Addressing the Need for Universal Interdisciplinary Team Training in Geriatric Professional Education
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Addressing the Need for Interdisciplinary Team Training

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Background

- Geriatric care is often complex and time-intensive, and many medical, psychosocial, and functional issues must be addressed simultaneously.

- Learning to work in a well-functioning interdisciplinary team (IDT) is a fundamental skill that all healthcare professionals must master in order to provide optimal geriatric care.

- Formal education in working and teaching in IDTs remains inadequate in most professional training programs.
Objectives

- To identify key resources and evidence on IDT training and create a comprehensive annotated bibliography.
- To develop a position statement addressing the importance of IDT training in geriatrics.
- To increase awareness of the importance of IDT training among leaders in geriatrics and gerontology by disseminating this evidence.
Methods

- A workgroup was formed under the Partnership for Health in Aging—a coalition of 36 organizations—to conduct a search of resources on IDT training and develop a statement on the need to support and expand this training. Using library databases, Internet search engines, and experts’ recommendations, an annotated bibliography was developed.
Results

The workgroup identified the following key areas:

- Evidence supporting the effectiveness of IDTs
- Importance of IDT training in geriatrics
- IDT team training learning domains
- Factors necessary for success in IDT training
- Common barriers to IDT training
- Importance of institutional and financial support for IDT training
Importance of IDT in Geriatric Care

Members of an IDT work collaboratively to formulate a comprehensive care plan to address the complex needs of a geriatric patient.

The use of IDTs has lead to improved outcomes in geriatric care.
Using IDTs in the care of older adults leads to:

- Better continuity and quality of care
- Improved health outcomes
- Lower costs
- Enhanced communication among providers
- Improved care of common chronic illnesses
- Improved patient safety
- Better medication adherence
- Preservation of function
- Decreased hospital readmissions
Benefits of IDT training

- IDT training programs can improve learners’ knowledge and attitudes about aging, geriatric care, team skills, interprofessional communication, and the benefits of IDT collaboration.
IDT Training Curriculum

- IDT training programs should address the following domains:
  - Understanding the role of each IDT member
  - Establishing common goals for the team
  - Establishing roles for conducting team meetings
  - Identifying and resolving conflict
  - Providing support for one another
  - Being flexible in response to challenges
  - Participation in periodic team performance reviews
Annotated Bibliography

- 47 articles
- 9 textbooks
- 9 websites
- 4 book chapters
- 3 reports
- 1 journal
Outcomes

- The position statement and the annotated bibliography have been endorsed by 22 national organizations.

These materials were published online and can be accessed at: www.americangeriatrics.org/pha
Summary

- IDT training should be universal to all healthcare disciplines in order to provide optimal geriatric care.

- Existing expertise in establishing IDT training should be extended in order to achieve this important goal.
Summary

• A wide variety of organizations—including professional associations, credentialing and licensing groups, and accreditation bodies—should rapidly and significantly increase their advocacy efforts in support of IDT training.

• Only through such a coordinated effort will the U.S. healthcare system be able to rely on a growing cadre of healthcare professionals who have the necessary education in both geriatrics and teamwork to be able to provide the best care for our nation’s dramatically increasing older adult population.
Successful Models of Interdisciplinary Team Training

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Overall Goals of IDTT

- To function well as members of an IDT, professionals-in-training must develop an understanding of the rationale for a team and learn the skills to work collaboratively with other professionals in diverse clinical settings.

- This understanding is contingent upon having sufficient hands-on experience through role playing and working within an IDT as it actively solves problems.
Essential IDTT Skills I

- Understanding their respective roles and responsibilities on the team
- Establishing common goals for the team
- Agreeing on rules for conducting team meetings
Essential IDTT Skills II

- Communicating well with other members of the team
- Identifying and resolving conflict
- Sharing decision-making and executing defined tasks when consensus is reached
Essential IDTT Skills III

- Providing support for one another, including the development of leadership roles
- Being flexible in response to changing circumstances
- Participating in periodic team performance reviews to ensure that the team is functioning well and that its goals are being met
VA Interdisciplinary Team Training Program in Geriatrics (ITTG)

- VA initiated ITTG in 1979
- Conceived as clinically based education program for VA employees and affiliated students from 3 or more health professions
- Used didactic, experiential, clinical instruction
- Promoted an understanding of the roles and contributions of various disciplines
Sites for ITTG chosen by a competitive process

- 2 initial sites; after 4 years, 12 sites
- Curriculum focused on geriatrics and team work
- Addressed learning objectives essential to individual disciplines and across disciplines
- ITTG students participated in rotations 3-12 months in length and up to 40 hours per week
Model IDTT Programs-Hartford GITT

- A formal curriculum for team training developed by the Geriatric Interdisciplinary Team Training Program (GITI) of the John A. Hartford Foundation,
- Built upon experience in VA ITTG
- 8 programs, coordinating center at NYU, funded for three years beginning in 1997
- Curriculum included both didactic materials and specific exercises to foster team development
GITT: Focus of Curriculum

- Majority of GITT students were in medicine, nursing and social work
- Components included interdisciplinary courses and workshops, geriatric case studies, bibliographies, self-study modules, videotapes, learning exercises on CD-ROM and on World Wide Web
- Clinical components included geriatric primary care, home-based services, hospice
GITT: Outcomes

- Trained 1341 students, 537 evaluated
- Demonstrated improvement on all measures of attitudinal change
- Among attitudinal measures, change greatest for Teaching Skills Scale
- No change in geriatric planning measure
- Change in some of tests of team dynamics
IDT Training Goals and Curriculum

- IDT training programs should address the following domains:
  - Understanding the role of each IDT member
  - Establishing common goals for the team
  - Establishing roles for conducting team meetings
  - Identifying and resolving conflict
  - Providing support for one another
  - Being flexible in response to challenges
  - Participation in periodic team performance reviews
Overcoming Barriers to IDT Training in Higher Education: Keys to Effective Implementation

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Barriers to IDT Training

Barriers to interdisciplinary training include:

- A bias against collaborative practice
- Varying degrees of support among faculty
- Regulations that limit cross-discipline supervision
- Varying levels of training leading to a disparity among different disciplines’ authority to make clinical decisions in a team setting
Unique Professions

- Differences in “status” – historical and current
- Locus of power-revenue streams and presence “at the table”
- Cultural norms in various professions
- Overlap in scope of practice and “transdisciplinary” training.
Interrelationships between Professions

- Communication practices
  - Finding a common language-SBAR
- Collaboration practices
  - Assessment
  - Time
  - EMR
  - Goals of care
- Settings of care
Support for IDT Training

- Institutional and financial support are essential for the development and sustainability of geriatric IDT training.

- “Payers should promote and reward the dissemination of those models of care for older adults that have been shown to be effective and efficient...including reimbursement for services that are not currently, covered, e.g., interdisciplinary teams.” (Institute of Medicine, Retooling for an Aging America: Building the Health Care Workforce, 2008)
The Context of IDT in the future

- IPE
- [https://www.aamc.org/download/186750/data/core_competencies.pdf](https://www.aamc.org/download/186750/data/core_competencies.pdf)
  - Mandate
  - Competencies
  - Institutional buy-in
- Geriatric leadership in the wave of IPE
Conclusion

- IDT training should be universal to all healthcare disciplines.
- Expertise in establishing IDT training should be extended.
- Organizations should advocate for more IDT training.
- A coordinated effort is necessary to make certain sufficient numbers of qualified professionals are trained in geriatrics and team-based care.
Future Directions

- Sponsorship of symposia on IDT by professional organizations at annual meetings.
- Advocacy by professional organizations for development and implementation of effective IDT curricula in professional schools, hospitals and health care systems, skilled nursing facilities, and clinics.
- Promoting IDT through social media sites.
- Creating financial support for IDT training within health care systems and professional training programs.
Future Directions

- Creating opportunities for teaching in teams as a way to maximize scarce faculty resources.
- Developing models for paying faculty across health professions schools.
- Development of interdisciplinary student chapters in health professions schools.
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Partnership for Health in Aging Workgroup on Interdisciplinary Team Training

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Alliance for Aging Research
American Academy of Home Care Physicians
American Academy of Nursing – Expert Panel on Aging*
American Association of Colleges of Pharmacy
American Association for Geriatric Psychiatry
American Association for Long-Term Care Nursing*
American College of Clinical Pharmacy
American Geriatrics Society
American Dental Association
American Occupational Therapy Association
American Physical Therapy Association
American Psychological Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
Association of State and Territorial Dental Directors
The Hartford Institute of Geriatric Nursing*
Gerontological Society of America
National Association of Directors of Nursing Administration in Long-Term Care*
National Association for Geriatrics Education
National Association of Geriatric Education Centers
National Association of Professional Geriatric Care Managers
New York Academy of Medicine/Social Work Leadership Institute

*Member, Coalition of Geriatric Nursing Organizations

SUPPORTING ORGANIZATIONS

American Dietetic Association
American Speech Language and Hearing Association