geriatrics

Professions involved: Faculty in Nursing (2), Medicine (1), Pharmacy (1), Physical Therapy/Occupational Therapy (1). Students (0)

Was there an existing core IPE faculty team prior to this project? No

2. Goals

The purpose of this PLANNING grant was to use lessons learned through the APTR Institute to shape interprofessional team models for geriatric research- and clinical-service learning. Goals included:

1. Seed a cross-disciplinary education team including faculty and students

2. Via interprofessional activities, build team-driven research capacity to test solutions for aging in place

Our intentions included the following objectives and actions:

GOALS	OBJECTIVES
<p>1. Seed a cross-disciplinary education team including faculty and students</p>	<p>1. Examine principles for establishing service learning¹ (as articulated by Campus-Community Partnerships for Health)</p> <p>2. Introduce theoretical and experiential framework for interprofessional learning to the full team (faculty, students, other key stakeholders from university and community)</p> <p>3. Articulate discipline based perspectives to identify commonalities and differences for consideration in team process</p> <p>4. Develop a structure for service learning via interprofessional team training.</p> <p>Actions: Year 1: Planning initiative. Develop the Logic Model; assess structure and process available to implement proposed initiatives. Identify at year end whether feasible to proceed to year 2 initiative.</p>

GOALS	OBJECTIVES
	<p>Year 2: Implement pilot IPE via case-based simulations. Identify at year end whether feasible to proceed to year 3 initiative.</p> <p>Year 3: Implement pilot IPE learning initiative in community-based setting</p> <p>All years: Track selected pilot opportunities for interprofessional research training r/t the IPE initiative</p>
<p>2. Via interprofessional activities, build team-driven research capacity to test solutions for aging in place</p>	<ol style="list-style-type: none"> 1. Address prevention-based solutions to support independence of older adults living at home. 2. Hold a series of interdisciplinary team meetings to: <ol style="list-style-type: none"> a. develop the research agenda, plan interprofessional team collaboration b. craft an interprofessional research training model around community based aging in place <p>Actions:</p> <p>Year 1: Engage IP faculty in newly established Reynolds Center of Geriatric Nursing Excellence (content or research mentor to PhD student, participant in geriatric research workgroup and/or interdisciplinary colloquia)</p> <p>Year 2: Continue year 1 actions; bring community stakeholders into these activities; track interest in research opportunities in the IP initiatives discussed in Objective 1.</p> <p>Year 3: Implement interprofessional intervention and evaluation workgroup to address solutions and supports for aging in place (with infrastructure support from the Reynolds Center of Geriatric Nursing Excellence or other emerging initiatives).</p>
<p>3. At the conclusion of year 1, and beyond: Disseminate project results to curricular, campus, and community wide audiences.</p>	<ol style="list-style-type: none"> 1. Present project results and infrastructure recommendations to Associate Vice Provost. 2. Present results to the faculty through OUHSC Education Grand Rounds 3. Present results to OUHSC student leaders through the Student Councils 4. Present results to professional communities through manuscript development or invited presentations.

The product of our work includes clinical education course development and incubation initiatives to promote interprofessional research team development. An interprofessional course titled: Interprofessional Health Care Approach to Community Dwelling Elders at Risk for Falls has been developed. The goal of this course is to develop health care professionals from different disciplines who will be able to apply the interprofessional training acquired through this course to effectively work within and develop functional interprofessional health care teams to affect positive outcomes for community dwelling elders at risk for falls. The course, as it is currently planned, would cover two semesters and be offered as one credit hour per semester for those trainees needing credit hours. Course objectives and course content have been developed. The course will begin with foundational material on aging and methods of team building. This will be followed by discipline specific presentations on assessment tools for falls, prevention strategies for falls and implementation plans for prevention strategies. This component of the course will be delivered in a combination of live classes and internet based methods. The later part of the course will consist of patient interview skills, logistics and an actual practical experience with a patient in the community who is at risk of falling. An intervention plan will be developed by the team to minimize that patient's risk of falling.

Type of prevention addressed? Primary and secondary prevention.

Educational methods or approaches planned for the course include practica experiences, formal content and discussions via web-based and classroom.

Was credit offered for the course or was the activity an elective? The sequence of two one-credit courses was planned as an elective.

In addition to our interprofessional clinical education initiative, we proposed enhancing interprofessional research capacity by initially using mechanisms within the established structure of the new Reynolds Center of Geriatric Nursing Excellence. Our goal was to engage interprofessional faculty in the Reynolds Center as content or research mentor to PhD student, participant in geriatric research workgroup and/or interdisciplinary colloquia. The Center brought interprofessional colleagues together to seek input re interprofessional research initiatives within an aging-in-place framework (university - 9 disciplines or offices represented; Community - 5 agencies represented; ~ 22 representatives total). Results thus far: colleagues in nursing and architecture re: state of science paper re aging in place and universal design; colleagues in nursing and nutrition re: nutritional status and interventions with community-dwelling widows; hosted aging-in-place Distinguished Visiting Scholar on campus with input requested across our professions for planning sessions and contacts; Geriatric Interdisciplinary Translational Research Summer Institute planned with our team serving as 'point persons' to seek interested faculty within each of our respective colleges.

3. Progress to date

Is your project proceeding as you had planned? We have substantively met all objectives of the funded project. Course objectives and content have been developed. Although proposed for implementation in Fall, 2009, the logistical differences with student schedules across professions (on campus time and at distance sites) contributed to insufficient student interest to offer the course. Activities informally continue to build interprofessional team-driven research capacity to test solutions for aging in place via the established Reynolds Center of Geriatric Nursing Excellence.

Number of students involved in this planning grant? – none

Have you modified any elements of your project from your original plan? Original plans have not been modified. In addition, we plan to host a visit by a national expert in fall prevention intervention research and interprofessional research team development.

Explain any unexpected outcomes from your project; positive, negative and other. We better understand the educational requirements across our five disciplines, as well as the scheduling difficulties inherent in building a course accessible to a range of health disciplines. We have developed a stronger relationship among team members through working on the grant project.

Which instructional strategies have worked best? And Are there any instructional strategies you would change? [Note: our planned project developed the educational course; grant outcome did not include implementing the course during year 1]

4. Important decisions made (or contemplated)

Based on what you have learned thus far, what would you have done differently? Provide additional team-building activities prior to the team's attendance at the Institute. More actively explore team members and students' interest and intentions regarding each of the goals (clinical education and building research capacity).

5. Lessons learned or new perspectives acquired so far

Explain any unanticipated outcomes from your project, both positive and negative. (see response to question # 4)

Given your experience thus far, would any other type of training or preparation have been helpful? Consider bringing team leaders together in a facilitated small group during the Institute, and continue with quarterly problem-solving teleconference sessions with the facilitators. Goal: Use the diversity and insights of the teams across the nation to strengthen individual team efforts.

6. Challenges faced.

At this time most challenges have been overcome. However, the most critical challenge we are currently facing is recruitment of students (trainees) from each of the five professions. In Rehabilitation Sciences (representing the professions of physical and occupational therapy), preliminary investigation into student interest has yielded negative feedback. The students cited a variety of personal and project-related reasons that prevented their participation in our interprofessional program. Personal reasons included family commitments to avoid taking on additional activities, lack of interest in geriatric practice, desire to participate in out of town clinical rotations that would conflict with the timing of the interprofessional course, and desire to participate in other elective courses currently offered in physical and occupational therapy. The personal reasons pose barriers that we are unlikely to solve. Project-related reasons for disinterest included concerns about the program's length and the inconvenience of the requirement that students attend some of the sessions in the evening. The latter reasons are within the control of the group and we are investigating other curricular arrangements. Changes in this area may allow us to successfully overcome these barriers. In Medicine, the primary barrier is that the Geriatric Fellow is not scheduled to start until mid October 2009. This adjusted start date would not work with our two semester course design but could work if we compressed it to one semester or even one full week. It does not appear feasible to include medical students or residents in this current program. Besides the lack of flexibility in their schedules, medical students would not bring the level of expertise or identity with their profession as would be present with the more advanced students. We are actively working to overcome all challenges through continued discussion of potential alternatives that could allow us to attract interested students.

In nursing, the course would be open to graduate students in three programs including two Nurse Practitioner programs (Adult, Family) and the Clinical Nurse Specialist program. These programs do not require elective courses and therefore, only a very motivated student with a strong interest in the geriatric population would be willing to register for the course. Unfortunately, registering for the course would have a financial impact in the form of additional associated tuition and fees as well as the cost for materials, and this is a concern for many students. One PhD student was interested in the course, but it was felt that the course objectives would not align with her proposed plan of research, and therefore might not be academically beneficial.

7. Evaluation plans/instruments used.

Project goals and outcomes were used as the template to track activities and progress toward achieving each outcome (deliverable) at midyear and at the 12th month. Our purpose for this planning year was to (1) determine the feasibility of offering a course and (2) develop activities to build team-driven research capacity in geriatrics. We developed the course and initiated the activities as stipulated in the grant. Final evaluation method included a feasibility assessment of the course (would students enroll if the course were offered? would the course accommodate the variability of schedules for

students across the named disciplines? would the original project faculty be willing to continue to be primary faculty in the course?) and documentation of activities related to incubating the team-driven research capacity in geriatrics.

8. Note any Institutional Change. ---

9. Note any new products that were developed. ----

10. Other items of interest to share

What impact on the curricula at your institution do you anticipate will emerge as a result of your interprofessional prevention education initiative? Although we do not anticipate formal changes to the various curricula in the near future, we do believe the opportunity for cross-disciplinary education has been enhanced by our involvement in this project. We are aware of the challenges and issues as well as the opportunities available within our Health Sciences Center. We believe that new accreditation standards addressing interprofessional education and the interest of a core group of faculty on campus provide structure to further develop interprofessional education initiatives.

Please share future plans you have for advancing interprofessional prevention education activities at your institution. Efforts to build interprofessional team-driven research capacity in geriatrics will continue through the Reynolds Center of Geriatric Nursing Excellence and the combined efforts of faculty in the disciplines we represent. With support from the Associate Vice Provost for Faculty Development Interdisciplinary Programs we plan to host a national expert experienced in interprofessional research teams and fall prevention intervention research to campus during the upcoming academic year as part of campus-wide Educational Grand Rounds.

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