

Creating Interprofessional Readiness for Complex and Aging Adults

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A successful interprofessional faculty development program was transformed into a more clinically focused professional development opportunity for both faculty and clinicians. Discipline-specific geriatric competencies and the Interprofessional Education Collaborative (IPEC) competencies were aligned to the 4Ms framework. The goal of the resulting program, Creating Interprofessional Readiness for Complex and Aging Adults (CIRCAA), was to advance an age-friendly practice using evidence-based strategies to support wellness and improve health outcomes while also addressing the social determinants of health (SDOH).

older adult

wellness

health promotion

age-friendly practice

what matters

medication

mentation

mobility

health disparities

1. Rationale

The Age-Friendly Health Systems Initiative, born out of a partnership between the John A. Hartford Foundation, the Institute for Healthcare Improvement, the American Hospital Association, and the Catholic Health Association of the United States, was created as a way to advance the practice of providing age-friendly care [1]. This initiative was created to meet the challenges provided by a growing population of older adults whose care needs are diverse and, sometimes, complex. Age-friendly care possesses three primary qualities: (1) it follows a set of evidence-based practices known as the 4Ms [1] (what matters most, medication, mentation, and mobility); (2) it causes no harm; and (3) it places what matters to the patient and their families/caregivers at the center of care plans. The 4Ms framework advances these ideas by putting the patients' desires and goals of care at the center of care plan development while also considering the patients' mobility, medications, and mentation. Incorporated within this framework is an understanding of the necessity of integrating the social determinants of health (SDOH) within the assessment and delivery of care. A critical element to advancing these ideals and practices into the workforce is professional development for faculty and clinicians who provide care to older patients and prepare future cohorts of the healthcare workforce. As such, the researchers sought to develop a faculty and clinician professional development program that would help to advance age-friendly care. The researchers detail the creation of this program, known as Creating Interprofessional Readiness for Complex and Aging Adults (CIRCAA), and share insights from those who have completed the program.

CIRCAA, which stands for Creating Interprofessional Readiness for Complex and Aging Adults, is a faculty and clinician development program for healthcare professionals. The program was developed by an interprofessional team of faculty and clinicians who had appointments at or affiliations with an urban research university in the mid-Atlantic region of the United States. This interprofessional group meets twice a month to oversee a variety of interprofessional geriatrics training initiatives, including CIRCAA. The CIRCAA curriculum was based on the Faculty Development Program (FDP), an interprofessional curriculum grounded in evidence-based practices for healthcare professionals with a faculty appointment. The program was based on a model offered by the University of California, San Francisco, and the curriculum was guided by the Partnership for Health in Aging Workgroup on Multidisciplinary Competencies in Geriatrics [2][3][4][5]. A 2019 report from the Advisory Committee on Interdisciplinary Community-Based Linkages [6] pointed out that current accreditation standards do not adequately address age-friendly concepts and the 4Ms [7]. One recommendation from the report was that health professions programs should integrate age-friendly interprofessional principles into their curricula and should be designed to transform curricular expectations within continuing education programs. The researchers adapted their previous faculty development program into the more clinically focused CIRCAA program to advance age-friendly practice. Taking a multidimensionality approach whereby individual health is determined by several dimensions (i.e., the 4Ms), the researchers sought to create age-friendly practitioners who are knowledgeable of the age-friendly framework and person-centered care.

2. Program Development

To create the CIRCAA curriculum, the interprofessional faculty group first gathered geriatrics competencies from each of their respective fields and professional organizations. These competencies as well as the Interprofessional Education Collaboration's (IPEC) [8][9] competencies for interprofessional teamwork were then mapped to the 4Ms and 11 other topics that were identified from the FDP curriculum by the interprofessional faculty team that was informed by feedback from former FDP scholars. Specifically, discipline-specific geriatric competencies (medicine (medical students, residents, and geriatric psychiatry), nursing (bachelors of science in nursing (BSN) and nurse practitioners (NP)), occupational therapy, chaplaincy, pharmacy, and physical therapy) and Interprofessional Education Collaborative competencies were aligned to the 4Ms framework (what matters most, medication, mentation, and mobility). A focus on interprofessional education was maintained in the transition from FDP to CIRCAA, as interprofessional care supports age-friendly practice. Sub-topics or themes were identified among the grouped competencies to then create individual session foci. Using the session foci and the associated competencies, learning objectives were created for each session, ensuring that the participants would receive information that reflected the competencies associated with that session. The objectives then guided the design of curricular content for each session. Within the curriculum were practicum experiences in age-friendly practices that allowed scholars to observe some of the curriculum content being applied in the field. A capstone project was included within the CIRCAA program with the expectation that scholars would share information related to the 4Ms framework and interprofessional practice with their colleagues or students or apply these principles in their practice setting in the form of action research.

3. The CIRCAA Curriculum

The first year, CIRCAA was offered in person until March, 2020, when the COVID-19 pandemic forced the program to pivot to virtual education. The second year, the program was offered entirely virtually, with each session shortened from five hours to three, with additional materials made available for self-studying. The capstone project was sustained during the pandemic, but in-person practicum experiences were curtailed.

The conceptual themes surrounding CIRCAA training included incorporating health disparities and inequities in care delivery and the role of SDOH and their impact on healthy community living. The foundational FDP maintained an academic didactic format of training focused on preparing interprofessional health profession faculties to incorporate geriatrics into their clinical or classroom teaching. The transition to the CIRCAA format created opportunities to provide evidence-based strategies for translation to practice and then to evaluate the learners' ability to incorporate this training into their own practice settings. Using the 4M's framework as a guide, the program is able to focus on the concepts that are most important to improving care delivery and outcomes for older adults across practice settings. The onset of the COVID-19 pandemic required a rapid conversion to a hybrid format in order to sustain the program. Converting to a hybrid format presented initial challenges but also provided an opportunity to recruit from a broader geographic region. In prior years, participants were required to attend in person and to live within driving distance for the on-site monthly sessions. With the conversion to a virtual format, participants were able to join the program from as far away as California. The virtual format also required a transition in the types of learning strategies to be more interactive during group learning sessions with less intensive time commitments while still maintaining the integrity of the program and accomplishing the established goals and objectives. Teaching strategies were adapted and revised over the two years of the COVID-19 pandemic using the Plan Do Study Act (PDSA) method of evaluation and continual refinement, including increased small group learning activities and case studies [\[10\]](#)[\[11\]](#)[\[12\]](#).

Educational strategies, practice innovation, and evaluation methods were incorporated into the training to help scholars develop their capstone projects, a curriculum enhancement or practice intervention that addresses one of the 4Ms and fills a need in their workplace. Capstone projects could be either a practicum/practice intervention or curriculum-based. CIRCAA scholars implemented practice-based projects to address identified needs in their work settings. Each project was designed to advance at least one of the 4Ms in an interprofessional manner. Many of the projects concerned the 4Ms broadly, while several specifically focused on medication or mentation. Project topics included improving communication for diabetes self-management, de-prescribing in home health, and ageism in health profession training.

References

1. Fulmer, T.; Mate, K.S.; Berman, A. The Age-Friendly Health System Imperative. *J. Am. Geriatr. Soc.* 2018, 66, 22–24.

2. Partnership for Health in Aging Workgroup on Multidisciplinary Competencies in Geriatrics. Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-Level Health Professional Degree. 2010. Available online: http://www.americangeriatrics.org/files/documents/health_care_pros/PHA_Multidisc_Competencies.pdf (accessed on 11 May 2021).
3. Partnership for Health in Aging Workgroup on Interdisciplinary Team Training. Position Statement on Interdisciplinary Team Training in Geriatrics: An Essential Component of Quality Healthcare for Older Adults. 2011. Available online: http://www.americangeriatrics.org/files/documents/pha/PHA_Full_IDT_Statement.pdf (accessed on 18 December 2021).
4. Coogle, C.L.; Hackett, L.; Owens, M.G.; Ansello, E.F.; Mathews, J.H. Perceived Self-Efficacy Gains Following an Interprofessional Faculty Development Programme in Geriatrics Education. *J. Interprofessional Care* 2016, 30, 483–492.
5. Marrs, S.A.; Ansello, E.F.; Slattum, P.W.; Davis, K.; Parsons, P.L.; Zimmerman, K.; Coogle, C.L. Infusing geriatrics expertise in health professions education through interprofessional faculty development. *Gerontol. Geriatr. Educ.* 2021, 1–13.
6. Report: Preparing the Current and Future Health Care Workforce for Interprofessional Practice in Sustainable, Age-Friendly Health Systems. 2019. Available online: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/community-based-linkages/reports/seventeenth-2019.pdf> (accessed on 14 November 2021).
7. Health Professions Accreditors Collaborative. Guidance on Developing Quality Interprofessional Education for the Health Professions; Health Professions Accreditors Collaborative: Chicago, IL, USA, 2019.
8. Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel; Interprofessional Education Collaborative: Washington, DC, USA, 2011.
9. Interprofessional Education Collaborative Expert Panel. Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel: 2016 Update; Interprofessional Education Collaborative: Washington, DC, USA, 2016.
10. Institute for Healthcare Improvement. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement; IHI Innovation Series white paper; Institute for Healthcare Improvement: Boston, MA, USA, 2003.
11. Langley, G.L.; Moen, R.; Nolan, K.M.; Nolan, T.W.; Norman, C.L.; Provost, L.P. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd ed.; Jossey Bass: San Francisco, CA, USA, 2009.

12. Guerrero, L.R.; Lagha, R.R.; Shim, A.; Gans, D.; Schickedanz, H.; Shiner, L.; Tan, Z. Geriatric workforce development for the underserved: Using RCQI methodology to evaluate the training of IHSS caregivers. *J. Appl. Gerontol.* 2020, *39*, 770–777.

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