



Interprofessional Longitudinal Student Geriatric Clinic to Enhance Collaborative Practice

GT Buhr MD¹, ML Affronti DNP, ANP², JE Herndon II PhD³, L Genao MD¹, M Little DO¹, H Wenger NP¹, A Bolden PA⁴, BI Padilla PhD, FNP-BC², JA Feld DPT, PhD⁵
¹Duke University School of Medicine, ²Duke University School of Nursing, ³Duke Department of Biostatistics & Bioinformatics, ⁴University Physician Assistant Program, ⁵Duke University Doctor of Physical Therapy Program
This work was supported by an internal Interprofessional Education Care Center Grant

WHAT WAS LEARNED

- The Interprofessional (IP) geriatric telehealth clinic was feasible and increased students’ readiness for interprofessional collaborative practice (IPCP), confidence in the 5Ms of geriatrics, and telehealth skills
- Annual Wellness Visits (AWV) were effective for teaching the 5M’s of Geriatrics and can be easily adapted to telehealth
- These experiences will likely improve the transition of students to practice and endow healthcare leadership

BACKGROUND

- IPCP is essential for the best care of older adults
- Healthcare professional students train largely in silos
- Telehealth became an essential tool during the COVID-19 pandemic and will likely remain a core element of healthcare

METHODS

Setting

- Retirement Community Outpatient Primary Care Clinic

Students

- MD – one per semester (total planned = 2, 1 dropped due to family emergency)
- NP – one per semester (n=2)
- PA – one every 4-8 weeks (n=4)
- DPT – one every 6 weeks (n=4)

IP Clinic Procedures

- 32 Half day clinics, one per week (1-3 patients per session)
- 30-minute pre-brief and debrief
- Types of visits: Annual Wellness Visits (AWV) and follow-up
- Direct observation by provider (physician or NP) and DPT faculty
- Telehealth primarily but also some in-person clinic

Collaborative Completion of a Service-Learning Project

- Live learning session delivered to the community

Orientation

- Online pre-recorded modules:
 - Geriatric Assessments in Telehealth
 - Best practices for Telehealth for Older Adults
 - Medicare AWV
- Workflow, EMR documentation, and summary documents provided
- Demonstration of procedures at first session

Focus on the 5Ms of Geriatrics

- Mobility, Mentation, Medications, Multi-complexity, and what Matters Most

EVALUATION PLAN

Students

- Pre-post self-assessed readiness for IPCP (ISVS-21)
- Pre-post confidence in the 5M’s of geriatrics
- Post faculty assessment of IP teamwork behaviors (ITOFT)
- Self-assessment of telehealth experiences
- Post faculty assessment of student’s telemedicine proficiency

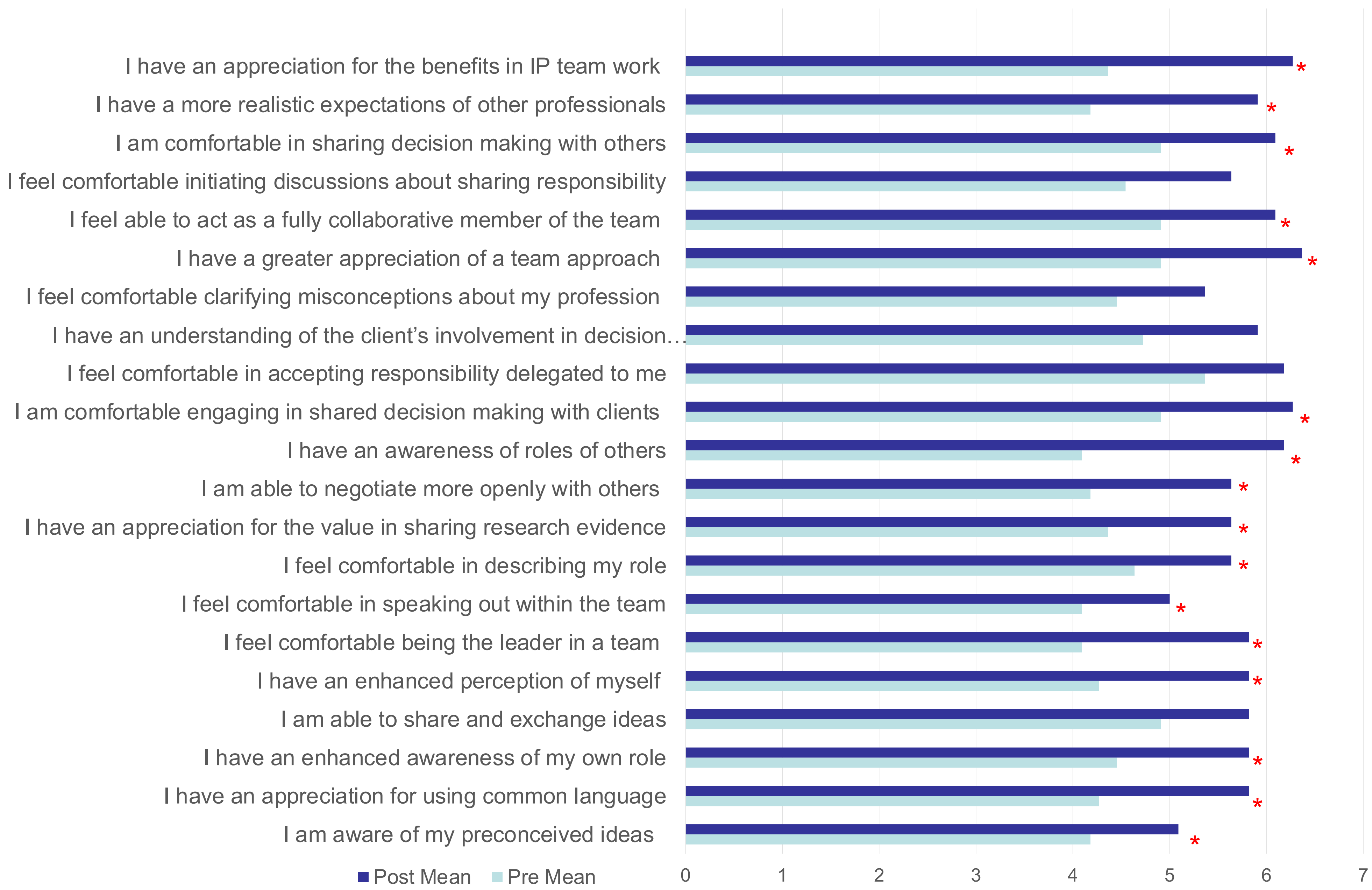
Patients

- Perspectives on team communication (CAT-T)

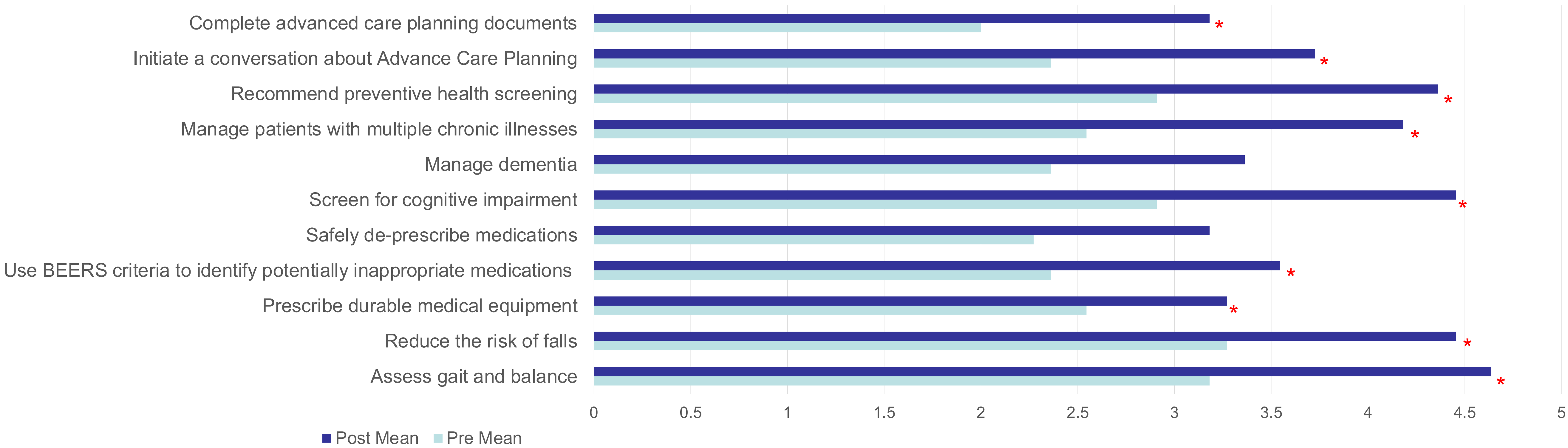
RESULTS

Students’ Self-Assessed Readiness for IPCP (ISVS-21)

- Complete data (pre and post IPE clinic) n = 1 MD, 2 NP, 4 PA, and 4 PT



Students’ Confidence in the 5Ms Concepts



* Statistically significant difference by paired t-test

Sample Student Feedback

- “I think the student should be there for at least 2 months”
- “After what seemed like a very long interview, there didn't seem to be much time or brain power left to dig into recommendations or to discuss these recommendations afterwards”
- “Having the opportunity to do a thorough interview with a preceptor watching was very helpful”

Patient Perspectives on Team Communication CAT-T (scores range from 1-5) (n=23)

- 43 patients seen for AWV and 14 for follow-up visits
- **Blue** indicates highest scores and **Red** lowest
- Scores improved as the year progressed

Item	Mean
The Medical Team –	
1. Greeted me in a way that made me feel comfortable	4.70
2. Treated me with respect	4.74
3. Showed interest in my ideas about my health	4.61
4. Understood my main health concerns	4.62
5. Paid attention to me (looked at me, listened carefully)	4.65
6. Let me talk without interruptions	4.65
7. Gave me as much information as I wanted	4.30
8. Talked in terms I could understand	4.39
9. Checked to be sure I understood everything	4.41
10. Encouraged me to ask questions	4.52
11. Involved me in decisions as much as I wanted	4.35
12. Discussed next steps, including any follow-up plans	4.30
13. Showed care and concern	4.52
14. Spent the right amount of time with me	4.70
The front-desk staff -	
15. Treated me with respect	4.72

Post Telehealth Clinic Feedback from Students

- Telehealth skills were competent to very strong
- 9 of 11 students rated the quality of telehealth training as excellent (remaining 2 rated it good)
- Telehealth training was very useful

NEXT STEPS

- Modify program based on feedback
- Identify strategies for sustainability for the IP program after grant funding is gone