



Interprofessional Education for Nurse-Led Falls Prevention

Diane Brown PhD MSN RN CCRN¹, Eileen Fleming MSN RN NE-BC², Susan Hazelett MS BSN RN²

¹The University of Akron, ²Summa Health-Akron Campus, Akron OH



Introduction

- One out of three people over the age of 65 fall every year, with 1/3 sustaining at least moderate injury.
- Falls in the elderly lead to functional decline, diminished quality of life and premature death
- The average cost of a fall is \$19,440.



Background

- Falls prevention requires an interprofessional (IP) approach.
- The literature is lacking in training models to teach students how to work collaboratively in IP teams.
- Also lacking are models that integrate clinical, community-based and academic partners.
- A main goal of this project was to build an IP education based on best practice for the development of team collaborative competencies in health professional students to improve safety and quality outcomes in the elderly related to falls.

Methods

Sample: In year 2 of this 3 year grant, 222 students from 10 different health professions participated in the education from Fall semester 2016 to Spring semester 2017. (Figure 1)

Design: Education Model (1 hour online pre-work, 3-4 hour live education)

Pre-work

- Online interactive didactic of falls assessment/prevention and TeamSTEPPS® teamwork curriculum.

Simulation Prep

- IP interactive falls risk assessment skills practice stations.
- Profession-specific huddles for review of simulated patient details.

Team Simulation

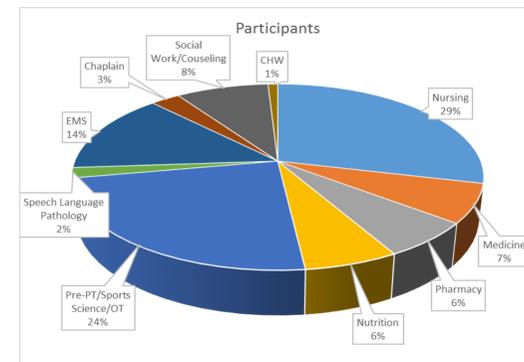
- IP Team meeting simulation: communication of profession-specific information, and development of an IP plan of care.
- Faculty-facilitated team debrief.

Patient application

- Actual patient volunteer IP team falls risk assessment.
- Development of IP team falls-risk reduction plan of care. Referral to Falls Clinic as appropriate.
- Expert panel discussion with student teams re: plan of care.

Outcome Measurement: Interprofessional Socialization and Valuing Scale (ISVS) measured pre and post education. Satisfaction post-education.

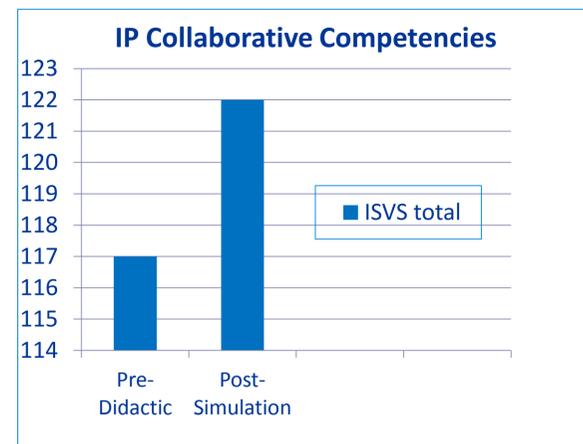
Figure 1: Sample Profession Demographics



Results

Interprofessional Socialization Valuing Scale

Total mean score difference over two time points: $p = .0004^{***}$



- Repeated Measures, ANOVA was conducted with 5% level of significance set a priori.
- Out of 222 participants, 190 (85.6%) completed pre-didactic; 144 (64.9%) completed post-simulation survey.
- 23 of 24 items were statistically significant at $p < 0.05^*$
- 14 out of 24 items: $p < .01^{**}$

Outcome Instruments

Interprofessional Collaborative Competencies (Pre-post)

ISVS: 24 Items on a 6-point scale; 1 = Not at all, 6 = To a Very Great Extent
Range: 24-144 total score.
Established validity and reliability.

Satisfaction with education (Post)

Researcher designed tool
13 items, 5-point scale
1= Strongly disagree, 5 = Strongly agree.
Instrument Range: 13-65.

Satisfaction with Education

Result Range 4.23-4.58; SD 0.6-0.8

Positive Qualitative comments:

Online didactic: “helpful”, “good preparation”, “very organized”, “contributed a lot to the cases”.

Skills practice sessions: “very interesting”, “straight to the point”, “good refresher”, “informative”, “good visuals”.

Simulation: “Very realistic”, “Interesting”, “good example”, “I learned a lot”.

Volunteer assessments: “great teamwork & appreciation for other healthcare members”, “the most informative and beneficial”, “team approach makes everything easier”.

Areas to improve Qualitative comments:

“need more time with skills sessions”, “a little more organization (skills, sim. leaders)”, “more clear expectations of assessment”.

Discussion

- Interprofessional Collaborative competencies were statistically significantly improved by an interprofessional multi-modal education model.
- Health profession students were highly positive in quantitative and qualitative evaluation of this program. Comments regarding learning about others’ roles and teamwork supported conclusions of building teamwork and collaboration competencies.
- Statistically significant improvement was seen in confidence and comfort participating in a team.
- Anecdotal evidence from facilitators of the simulations suggested overwhelming success.



Conclusions

- Falls require an IP approach for optimal management.
- Effective models to teach falls prevention interventions and IP practice skills that incorporate clinical, academic, and community perspectives are lacking.
- This education method was shown to be effective and is easily replicable.

Acknowledgements

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UD7HP28539 entitled Nurse Education Practice Quality and Retention Program for \$484,476 year two. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Additional grant team members: Dr. Jennifer Drost², Dr. Colleen McQuown², Sue Fosnight², Michele Gareri², Amanda Harvan², Denise Kropp², Kristin Lehotsky², Everett Logue², Rikki Patton¹, Kim Peterson², Carol Powell², Dr. Edward Scott², Craig Sisak², Brian Trichter², Richard Steiner¹, Nancy Harris¹, Rita Young¹. From Area Agency on Aging- Abby Morgan, Cleveland State University- Joan Niederriter and Maureen Whitford.