Preparing Students to Surf the Silver Tsunami Through Collaborative Practice: Introducing Interprofessional Student Healthcare Teams in a Longitudinal Senior Mentoring Program

Lisa Tshuma, PA-C, MPAS, MPA
Sarah Ross, DO, MS

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About Us

- We LOVE older people!
- Clinically, we care for folks >65 years wise.
- Our research projects involve people >50 years wise.
- Our favorite group are the Spanish-speaking “super seniors” (>85).
- We believe Geriatrics is the field of the future.
At the conclusion of this session, participants will be able to:

1. Define interprofessional education (IPE)
2. Describe the role of IPE in preparing physician assistant students to practice collaboratively and “surf the silver tsunami”
3. Understand how physician assistant competencies are addressed through an interprofessional senior mentoring program
4. Take home best practices that will facilitate interprofessional and geriatric training
The Effectiveness of Teams

• There is a growing body of evidence in support of the positive impact of highly effective integrated health care teams:

  • **Improved Quality of Patient Centered Care**
  
  • **Reduction in Medical Errors & Improved Patient Safety**

Healthcare institutions that have effectively implemented a medical teamwork system have observed:

- A decreased clinical error rate from 30.9% to 4.4%\(^1\)
- A 27% reduction in nurse turnover\(^2\)
- A 50% decrease in the average length of ICU stays\(^3\)

Interprofessional Education:

*When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.*

**Professional:** *includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community.*

Interprofessional collaboration in education and practice is an innovative strategy that will play an important role in mitigating the global health crisis.

IPE is a necessary step in preparing a “collaborative practice-ready” health workforce that is better prepared to respond to local health needs.
Interprofessional Collaborative Practice:

• when multiple health workers from different professional backgrounds work together with patients, families, careers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.

A collaborative Practice-Ready Health Worker:

• someone who has learned how to work in an interprofessional team and is competent to do so

Health Professions Schools are Facing a Charge to Utilize Interprofessional Practice Training

IPE Drivers:

A Changing Health Care System
- Improved Patient Outcomes
- Reduced Adverse Outcomes
- Increased Accountability

Licensing & Accreditation
- Assessing Competencies
- Maintenance of License & Certification Program Accreditation Standards

Competencies
- Movement toward incorporation of interprofessional collaborative practice competencies across health professions
- Development of the IPEC Core Competencies for Interprofessional Practice
• B1.08 The curriculum *must* include instruction to prepare students to work collaboratively in interprofessional patient centered teams.

• B2.02 The program curriculum must include instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals.
Six PA Competency Domains

- Systems-based Practice
- Medical Knowledge
- Practice-based Learning & Improvement
- Interpersonal & Communication Skills
- Professionalism
- Patient Care
Overlap Between IPEC Core Competency Domains & PA Competencies

Communication

**Interpersonal Communication Skills:** Physician assistants are expected to:
work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group

Values & Ethics

**Practice–based Learning & Improvement** Physician assistants are expected to:
recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Teams & Teamwork

**Patient Care:** Physician assistants are expected to:
work effectively with physicians and other health care professionals to provide patient-centered care

**Professionalism:** Physician assistants are expected to demonstrate:
professional relationships with physician supervisors and other health care providers
commitment to the education of students and other health care professionals

**Systems-based Practice** Physician assistants are expected to:
partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes

Roles & Responsibilities

**Medical Knowledge:** Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:
management of general medical and surgical conditions to include pharmacologic and other treatment modalities
interventions for prevention of disease and health promotion/maintenance
Tsunami

- A series of water waves caused by the displacement of a large volume of a body of water.
- Tsunamis generally consist of a series of waves with periods ranging from minutes to hours, arriving in a so-called "wave train".
- Tsunamis cannot be prevented or precisely predicted, but there are some warning signs.
- The effects of a Tsunami can be devastating due to the immense volumes of water and energy involved.
Silver Tsunami

Population 65+ by Age: 1900-2050
Source: U.S. Bureau of the Census
What is SAGE?

- A unique senior mentoring program designed to prepare health care professions students to better serve their older patients and work collaboratively.
- UNTHSC Medical, PA, PT and Pharmacy students are assigned to interprofessional teams of 2-3 students & paired with a senior mentor in the community. As a team they complete 8 home visits with their mentor over 2 years.
- Funded in 2009 and again in 2013 by a grant from the Donald W. Reynolds Foundation and matching funds from the University of North Texas Health Science Center.
- Senior mentor volunteers are primarily Meals on Wheels clients or geriatric patients of UNT Health.
SAGE Program Growth

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<th>Year</th>
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Implementation

Orientation – All 1st year students
- SAGE Policies & Procedures
- Intro to HIPPA & CITI Training
- Sit with Interprofessional Teams

Human Resources
- Chief of Geriatrics Division
- Reynolds Programs Director
- SAGE Program Coordinator
- 16 Faculty including 1 Core Faculty from each Profession

Online Platform – Canvas
- Introduction to Healthcare Professions
- Student & Senior Mentor Handbooks
- Announcements & Team Assignments
- Visit Instructions & Support Materials
- Assignment Submission
- Assignment Feedback via Rubrics & Faculty Comments

Year 1 2013 Teams:
- 42 DO-PA-PT
- 8 DO-PA-Pharm
- 24 DO-PA
- 67 DO-DO-Pharm
- 134 DO-DO
• Developed to Address Geriatric Minimum Competencies
SAGE was Developed to Address Geriatric Minimum Competencies

SAGE assignments are integrated with the recommended minimum geriatric competencies for students from the:

**American Geriatrics Society (AGS)**
- Areas of Basic Competency for the Care of Older Patients for Medical & Osteopathic Schools

**Association of American Medical Colleges (AAMC)**
- Geriatric Competencies for Medical Students

**American Association of Colleges of Osteopathic Medicine (AACOM)**
- Geriatrics Curricula for Medical Education in Osteopathic Medicine

**American Osteopathic Association (AOA)**
- Fundamental Osteopathic Medical Competencies
SAGE Program Objectives & Goals

- Developed to Address Geriatric Minimum Competencies
- Focused on Attitudes, Knowledge, Behaviors & Skills
Year 1 Visit Assignments

Visit 1: Introduction to Senior Mentor & Life Reminiscence
Students learn to understand the benefits of life review, patient-centered interviewing, and assessing psychosocial issues, spiritual beliefs, and health perceptions in older adults.

Visit 2: Home Environment/Safety Assessment
Students learn to identify and help prevent conditions that could result in falls or other injuries and to perform a comprehensive fall risk assessment for an older adult.
Year 1 Visit Assignments

Visit 3: Medication Review / Pharmacology
Students perform a medication review and learn to appreciate issues associated with prescriptions and multiple medications.

Visit 4: Medical History & Physiology of Aging
Students obtain a medical history and practice communication skills with special emphasis on physical changes of aging.
Visit 5: Limited Physical Examination
Students perform a limited physical and cognitive examination on an older adult, and learn to adapt an examination to possible health conditions.

Visit 6: Community Resources & Functional Assessment
Students identify current use of community resources, potential services, identify specific goals for the resources needed and complete a functional assessment.
Visit 7: Nutritional Assessment

Students perform a nutritional assessment and provide education on nutritional balance and diet modifications related to selected health conditions.

Visit 8: Advance Care Planning & Ending the Healthcare Professional Relationship

Students explore issues associated with advanced care planning (Power of Attorney, Living Will, etc.) and identify the process for terminating the physician/patient relationship.
SAGE Integration with PA Curriculum

**Year 1**
- **Fall Semester**
  - Visit 1 - Life Reminiscence
  - Visit 2 – Home Safety Assessment
- **Spring Semester**
  - Visit 3 – Medication Review
  - Visit 4 – Medical History & Physiology of Aging

**Year 2**
- **Fall Semester**
  - Visit 5 – Limited PE
  - Visit 6 - Community Resources & Functional Assessment
- **Spring Semester**
  - Visit 7 – Nutritional Assessment
  - Visit 8 - Ending the Healthcare Professional Relationship / Advance Care Planning

- Medical Interviewing
- Pharmacology
- Fundamentals of Behavioral Science

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UNT HEALTH SCIENCE CENTER
SAGE on Canvas

SAGE VISIT 5

3. Our fifth SAGE team visit was on September 16, 2013 at 5:00pm. Our new senior mentor is Helen Hamburn and she is 63 years old. Her blood pressure was 150/91 and her pulse was 86 beats per minute, non-bounding and slightly irregular. Her SAGE team member is Ashley Willard who is a second year DO student.

2. Physical Exam findings: **Note on physical exam – our senior mentor was not able to move much or stand from her recliner. She is very frail and was concerned with falling and was with possibly uncentering on the floor if she stood. We feel that her comfort was most important and did not require her to move or stand. Therefore, we were not able complete all of the tasks of the limited physical exam that were assigned. Tasks unable to complete are the following – orthostatic blood pressure, most of the back and lower extremities exams, portions of the neurologic exam including transitions of movement (sit to stand), gait, and Romberg tests.

General:
- The patient is an 83 year old well developed, well-nourished Caucasian female who appears her stated age sitting comfortably on her recliner in no apparent discomfort.
- Heart Rate (HR): 86 beats per minute, slightly irregular, non-bounding.
- Respiratory rate (RR): 17 breaths per minute, unlabored.
- Blood pressure (BP): 150/91

Integumentary:
- Skin is warm and dry without evidence of rashes, ulcers, or discolorations. No peripheral edema appreciated. Still dry and a bit shiny. Mild discoloration on foreskin of penis.
- Hair is clean and shiny with no alopecia and tangles. Distribution is normal. There is no tinea or lesions on the scalp, but mild erythema noted on scalp.
- Nails are clean, afforded to nail bed, and without lesions. No clubbing or apical noted. Capillary refill is less than 2 seconds.

Head:
- Patient is normotensive.
- Retinas shows normotensive and without masses.
SAGE Program Objectives & Goals

- Developed to Address Geriatric Minimum Competencies
- Focused on Attitudes, Knowledge, Behaviors & Skills
- Support Professional Accreditation Requirements
• B1.06 The curriculum must include instruction to prepare students to provide medical care to patients from diverse populations.
• B2.06 The program curriculum must include instruction in the provision of care across the life span.
• B2.08 The program curriculum must include instruction in the social and behavioral sciences as well as normal and abnormal development across the life span.
• B2.09 The program curriculum must include instruction in basic counseling and patient education skills.
• B2.13 The program curriculum must include instruction in patient safety, quality improvement, prevention of medical errors and risk management.
SAGE Program Objectives & Goals

• Developed to Address Geriatric Minimum Competencies
• Focused on Attitudes, Knowledge, Behaviors & Skills
• Support Professional Accreditation Requirements
• Tied to both Interprofessional Education and Professional Competencies
Objectives: Visit 1 Life Reminiscence

Attitudes
1. Appreciate when and why life reminiscing may be of value to healthcare professionals and older adults.
2. Recognize and respect the unique and common roles, training and expertise of other health care professionals.

Knowledge
3. Discuss the role of communication skills in patient-provider satisfaction and effective interprofessional team collaboration.
4. Describe the characteristics of successful health care professions collaborative teams.
5. Assess the interprofessional health care team’s performance and identify strategies for improvement.

Behaviors & Skills
6. Communicate effectively within the interprofessional health care team, and to function appropriately within agreed upon roles.
Visit 1 Objective 1
Attitudes: Appreciates when and why life reminiscing may be of value to healthcare professionals and older adults.

**Physician Assistant**

**PA Competency Domain:**

**Patient Care**
Obtain essential information and accurate information about their patients.

Make decisions about diagnostic and therapeutic interventions based on patient information & preferences, current scientific evidence and informed clinical judgment.

Demonstrate compassionate and respectful behaviors when interacting with patients and their families.

**Interprofessional Education**

**IPEC Core Competency Domain:**

**Team and Teamwork**

**TT4** Integrate the knowledge and experience of other professions appropriate to the specific care situation to inform care decisions while respecting patient and community values and priorities/preferences for care.
Visit 1 Objective 2
Attitudes: Recognize and respect the unique and common roles, training and expertise of other healthcare professionals.

Physician Assistant

PA Competency Domains:

**Interpersonal & Communication Skills**
Work effectively with physicians and other health care professionals as a member of leader of a healthcare team or other professional group.

**Professionalism**
Demonstrate professional relationships with physician supervisors and other health care professionals

**Medical Knowledge**
Understand, evaluate, and apply the following to clinical scenarios: interventions for prevention of disease and health promotion/maintenance

Interprofessional Education

IPEC Core Competency Domain:

**Values/Ethics**
VE4 Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
Visit 1 Objective 3
Knowledge: Discuss the role of communication skills in patient-provider satisfaction and in effective IP team collaboration.

**Physician Assistant**

PA Competency Domain:

**Interpersonal & Communication Skills**
Create and sustain a therapeutic and ethically sound relationship with patients.

Use effective communication skills to elicit and provide information.

Work effectively with physicians and other health care professionals as a member of leader of a healthcare team or other professional group.

**Interprofessional Education**

IPEC Core Competency Domain:

**Interprofessional Communication**
CC1 Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
Visit 1 Objective 4
Knowledge: Describe the characteristics of successful health care professions collaborative teams.

Physician Assistant

**PA Competency Domain:**

**Systems-Based Practice**

Practice cost-effective health care and resource allocation that does not compromise quality of care.

Partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.

Interprofessional Education

**IPEC Core Competency Domain:**

**Team and Teamwork**

**TT1** Describe the process of team development and the roles and practices of effective teams.
Visit 1 Objective 5
Knowledge: Assess the interprofessional health care team’s performance and identify strategies for improvement.

Physician Assistant

PA Competency Domain:

Practice Based Learning & Improvement

Analyze the practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health delivery team.

Recognize and appropriately address personal biases, gaps in medical knowledge and physical limitations in themselves and others.

Interprofessional Education

IPEC Core Competency Domain:

Team and Teamwork

TT8 Reflect on individual and team performance for individual, as well as team, performance improvement and

TT9 Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
Visit 1 Objective 6
Behaviors & Skills: Communicate effectively within the IP health care team, and function appropriately within agreed upon roles.

Physician Assistant

PA Competency Domains:

Interpersonal & Communication Skills
Use effective communication skills to elicit and provide information

Work effectively with physicians and other health care professionals as a member of leader of a healthcare team or other professional group.

Patient Care
Work effectively with physicians and other health care professionals to provide patient-centered care.

Interprofessional Education

IPEC Core Competency Domain:

Interprofessional Communication
CC1 Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussion and interactions that enhance team function.

Roles/Responsibilities
RR4 Explain the roles and responsibilities of other care providers and how the team works together to provide care RR6 Communicate with team members to clarify each member’s responsibility in executing components of a treatment plan or public health intervention
What Do Senior Mentors Think

Student Strengths

- Interested & Cares
- Good Listener
- Positive Attitude

Student Areas for Improvement

- Take Your Time
- Don’t Be Shy, Step Up! Speak Up!
- Be Comfortable with Silence
What Do Students Think

Student Concerns
- Senior mentor availability
- Scheduling logistics
- Distance & Travel Time

Student Praise
- IPE Interaction – We want more!
- Challenges me to integrate my learning
- I’ll never forget her - My 1st “Real Patient”
Student Comments

• “I really enjoyed having the opportunity to work with students from other health professions. We have so few opportunities to interact with students in other programs.”

• “I learned a lot about how my IPE team members’ professions are similar and different from my own.”
Best Practices Learned From SAGE

• Integrate IPE throughout the curriculum
• Tie each assignment to a course grade
• Let students learn from their mistakes
• Keep IPE teams small – no more than 3 students
• Set policies to help keep relationships between students & mentors professional
• Only use a local area code to call senior mentors
• Faculty modeling of IP collaboration speaks volumes
No matter how you slice it, SAGE helps students develop the interprofessional collaborative practice competencies needed to “surf the silver tsunami” of increasing health care needs for our growing geriatric population.
Questions?


