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- 5Ms of geriatrics, and telehealth skills

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

<u>Setting</u>

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

<u>Students</u>

- 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)

Interprofessional Longitudinal Student Geriatric Clinic to Enhance Collaborative Practice

WHAT WAS LEARNED

The Interprofessional (IP) geriatric telehealth clinic was feasible and increased students' readiness for interprofessional collaborative practice (IPCP), confidence in the

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

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

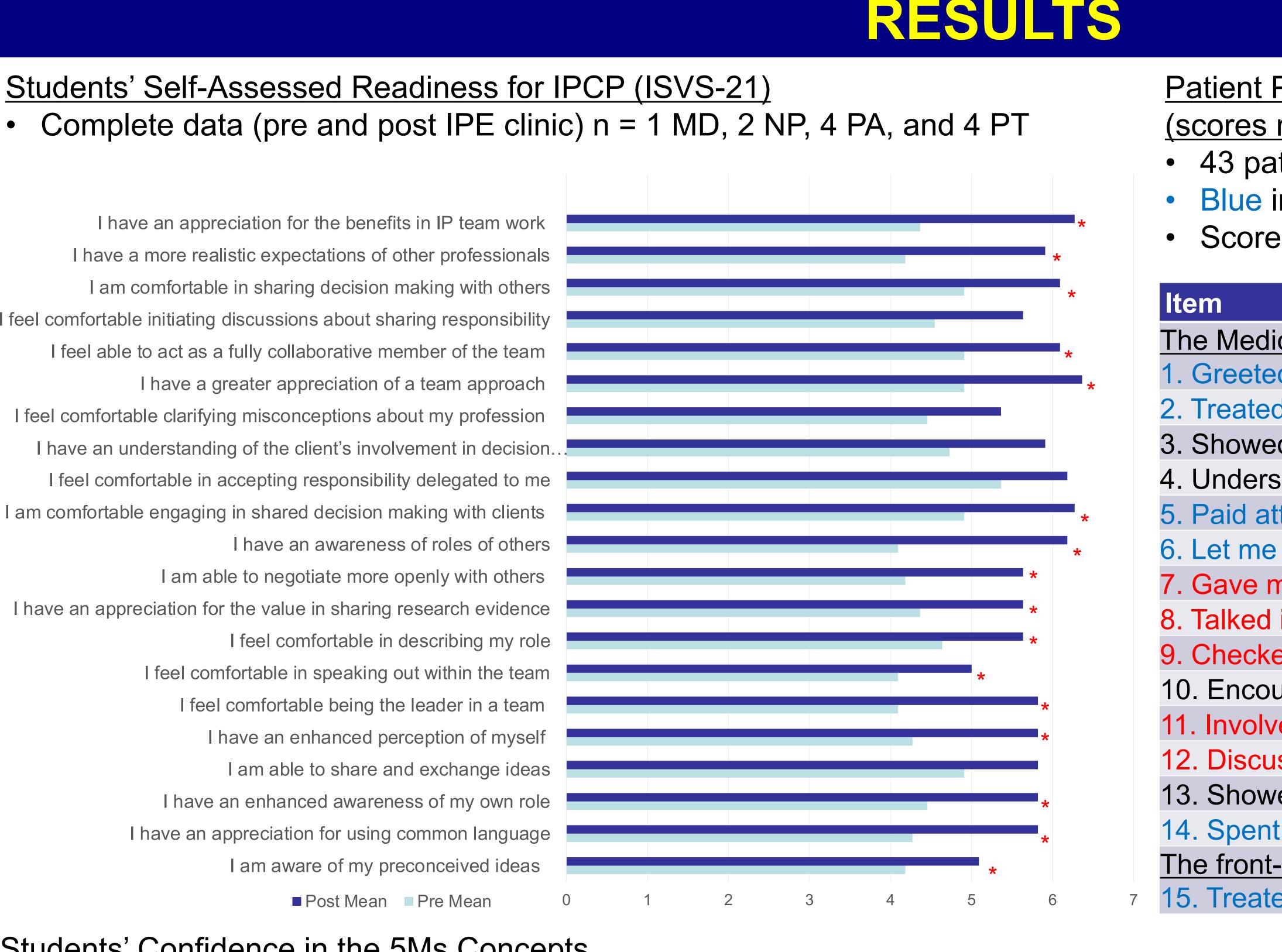
- I have an appreciation for the benefits in IP team work I have a more realistic expectations of other professionals I am comfortable in sharing decision making with others
- I feel comfortable initiating discussions about sharing responsibility I feel able to act as a fully collaborative member of the team
 - I have a greater appreciation of a team approach
- I feel comfortable clarifying misconceptions about my profession I have an understanding of the client's involvement in decision
- I feel comfortable in accepting responsibility delegated to me I am comfortable engaging in shared decision making with clients
 - I have an awareness of roles of others
 - I am able to negotiate more openly with others
- I have an appreciation for the value in sharing research evidence
 - I feel comfortable in describing my role
 - I feel comfortable in speaking out within the team
 - I feel comfortable being the leader in a team
 - I have an enhanced perception of myself
 - I am able to share and exchange ideas
 - I have an enhanced awareness of my own role I have an appreciation for using common language
 - I am aware of my preconceived ideas
 - Post Mean Pre Mean

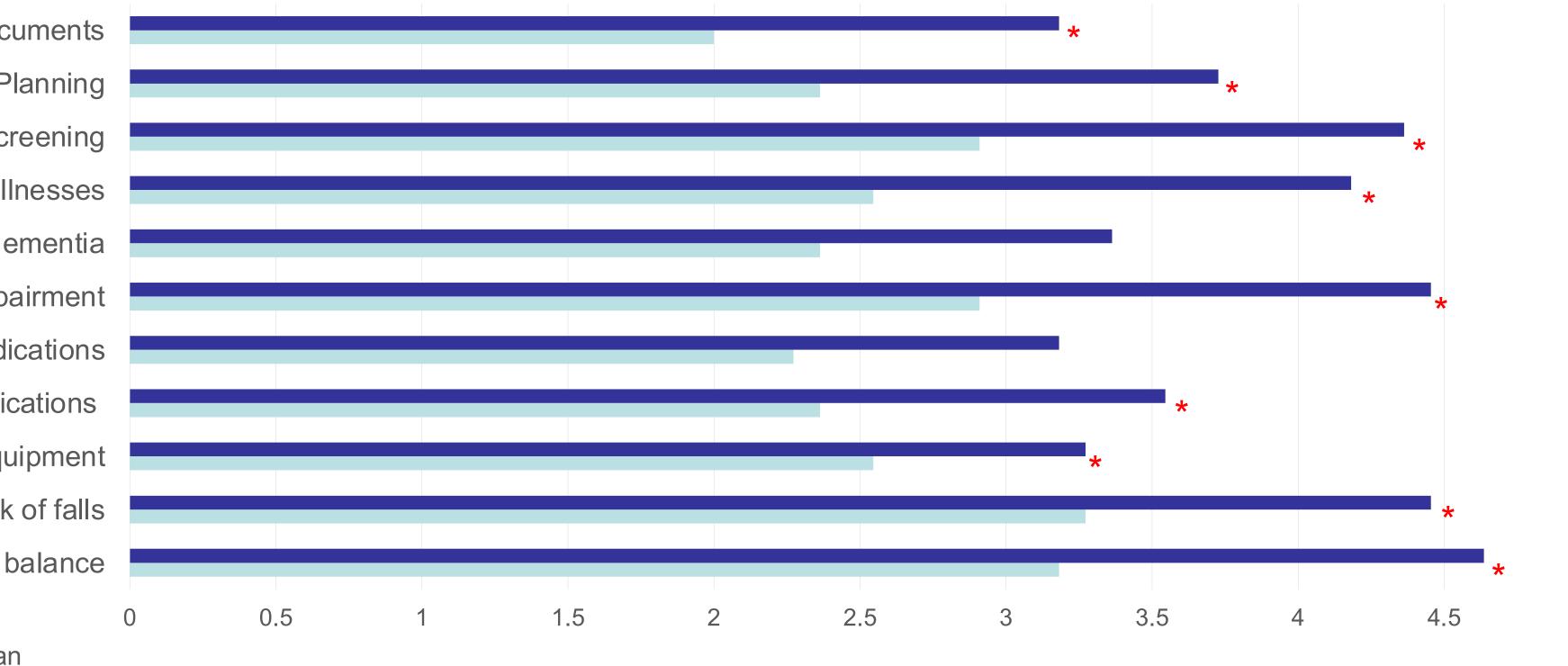
Students' Confidence in the 5Ms Concepts

- Complete advanced care planning documents
- Initiate a conversation about Advance Care Planning
 - Recommend preventive health screening
 - Manage patients with multiple chronic illnesses
 - Manage dementia
 - Screen for cognitive impairment
 - Safely de-prescribe medications
- Use BEERS criteria to identify potentially inappropriate medications
 - Prescribe durable medical equipment
 - Reduce the risk of falls
 - Assess gait and balance
 - Post Mean Pre Mean
 - ⁵ Statistically significant difference by paired t-test

Sample Student Feedback

- "I think the student should be there for at least 2 months"
- helpful"





• "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

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

	Mean
<u>ical Team</u> –	
ed me in a way that made me feel comfortable	4.70
d me with respect	4.74
ed interest in my ideas about my health	4.61
stood my main health concerns	4.62
ttention to me (looked at me, listened carefully)	4.65
e talk without interruptions	4.65
me as much information as I wanted	4.30
in terms I could understand	4.39
ed to be sure I understood everything	4.41
uraged me to ask questions	4.52
ved me in decisions as much as I wanted	4.35
ussed next steps, including any follow-up plans	4.30
ved care and concern	4.52
t the right amount of time with me	4.70
<u>-desk staff</u> -	
ed 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