

University of Pittsburgh

FINAL Report 9-26-2008

1. Title for the IPE prevention initiative

Educating Interprofessional Student Teams to Promote Healthy Aging (AKA "Healthy Aging Fellowship")

2. Strategic Direction and Goals

Strategic direction: The University of Pittsburgh Schools of the Health Sciences (initially medicine, nursing, pharmacy, and dentistry) are working together to develop interprofessional education in the area of geriatrics and aging, to include prevention education and care provision.

Goals of the "Healthy Aging" project:

- Educate and train students in team-based approaches to fostering healthy lifestyles in the elderly;
- Provide wellness education to targeted populations; and
- Establish clinical opportunities whereby students can promote the biopsychosocial benefits of healthy aging.

Student Learning Outcomes: At the completion of the summer fellowship, the student should be able to collaborate with others as a member of an interprofessional health care team to:

- Provide education on strategies for healthy aging;
- Conduct preventive screening;
- Assess the health status of individuals aged 65 and older;
- Develop comprehensive, interprofessional health care plans for individuals aged 65 and older;
- Communicate effectively with individuals aged 65 and older (without significant cognitive impairments); and
- Conduct follow-up consultations.

3. Format

Program was offered as a six-week (three hours per week) summer fellowship.

4. Project Directors

Susan M. Meyer, PhD
Associate Dean for Education and
Professor
School of Pharmacy
724 Salk Hall

Allen L. Humphrey, PhD
Associate Professor
School of Medicine
M250 Scaife Hall

Rosemary L. Hoffmann, PhD
Assistant Professor
School of Nursing
360 Victoria Hall

Kurt F. Summersgill, DDS, PhD
Associate Professor
School of Dental Medicine
G134 Salk Annex

5. Partners

Center for Healthy Aging, Graduate School of Public Health, University of Pittsburgh

From <http://www.healthyaging.pitt.edu/mission.html>: The Center for Healthy Aging was funded by the Center for Disease Control in October 2001. The core theme for the center is health promotion and disease prevention in the older adult population. The Center

chose an innovative research theme for the project that targets the region's ever growing, healthy, but at-risk population of older citizens. The project is highly collaborative within both the public health community and the community at large, complimenting and not subverting the already established flow of patient care. Overall goals include:

- Promote the concept of "Healthy Aging" as a theme and as a public health goal for the community, focusing on the 10 Keys to Healthy Aging that research has shown to be highly effective in enhancing to the health of older adults (get regular immunizations; participate in cancer screening; maintain social contact; stop smoking; regulate diabetes, blood glucose <100; be active; control systolic blood pressure <140; prevent bone loss and muscle weakness; combat depression; and lower LDL cholesterol to <100)
- Effectively translate and disseminate research results, and disseminate quality prevention education materials to the community
- Provide multidisciplinary training and evaluation on prevention
- Establish collaborative and meaningful program activities within the community of patients, providers, researchers, educators and policymakers
- Effectively manage the activities of the Center

Key individuals from CHA contributing to the Healthy Aging fellowship were:

Constance Mols Bayles, PhD, FACSM
Program Director
University of Pittsburgh
130 N. Bellefield, 3rd Floor
Pittsburgh, PA 15213

David Fetterman, BA, MDiv, Med
Community Outreach Coordinator
University of Pittsburgh
130 N. Bellefield, 3rd Floor
Pittsburgh, PA 15213

Squirrel Hill Health Center

From <http://www.squirrelhillhealthcenter.org/about.html>: The mission of the Squirrel Hill Health Center is to provide patient-driven, high quality, comprehensive, evidence-based primary and preventive healthcare and social services, with a special concern for patients' religious beliefs, race, national origin, primary language, age, sex, and disability status and without regard for their ability to pay. SHHC applies the values and principles of the Perfecting Patient Care System to serve each patient with dignity and respect in a culturally appropriate manner and to continually assess, evaluate, and improve access to and the quality of the services it provides. SHHC strives to make its service area the healthiest community in the nation by assuring access to comprehensive health and social services across the full continuum of care. The SHHC was established with three important goals in mind:

1. *To provide all patients with access to high quality care.*
2. *To exemplify the principles of the Perfecting Patient Care (PPC) system.*
3. *To provide culturally competent care.*

The key individual from SHHC contributing to the Healthy Aging fellowship was:

Andrea R. Fox, MD*
200 UJF Drive
Pittsburgh PA 15217

*also contributed to the design and planning for the fellowship

Riverview Towers

From <http://www.riverviewtowers.com/>: Riverview Towers has served the needs of older adults for over 30 years. From the well-designed and appointed floor plans to the array of daily activities available, much thought and planning has gone into providing the best

lifestyle available. The professional staff is dedicated to providing a comfortable, active and sophisticated lifestyle to seniors who can live independently. Through continual training and evaluations, the staff makes possible the highest quality of living. Riverview Towers is located in a quiet, country-like setting, situated on a campus offering a continuum of core services for the elderly. Consisting of two buildings connected by a common lobby, Riverview Towers offers comfortable studio, modified, and one bedroom apartments.

Key individuals from Riverview Towers contributing to the Healthy Aging fellowship were:

Suzanne Kelly LSW*

Mischa Gelman LSW

Elsa Cox, MA

52 Garetta Street

Pittsburgh, PA 15217

*also contributed to the design and planning for the fellowship

Advanced Clinical Education Center, School of Medicine, University of Pittsburgh

From <http://www.omed.pitt.edu/standardized/>: The Standardized Patient Program, coordinated through the Advanced Clinical Education Center (ACEC) and managed by the Office of Medical Education (OMED), is dedicated to preparing future health professions students to become competent members of the health care community.

A key individual from the Advanced Clinical Education Center contributing to the Healthy Aging fellowship was:

Hollis D. Day, MD

UPittsburgh School of Medicine

M211 Scaife Hall

3550 Terrace Street

Pittsburgh, PA 15261

6. Student Participants

Ten student volunteers drawn from five educational programs participated in the fellowship. These students functioned in two interprofessional teams as follows:

Team A

Jennifer Senge (dentistry)

Tracy Baton (social work)

Jeremy Stultz (pharmacy)

Melanie Yonushonis (pharmacy)

Jennifer Spanbauer (medicine)

Team B

Jennifer Pumarejo (dentistry)

Lynn Walls (social work)

Julie Lauffenburger (pharmacy)

Erin Brittingham (nursing)

Lauren Viccaro (medicine)

7. Project Description

Students participated over a six-week period during June and July for three hours per week and complete supplementary readings and preparatory work. A detailed outline for each week of the fellowship is provided as **Appendix A**. The fellowship featured both didactic learning sessions as well as experiential learning.

Didactic sessions (weeks 1 and 2) were used to introduce students to the:

- Distinct roles of health care professionals and successful strategies of interprofessional teams.

Learning activity and discussion led by fellowship faculty focused on attributes, stereotypes, and roles of physicians, dentists, social workers, nurses and pharmacists.

- Processes of and “10 Keys” to normal aging and evidence-based, attainable goals for healthy aging.
Presentation by staff from the Center for Healthy Aging focused on the evolution of medicine and health in the US over the last century; aspects of prevention in the past and present, and expectations for the future; the concept of “ageism;” successful community health promotion campaigns; health promotion and disease prevention teams; and the specific prevention programs promoted by CHA.
- Psychosocial and communication skills for interacting with older adults.
Christine Ruby-Scelsi, PharmD, pharmacy faculty member, presentation on physical changes that may affect communication with an older adult and review of effective (and ineffective) communication strategies to improve communication with an older adult in a clinical setting. Standardized patients, trained specifically to assist students in the development and refinement of patient interviewing and education, were engaged to allow students to practice medical interviewing skills prior to the experiential components of the fellowship.

Experiential learning (weeks 3, 4, and 5) focused on preventive screening, patient assessment, health education, and care plan development. Interprofessional student teams, working in the community with faculty, a physician, and site-based social workers, did the following:

- Conducted focus group discussions with older adults (average age of Riverview Towers residents is 86 years) about perspectives of health care providers, health care and prevention needs, and past experiences with the health care system (see [Appendix B](#) for questions asked);
- Discussed with social workers the systems-related issues and challenges associated with transitions across living and care facilities;
- Discussed with a rabbi the cultural and spiritual influences on health and wellness beliefs and practices;
- Participated in clinic-based patient visits;
- Developed patient-specific care plans, including steps to maintain or improve health and dental status (as appropriate) and prevent disease and/or injury;
- Presented a verbal case report; and
- Conducted follow-up home visits with patients to review care plans; provide clarification and reinforcement to the clinic visit, as necessary; and education on relevant health promotion and prevention behavior.

A debrief session (week 6) was conducted (see [Appendix C](#) for themes that emerged).

8. Important Decision Made

The decision was made early in the planning to design the “course” as a co-curricular fellowship rather than as a credit-bearing course. This allowed for implementation within a short period of time. Each profession “accessed” the fellowship and “valued” student participation in different ways:

- The experiential component met experiential education hour requirements for the pharmacy students.
- Social work students earned academic credit for the fellowship.
- The experiential component met clinical requirements for the dental students.
- The experiential component met clinical requirements for the nursing student.
- The fellowship was extra-curricular for the medical students.

9. Evaluation

Learner evaluation was based on the teams' developed interprofessional care plans (representation of each of the involved health care professions, appropriateness for the patient), learner observations of functioning interprofessional care teams (ability to recognize critical aspects of team performance, exhibit positive team and interpersonal behaviors), and attitudes towards interprofessional education and practice (**Appendix D**).

Course evaluation: The course was evaluated through the measures of student perceptions as to the quality and impact of the course (**Appendix E**).

10. Lessons Learned—Suggested Future Enhancements

- Expand the core of faculty planning the specific interprofessional educational activities that will compose the program.
- Incorporate students in planning process for interprofessional activities, events, and opportunities.
- Include a greater number of opportunities for follow-up with patients to see if care plans have been impactful.
- Increase amount of time allotted for patient/resident interaction.
- Add physical therapy to future programs focused on the older adult.
- Include opportunities to observe/shadow other health care professionals in addition to a physician.
- Include opportunities to see a larger variety of care facilities accessed by older adults (e.g., nursing home, other residence facilities).
- Add opportunities for the student participants to interact socially.
- Expand amount of time devoted to home visits.
- Incorporate into didactic portion of fellowship more guidance on what a care plan is and what it should include.
- Build interprofessional concepts and team skill development into the curricula of all the health professions.
- Include health professions faculty alongside students so they are able to learn about other health professions and interprofessional concepts as well.

11. Challenges Anticipated and Addressed

- Differing academic calendars across the professional programs led to the decision to offer the learning opportunity as a non-credit summer fellowship.
- Differing approaches to awarding academic credit across the professional programs led to the decision to offer the learning opportunity as a non-credit summer fellowship.
- Recruiting students into a novel, untested activity was expected to be a challenge, but was not a difficulty. Students enrolled in the University of Pittsburgh School of Pharmacy, School of Nursing, School of Dental Medicine, School of Medicine, or MSW program and who have completed at least two semesters in their respective professional degree programs were eligible to apply. Interested students completed an application form and submitted it along with a résumé or *curriculum vitae* and a personal statement of interest in the fellowship. The fellowship was fully subscribed with 10 students drawn from the five programs.

Appendix A—Fellowship Detailed Outline

Week 1	Objectives	Components	Partners/Presenters	Faculty
<p>June 4</p> <p>532 Salk</p> <p>1:00-1:30 p.m. Course intro (all) Barriers and stereotypes (RH)</p> <p>1:30-3:45 p.m. Center for Healthy Aging</p> <p>3:45-4:00 p.m. Conclusion (all)</p> <p>Pre-work: Required readings Readiness for IPE Survey</p>	<ul style="list-style-type: none"> • Differentiate the responsibilities, educational requirements, and roles of the various health team members • Discuss the concept of healthy aging and its relevance to nursing, medicine, dentistry, and pharmacy • Incorporate the “10 Keys to Healthy Aging” in selected clinical experiences <p>Required Readings Hawkins, BA, “Aging Well: Toward a Way of Life for All People,” <i>Preventing Chronic Disease: Public Health Research, Practice, and Policy</i> 2(3):1-3 (July 2005)</p> <p>Kuller, LH, “Prevention Research Strategies,” <i>Nutrition Reviews</i>, 64(2):S2-S8 (February 2006).</p> <p>Ory, M, et. al., “Challenging Aging Stereotypes: Strategies for Creating a More Active Society,” <i>Am. J. Preventive Medicine</i>, 25:164-171 (2003).</p> <p>“Retooling for an Aging America: Building the Health Care Workforce,” <i>Institute of Medicine Report Brief</i> (April 2008).</p>	<p>Theory</p> <ul style="list-style-type: none"> • Introduction to course • Significance of interprofessional health care team <ul style="list-style-type: none"> ✓ Concept ✓ Team members ✓ Roles and responsibilities ✓ Perceptions by others • Definition of normal aging <ul style="list-style-type: none"> ✓ Normal aging process ✓ Myths of aging ✓ Evidence-based attainable goals related to healthy aging • “Veteran” generation <ul style="list-style-type: none"> ✓ Special needs of this population • “10 Keys to Healthy Aging” 	<p>Constance Mols Bayles, PhD, FACSMT Program Director University of Pittsburgh 130 N. Bellefield, 3rd Floor Pittsburgh, PA 15213 Telephone: (412) 383-2367 Fax: (412) 624-2920 cbayles@pitt.edu</p> <p>David Fetterman, BA, MDiv, Med Community Outreach Coordinator University of Pittsburgh 130 N. Bellefield, 3rd Floor Pittsburgh, PA 15213 Telephone: (412) 383-3121 Fax: (412) 624-2920 djf27@pitt.edu</p>	<p>R. Hoffmann A. Humphrey S. Meyer K. Summersgill</p>

Week 2	Objectives	Components	Partners/Presenters	Faculty
<p>June 11</p> <p>532 Salk (intro) 810B Salk (SP)</p> <p>1:00-1:30 p.m. Communicating with adults aged 65 and older</p> <p>1:30-1:45 p.m. Intro to the standardized patient process</p> <p>1:45-3:00 p.m. Standardized patient encounters</p> <p>3:00-4:00 p.m. Intro to on-site weeks, ideas about final week activity; each team to develop focus group questions for week 3</p> <ul style="list-style-type: none"> ✓ Likes ✓ Dislikes ✓ Why they came to live at RT ✓ How they came to the physician they see now ✓ How they came to the pharmacist they see now ✓ What is the nature of the dental care they receive now ✓ Think about their favorite doctor, what made him/her the favorite 	<ul style="list-style-type: none"> • Recognize effective and ineffective communication techniques in clinical situations and professional encounters • Use effective communication strategies to interview selected standardized older adults 	<p>Theory</p> <ul style="list-style-type: none"> • Communicating with older adults <ul style="list-style-type: none"> ✓ Strategies ✓ Barriers <ul style="list-style-type: none"> • Sensory • Cognitive • Physical <p>Clinical</p> <ul style="list-style-type: none"> • Standardized patient encounters <ul style="list-style-type: none"> ✓ Interview ✓ Care planning 	<p>Hollis D. Day, MD UPittsburgh School of Medicine M211 Scaife Hall 3550 Terrace Street Pittsburgh, PA 15261 dayh@medschool.pitt.edu</p> <p>Christine Ruby-Scelsi, PharmD UPittsburgh School of Pharmacy UPMC Senior Care Benedum Geriatric Center 3459 Fifth Avenue Pittsburgh PA 15213 rubyscelsicm@upmc.edu</p> <p>2 standardized patients</p>	<p>R. Hoffmann A. Humphrey S. Meyer K. Summersgill</p> <p>Standardized patient faculty facilitators: Hollis Day Christine Ruby-Scelsi</p>

Week 3	Objectives	Components	Partners/Presenters	Faculty
<p>June 18</p> <p>Riverview Towers Board Room and Activity Room</p> <p>SHHC</p> <p>Time frame 1:00-1:45 p.m. Orientation to Squirrel Hill Health Center 1:45-2:30 p.m. Orientation to Riverview Towers 2:30-3:00 p.m. Conversation with Rabbi Seidman 3:00-4: 00 p.m. Two concurrent focus group discussions (each team will have a focus group of approximately 5 residents; faculty to serve as note-takers)</p>	<ul style="list-style-type: none"> Recognize the cultural, religious beliefs, practices, and life experiences of ethnic groups and their influence on the older adult Analyze the impact of interprofessional health care teams on patient care, professional role implementation and health care organizations Describe demographics, services, and healthy aging needs for older adults residing in different living arrangements 	<p>Theory</p> <ul style="list-style-type: none"> Culture and spirituality needs Health beliefs, lifestyle adjustment Contribution of interprofessional health team members to the population <p>Clinical</p> <ul style="list-style-type: none"> On-site orientations to Riverview Towers and Squirrel Hill Health Center <ul style="list-style-type: none"> Meet patients and residents Meet staff Develop preliminary need assessment Assess population using focus groups 	<p>Andrea R. Fox, MD 200 UJF Drive Pittsburgh PA 15217 Telephone: (412) 422-7442 foxar@upmc.edu</p> <p>Suzanne Kelly LSW Mischa Gelman LSW Elsa Cox, MA 52 Garetta Street Pittsburgh, PA 15217 Telephone (412) 521-7876</p> <p>RabbiEli Seidman</p>	<p>A. Humphrey S. Meyer K. Summersgill</p>

Week 4	Objectives	Components	Partners/Presenters	Faculty
<p>June 25</p> <p>Riverview Towers Board Room and Activity Room</p> <p>SHHC</p> <p>Team A 1:00-1:30 p.m. Clinic patient w/ Dr. Fox 1:30-2:00 p.m. Continue with patient, if interested* 2:00-3:00 p.m. Prepare care plan 3:00-4:00 p.m. With faculty facilitator, debrief focus group notes, discuss patients/population and IP team concept</p> <p>Team B 1:00-2:00 p.m. With faculty facilitator, debrief focus group notes, discuss patients/population and IP team concept 2:00-2:30 pm. Clinic patient w/ Dr. Fox 2:30-3:00 p.m. Continue with patient, if interested* 3:00-4:00 p.m. Prepare care plan</p> <p>*Students should ask patient who else he/she sees in the practice, inquire about nature of interaction.</p>	<ul style="list-style-type: none"> • Develop comprehensive interprofessional health care plan • Conduct one-on-one profession-specific sessions with individual patients 	<p>Theory</p> <ul style="list-style-type: none"> • Discuss interprofessional healthcare team approaches to population • Debrief focus group notes with faculty <p>Clinical</p> <ul style="list-style-type: none"> • Conduct clinic visit with physician and selected patient • Develop patient care plan that is interprofessional in content and focus 	<p>Andrea R. Fox, MD Suzanne Kelly LSW Misha Gelman LSW Elsa Cox MA</p>	<p>R. Hoffmann C. Ruby-Scelsi</p>

Week 5	Objectives	Components	Partners/Presenters	Faculty
<p>July 2</p> <p>Riverview Towers Board Room and Activity Room</p> <p>SHHC</p> <p>Teams A and B 1:00-2:00 p.m. Meet with social work team at Riverview Towers</p> <p>Team A 2:00-2:30 pm. Clinic patient w/ Dr. Fox 2:30-3:00 p.m. Care plan review with faculty and RT staff 3:00-4:00 p.m. Home visit (Riverview Towers) with selected clinic patient from prior week*</p> <p>Team B 2:00-2:30 p.m. Care plan review with faculty and RT staff 2:30-3:00 p.m. Clinic patient w/ Dr. Fox 3:00-4:00 p.m. Home visit (Riverview Towers) with selected clinic patient from prior week*</p> <p>* Students will concentrate on any social, sensory, literacy or mobility issues that hinder compliance with treatment regimen</p>	<ul style="list-style-type: none"> • Conduct one-on-one profession-specific sessions with individual patients • Develop comprehensive interprofessional health care plan 	<p>Theory</p> <ul style="list-style-type: none"> • Discuss interprofessional healthcare team approaches to population • Debrief with faculty from respective schools <p>Clinical</p> <ul style="list-style-type: none"> • Conduct follow-up visit with week 4 clinic patient in his/her home. • Conduct clinic visit with physician and selected patient 	<p>Andrea R. Fox, MD Suzanne Kelly LSW Misha Gelman LSW Elsa Cox MA</p>	<p>R. Hoffmann A. Humphrey K. Summersgill C. Ruby-Scelsi</p>

Week 6	Objectives	Components	Partners/Presenters	Faculty
<p data-bbox="92 131 163 159">July 9</p> <p data-bbox="92 191 462 245">Riverview Towers Board Room and Activity Room</p> <p data-bbox="92 277 163 305">SHHC</p> <p data-bbox="92 337 226 365">Teams A&B</p> <p data-bbox="92 365 260 393">1:00-1:30 p.m.</p> <p data-bbox="92 393 443 537">Team A presents patient care plan and reflections on how well the IP team worked/how an IP team might improve the patient's care.</p> <p data-bbox="92 570 260 597">1:30-2:00 p.m.</p> <p data-bbox="92 597 443 742">Team B presents patient care plan and reflections on how well the IP team worked/how an IP team might improve the patient's care.</p> <p data-bbox="92 774 260 802">2:00-3:00 p.m.</p> <p data-bbox="92 802 436 946">Each student to present significant learning points, changes in perceptions, etc., resulting from the fellowship experiences.</p> <p data-bbox="92 979 260 1006">3:00-4:00 p.m.</p> <p data-bbox="92 1006 449 1062">Fellowship debrief, evaluation, and IP perception post-survey.</p>	<ul data-bbox="487 131 871 276" style="list-style-type: none"> Evaluate the impact of a course related to interprofessional health care teams to promote healthy aging 	<p data-bbox="896 131 974 159">Theory</p> <ul data-bbox="909 164 1218 245" style="list-style-type: none"> Debrief with faculty from respective schools Program evaluation 	<p data-bbox="1276 131 1493 159">Andrea R. Fox, MD</p>	<p data-bbox="1801 131 1969 245">R. Hoffmann A. Humphrey S. Meyer K. Summersgill</p>

Appendix B—Focus Group Questions

Focus Group A

Group Description: One person came with a walker. Two had hearing aids. All were mobile and not mentally-impaired.

Questions

- Introductions, Tell us about yourselves.
- One couple is here. What do couples do? Usually, one is in rehab or the nursing home, while the other is in the apartments.
- What kinds of activities are available to you?
- How have the medical professionals helped maintain a healthy life style? (Participants misunderstood question and started talking about their health care plans/insurance.)
- How do you get around town?
- Besides the cost of meds, what else concerns you? (Participants continued to talk about medications, rather than the question.)
- Do you think there is good communication among your health care providers? (Most participants did not answer the question directly).
- How does the facility deal with nutrition: fats, salt?
- How difficult is it carrying groceries?
- How about dental care?
- What could your health care providers do differently? (Participants misunderstood the question and talked about improving the dining.)
- Specifically, tell us about your favorite doctor or nurse. Why did you like them? What advice would you give us?

Focus Group B

Group Description: One person blind. One had hearing aid. One male, four females. All were mobile and not mentally-impaired.

Questions

- Introductions, Tell us about yourselves.
- What is the best part of getting older?
- What makes you feel old?
- Why did you move here?
- What are the qualities of a good health care provider?
- Is there anything missing at Riverview Towers?
- Have you experienced any bad health care since coming to live here? (Participants seemed to misinterpret the question; once rephrased, most said no.)
- Do you experience any communication difficulties with health care providers?
- How many types of health care professionals do you see? (Participants interpret this as physicians. Not much response.)
- How about oral / dental issues?
- What do you do to stay healthy?
- Describe your typical day.
- Do you feel independent?
- What do you dislike?
- Why do you think people stay in Pittsburgh when they get older?
- How do you get to your doctor?

Appendix C—Interprofessional Learning Themes

- Problems arise when there is no designated “point person” to coordinate care across health care providers (e.g., case manager, patient advocate).
- Short amount of time with patients results in some health aspects never being considered (e.g., dental). So many aspects of care are never thought about by health care providers.
- Lack of insurance for preventive dental care is short-sighted ... dental problems can lead to so many other health problems.
- Older adults attribute “healthy aging” to luck, walking, and exercise.
- Many transition of care issues ... updating of medication records on annual basis is not frequent enough for patients on multiple medications.
- Dentistry, social work, and pharmacy are professions about which other health professions know very little.
- There are many gaps in any given patient’s medical care. Care providers must look at the patient as a whole, not just the part about which the professional is familiar.
- Older adults have experienced loss in a variety of aspects: they are enormously strong and admirable.
- Interprofessional experience through fellowship led to attainment of desired field placement (social work).
- Interprofessional experience through fellowship led to increased confidence in own capabilities and to increased respect for capabilities of others.
- All health sciences students should take an interprofessional class/course so they know what other health professionals are able to do for patients. Possibly invite across health professions education programs for seminars, colloquia, events.
- “You don’t know you need to go through this until you go through this.”

Appendix D

Perception Inventory: Healthy Aging Fellowship
Summer 2008

Please indicate the degree program in which you are enrolled (*Optional. Because of the small number of students participating, confidentiality cannot be assured*).

- _____ 1 BSN
- _____ 2 MD
- _____ 2 MSW
- _____ 3 PharmD
- _____ 2 DMD

Year in present degree program:

- _____ 2 First year
- _____ 4 Second year
- _____ 3 Third year
- _____ 1 Fourth year

Expected month and year of graduation: August 2008 (1), April 2009 (2), May 2010 (3), May 2011 (4)

Please indicate your level of agreement with each of the statements below by marking an "X" in the appropriate box. Frequency of response is reported: data in parentheses are from the post-fellowship survey.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Individuals in my profession are well educated and trained.	7 (6)	3 (4)			
Individuals in my profession are able to work closely with individuals in other professions.	2 (3)	4 (6)	3 (1)	1	
Individuals in my profession demonstrate a great deal of autonomy.	7 (4)	1 (3)	2 (3)		
Individuals in other professions respect the work done by my profession.	2 (3)	3 (5)	4 (1)	1 (1)	
Individuals in my profession are very positive about their goals and objectives. (1 NA pre-course)	4 (6)	5 (3)	(1)		
Individuals in my profession need to cooperate with other professions.	8 (9)		2 (1)		
Individuals in my profession are very positive about their contributions and accomplishments.	9 (8)	1 (1)	(1)		
Individuals in my profession must depend upon the work of people in other professions.	8 (8)	1 (2)		1	
Individuals in other professions think highly of my profession.	1 (1)	5 (5)	3 (3)	1 (1)	
Individuals in my profession think highly of my profession.	4 (4)	6 (6)			
Individuals in my profession have a higher status than individuals in other professions.		2 (1)	4 (4)	4 (4)	(1)
Individuals in my profession make every effort to understand the capabilities and contributions of other professions.	1 (2)	3 (3)	2 (1)	4 (3)	(1)
Individuals in my profession are willing to share information and resources with other professionals.	5 (5)	3 (2)	2 (1)	(2)	
Individuals in my profession are extremely competent. (1 NA)	6 (5)	3 (3)	(2)		
Individuals in my profession have good relations with people in other professions.	(1)	3 (3)	7 (4)	(2)	
Individuals in my profession think highly of other health professionals.	2 (2)	5 (4)	3 (3)	(1)	

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Individuals in my profession work well with each other.	3 (5)	5 (4)	1	1 (1)	
Individuals in other professions often seek the advice of people in my profession.	1 (4)	7 (6)	1	1	
Learning with students from other health professions will help me become a more effective member of a health care team. (1 NA post-course)	10 (9)				
Patients would ultimately benefit if students in different health care professions worked together to solve patient problems.	10 (10)				
Shared learning with students in other health care professions will increase my ability to understand clinical problems.	10 (9)	(1)			
Learning with other health care students prior to licensure and independent practice will improve professional relationships after licensure.	7 (10)	2	1		
Communication skills should be learned with other health care students.	8 (9)	2 (1)			
Shared learning will help me to think positively about other health professionals.	6 (9)	4 (1)			
For small group learning to work, students need to trust and respect each other.	7 (9)	3 (1)			
Skills in team work are essential for all health care students to learn.	7 (10)	2	1		
Shared learning will help me to understand my own limitations.	6 (7)	4 (3)			
I do not want to waste my time learning with other health care students.				1	9 (10)
It is not necessary for health care students to learn together.				3 (1)	7 (9)
Relevant clinical problem-solving skills can only be learned with students from my own profession.		(1)	2	4 (5)	4 (4)
Shared learning with other health care students will help me to communicate better with patients and other health care professionals.	8 (9)	2 (1)			
I welcome the opportunity to work on small-group projects with other health care students.	10 (9)	(1)			
Shared learning will help to clarify the nature of patient problems.	7 (10)	3			
Shared learning before licensure will help me to become a better health care team member.	6 (9)	4 (1)			
The function of nurses, social workers, and pharmacists is mainly to provide support for physicians.		(1)	3 (1)	5 (6)	2 (2)
I am not sure what my professional role in practice will be.	(1)	2 (1)	1 (1)	7 (3)	(4)
I have to acquire much more knowledge and skills than students in other health care professions.		1	6 (3)	2 (5)	1 (2)

Adapted from:

Parsell, Glennys and Bligh, John. "The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS)," *Medical Education* 33(2): 95-100 (1999).

Hayward, KS, Powell, LT, and McRoberts, J. "Changes in student perceptions of interdisciplinary practice in the rural setting," *Journal of Allied Health* 25(4): 315-327 (1996).

Appendix E

STUDENT EVALUATION OF FELLOWSHIP

Educating Interprofessional Student Teams to Promote Healthy Aging

June 4-July 9, 2008

1. Did the fellowship change what you think (your attitudes) about the roles and contributions of the other health care professionals with whom you worked directly (i.e., dentist, pharmacist, nurse, physician, social worker)?

Yes (10)

No (0)

Please explain.

- *I never knew how much pharmacists knew or could help out with.*
- *It opened my eyes to the extent of what social workers do and how difficult it is to get the resources they need.*
- *I understand more of what other professions do and how they think.*
- *I did not know what the roles of other health care providers were before taking this course, so I have learned a lot about the resources that each profession has to offer patients.*
- *I learned more about each of their roles. I did not realize how much they all do in their professions.*
- *It helped me realize the importance of pharmacist, follow through on medications, compliance, and accommodations that can be made for patients.*
- *I learned a lot about the contributions of other professions.*
- *I learned a lot more about dentistry. I didn't have a nursing student in my group, which would have been nice.*
- *I learned a great deal about the abilities of social workers. They do not strictly focus on health needs and are able to see problems health care professionals may not think about.*
- *I realized how important the role of dentistry is, especially in relation to prevention.*

2. Did the fellowship change what you know about the education, training, and patient care roles of other health care professionals?

Yes (9)

Somewhat (1)

No (0)

Please explain.

- *I think a multidisciplinary class should be mandated in all schools.*
- *I learned a lot about social workers and pharmacy and their roles.*
- *I feel more confident and knowledgeable about the other resources available to the patient and who to refer patients to for aspects of care I can't provide.*
- *I was unaware of the educational and residence requirements for dentistry, pharmacy.*
- *I think it would have been helpful to learn more about the other students.*
- *I appreciate their level of education more, as they all have to go to school as long or longer than I do.*

3. Please describe one or two specific instances where interprofessional team dynamics (positive or negative) had the potential to impact patient care.

- *Referral of patients to other health care professionals who could better serve them.*
- *Continuity of care is extremely important and can make a huge difference in care.*
- *A doctor referred a patient for a podiatry appointment but does not have a way to follow up. May fall through the cracks.*
- *A nurse was able to gain the trust of a patient and pointed out a problem to the patient which he later brought to his doctor.*
- *The pharmacist knew about the drugs, what the side effects were, and how the drugs interacted.*
- *People do not always realize the importance of dentistry.*
- *When interviewing patients in standardized trials, I was able to pick up on specific problems that were initiated by line of questioning pharmacy student presented.*
- *Realization of gaps in follow up and interprofessional communication (asking patient same information repetitively).*
- *Together we discovered that our patient/client was diagnosed with depression and we developed a care plan to address it.*
- *When we were seeing the patients with Dr. Fox, it was interesting to see her refer the patients to an ophthalmologist and podiatrist. It was also interesting when doing the "standardized patients" to see dental students and social work students interviewing the patients.*
- *Dentist's brought up an important aspect of drug absorption in a patient's mouth if they have improper dental care.*
- *A balance must be maintained. Sometimes lengthy discussions into a patient's social life may hinder the ability to discuss health care issues. And the opposite is also true. Example – we talked a lot about our patient's social life, and not his health care.*
- *Rounding on interprofessional teams on hospital units – can be both positive and negative depending on personalities.*
- *Patient needs to be referred to specialists for care and no one thinks to do it – this is a gap.*

4. What two components or features of the fellowship did you enjoy most?

- *Learning about what the other professions do.*
- *Meeting with other students.*
- *Working with patients over the age of 65.*
- *Standardized patients and hearing the different interview styles and questions.*
- *Creating the care plan.*
- *Seeing how the other students interviewed the standardized patient and the questions they asked.*
- *Shadowing Dr. Fox and visiting the clinic patients in their homes.*
- *Talking to the other students.*
- *Interacting with the patients was a good experience.*
- *Standardized patients.*
- *Panel discussions with patients about healthy aging.*
- *Learning from the other team members and observing Dr. Fox.*
- *Standardized patients.*
- *Meeting with Dr. Fox's appointments.*
- *I enjoyed the standardized patient sessions. I also enjoyed discussing the patient care plans in a large group as an interprofessional team.*
- *Seeing the patient roundtable and any chance to see patients with Dr. Fox.*
- *Any chance to socialize with the other students and faculty.*

5. What components or features of the fellowship would you change and how?

- *More organization with setting up the appointments for meeting with patients.*
- *I would have liked to follow professionals in the field (more than just an MD, like follow a dentist and social worker).*
- *Shorten the presentations from staff of Riverview.*
- *More time with patients.*
- *More breaks (three hours is a long time without a break).*
- *It would be nice to also provide social time to get to know the other students.*
- *Shorten the first background lecture on aging.*
- *Spend more time getting to know the other students.*
- *We need breaks. Three hours is too long without a break.*
- *Allowing more time with patient and time to become familiar with other students.*
- *More time and more patients.*
- *The repetitiveness of presenting our care plans and to have more patient encounters.*
- *I would improve the communication so that the patients know we are supposed to be talking with them about their health care.*
- *Add more patient interactions.*

6. What fellowship prerequisites (if any) do you think are necessary for a student in your profession (please check the profession) to get the most out of a fellowship like this?

Dentistry

Someone in his or her third or fourth year who has patient interaction and sees the "gap" problems.

Medicine

Patient interaction (at least some); at the earliest this course could be done after the medical interviewing course in the first year; may be better in 3rd or 4th year after having time on the wards.

At least a year of school so we have some knowledge to contribute.

Nursing

Being a fourth-year nursing student has helped me be confident and have knowledge to add to the group.

Pharmacy

I think they need to have at least finished their P1 year.

No prerequisites necessary.

Social Work

Medical/mental health care knowledge, second-year level.

Should have finished their first year.

7. What are the two most significant learning points you are taking away from this fellowship?

- *Knowledge about other professions; learning about the gaps in health care.*
- *There are large gaps in health care that need to be addressed.*
- *Interdisciplinary care is essential.*
- *What other professionals do.*
- *Gaps in medical care.*
- *Other professions have a lot of specialized knowledge to offer that complement and add to the knowledge of physicians.*
- *There are many gaps in patient care.*
- *I learned about the other professions.*
- *It was good to interact with the patients.*
- *Importance of team perspective, willingness to change point of view.*

- *Teamwork is the reality of health care.*
- *More money is needed to fund dental care and hearing services.*
- *The importance of interprofessional teams and just the knowledge of other health care professionals.*
- *Be aware of health care coverage gaps.*
- *Always remember that other professionals went through two to four years of professional training.*
- *Importance of thinking comprehensively for patient care (outside of what would normally be thought of).*
- *Not judging other professions and actually be willing to listen.*

8. Other comments or suggestions relative to the fellowship?

- *I think having students who have been in their profession longer would be helpful (like fourth-year nursing students, or 3rd or 4th year dental students, etc.)*
- *I would have liked to have a social work faculty member present to provide input/suggestions about what was done correctly or incorrectly.*
- *It was a good learning experience!*

9. Did you find the patient care staff (physicians, social workers, etc.) to be accessible and helpful?

Yes (10)

No (0)

If not, what obstacles or attitudes stood in the way?

- *I really appreciated Dr. Fox allowing us to meet with her during her appointments.*
- *Dr. Fox was accessible, but I wish we could have had a more in-depth look at the patient's profile so that we could make a more effective patient care plan.*

10. Was the fellowship a good use of your time?

Yes (10)

No (0)

Please explain.

- *I learned what the other professionals do so I could better refer.*
- *Provided preparation for second internship in hospital setting.*
- *I just would have liked to have done more – helped patients more.*
- *It was nice to get away from work for awhile to do something outside the box.*

11. Would you recommend this fellowship to other students in your profession?

Yes (9)

Maybe (1) *It was expensive for me. I put the \$750 on my credit cards and I hope it will pay off in my future. (SOCIAL WORK)*

No (0)

Please explain.

- *I think all students should take a multidisciplinary course.*
- *Definitely!*
- *Positive learning experience.*
- *Absolutely...more people should do this type of thing.*