Helping Students Learn About Interdisciplinary Teams Through Simulation.

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What does the Research Say About Interdisciplinary Teams?

- Institute of Medicine Report, To Err is Human (2000)
  - 44,000+ patients die in hospitals every year as a result of medical errors
  - Errors also cost the system >$19 billion a year
  - Decentralization/fragmentation of the healthcare system
  - Mis/noncommunication between healthcare providers

- Communication breakdown leads to ineffective and unsafe health and social care management

- High Functioning IDT supports patient-centered, coordinated and effective and more efficient healthcare delivery

IOM (2000)
WHO (2010)
Interdisciplinary Simulation

- Education, like healthcare practice still operates in silos
- Interdisciplinary education is required across accrediting bodies
- Interdisciplinary education focuses on equipping students with collaborative skills
- Simulation allows healthcare professionals to practice skills and strategies in a safe learning environment
- Simulation includes
  - Role play
  - Human patient simulation
  - Standardized patients
- Interdisciplinary simulation enhances self-efficacy in clinical situations

Walters BMJ Open 2015;5:e005472
Abu-Rish Jourm Interprof Care 2012, 26.
AACN 2010
Interdisciplinary Simulation

- Patient or healthcare advocate as part of the IDT
- Family members provide 90% of care to dependent community dwelling older adults
  - Spouse, partner, children, grandchildren, siblings, friends
  - 30+ million people >18 years old are caregivers
- Caregivers are an integral part of the healthcare system
  - Often overlooked, under valued
  - Provide information, continuity, and direct care

HRSA GRANT

- Three year grant
- Focus is on interdisciplinary teams working with the geriatric population
- Four goals for the grant
- We will focus on the student education piece using simulation to teach about interdisciplinary teams
Purpose of the Simulation Experience

- Help students understand their role as a member of an interdisciplinary team
- Help students understand other team members role on the interdisciplinary team
- Help students understand how an interdisciplinary team functions
- Help students understand the importance of communication in an interdisciplinary team
- Help students understand that the focus of the team is the client and their family
Planning

- Scenarios
  - Focus on situations that can be used with multiple disciplines
  - Input was given by all team members to make sure that all disciplines information was accurate

- Online education piece
  - Focus on basic information that all disciplines could understand
  - Information was related to the case that the students would be using in the simulation
  - All were required to complete the online training and could be tracked
  - Link was sent via their email address, SkyprepApp
Facilitators

- **Grant goal:** to educate and train faculty
- **Facilitator training occurs each semester**
  - 6-hour class on debriefing skills
  - Facilitators complete the online training
- Facilitators assist in monitoring the simulation session and debriefing the session after the simulation
- Facilitator feedback is used to help with tweaking the simulation experiences
Online educational piece

- Hosted through web-based Learning Management System
  - Students sent login via email/registration
- 1.5 hr annotated PowerPoint presentation
  - Geriatric Core Concepts
  - Aging Myths
  - Importance of function
  - Goal & Value of the interdisciplinary team
  - Pharmacy basics
  - Advance Care Planning
  - Family Caregiving & Community Resources
- Case specific materials
  - Depression & Grief
  - Insomnia evaluation and treatment
  - Emotional intelligence

https://summa-health-system.skyprepapp.com/
The Simulation Experience

- Students from different disciplines are assigned to teams
- Recruitment was from undergraduate sophomore nursing students to graduate students in social work, PT, OT, and speech.
- First semester was mainly volunteers
- After the first session, started getting calls from students who heard about the simulation and wanted to participate
- Second semester, PT, OT, and nursing made it a requirement for some of the courses, SW gave extra credit
- Asked for volunteers for other disciplines
Participants

- Fall semester about 130 students and 10 facilitators participated
- Spring semester about 210 students and 15 facilitators participated (two more sessions left)
- Participants were from:
  - Nursing - sophomore and seniors students
  - OT/PT - pre program students and graduate students
  - SW - graduate students
  - Pharmacy - graduate students
  - Speech - graduate students
  - Clergy - graduate students
  - Health science majors - undergraduate students
  - Medical - undergraduate premed students
Process

- Students are randomly assigned to a team that will have someone from each of the disciplines (varies based on student mix)
- Assignment is based on their discipline but some may have a different role than their educational background—try to keep to a minimum
- The team is given a copy of some basic information about the client
- Each discipline receives discipline assessment information
- The team meets for about 10-15 minutes to share information and pull their plan together
- Team needs to identify leader but sometimes facilitator just will assign one
Example of Information Given to Students

- **SW**
  - **Housing:**
  - Mr. Bennet owns his home. It is a 2 story home with 2\textsuperscript{nd} floor bed and bath. There is a railing only on one side of the steps. There are 3 steps that do not have a railing into the house. The laundry is in the basement.
Mr. Bennet was widowed approximately 6 months ago. His wife had been diagnosed with lung cancer and despite aggressive treatments the disease progressed. Nine months ago she was enrolled in hospice. She moved to their child’s house because there was space on the first floor for a hospital bed and a first floor bathroom. Mr. Bennet spent everyday with her there. He has 1 living child. He has one son that is deceased due to pancreatic cancer. This happened about 3 years ago. His child lives about 20 minutes away, tries to help out but after taking time off to care for Mrs. Bennet has been trying to catch up with work and family activities. It has been 3-4 weeks since Mr. Bennet has seen them. They do talk on the phone several times a week.
Physical Therapy Piece

- **Functional activities:**
  - Supine <-> sit with CGA d/t Right wrist/hand splint
  - Sit <-> stand with supervision for safety
  - Stand pivot transfer with SBA

- **Ambulation:**
  - Supervision to SBA without assistive device x 25 feet; decreased arm swing bilateral, right toe out, decreased step length L LE, unsteady with turning left, c/o fatigue and requested to sit down, became more unsteady the further he walked
  - TUG: 14.5 seconds
  - Tinetti: 18/28

- **Safety:**
  - Fair, does not push off chair, does not reach back for chair to sit down, impulsive at times
Simulated Family Member

- Standardized patient training
  - Demographics given to them before hand
  - Review the clinical information with trainers, practice
- Specific concerns are discussed with them that they should bring out in the team meeting
- Each simulation is different as simulated family members will react based on what the team says in the meeting so no simulation experience is the same
Simulated Family Member Information

- Age
- Socioeconomic
- Marital
- Children
- Occupation
- Presentation: how does the family member appear
Opening Statement

- He/she does not introduce herself/himself, rather immediately states, “I am here today because I am very upset by Dad’s accident! He should not be driving and is not taking care of himself; doesn’t eat right and I don’t think he gets much sleep. You can see that he gets easily confused and shouldn’t be living by himself.”

- He has not been the same since Mom died. He doesn’t call, doesn’t want to come over when I invite him. He just sits in that house and broods. It’s been over a month since I have seen him. He looks terrible!
After about 15 minutes, a family member (actor) comes in to discuss their family member.

The disciplinary team answers questions and listens to the family member to help come up with a plan that includes their concerns but also makes sense for the client.

The team and family member spend about 30 minutes discussing the best care for the client based on the team's findings.

The team addresses the family member's concerns related to their family member.
Debriefing

- Spend several minutes debriefing with the family member (actor)
- Have the family member discuss what things the team did well
- Have family member discuss anything that could have gone better
- Facilitator turns to team and asks what went well
- Facilitator asks what could have gone better
- Team has been very good and pointing out strengths and areas for improvement
Debriefing

- At the end of the team debriefing session, the whole group meets all together to have an overall debriefing session
- Discuss what students have learned from their experience
- Discuss how the team they were in functioned
- Discuss what things went well
- Discuss what things could have gone better
Student Evaluations

- Students were given surveys post simulation experience
- A Likert scale was used from 1-5 with 5 being the highest

There were 49 students that strongly agreed that the simulation was a valuable learning experience (mean 4.94)

30 students strongly agreed and 16 students agreed that they were more confident to practice in an actual clinical team (mean 4.49)
- 26 students felt that working in a team with multiple disciplines was the most effective thing about the sim

- 15 students felt that the debriefing and facilitator feedback was the most effective thing about the sim

- 17 students felt that the lack of prep time before the sim was the least effective part of the educational sim
Recommendations

- Continue to work with educators in the various disciplines to encourage student involvement
  - As class assignment
  - As extra credit
  - As an educational activity
- Continue to train facilitators
- Continue to develop simulation experiences that allow for involvement of all disciplines
Literature

- Recommended Baccalaureate Competencies and Curricular Guidelines for Nursing Care of Older Adults (2010). Harford Institute for Geriatric Nursing, AACN.


- Institute of Medicine, To Err is Human, Building a Safer Health System, 2000

Questions???