Geriatric Workforce Enhancement Program: Team-based Geriatric Education and Agromedicine Clinical Experience

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INTRODUCTION

Quantitative pre-test / post-test pilot study was:

- Completed from November 2015 to January 2016

- Test a team science based student learning plan:
  - AGPCNP
  - FNP
  - M3, M4
  - PA

FACULTY TEAM

Virtual Clinic Environment (VCE) case created in a team building exercise

- Geriatric experts
  Dr. Sonya Hardin, CON
  Dr. Candace Harrington, CON
  Mrs. Kim Stokes, MHS, PA Studies
  Dr. Ken Steinweg, BSOM
  Dr. Qing Cao, BSOM
  Dr. Balaji Pabbu, BSOM
  Dr. Ann Marie Nye, Campbell University

- One day event
  - Clinic for team based patient care
  - Virtual clinic patient scenario
    - Rural farmer
      - Acute problem[3]
      - Multiple health risks[3]
      - Lack of evidenced based care[3]
      - Polypharmacy[2]
      - Potentially inappropriate medications[2],
      - Occupational carcinogen exposure[4]
      - Health promotion needs[3].

METHODS

- Blackboard platform for didactic content
- CON Virtual Clinic Environment
- Pretest Post test Design

NULL HYPOTHESIS

The median of differences between the Total Pre-clinic and Post Virtual Clinic ATIHCT scores and ATIE scores equals zero.

MEASUREMENT AND OUTCOME MEASURES

- Summation Scores PRE CLINIC AND POST VCE EVENT
  - Attitudes Toward Interprofessional Health Care Teams (ATIHCT)[1]
    - 5-point Likert scale
    - Adapted with permission
    - α .928
  - Attitudes Toward Interprofessional Education (ATIE)[1]
    - 5-point Likert scale
    - Adapted with permission
    - α .875
- Virtual Clinic Environment Case grade
- Summative Feedback

RESULTS

Frequencies ATIHCT and ATIE Summation Scores

	Pre-Clinic ATIHCT	Post VCE ATIHCT	Pre-Clinic ATIE	Post VCE ATIE
Median	59.50	61.83	62.50	66.00
Range	42-70 (28)	50-70 (20)	50-71 (21)	60-71 (15)

- **Mean of differences for the *Attitudes Toward Interprofessional Education* were significantly greater after the interprofessional clinic experience (n= 6, Mdn = 66.00, z = -2.032, p < .05, r = -.82).**

- **Mean of differences for the *Attitudes Toward Interprofessional Healthcare Teams* was statistically insignificant.**

- **Case Score 98.1/100 ; 96.3 /100.**

- **The null hypothesis was rejected for ATIE.**

- **The null hypothesis was accepted for ATIHCT.**

SUMMATIVE FEEDBACK

DISCUSSION

- Based on Suggestions:
  - Small groups of students (3-6)
  - Maintain depth of content in Bb platform
  - Psychotropic medication management added

REFERENCES

1. Currin, V.R., Sharpe, D. & Forristfall, J. (2007). Attitudes of health sciences faculty members towards interprofessional teamwork and education. *Medical Education* 41. 892-896. doi:10.1111/j1365-2923.2007.02823.x

2. American Geriatrics Society 2015 updated Beers criteria for potentially inappropriate medication use in older adults. (2015). *Journal of the American Geriatrics Society, 63*(11), 2227-2246. doi:10.1111/jgs.13702

3. American Geriatrics Society. (2015). *Geriatrics at your fingertips* (17th ed.).

4. North Carolina Agromedicine Institute of East Carolina University(2015). Retrieved from http://www.ecu.edu/cs-dhs/agromedicine/

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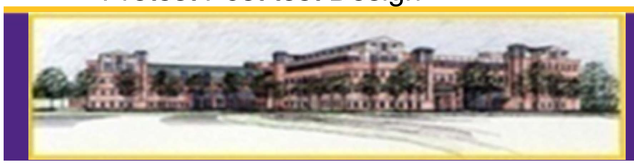

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