

Abstracts

Program Abstracts from The GSA 2021 Annual Scientific Meeting Disruption to Transformation: Aging in the “New Normal”

Abstracts are arranged numerically by session and in the order of presentation within each session.

Abstracts are published as received.

Session 1000 (Symposium)

A SIMULATION MODEL FOR GERIATRIC EDUCATION: THEORY, VIRTUAL TRANSFORMATION AND QUALITY IMPROVEMENT

Chair: Jennifer Drost

Discussant: Susan Fosnight

Delivery of effective healthcare for the geriatric population is often complex due to the interplay between physical, social, and emotional variables. It is well established that it is the interplay between chronic medical conditions, social determinants of health, function and geriatric syndromes that drives outcomes. This complexity makes it especially important for the healthcare team to take an interprofessional team approach to avoid fragmented care which can lead to patient dissatisfaction, an ineffective plan of care, and low-quality outcomes. However, effective teamwork is not innate to healthcare; it must be learned and developed over time through purposeful education. The literature on team training supports active learning pedagogies such as simulation-based education that has emerged as an effective way to translate teamwork education into practice. Participation in active learning such as simulation, provides learners with authentic experiences that become cognitive frames that can transition into real practice. Education of adult learners should be a scaffolding of experiences that build on one another. This approach can lead the learner from the acquisition of basic knowledge, skills, and attitudes, to higher levels of competency and clinical judgement. Simulation simultaneously engages cognitive, perceptual-motor, and affective learning, and when combined with effective debriefing can lead to higher levels of learning. Effective models with scaffolding of experiences using simulations for geriatric team training are lacking in the literature. We describe here the theoretical framework for such training, adaptations of in-person and virtual training models due to COVID-19 restrictions through rapid cycle quality improvement.

GERIATRIC INTERPROFESSIONAL EDUCATION THEORETICAL FRAMEWORK

Jennifer Drost, *Summa Health System, Akron, Ohio, United States*

The literature is lacking in theoretically grounded techniques to teach interprofessional skills specific to caring for older adults. This presentation details how Wagner's Chronic Care Model and the Constructivist/Active Learning theoretical frameworks were used in the design of an interprofessional education. The content of the education was modeled after Wagner's chronic illness care model that advocates changes in processes and organizational structures

to promote interprofessional team practice. The educational intervention follows a Constructivist/Active learning framework delivered in a simulation format. Constructivist approaches encompass active learning and guided experiential learning procedures, methods well-suited to our scaffolded simulation educational experience.

GERIATRIC INTERPROFESSIONAL EDUCATION: IN-PERSON SIMULATION

Diane Brown, *The University of Akron, Akron, Ohio, United States*

Our in-person geriatric interprofessional training model is layered with scaffolds of active learning, tabletop team meeting simulation, assessment of older adult community members at risk for falls, and reflective feedback. The first step addresses knowledge acquisition via online didactic content. The second step reinforces the knowledge gained in the online didactics through in-person posters and interactive skills practice, followed by a profession-specific huddle to communicate patient assessment findings. The third step is an interprofessional team meeting simulation based on a case study of a complex geriatric patient. The fourth step is performing a supervised assessment on an older adult. The assessment incorporates the assessment tools practiced during the poster/skills session and team skills learned in the didactics and simulation. This is followed by the design of an interprofessional team-developed patient-centered plan of care. The event ends with a reflective debrief focused on interprofessional collaborative competencies.

ADAPTATION OF GERIATRIC INTERPROFESSIONAL EDUCATION FROM IN-PERSON TO VIRTUAL SIMULATION

Cynthia Hovland, *Cleveland State University, Cleveland, Ohio, United States*

We modified an in-person simulation-enhanced interprofessional education model as necessitated by COVID-19 restrictions to a fully virtual education experience. Online prework remained unchanged but adjustments were made related to previously in-person activities. Diverging from the in-person training we held live virtual poster sessions with learner-presenter interaction. In preparation for their role in the team meeting simulation, learners were moved into preassigned profession-specific breakout rooms for a live virtual huddle with facilitators. Next, learners were moved to preassigned interprofessional breakout rooms where they began the simulated team meeting. After initial discussion, a standardized patient joined the breakout room to present the patient/caregiver perspective. The event ends with a virtual reflective debrief focused on interprofessional collaborative competencies.