



GERIATRIC EDUCATION AND TRAINING IN TEXAS

 DONALD W. REYNOLDS FOUNDATION

2014 WINTER NEWSLETTER

Building an Interprofessional Culture at the University of North Texas Health Science Center

The Reynolds *Interprofessional* Geriatric Education and Training in Texas (IGET-IT) programs are actively involved in developing Interprofessional education using integrated health professions teams in the three Innovations that the Reynolds Foundation generously funded in the 2013 Next Steps Grant. The Interprofessional Education Collaborative (IPEC) has identified 4 core competency domains common to health care professions that support effective team development and function. The competency areas are listed below:

- Values/Ethics
- Roles/Responsibility
- Interprofessional Communication
- Team and Teamwork

TeamSTEPPS was developed by the Department of Defense and the Agency for Healthcare Research and Quality as a solution to improving collaboration and communication within institutions. Developed over 20 years as a method for improving collaboration and communication, team work is believed to provide important skills for quality healthcare and for the prevention or alleviation of medical error.

In January a group of integrated health professionals that included physicians, nurses, physical therapists, physician assistants, social workers, public health and other medical education faculty from UNTHSC and Texas Christian University met and completed Team STEPPS basic training. The event was led by David Farmer, PhD, Director of Interprofessional Practice at UNTHSC. Dr. Farmer assembled an Interprofessional team of UNTHSC faculty leaders as instructors to deliver the content, share their professional experiences as well as expertise on the Team STEPS philosophy. The session incorporated multiple instructional methods and was highly interactive.

Included in the presentation was an overview of the emerging paradigm shift in health care from one of an individual approach to a team approach and included an overview of needs in the primary care environment. Participants formed small groups and were challenged with a Team Building Exercise followed by a debriefing. Strategies and tools for implementing the content were delivered through presentations on effective Team STEPPS leadership model, situational monitoring, building mutual support and characteristics of positive communication methods for high performing teams. The group learned about using a shared mental model, what constitutes an effective team, ways to optimize and collaborate within the team. Plans are underway to expand the Team STEPPS training to all members of the UNTHSC Geriatric Section.

Why Include Geriatric Curriculum in Medical School Education?

Between 2005 and 2030, the number of adults in the US aged 65 and older will almost double from 12% to almost 20% of the population, with those who are 80 and over, “the oldest old”, expected to nearly double, from 11 million to 20 million. This group, along with changes in the US Health Care System, will place increased demand on the patchwork of US health care services due to the epidemic of chronic disease such as dementing disorders, arthritic conditions, diabetes, hypertension, and heart disease.

Geriatric Curriculum Evolves at UNTHSC

The University of North Texas health Science Center (UNTHSC) and the Texas College of Osteopathic Medicine (TCOM) were well positioned to develop and implement the innovative and sustainable program to help strengthen physicians’ training in geriatrics. With the leadership of Dr. Janice Knebl, Chief of UNTHSC-TCOM Section of Geriatrics who received a major grant from D.W. Reynolds Foundation in 2009, the Reynolds Geriatric Education and Training in Texas (GET-IT) Program was launched.

What emerged was a significant contribution to improving geriatric education with an integrated Geriatrics Curriculum being implemented throughout all four years of medical education at TCOM. Along with the embedded curriculum of 64 hours in first year and 75 hours in second year, students were also actively involved for 24 hours in the experiential program Seniors Assisting in Geriatric Education (SAGE) Program that resulted in a total of 163 hours of geriatric content. TCOM graduates should be well prepared as physicians to meet the emerging demographic of older adults.

Student Perceptions of Aging & Geriatric Curriculum

As part of the overall assessment of the new curriculum an assessment of students’ perceptions was administered at various times over the program. The Aging and Healthcare Survey: Medical Student Perceptions was developed by Tomasa, L. & Senf; J. (2009) from University of Arizona was administered as a pre-test at new student orientation and again as a post-test at the end of Year 2. The study was used to track changes in student perceptions on aging and health care between Y1 and end of Y2 (table on next page).

Selected Survey Results on Aging & Healthcare (n-95) Only responses that contained significance at $P \leq 0.005$ included.	Year 1 Mean	Year 2 Mean	P-value
There is not enough course content on the evaluation and care of older adults.	4.44	2.70	< .001
I am comfortable talking with an older patient about their death.	4.20	3.59	< .001
Physicians need to learn special skills to care for older patients.	4.23	3.75	< .001
Learning about how to care for older patients should be a priority for people in Medicine.	2.53	3.40	< .001
I know a lot about growing older.	2.12	3.06	< .001
I would prefer not to provide medical care to older adults.	3.37	2.52	< .001
Physicians need to understand issues of quality of life for an older adult.	3.03	4.05	0.002
As people become older, most become depressed.	3.19	2.75	0.004

Findings showed students increased their awareness, understanding, and ability to communicate with and treat older adults; but somewhat less confidence in the communication about palliative care and end of life issues. Survey data indicated a level of agreement with the integrative model of geriatric curricula; however, perceptions were that the current levels of geriatric content were believed to be sufficient exposure. Preliminary findings showed some mixed results and opportunity for curricular refinement.

References

1. Institute of Medicine (IOM) 2008. Retooling for Aging America, Washington, DC: The National Academies Press.
2. *American Geriatrics Society* 61(S1): S45-46.
3. Tomasa, L. and Senf, J. (2009). Aging and Healthcare Survey Medical Students Perceptions. University of Arizona, Department of Family and Community medicine.

Reynolds Program Abstracts Accepted in 2014

- o University of Texas 10th Annual Innovation in Health Science Education Conference (February, 2014)*
- o University of North Texas Health Science Center Research Appreciation Day (RAD) (March, 2014)*
- o Association of American Colleges of Osteopathic Medicine Annual Conference (April, 2014)*
- o American Geriatrics Society Annual Scientific Meeting (May 2014)*

Seniors Assisting in Geriatric Education (SAGE) Update

Since adding the CANVAS ONLINE System for delivery content for the SAGE Program several other additions have been made as course improvements. These improvements include more communication about the SAGE Program. Due to the fact that after SAGE Orientation the program is delivered online until the time of the visit additional information is being sent out to students through the course, one component is helping students understand how SAGE works.

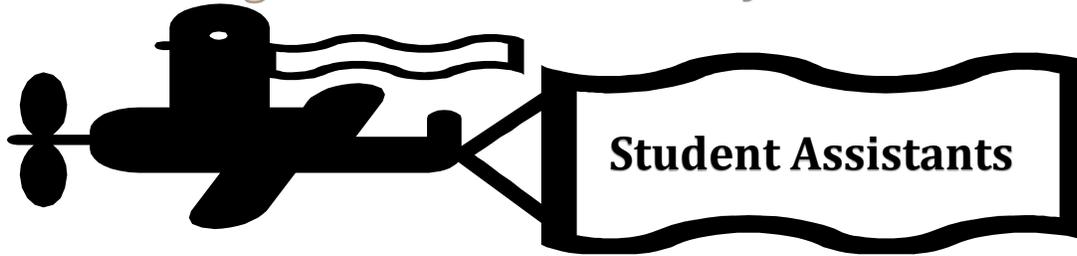
"The SAGE Program helps to address a growing demographic (aging adults) in the world today, as well as, facilitating development of professional skills. It is exciting that the SAGE Program is one of the largest Interprofessional senior mentoring programs in medical education in the nation. It was selected by campus leadership and the Reynolds Foundation as an innovative way to increase medical student awareness in working with older adults and introduce Interprofessional competencies that will be required in professional careers. Participation has grown quickly in four years and that sometimes creates challenges in program development and management. The SAGE course does not follow a traditional classroom model and students sometimes feel uncomfortable as they learn to navigate how SAGE works and the complexities of if its unique design. It is a campus and community outreach model with volunteer faculty and senior mentors participating in the process with medical students, physician assistant, physical therapy and pharmacy students."

New additions to the SAGE CANVAS Course

- Increased communication with senior mentors requesting their flexibility in accommodating student schedules, reminders about the program along with a downloadable letter for students to send seniors about their appointment time.
- Frequently Asked Questions Section posted to the Canvas Online Course
- Extended turn in dates for assignments to provide more flexibility

Please join the **Reynolds Geriatric Education and Training in Texas Program** as we **recognize 19 senior volunteers (age ranges from 65-105)** that have been participating in the SAGE Program for five years. We are very appreciative of their support for UNTHSC Seniors Assisting in Geriatric Education. These seniors will receive a certificate of recognition for their contribution.

Meet the Reynolds IGET-IT Program Student Assistants: *Introducing Constance Eshon and Joshua Florez*



Constance Eshon was born in Ghana and moved to the United States at the age of nine. She has a BA in Biology from UT Austin and is currently working on her Master's in Public Health at UNTHSC graduating in December 2014. Constance is a Research Assistant for the Reynolds Programs.



Joshua Florez has a BA in Biology from the University of North Texas and is currently completing his MS in Medical Sciences at UNTHSC before matriculating into the Physician Assistant Studies Program this summer. Joshua is Admin. Assistant for SAGE and Volunteer Coordinator for the Medical Sciences Community Service Organization (MSCSO).

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