



A community-based interprofessional education fall prevention project



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ABSTRACT

This paper describes a grant-funded, interprofessional education (IPE) project involving occupational therapy, physical therapy, and pharmacy students who screened older adults in an assisted living/independent living community for falls. Occupational therapy students completed environmental screenings, physical therapy students completed gait and balance screenings, and pharmacy students completed medication reviews. This program was evaluated before, during, and after the experience by the students, faculty leaders, and community partner. The students completed the Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire and the Interdisciplinary Education Perception Scale (IEPS). Quantitative and qualitative analysis were completed to determine the value of this project for interprofessional learning. The results indicated changes in perception of the students for teamwork, communication, patient care, and safety. The students also reported this activity to be realistic and applicable to their future practice. Faculty leader and community partner feedback revealed positive perspectives for the project. This program was also well-received in the community.

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1. Format

Interprofessional education (IPE) occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.¹ Providing these opportunities while working with community members allows health profession students to develop both interprofessional and discipline-specific skills. Primary focus areas for interprofessional activities set by our institution include teamwork, communication, patient care, and safety. These initiatives follow the TeamSTEPPS[®] approach which was developed by the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense (DoD) under the U.S. Department of Health and Human Services.² This project involved occupational therapy (OT), physical therapy (PT), and pharmacy (PHARM) students whom, under the

guidance of their respective faculty members, provided fall screenings to community members. Interprofessional small group discussions were held prior to and following each screening session. These screenings were conducted for 12 weeks.

2. Target audience

Students who participated in this IPE program were 38 third year, graduate-level OT students as part of a graduate level community health and wellness course; 39 s year, graduate-level PT students as part of their clinical education experiences; and ten 2nd year Pharmacy students as part of their learning practice experience course. Students were assembled into groups of 12–18, with 4–6 students representing each profession. Each OT and PT student participated in one screening day, whereas the pharmacy students participated in three sessions each. A community partner was also established to allow consistent access to community participants. The community partner was a 130-room independent and assisted living community who serves residents who are at least 50 years old.

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3. Objectives

The IPE community-based care objective for this project was: Seniors living in apartments/assisted living areas in a senior housing facility will receive one-on-one assessments, individualized program plans, and the opportunity to participate in weekly groups for fall prevention. The IPE objective established was: Guided by OT, PT, and PHARM faculty, OT, PT, and PHARM students will develop and implement a program to provide environmental and health screens to seniors living at a community-based independent/assisted living facility.

4. Activity description

4.1. Resident recruitment

The project was first advertised at the community site one month prior to the first session on their monthly activities calendar. During the project, fliers were distributed at the beginning of each week in the residents' mailboxes. Four 30-minute screening sessions for each discipline were made available each week. Residents signed up for appointments through the facility's health and wellness coordinator. Residents were not required to select all screenings from each discipline; they were permitted to select which they felt most applicable to their situation. Student screeners could also recommend additional screenings from the other disciplines if notable deficits were observed. Appointment reminders were placed in the residents' mailboxes two days prior to their screening. The reminder card included a list of items the resident should bring for the screenings (i.e. mobility devices, medication information). After completion of all the desired screenings, the residents received recommended equipment and their individualized fall prevention recommendations from their team. For participating, the residents also received a pedometer, two night lights, a File of Life™ (a wallet-sized card and refrigerator magnet which includes all personal medical-related information³), and fall prevention educational materials from the CDC. All items that were needed to be purchased for this project (i.e. incentives, recommended equipment, screening supplies) were funded by an internal Benedum sub-grant through the institution's IPE office.

Overall, 59 screenings were completed for 31 residents. Of the total screenings, 27 residents were screened by PT, 18 by OT, and 14 by PHARM. Of those numbers, nine were screened by all three disciplines, five were screened by PT/OT only, four by PHARM/PT only, 1 by OT/PHARM only, nine by PT only, and three by OT only.

4.2. Resident screening

Occupational therapy students, under the supervision of a licensed occupational therapist (faculty for the enrolled course), provided home safety screenings using the Home Safety Self Assessment Tool (HSSAT).⁴ During the screenings, the residents' living environments were screened for environmental barriers (e.g. furniture placement or in walkways), fall hazards (e.g. dangerous stool use, throw rugs), and equipment needs (e.g. long handled dressing/bathing equipment, grab bars).

Balance and gait were screened by the physical therapy students, under the supervision of a licensed PT (faculty coordinator for the clinical education course), using the STEADI (Stopping Elderly Accidents, Deaths, & Injuries) Tool Kit for Healthcare Providers.⁵ The screens included in this battery were the Timed Up and Go (TUG) test, the 30-second Chair Stand test, and the 4-Stage Balance test.

Pharmacy students completed medication reviews with the residents, under the supervision of a licensed pharmacist (faculty

for the enrolled course and community pharmacy preceptors). During these screenings, the students reviewed medication profiles and calculated a Medication Fall Risk Assessment Score⁶ for each resident. Medication management (i.e. pill box use, communication with healthcare professionals) was also reviewed.

General health screens were also offered to the residents which included blood pressure, vision, skin integrity, and bowel and bladder management. These screens were completed by either OT, PT, or pharmacy as appropriate.

4.3. IP student activities

Multiple strategies were used to facilitate interprofessional student interaction. A student website was created through the university's online learning management system. Information included on this site were schedules, case study examples, fall prevention education handouts, screening forms, site information, and other useful resources related to falls. Students met prior to and after the screening sessions to discuss their individual and team roles throughout the process, as well as to clarify any recommendations with the other team members and faculty for approximately 30–45 min each time. With faculty facilitation, students discussed their roles in preventing falls and how interprofessional collaboration impacts client outcomes. Students also collaborated to develop an individualized fall prevention recommendation for each resident incorporating their discipline's specific screening findings. Recommendations included use of adaptive equipment (e.g. long handled sponges, elastic shoelaces, pill boxes) and assistive devices (e.g. cane, walker), home safety modifications (e.g. moving furniture, adjusting height of seating, adding light), discussing medications with one's personal physician or pharmacist, and seeking out formal PT and OT services.

4.4. Evaluation

This IPE program was evaluated using multiple quantitative and qualitative methods including student questionnaires, faculty mentor feedback and discussion, project site coordinators meetings and feedback, and weekly sessions with student participants regarding project purpose and process. Formative feedback from students, faculty, and site coordinators enabled program adjustments throughout the project to ensure better quality screenings for the residents and a more positive and purposeful interprofessional experience for the students. The university's Institutional Review Board approved this project.

4.5. Student data

Student learning and perceptions were assessed using both qualitative and quantitative methods. The quantitative approach included two Likert-item scales that were developed to assess student learning with and perceptions of interprofessional education. These are the Readiness for Interprofessional Learning Scale (RIPLS) Questionnaire⁷ and the Interdisciplinary Education Perception Scale (IEPS).⁸ Students completed these surveys before and after the project. These surveys were completed online within the aforementioned online learning management system.

Eighty-one students completed all items of the pre-project survey while 57 completed all items of the post-project survey. The quantitative data (RIPLS and IEPS) were analyzed using JMP 12.0 (JMP Version 12.0, SAS Institute Inc, Cary, NC). Descriptive statistics included frequencies and probabilities for the pre- and post-participation items that were targeted by the faculty mentors pre-activity to be most meaningful for this project. These items were also categorized to fit the IPE themes of focus for this project

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