Standardized Patient Simulation to Promote Clear Communication and Inter-professional Collaborative Practice in Evaluating Older Adults with Dementia

N. Morris, PhD, ANP and E. Oleson, DO, MS University of Massachusetts Medical School, Worcester, MA

**Purpose**

Design and assess feasibility of a Standardized Patient Simulation providing PGY1 Internal Medicine residents and nursing students the opportunity to work together creating a plan of care for an older adult with dementia who chose to age in place. We also wanted to assess attitudes toward health care teams and emphasize the importance of clear communication with patients and their families.

**Educational Initiative**

Addressed select ACGME minimum geriatric competencies for Internal Medicine/Family Medicine residents incorporating medical patient care and interprofessional and communication skills.

- Assessment and consideration of functional status, ADL and IADL, cognitive status, affective state, social support, and health literacy.
- Medication review
- Consideration of patient’s preferences
- Addressing challenges of caregivers of older adults
- Provision of appropriate recommendations and referrals.
- Incorporate principles of health literacy and demonstration of effective interpersonal and communication with patients, their families and health professionals.

Included 4 core competencies for Interprofessional Collaborative Practice

- Values/ethics for interprofessional practice
- Roles/responsibilities for collaborative practice
- Interprofessional communication
- Interprofessional teamwork and team-based care

**Learning Objectives:**

- Demonstration of clear communication and reception of data sharing
- Integration of data to create a plan of care for an older adult with mild dementia
- Identification of appropriate community resources
- Consideration of health literacy when communicating with patient and families.

**Instructional Method**

We developed and piloted a Standardized Patient Simulation emphasizing the contribution of a doctor and a home health nurse in the planning of care for an older adult with mild dementia. We had scenarios;

The first scenario was in the “patient’s” home “for student nurse assessment of home safety and medication use...”

The second scenario was in the physician’s office for MD to integrate information provided by RN with diagnostic data to establish diagnosis of mild dementia and collaborate with RN to develop a plan of care to support the patient’s desire to remain home.

**Process**

**Preparation**

- On-line dementia module
- Readings on interprofessional communication
- Readings and online resources on home assessment

**Simulated Home Visit**

- Student RN conducts home safety evaluation and medication review with patient and family caregiver
- MD confirms dx of mild dementia
- RN shares outcomes of home assessment
- Patient and caregiver react to diagnosis
- MD/RN collaborate on plan of care

**Email from caregiver 1 year later**

- Caregiver with increased concerns
- Learners create email response with community resources and (su) plan using health literate terms/language

**Simulated Office Visit**

- Emphasis on:
  - clear communication with consideration of health literacy
  - appropriateness of community resources
  - appropriateness of (su) plan

**Debrief with faculty**

**Evaluation of Experience**

**Post learning experience feedback from residents and nursing students (N = 20)**

**Pre and Post Learning Attitudes**

**Attitudes Toward Health Care Teams**

High scores reflect incorporation of positive attitudes toward teamwork. (N = 22) 14 PGY1 residents, 8 nursing students

No significant change between pre/post simulation exercise or between physicians and nursing students re: attitudes toward health care teams

**Lessons Learned**

- One time encounter as designed did not shift attitudes toward health care teams for participants. A greater emphasis on team communication may have yielded different results.
- Learners like simulated learning opportunities
- Additional resources on clear communication, health literacy, health care team collaboration/data sharing and community resources for Alzheimer’s Disease needed
- Need to build sessions into curriculum to ensure attendance
- Faculty time and standardized patient training and cost a concern
- Expensive learning strategy; consider group simulation/ debriefing to enhance efficiency
- Home Health RN and MD communication needs to be more realistic; consider telephone communication rather than face-to-face during an office visit
- Simulated emails was effective at identifying use of jargon and writing at too high a grade level

This is a resource intensive teaching strategy, the training and cost of 2 standardized patients for each simulation and the faculty time will make ongoing use of these teaching strategy challenging. Consideration should be given to having several concurrent simulations and grouping the debriefings for efficiency of faculty time.

**Implications**

This novel standardized patient simulation provided skills in delivering and incorporating data from different health professionals into a patient’s plan of care.

Minor modifications are necessary to improve resource utilization and make sessions more beneficial and efficient.

Opportunities for interprofessional learning set a foundation for future collaborative and respectful working relationships.

Funding provided in part by UMass IPEG Grant