

USE OF VIDEO VIGNETTES AND CASE-BASED LEARNING TO EDUCATE HEALTH PROFESSIONS STUDENTS ABOUT ELDER ABUSE

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Background

- According to the National Center on Elder Abuse (NCEA), an estimated 1 to 2 million patients in the US above the age of 65 have been victims of elder abuse and neglect (EAN).
- The five categories of EAN are: physical, financial, emotional, sexual, and neglect; financial neglect is the most common.
- Patients who have been victims of abuse have an increased risk of death by 300%.
- In California, all parties involved in caring for an elderly patient are mandated reporters of EAN.
- Training health professions students to recognize and report elder abuse is extremely important.

Study Objectives

- To utilize an interprofessional education (IPE) program to assess changes in students' knowledge of and ability to recognize EAN.

Methods

- Seven video vignettes were developed to portray victims of EAN (Table 1).
- Students received vignettes 1-3 as a pre-quiz and listed all their concerns regarding the patient's care.
- One week later, students completed the caregiving scenario questionnaire (CSQ) and were asked to classify actions as either 'abusive', 'potentially abusive', or 'not abusive'.
- Students also completed a knowledge survey. Students then met for a 4-hour in-person IPE event and were split into fifty-five interprofessional teams.
- Teams received vignettes 4-6 and identified their concerns regarding patient care.
- Students attended a lecture on EAN and then watched vignette 7, which depicted the appropriate response to EAN by a healthcare professional.
- Two weeks later, students again completed the CSQ and knowledge survey.
- Differences in the pre/post-CSQ and knowledge survey were assessed using related-samples McNemar's tests.
- Video vignette submissions were assessed by three facilitators and rated as either "identified EAN" or "did not identify EAN". Descriptive statistics were used to report the results of the video vignette submissions.

Methods Cont.

Table 1
Description of video vignettes.

Video Number	Participant	Setting	Type of Abuse	Cues relating to Abuse
Video 1	Pre-activity (individual)	Primary care clinic	Sexual abuse	Presents with a cold sore. Caregiver touches the patient inappropriately and does not allow the provider to conduct a physical exam.
Video 2	Pre-activity (individual)	Hospital	Neglect	Disabled patient presents with a decubitus ulcer and reports that her nurse aide only moves her twice a day.
Video 3	Pre-activity (individual)	Primary care clinic	Financial abuse	Caregiver controls the patient's wallet. Patient reports having no funds to buy medications or to participate in social activities.
Video 4	In-class activity (team)	Primary care clinic	Physical abuse	Patient presents with a fracture from a fall and bruising inconsistent with the current fall. She admits to falling many times in the past. Son is rude and pulls patient by the arm.
Video 5	In-class activity (team)	Pharmacy	Financial abuse	Patient presents for an early refill of his opioid pain medication. He reports last having taken his pain medication a few months ago and admits to continued pain (despite regular refills). Grandson grabs his grandfather's medication once it is refilled.
Video 6	In-class activity (team)	Physical therapy clinic	Emotional abuse	Adult son is dismissive of his elderly father and does not allow any interaction with grandchildren.
Video 7	Resolution video	Primary care clinic	Sexual abuse	Same as video 1 with resolution by the healthcare provider

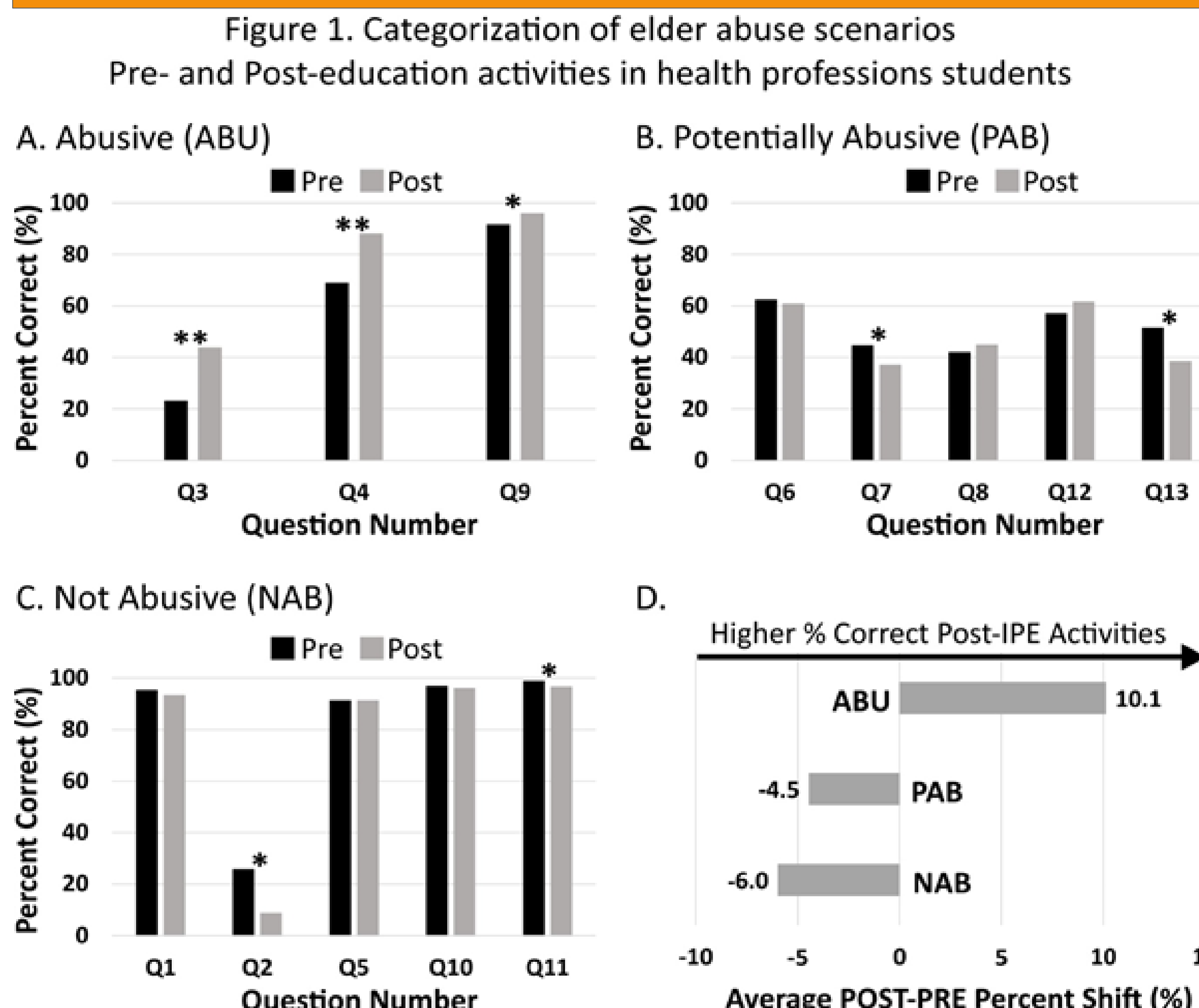
Results Cont.

Table 2: Correct responses on the knowledge survey (N=376)

Questionnaire Item	Number Responding Correctly (%)		p-value
	Pre-activity	Post-activity	
Abuse and neglect of elders are rare	327 (87.0)	369 (98.1)	<.001
Most abused elderly persons are able to get help if they need it	300 (79.8)	323 (85.9)	.009
Mistreatment in later life only happens to people who are very frail	349 (92.8)	365 (97.1)	.008
Older adults who live with grown offspring or other caregivers are more likely to be abused than those who live with a spouse	57 (15.2)	78 (20.7)	.042
Some cultures are immune to abuse; they always respect their older members	280 (74.5)	318 (84.6)	<.001
Sometimes an older person chooses to be abused or neglected by staying in an abusive relationship	216 (57.4)	242 (64.5)	.007
Women are more likely to be the person responsible for neglect and financial abuse	144 (38.3)	188 (50.1)	<.001
Most abuse of older adults occurs in nursing homes	99 (26.3)	201 (53.5)	<.001
Most abuse in later life involves stressed families giving care	144 (38.3)	291 (77.4)	<.001
Health care providers in California have a legal responsibility to report elder abuse	341 (90.7)	373 (99.2)	<.001
All mandated reporters must report actual or suspected abuse	344 (91.5)	369 (98.1)	<.001
Mandated reporters are not protected from civil liability	137 (36.4)	287 (76.3)	<.001
Mandated reporters are protected from criminal liability	118 (31.4)	264 (70.2)	<.001
Mandated reporters who fail to report actual or suspected abuse can be charged with a misdemeanor	250 (66.5)	358 (95.2)	<.001
Reports are made both by telephone and in writing	255 (67.8)	363 (96.5)	<.001
Anonymity will be guaranteed to any health care provider who reports elder abuse	28 (7.4)	51 (13.6)	.001

All changes in proportion responding correctly were statistically significant (p<.05)

Results



Students were asked to complete the CSQ, which categorizes elder abuse scenario descriptions into either Abusive (ABU), Potentially Abusive (PAB) or Not Abusive (NAB). A. Students were more likely to correctly categorize scenarios as Abusive (ABU) after education activities, for all three CSQ questions. B. Students were less likely to correctly categorize scenarios as Potentially Abusive (PAB) after education activities, for two out of the five CSQ questions. C. Students were less likely to correctly categorize scenarios as Not Abusive (NAB) after education activities, for two out of the five CSQ questions in this category. D. Pooled data show that the largest increase in percent correct shift was seen in an increased correct identification of ABU scenarios.

On the individual vignette submissions (pre-activity), 39% identified EAN on video 1, 44% on video 2, and 70% on video 3. On the team submissions (in-class activity), 91% of teams identified EAN on video 4, 57% on video 5, and 81% on video 6.

Discussion

- Interprofessional teamwork and collaboration ensures multiple perspectives in identifying potential EAN within our community as well as a holistic approach to caring for these patients
- From the pre-activity, it is clear that novice students in the health professions are not able to readily recognize EAN
- Results from the pre-CSQ revealed gaps in student ability to identify activities that were abusive or potentially abusive
- Significant overall improvements in the knowledge survey and CSQ after the event suggested an IPE activity centered about EAN can significantly increase knowledge related to EAN and improve confidence with reporting suspected cases of EAN.
- Overall, students had positive impressions of this EAN IPE activity. Ninety percent of students found the IPE module "very beneficial" or "beneficial".
- Most students rated their level of knowledge for each profession's scope of practice as either "full knowledge or advanced knowledge" for the PA, PT and community/clinical pharmacist scope of practice.

Conclusions

- This EAN IPE program demonstrated that early exposure proved to be effective in training students in how to manage this public health concern. Knowing this, implementing EAN into curricula may be beneficial for students across different healthcare professions.
- After reviewing the various assessment survey/vignette activities, it is clear that some types of abuse are more obvious to novice learners. However, the less common types of abuse, such as abuse related to theft of one's property, were less readily identified by student teams. This can be considered as an area for future coursework.

REFERENCES

- Teaster PE, Dugar TA, Mendiondo MS, Abner EL, Cecil KA. The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older; Prepared for the National Center on Elder Abuse. www.ncea.aog.gov/NCEARoot/Main_Site/pdf/2-14-06%20FINAL%2060+REPORT.pdf. Accessed March 17, 2020.
- Dow B, Hempton C, Cortes-Simonet EN, et al. Health professionals' and students' perceptions of elder abuse. *Australas J Ageing*. 2013;32(1):48-51. doi:10.1111/j.1741-6612.2012.00643.x
- Gironda MW, Lefever KH, Anderson EA. Dental Students' Knowledge About Elder Abuse and Neglect and the Reporting Responsibilities of Dentists. *J Dent Educ*. 2010; 74 (8): 824-829.