



Background & Rationale

Growing older adult population

- U.S. persons 65 and older expected to double from 46 million to > 98 million by 2060
- o Between 2020 2030, number of older persons to increase by 18 million
- Number of health professionals trained in comprehensive patient-and family centered care for older adults is *insufficient*
- Institute of Medicine calls for enhanced geriatric training across health professions and evidence supports value of interprofessional education (IPE)¹

Addressing the Gap

An innovative Interprofessional primary care geriatrics course, by ENGAGE-IL©

> Scholars and Leaders in Interprofessional Geriatrics (SLIG)

Goal: Enable health science students to acquire attitudes, values and competencies necessary for comprehensive, patient- and family-centered care for older adults, not only as effective practitioners in highly functioning interprofessional teams, but also as scholars, leaders and advocates for positive change, who will shape the future of geriatric care

Learning Framework: Active experiential learning is grounded in Knowles' adult learning principles and John Dewey's education in action philosophy Active-experiential learning, reflection, application and integration are vital pillars of the curriculum



Interprofessional Education Collaborative (IPEC) core competencies guide instructional design and evaluation



Building the Geriatric Healthcare Workforce through Transformative Interprofessional Education

Memoona Hasnain, MD, MHPE, PhD¹ and Valerie Gruss, PhD, APN, CNP-BC, FAAN² ¹College of Medicine, ²College of Nursing – University of Illinois at Chicago

Methods

Participants: Nursing, medicine, occupational therapy, pharmacy, public health and applied health sciences students participated in SLIG as interprofessional teams with IPE Faculty from six professions

Learning Activities:

- 6-week program providing a rich integrated geriatric learning experience for health science students with didactic and experiential* integrated geriatrics/primary care learning
- Interprofessional health science students work as collaborative teams, developing team skills
- Rich diversity of residential and community sites* and multidisciplinary professional role models, provided a unique and high-quality opportunity for students to observe and participate in an integrated IP geriatrics/primary care model *During COVID-19 Pandemic, we altered our

instructional design and offered the course virtually







Evaluation

A mixed-methods program evaluation included testing students' self-efficacy for interprofessional collaborative practice, measured by IPECC-SET.^{2,3}

Sal

professional & interprofessional development to enhance performance

Table 2. Top 5 Mean Pre- Post Differences - IPECC-SET 9 Geriatrics, 2019-2020, N = 20

7.4 (1.9)

2.4 (2.5)

4.4

< 0.001

4.9 (2.7)



| | | CJUICS | | | | | | |
|--|---|--|--|--|---|--|--|--|
| Sample 50 student respondents | | | | | | | | |
| 94%agreed the overall goal of the program was met Nearly 100%reported program addressed all 4 IPEC domains (<i>Values & Ethics, Roles & Responsibilities, Interprofessional Teamwork</i> and <i>Interprofessional Communication</i>) Learners provided positive and constructive feedback All students completed a scholarly paper on their topic of choice The virtual format of the course during COVID-19 Pandemic retained its educational value and effectiveness | | | | | | | | |
| Table 1. Top 5 Mean Pre | - Post Diffe | rences - IPE | value and | d effect 2017-201 | iveness 8, N = 21 | | | |
| Table 1. Top 5 Mean Pre | - Post Diffe Pre-Mean (SD) | Post-Mean (SD) | Value and Co-SET 38, 2 Mean Difference (SD) | d effect 2017-201 t-score | iveness 8, N = 21 p-value | | | |
| Table 1. Top 5 Mean Pre Variables Manage ethical dilemmas | - Post Diffe Pre-Mean (SD) 4.4 (1.9) | IUCATIONAI rences - IPEO Post-Mean (SD) 7.2 (1.1) | Value and Co-SET 38, 2 Mean Difference (SD) 2.9 (1.7) | d effect 2017-201 t-score 7.8 | iveness 8, N = 21 p-value <0.001 | | | |
| Fandemic retain Table 1. Top 5 Mean Pre Variables Manage ethical dilemmas Communication in patient centered & community focused care | - Post Diffe Pre-Mean (SD) 4.4 (1.9) 5.5 (2.1) | UCATIONAI rences - IPEC Post-Mean (SD) 7.2 (1.1) 8.1 (0.8) | Value and Co-SET 38, 2 Mean Difference (SD) 2.9 (1.7) 2.7 (2.0) | d effect 2017-201 t-score 7.8 6.1 | iveness 8, N = 21 p-value <0.001 <0.001 | | | |
| Table 1. Top 5 Mean Pre Variables Manage ethical dilemmas Communication in patient centered & community focused care Use unique & complementary abilities of all members to optimize patient care | - Post Diffe Pre-Mean (SD) 4.4 (1.9) 5.5 (2.1) 4.8 (2.2) | UCATIONAI rences - IPEC Post-Mean (SD) 7.2 (1.1) 8.1 (0.8) 7.2 (1.8) | Value and Co-SET 38, 2 Mean Difference (SD) 2.9 (1.7) 2.7 (2.0) 2.5 (2.2) | d effect 2017-201 t-score 7.8 6.1 5.1 | iveness 8, N = 21 | | | |

| ariables | Pre-Mean (SD) | Post-Mean (SD) | Mean Difference (SD) | t-score | p-value | |
|---|------------------|-------------------|----------------------------|---------|---------|--|
| ngage other health ofessionals in shared atient-centered problem- olving | 4.0 (2.9) | 7.5 (1.3) | 3.5 (0.6) | 5.8 | <0.0001 | |
| evelop consensus on the hical principles to guide I aspects of the care | 4.1 (2.9) | 7.6 (1.2) | 3.5 (0.6) | 5.5 | <0.0001 | |
| hare accountability with thers for outcomes elevant to health romotion and disease revention for older adults | 4.4 (2.8) | 7.8 (1.1) | 3.4 (0.5) | 6.5 | <0.0001 | |
| erform effectively on terprofessional teams | 4.4 (2.7) | 7.6 (2.8) | 3.2 (0.4) | 7.3 | <0.0001 | |
| xpress one's knowledge nd opinions to team embers | 4.6 (2.6) | 7.5 (1.7) | 2.9 (0.5) | 6.2 | <0.0001 | |



Conclusion

he SLIG program has strong potential to support IPE nd collaborative multifaceted interprofessional team earning intended to develop a future cadre of reflective ractitioners, scholars, leaders and advocates in rimary care geriatrics.⁴

uture Directions: Training an effective health orkforce to provide patient-and family-centered care or older adults is a national priority. Our team is ontinuously refining the program and exploring ways scale and sustain the course.

earner Reflective Quotes:

2020 Learner Quote: "The SLIG course has changed the way I will approach the care of older adults by always asking them about their thoughts of what their medical conditions and rating their health. Then, I will always focus on a family-centered approach to not only include the patient but also their spouse, caregiver, children, etc. (whoever is involved in their lives)."

2019 Learner Quote: "ENGAGE-IL exposes students to topics and experiences that are not included in the regular curriculum and allows them to hear the perspective of other professionals."

2018 Learner Quote: "I think it is important to educate people in the specific needs of older adults, and the interdisciplinary concept is great for encouraging teamwork in our future careers.

• 2017 Learner Quote: "I don't know if I'll ever meet a group of people who are more passionate and engaged in helping vulnerable populations especially geriatrics than this one."

References

- IOM. Retooling for an Aging America: Building the Health Care Workforce. Washington, DC: National Academy Press; 2008.
- 2. Hasnain M, Gruss V, Keehn M, Peterson E, Valenta AL, Kottorp A. Development and validation of a tool to assess self-efficacy for competence in interprofessional collaborative practice. JInterprof Care. 2017;31(2):255-62.
- 3. Kottorp A, Keehn M, Hasnain M, Gruss V, Peterson E. Instrument Refinement for Measuring Self-Efficacy for Competence in Interprofessional Collaborative Practice: Development and Psychometric Analysis of IPECC-SET 27 and IPECC-SET 9. JInterprof Care. 2019 Jan-Feb;33(1):47-56. doi: 10.1080/13561820.2018.1513916. Epub 2018 Aug
- Gruss V, Hasnain M. Building the Future Geriatrics Workforce through Transformative Interprofessional Education and Community-Engaged Experiential Learning Journal of Interprofessional Education & Practice. 2021. https://doi.org/10.1016/j.xjep.2020.100389. Epub 2020 Dec 8.

Acknowledgements

Special thanks to all our program faculty, partnering community agencies, staff, students, and patients for their participation in the SLIG program. Funding: HRSA GWEP Grant # U1QHP28730 To learn more, please visit: Engageil.com Contact: <u>memoona@uic.edu</u> <u>vgruss@uic.edu</u>