



CARING FOR VETERANS: AN INTERPROFESSIONAL EDUCATION EXPERIENCE

Jane Anthony Peterson,
PhD, FNP-C, FAANP and
Margaret Brommelsiek,
PhD



School of Nursing
and Health Studies

PURPOSE:

- Describe the development an eight-week immersion course designed to promote interprofessional practice among health professional students providing healthcare for veterans.
- Discuss methods to evaluate health professional students' learning and interprofessional collaboration following course to promote care for veterans.
- Discuss strategies to develop and maintain collaborative partnerships with health facilities that provide care for veterans.

BACKGROUND

Healthcare professionals and healthcare must be prepared to manage the complex and unique needs of Veterans:

- Injuries from blast exposures
- Traumatic brain injury
- Post-Traumatic Stress Disorder (PTSD) and other mental health problems
- Chronic health problems

Increasing numbers of U.S. Veterans are seeking healthcare in the civilian sector.¹⁻²

- Perceptions of flexibility, accessibility, and confidentiality
- Fear of stigma toward behavioral health disorders
- Concern over impact on military career
- Rural location and lack of access to veterans healthcare facilities

INTERPROFESSIONAL EDUCATION

- Civilian health providers have limited training or supervision in Veteran-specific care. ²
- The Institute of Medicine (IOM) (2011) recommends a team-based patient-centered model of care to promote quality and safety of care. ³
- Interprofessional education (IPE) improve communications, ethical decision-making, and clinical teamwork while providing primary care services.
- Team-based models of care have been advocated as a means to address patients' complex health care needs (like Veterans). ⁴

"I feel comforted knowing that inside of our academic institution we are learning to interact with one another so when we do get in our professional setting we are more comfortable with it, it's an important part of giving patients the best care." -IPE HP student



IPE PROJECT IN VETERANS' PRIMARY CARE CLINIC

- Eight week immersion course for advanced nursing, pharmacy, psychology, and social work students.
- Clinical practicum component.
- Veterans Administration (VA) consultants shared basics of military culture and norms.
- Veterans panel.
- Information and treatment strategies.
- Team-based case studies, role play, interaction with standardized patients/actors.

“I’ve learned to appreciate the culture and life of veterans, their past experience and how that affects their physical self and mental self, and a new appreciation for that. I’ve treated vets out in the civilian world for many years and not really thought about it, or to ask about their service. Now that I’m more aware, I had a gentleman and he had his hat with his rank etc. I asked him about it, and he just lit up. He really opened up. He kept telling me all this information and it made the visit so much better.” -Nursing Student.

PROJECT MODEL



PARTNERING WITH VETERAN'S FACILITIES

Lessons Learned:

- Plan in advance.
- It is important to make your facility contacts early.
- Keep students on track and on time with paperwork.
- Check-in weekly with facility contacts.



www.catholicphilly.com

U.S. Federal Security Clearance
Approximately 6-8 Weeks.

Finger print and background check

Students complete and submit paperwork to VAMC.

University coordinator/faculty to complete letter for each student.

Student cleared for access, PIV code assigned by PIV sponsor.

Group orientation.

PARTICIPANTS

Total = 66 (semesters 1-5)	% (n)
Program Area	
APRN	39.4% (26)
Pharmacy	18.2% (12)
Clinical Psychology	19.7% (13)
Social Work	22.7% (15)
Race/Ethnicity (select all that apply)	
Alaska Native	0% (0)
American Indian	6.1% (4)
Asian	13.6% (9)
Black or African American	12.1% (8)
Hispanic	4.5% (3)
Native Hawaiian/ Pacific Islander	0% (0)
White	71.2% (47)
More than one race	25.0% (3)
Gender	
Female	86.4% (57)
Male	13.6% (9)
Age	
20-29	62.1% (41)
30-39	19.7% (13)
40-49	16.7% (11)
50-59	1.5% (1)

“The Veterans Panel was huge. I was completely unaware how different that population is. Learning from them that they struggle so much with health care and the hoops they have to jump through makes me more driven to help them get what they need knowing the VA is going to struggle to get them care.” –IPE Nursing Student



https://www.vetcenter.va.gov/images/rotate_VetCenters_500x275.jpg

EVALUATION RESULTS—QUANTITATIVE

Data analysis—Descriptive statistics:

Pre-Course:

Readiness for Interprofessional Learning Scale (RIPLS)

Teamwork & Collaboration—Pre-course = 4.59 [0.43]

Professional Identity—Pre-course = 4.44 [0.49]

Roles & Responsibilities—Pre-course = 4.06 [0.78]

Post-Course:

Interprofessional Collaboration Scale (ICS)

Accommodation—Post-course = 16.48 [2.17]

Isolation—Post-course = 9.38 [1.81]

Interprofessional Facilitation Scale (IFS)

Encourage Interprofessional Interaction—Post-course = 3.51 [0.56]

Contextualize Interprofessional Education—Post-course = 3.52 [0.55]

Results:

1) Students began with high readiness for interprofessional learning (especially teamwork and collaboration).

2) Post-course, students had high levels of accommodation and rated interprofessional facilitation of the course highly.

EVALUATION MEASURES

QUANTITATIVE:

Pre- and post-course surveys (5 semesters)

Resilience Scale (RS-14) (2 semesters only) (Wagnild & Young, 1993)

Readiness for Interprofessional Learning Scale (RIPLS; McFayden et al., 2006; Parsell & Blight, 1999)

Knowledge Assessment (Peterson et al., 2015)

Attitudes toward Health Care Teams Scale (ATHCT; Heinemann et al., 1999, Kenaszchuk, 2010)

Team Skills Scale (Hepburn et al., 1998, 2002)

Interprofessional Collaboration Scale (Kenzschuk et al., 2010)

Interprofessional Facilitation Scale (Sargeant et al., 2010)

QUALITATIVE:

Post-course focus groups and weekly reflection questions (5 semesters)

“I had minimal experience with Veterans, but I know now that it is a different population than what we experience at regular clinical practice. I understand now that it is more than diabetes or heart disease. There are other issues that they have gone through. I didn’t know that before the grant training.”-IPE student

EVALUATION RESULTS—QUANTITATIVE

Data analysis of 5 semesters—Descriptive statistics and paired *t*-tests:

Resilience Assessment—Pre-course=83.00 [9.88]; Post-course = 85.10 [10.7], $p = .277$

Knowledge Assessment—Pre-course = 6.08 [1.18]; Post-course = 7.00 [1.08], $p = .000$

Team Skills Scale—Pre-course = 64.05 [13.31]; Post-course = 71.08 [10.83], $p = .000$

- 1) Resilience was high at the onset;
- 2) Trends of knowledge increase;
- 3) Significant improvement in self-perceived team skills;
- 4) Attitudes toward veterans and healthcare teams significant increase.

Health Professionals' Attitudes Toward Veterans (HPATV). Subscales:

Culture—Pre-course = 7.46 [2.92]; Post-course = 10.31 [2.06], $p = .000$

Care—Pre-course = 19.25 [4.33]; Post-course = 23.19 [3.75], $p = .000$

Health—Pre-course = 17.96 [3.33]; Post-course = 20.31 [2.94], $p = .016$

Attitudes Toward Health Care Teams (ATHCT)

Team Value—Pre-course = 56.10 [6.35]; Post-course = 59.02 [5.78], $p = .000$

Team Efficiency—Pre-course = 24.17 [3.49]; Post-course = 25.59 [3.44], $p = .000$

Shared leadership—Pre-course = 20.40 [4.85]; Post-course = 21.25 [4.85], $p = .000$

QUALITATIVE OUTCOMES SUMMARY

1) Roles and Responsibilities: Increased understanding of each other's roles as health professionals:

"I learned that we need to share time with other professions. One of the social work students told me that after nursing counsels on end of life care, the patient is usually so overwhelmed, that they won't listen to what the social worker has to say."

2) Teams/Teamwork:

"If the goal is to promote not only patient satisfaction, but better health outcomes, I think the collaborative approach is best."

"If we as provider feel comforted and we have a team, then the patient must also feel that way. As long as everyone has a collaborative approach, I am happy with the way that health care may be going."

QUALITATIVE OUTCOMES SUMMARY

3. Military Cultural Understanding:

“I learned that all the questions we think are uncomfortable, are not uncomfortable for Veterans themselves to answer. Especially at the VA, they love it when you talk to them. I learned not to be so reserved. To be more open. They love talking, so let the conversations flow. “

“An example of where I felt competent in a situation when interacting with a Veteran patient was when I was able to discuss their trauma and how it impacted their ability to serve.”

“I started at my center for Veterans this week and had the opportunity to use military language, such as ‘sir’, ‘MOS’, ‘Army Post’, when communicating with the appropriate audience. I felt confident and comfortable, but it is still a learning process. I really took the time to listen to them.”

QUALITATIVE OUTCOMES SUMMARY

4. Advocating for Patients:

“There was one interaction with a patient who was very distressed with his military history and the trauma he experienced. One of his frustrations was the lack of knowledge of military culture he experienced with providers. I used reflective listening to provide a supportive environment for him to communicate his frustrations.”

5. IPE and Professional Education:

“I think the hardest part is that I work in a hospital, but the way the system exists, this is not a reality. The patients are not prepared for it to be the reality in health care, either. I think it is nice that I can focus on my expertise vs. knowing everything about everything, which is the reality in clinics.”

CONCLUSIONS

The IPE training sessions and resulting qualitative themes helped students:

- 1) Gain confidence in self-efficacy, and delivery of care;
- 2) Articulate of skills and roles of other health professionals;
- 3) Increase comfort lead and negotiate in interprofessional interactions;
- 4) Apply understanding of veteran health needs to their care; and
- 5) Expand their role as advocates to improve the healthcare provided to veterans.

“This training helped me know who is good at what. My heart is in social work, but knowing that psychology is better at CBT, or nursing is better with headaches.. I can have those conversations with my clients, but now I know who, how, and when to hand a decision off. Before this, I didn’t know how to do that, so I just tried to get all the information so I could handle it. I really appreciated the experience of learning who, how, and when to hand it off to someone else that I got from this training.” –IPE Social Work Student

CONCLUSIONS

This interprofessional education project for health professions students improved:

- 1) Team collaboration;
- 2) Understanding of roles and strengths of team-based care;
- 3) Knowledge of physical and behavioral health needs of veterans;
- 4) Advocacy for veterans to meet health needs; and
- 5) Skills and self-confidence for transitioning from student role to a professional healthcare provider.

“I was impressed with the depth of knowledge of the other health professions in the training. We are trained in a philosophical thought pattern in psychology, but the other students know labs, and medications [for example]. Knowing that those resources are available is helpful.” – IPE Clinical Psychology Student



QUESTIONS?



REFERENCES

1. Lee, J., Sanders, K. M., & Cox, M. (2014). Honoring those who have served: how can health professionals provide optimal care for members of the military, veterans, and their families? *Academic Medicine*, 89(9), 1198-1200.
2. Koblinsky, S. A., Leslie, L. A., & Cook, E. T. (2014). Treating Behavioral Health Conditions of OEF/OIF Veterans and Their Families: A State Needs Assessment of Civilian Providers. *Military Behavioral Health*, 2(2), 162–172.
3. Institute of Medicine (US). Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). *The future of nursing: Leading change, advancing health*. National Academies Press.
- 4.) Reeves, S., Perrier, L., Goldman, J., Freeth, D., & Zwarenstein, M. (2013). Interprofessional education: effects on professional practice and healthcare outcomes (update). *The Cochrane Library*.