Creating Healthy Work Environments 2019

Creating Healthy Work Environments Through Interprofessional Collaborative Practice Training for Care of Older Adults

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Introduction: For health professionals, an important part of a healthy work environment is practicing patient care as part of a collaborative team (Kaiser, Patras & Martinussen, 2017). Providing optimal patient care for older adults is especially suited for interprofessional collaboration (IPC) due to the multifaceted and interrelated issues that are common in this population (Goodman, Posner, Huang, & Koh, 2013). Teamwork and collaborative practice are not inherent, but requires purposeful and effective education over time. A main goal of this project was to design an effective and interactive training curriculum to build IPC competencies for practicing health professionals involved in geriatric care.

Methods: We developed a training curriculum with learning objectives reflective of geriatric team-based care and IPC core competencies (Interprofessional Education Collaborative, 2016). Our education model begins with one hour of didactic presentations concentrated on geriatric topics including medications, geriatric syndromes, elder law, emotional intelligence, and TeamSTEPPSâ. We designed the next step of training to build on the didactic topics, with a one hour interactive tabletop simulation of a geriatric case study augmented with a standardized patient (SP) playing the role of patient or caregiver. The goal of the simulation is for interprofessional teams to develop an interprofessional plan of care while using effective communication strategies and tools with team members and the SP. Facilitator-guided debriefing follows the simulation in the small group, and with the overall large group in attendance. We collected demographic details, education evaluation data, and measured progression in IPC competencies with the 20-item Interprofessional Collaborative Competencies Attainment Survey (ICCAS) pre and post education (Archibald, Trumpower & MacDonald, 2014).

Results: A total of 362 professionals from eight different disciplines attended the trainings over three years including nursing, medicine, pharmacy, social work, EMS, counseling, speech/language pathology and chaplaincy. We found that overall professionals rated their interprofessional collaborative competencies highly prior to the training. There was a non-significant decrease in the overall ICCAS scores following the training (pre $\bar{x}=122.4$, post $\bar{x}=115.5$, $p=0.19$). However, we saw increases that were not statistically significant on both the conflict management/resolution and team functioning subscales ($p=0.29$, $p=0.08$, respectively). Participants provided positive quantitative and qualitative feedback regarding evaluation of the education design, such as 94% agreed that the training was a valuable learning experience.

Discussion: There have been other studies that examined the correlation between interprofessional team training and job satisfaction, team commitment, retention and turnover rates (Baik & Zierler, 2018; Galletta, Portoghese, Carta, D'Aloja, & Campagna, 2016; Kaiser, Patras, & Martinussen, 2018; Twigg & McCullough, 2014). Each provide evidence that interprofessional collaboration is a component of a healthy work environment, validating the importance of research for methods to strengthening it. While our results did not find statistically significant quantitative changes in interprofessional collaborative competencies, the education evaluation results were promising. It is possible that the high pre-education ICCAS scores of our participants limited the potential for increase post-education. Another explanation may be related to the limitations in sampling from a relatively small geographical area that appears to already have strong interprofessional practice environments. We suggest replicating this study with other professional cohorts where there is less evidence of interprofessional collaboration as well as other geographical regions to broaden generalizability. Finally, it is also possible that the education itself as a one-time delivery was not a strong enough influence to change interprofessional collaborative competencies in professionals, unlike our results with similar education provided for pre-licensure
Designing continuing education over a longer delivery, or as a series of programs using a similar format, is another suggestion for future research.

Based on evaluation feedback on the education format and content, participants confirmed that an active learning pedagogy such as simulation is valuable. By offering these training sessions to active care providers, we can impact current work environments by creating a healthy team approach that has been identified as valuable in the literature (Kaiser et al., 2017). Although our curriculum focused on care of the geriatric population, we feel it could easily be adapted to other patient and client populations, and care settings; we suggest this as a topic of future research.

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**Title:**
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**Keywords:**
Education, Interprofessional and Quantitative research

**References:**


**Abstract Summary:**
This session will describe a active simulation-based education model that was designed to advance interprofessional collaborative competencies in licensed health providers as part of an overall healthy work environment. Learner outcome measurement and results will also be shared.

**Content Outline:**
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Introduction
1. Interprofessional Collaborative Practice is an important part of the healthy work environment.
2. Care of older adult population is especially suited to a collaborative team approach.

Methods
1. An active education model was designed for licensed professionals to build interprofessional collaborative core competencies.
2. Learner outcomes measuring change in interprofessional collaboration using the ICCAS validated tool, and the researcher created and education effectiveness evaluation.

Results
1. Interprofessional collaboration competency outcomes showed no significant change overall from pre to post education; subscale changes noted.
2. Education evaluation demonstrated valuing of the education model.

Discussion
1. Prior studies validate a correlation between interprofessional collaboration and a healthy work environment.
2. Future research implications related to this topic include replication with other population samples.

Conclusion
1. Active learning methods are valued by licensed health providers.
2. Adaptation of this curricular model to other practice settings is possible.

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Professional Experience: 2015-2017: Director of Interprofessional Simulation at the University of Akron
1998-2017: Academic faculty educator in undergraduate nursing program with clinical expertise in critical care. Education researcher: I have multiple publications and presentations on topics related to nursing education and simulation pedagogies, and learning outcomes. Principle Co-Investigator for two HRSA grants in collaboration with Summa Health System, NEPQR and GWEP, both funded from 2015-18. QSEN Faculty training representative in 2011 NLN HITS scholar in 2012 with focus on informatics and technology in undergraduate education TeamSTEPPS Master trainer in 2014. Awarded the Excellence in Nursing Education faculty award from Sigma Theta Tau's Delta Omega chapter in 2014
Author Summary: Diane Brown is a nurse educator with over 20 years of experience teaching and implementing interprofessional education and simulation at the University of Akron. She was chosen as a QSEN representative in 2011, a HITS scholar in 2012, a TeamSTEPPS Master trainer in 2014, and was awarded the Excellence in Nursing Education faculty award from STT Delta Omega chapter in 2014. She has multiple publications and presentations on topics related to interprofessional education and simulation.

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**Professional Experience:** Dr. Drost is a geriatrician with several years of experience in the field as well as a medical educator. She also is a key member of the HRSA grant that funded the project that is being proposed for this presentation.

**Author Summary:** Dr. Drost is a geriatrician with years of experience in her field as well as a medical educator. She also is a key member of the HRSA GWEP grant that funded the project that is being presented.