Impact of a Graduate Interprofessional Clinical Immersion Experience with Older Adults
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Purpose

- Evaluate the impact of a clinical immersion experience with an older adult patient population on the development of interdisciplinary and team care competencies among medical and nurse practitioner students.

Background

- Core Competencies for Interprofessional (IP) Collaborative Practice restructure the organizing educational framework to include interprofessional education (IPE) of all health profession students (IPEC, 2011).
- IPEC competencies are aligned within four domains: 1) Values and Ethics; 2) Roles and Responsibilities; 3) IP Communication; and 4) Teams and Teamwork.
- The Partnership for Health in Aging (PHA) and the American Geriatric Society (AGS) multidisciplinary competency domain #4, Interdisciplinary and Team Care, closely align with the IPEC competency domain of teams and teamwork.
- Extant literature suggests that health professions move from educating in discipline-specific silos to IP cohorts to better appreciate the unique and combined contribution of various providers in the management of complex health problems. Data indicates that IP education may promote positive patient outcomes.
- Strategies need to be developed, implemented and evaluated that focus on increasing knowledge and attainment of IPEC competencies, particularly with vulnerable older adults.

Specific Aims

- To obtain foundational knowledge as a first step for future IPE development and evaluation.
- Implement and evaluate an online educational strategy designed to augment clinical immersion.
- Assess and evaluate graduate students' perceptions of a 2-week interprofessional clinical immersion.

Interdisciplinary and Team Care Competencies

AGS | THE AMERICAN GERIATRICS SOCIETY
Geriatrics Health Professionals.
Leading change. Improving care for older adults.

- Multiple healthcare providers working together to achieve positive outcomes for older adults.
- Incorporating discipline-specific information into team care planning and implementation.
 (PHA/AGS, 2010)

Project Design

- Small scale prospective pilot.
- One group pre- and post- educational intervention.
- Post clinical immersion debriefing.

Setting and Participants

- Large multi-site Federally Qualified Health Center located on the west coast of Florida.
- Graduate health professional students from the University of South Florida Colleges of Medicine and Nursing completing rotations focused on care of older adults under the terms and provisions of a Geriatric Workforce Enhancement Program (GWEP) grant awarded.

Interprofessional Collaboration Competency Domain

(IPEC, 2016)

The Learning Continuum pre-licensure through practice trajectory
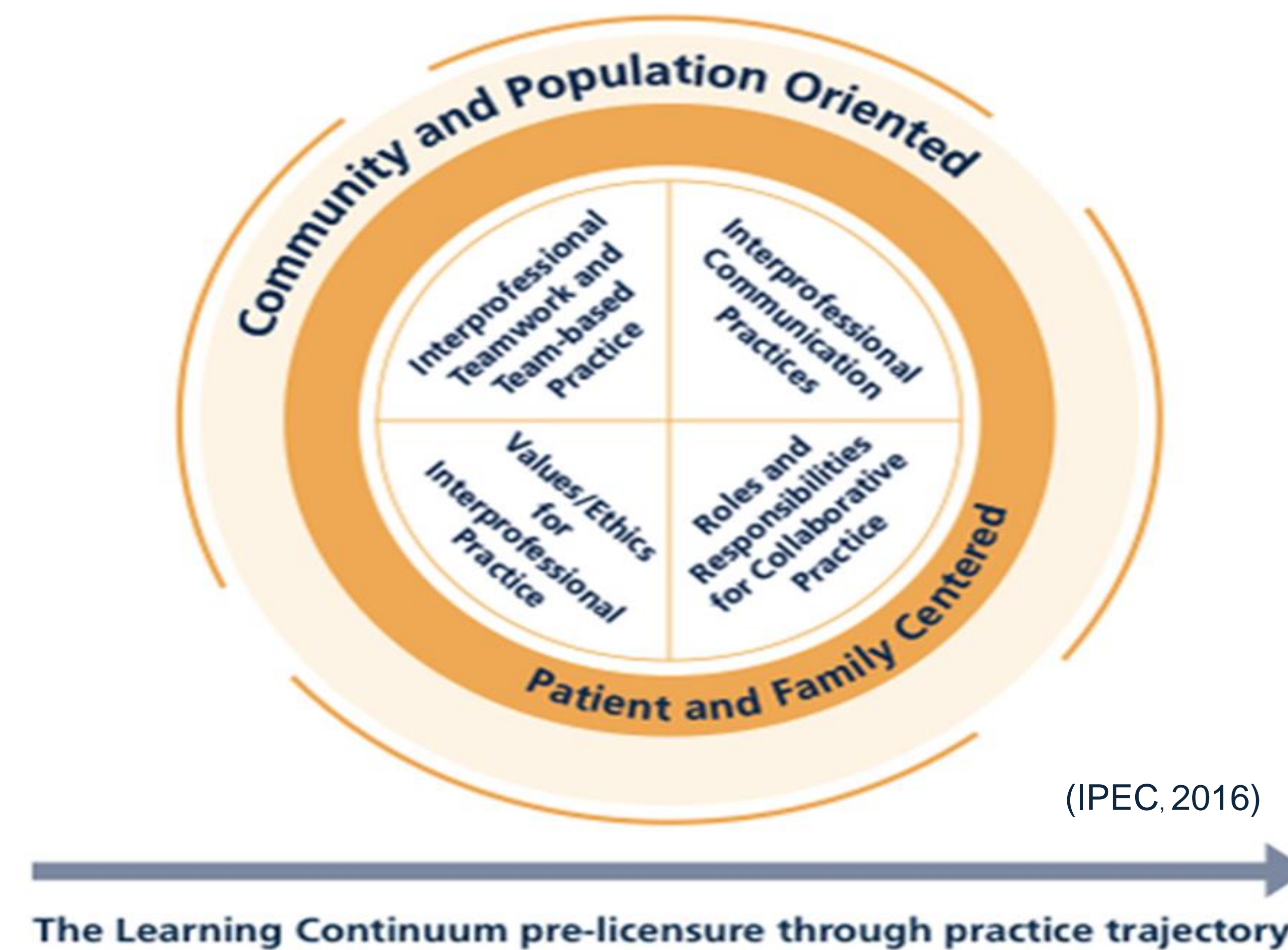
Methods/Analysis

- Following IRB approval (#00027133), this project was conducted in a prospective manner over a 6 week period from October to early November 2016.
- Each clinical immersion experience was 2 weeks in duration and included 1 to 2 nurse practitioner students and 1 medical resident participants, forming an interprofessional student team.
- Following informed consent, participants were asked to complete the Interprofessional Collaborative Competency Attainment Survey (ICCAS) and the Attitudes Towards Health Care Teams Survey (ATHCTS) at the beginning of each immersion rotation, prior to the educational intervention, and at the end of each immersion rotation.
- Debriefing sessions were conducted at the conclusion of each immersion experience to obtain student perceptions on the clinical immersion experience.

Instruments

- *Interprofessional Collaborative Competency Attainment Survey (ICCAS) ** (Archibald, Trumpower, & MacDonald, 2014)
- *Attitudes Towards Health Care Teams Survey (ATHCTS) ** (Hyer, Fairchild, Abraham, Mezey, & Fulmer, 2000)

  * Copy for viewing upon request

Debriefing Results (n = 4)

Debriefing Question	Central Concept	Illustrative Examples
1. What do you consider to be the most valuable part of the educational content and clinical immersion experience?	Collaborative Practice	"Working collaboratively with the medical resident and seeing their interviewing and diagnostic reasoning practices has broadened my knowledge in evidence-based practice and the application to patient care".
	Community and Practice Resources for Older Adults	"Understanding more about options available to older adults that I didn't know before participating in the clinical immersion, such as Senior Connections".
	Supportive Clinic Learning Environment	"The clinic preceptor created a nice teacher-student learning environment during the clinical immersion to ask questions".
2. What do you consider to be the least valuable part of the educational content and clinical immersion experience?	Health Information Systems	"The use of the electronic medical record in the clinic during the immersion experience. Although the EMR serves its purpose, the design and interface could be better designed to allow for easier flow and better communication between the health care team members".
	Low Patient Volume	"Having low patient volume in the clinic during some days".
3. To what extent did the educational content and clinical immersion experience help in understanding the contributions of all interprofessional student team members?	Roles and Responsibilities of Other Professions	"This clinical immersion helped me recognize and understand the contribution and approach of the medical resident in patient care, something I did not recognize before. I understand it now in a different fashion". "This experience allowed me to learn more about the roles of different health care teams, including nurse practitioners. It provided an evidence-based framework that helped me see the connections with my role, the NP role, and a global view of health care".
	Exposure	"There wasn't that much opportunity to interact with each other – more opportunity is needed".
4. To what extent did the educational content and clinical immersion experience increase the likelihood that you would practice in geriatrics?	Enhanced Appreciation of the Value of Geriatric Health	"Yes, the clinical immersion did help me in broadening my "view" of a geriatric patient, beyond that of a nursing home patient and to see the importance of functional ability of geriatric patients. I want to help geriatric patients maintain their functional ability by practicing in a geriatric primary care clinic". "This clinical experience helped me see the value in geriatric health care – learning what is going to improve patient care for an older patient and the value that the patient receives is the prime objective".
5. What do you consider to be the primary key takeaway point from your participation in the educational content and clinical immersion experience?	Expanded Recognition and Understanding of Geriatric Health Care	"Expanding and changing my view of the geriatric patient" "This rotation helped me learn to maximize the importance of the recognition of co-morbidities".
	Putting Knowledge into Action for Practice	"The clinical experience allowed for "live" case studies to happen with real time practice".
	Valuing of Input from Interprofessional Team	"Value the input from all health care team members; don't dismiss or discount anything - value all statements and concerns brought "to the table" by the team".

Discussion

Implications for Practice

- 11 central concepts identified from the debriefing data that can impact future clinical immersion curricular design.
- Identification of health information systems and patient volume as potential barriers within a clinical immersion experience.

Limitations

- Collection of pre- and post-intervention ICCAS and ATHCTS data was delayed as a result of unintended changes in the Fall 2016 start dates for students' clinical rotations. Data in this category were collected from three students and were insufficient for analysis.

Recommendations

- Replicate pilot project in future semesters with larger samples.

Acknowledgements