Aging with Grace: Intraprofessional Nursing Simulation to Improve Geriatrics Workforce Readiness

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BACKGROUND

- Current rapidly growing aging kūpuna (older adult) population, with ~19% of Hawai'i's population over the age of 65
- Hawai'I kūpuna have the longest projected lifespan Nationally - 81 years old
- RNs and APRNs play a critical role in care delivery for adults, yet ongoing workforce shortages, especially in the geriatric setting
- Geriatric nursing training is often "on the job", inadequately preparing nurses to provide complex, geriatric-informed, and patient-centered care for kūpuna

OBJECTIVES

1. Improve RN and APRN Age Friendly knowledge and competency in caring for kūpuna,
2. Apply skills to a simulated scenario caring for a kūpuna with complex needs in a safe and positive environment,
3. Build competency in intraprofessional collaboration and promote career ladder growth for RN students, and
4. Develop competency in telehealth.

METHODS

1. Implementation of an intraprofessional, evidence based, 5M focused didactic and simulation curriculum for pre-licensure and nurse practitioner students
2. Students were evaluated to measure effectiveness of simulation curriculum, improvement of telehealth knowledge and confidence, and qualitative feedback

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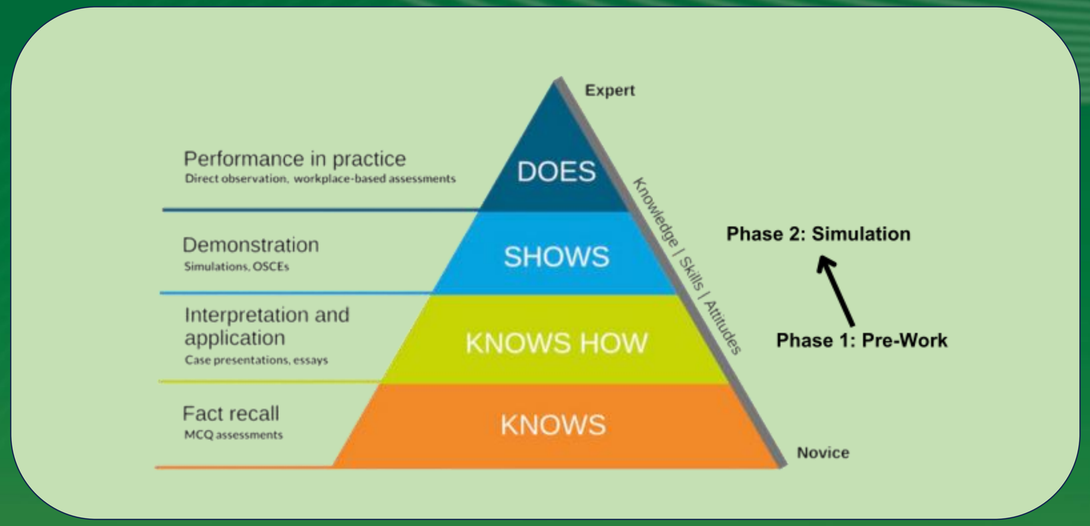
Learner Outcomes & Objectives Scaffolded based on Miller's Pyramid of Clinical Competence



Phase 1: Knowledge Development

- Students participated in 3-hour asynchronous prework focused on 1) Age-Friendly Care & the 5Ms model, 2) geriatric syndromes, 3) geriatric assessments & interventions, and 4) telehealth.

Phase 2: Demonstration & Application

- Students applied skills & demonstrated knowledge learned in a three-part simulation scenario following a live simulated patient across transitions in care and functional decline: 1) independence at home, 2) skilled nursing, and 3) long-term care.
- Learner objectives focused on the utilization of the 5M model in intraprofessional assessment, collaboration, and care planning, including managing common geriatric syndromes, addressing multimorbidity and social determinants of health, and utilizing telehealth.

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RESULTS

Student Simulation Experience

S4CI Questions Likert Scale 1-5: 1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree SD = Standard Deviation	Mean ± SD
1. The preparation materials assigned prior to the day of the simulation-based experience supported my learning.	4.36 ± 0.78
2. The information provided immediately prior to the start of the simulation-based experience prepared me to participate in the simulation.	4.40 ± 0.69
3. I understood the learning objectives of this simulation-based experience.	4.51 ± 0.68
4. This simulation-based experience promoted development of my problem-solving skills.	4.59 ± 0.65
5. This simulation-based experience allowed me to practice effective communication skills.	4.66 ± 0.59
6. The simulation-based experience was appropriate for my level of knowledge.	4.59 ± 0.62
7. This simulation-based experience encouraged me to address social determinants of health.	4.54 ± 0.63
8. This simulation-based experience encouraged me to take a patient/population-centered approach.	4.63 ± 0.60
9. The debriefing discussion(s) helped me to achieve the learning objectives of the simulation.	4.63 ± 0.60
10. The facilitator maintained an engaging learning environment.	4.64 ± 0.61
11. The facilitator encouraged me to freely express my emotions.	4.63 ± 0.62
12. The debriefing discussion(s) enabled me to reflect on the impact of different solutions.	4.60 ± 0.62
13. The debriefing discussion(s) enabled me to connect patient/situational information (cues) to identify problems.	4.56 ± 0.61
14. This simulation-based experience provided opportunities to practice collaborating with other members on the team.	4.64 ± 0.60
15. The simulation-based experience helped me understand the role that I play as part of a health care team.	4.64 ± 0.60
16. The simulation-based experience helped me feel more confident when confronting future clinical challenges.	4.60 ± 0.65

Telehealth

61 of 112 participants completed Teleheatlh Confidence survey demonstrating statistically significant improvements in their confidence and competence in telehealth delivery.

Qualitative

Qualitative feedback showed no significant concerns or recommendations for improvement. Problem areas identified were related to time management and technology, which are consistent concerns in the delivery of clinical practice.

CONCLUSION

Scaffolded simulation based intraprofessional education is an effective mechanism to increase knowledge and competency of RN and APRN in delivery of care for kūpuna across various settings and delivery mechanisms.

Learning activity has been integrated as a required curriculum for all prelicensure and Family & Adult Geriatric Primary Care Nurse Practitioner students at SONDH. Future iterations aim to increase participation from other disciplines.