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The need for health care providers with geriatric-specific training in the United States is growing. This qualitative article focuses on the reflections of interprofessional health and behavioral science students' involvement participating in a unique 1-day standardized patient experience. Results indicated the experience was positive and meaningful for students.

Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from "fragmentation to a position of strength" (World Health Organization, 2010, p. 7).

As the U.S. health care system struggles to keep pace with the growing number of older adults, it is imperative that the health and helping professions train students to work together effectively to improve the quality and cost of care. Older adults—those over the age of 65—now compose 13% of the U.S. population, and this number is estimated to increase to 20% by 2030 (Federal Interagency Forum on Aging-Related Statistics, 2012). In addition, care of this population is often complex. Currently, more than half of older adults have four or more chronic illnesses, and managing their care requires the expertise of multiple providers (Hayashi, DeCherrie, Ratner, & Boling, 2009). However, not enough providers, including physicians, nurses, counselors, and dentists, are specializing in the care of older people (Institute of Medicine, 2008).

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Improving the amount of quality care will mean more geriatric-focused training in all programs. This care will require improved communication between all providers of various services and a basic understanding of what each specialty can offer. This article describes the use of standardized patients (SPs) as a way to train counselors and other health providers how to work collaboratively to provide geriatric care.

SPs

SPs—including those trained to present geriatric-focused scenarios—are trained to consistently act out medical situations as patients or caregivers and have been used in medical education for many years (Barrows, 1993). SPs have demonstrated more than 90% accuracy in portraying the issues of a specific case (Luck & Peabody, 2002). They have been used for everything from therapeutic communication, to history taking, to complete physical exams. SPs can also be trained to portray a person dealing with a complex health issue or a difficult situation, such as end-of-life care (Shawler, 2011). Students can use the SP experience to hone their assessment and interviewing skills in a nonthreatening environment. Both students and instructors have commented that the SP experience is productive and valuable, most notably in improving communication and assessment skills (Ebbert & Connors, 2004).

Education is also moving more toward an interprofessional approach. Most credentialing bodies for health profession educational programs (Accreditation Council for Graduate Medical Education, 2013; Accreditation Council for Pharmacy Education, 2011; American Association of Colleges of Nursing, 2006; American Association of Colleges of Pharmacy, 2004; American Dental Education Association, 2008; Association of Schools and Programs of Public Health, 2014; Council for Accreditation of Counseling and Related Educational Programs, 2015) have included the need for interprofessional learning into their educational competencies. The counseling literature has also recently pointed to the advantages of interprofessional education (IPE; Johnson & Freeman, 2014). The Interprofessional Education Collaborative Expert Panel (2011) report is a reflection of this focus.

In the next section, we describe a course that was developed to bring together several different professional schools at a major university. The course combines the need for more geriatric-focused education and the need for incorporating interprofessionalism.

INTERPROFESSIONAL AGING COURSE

Aging in the 21st century was taught as a hybrid course consisting of a 1-day geriatric SP experience with lectures and course work completed online. It was modified from a nursing course and was enhanced to include counseling and dental hygiene students and content.

Use of Geriatric SPs

The SPs used in the scenarios were older individuals from the community who were trained to play the part of a patient with specific issues. For this course, the SP had dementia and was recovering from a recent stroke. The SP was accompanied by a second SP playing the part of the caregiver. The SPs were given a written report that explained the history of the problems, current medications, and the behavior commonly associated with the problems presented. In addition, a faculty member met with the SPs prior to the experience to answer any questions the SPs might have about the case and to verify that the scenarios were working as planned.

Experiential Exercise

The students came together and participated in two different scenarios involving the SPs. The first scenario consisted of a group visit, in which members from each of the professions (i.e., counseling, nursing, and dental hygiene) interacted with an SP and her caregiver during their visit to a geriatric clinic. The caregiver, the patient's daughter, brought her mother to the clinic because she was losing weight, was not eating well, had ill-fitting dentures, and had trouble "getting around." In addition, her mother did not want to leave the house and seemed "down." During the interview, students took turns asking questions to elicit a full history, sometimes within their area of expertise and sometimes from another specialty area. The students were presented with information regarding the SP's medications, past medical history, family history, and social history. After the visit, the students met in their small groups and discussed and developed a plan of care for the SP. This also included time over the next week when the students, who were from both local and distance sites, used various technologies to communicate and develop their plan.

The second scenario involved a small group of interprofessional students interacting with an SP who was being followed up at home by a home care agency after a hospitalization for a hip fracture. The SP fell down three stairs outside her daughter's home and also broke one of her front teeth during the fall; she was very concerned about her appearance. She was still experiencing difficulty ambulating and had significant pain; however, she was reluctant to use her pain medication. In addition, the SP had recently received a diagnosis of congestive heart failure and was placed on some new medication. This whole experience left her feeling overwhelmed, and she was disappointed that she had not "bounced back" to her normal state of functioning.

In this scenario, the students interacted with the SP and a faculty member who portrayed a home health nurse in a setting designed to look like a living room. The students could see the SP and home health nurse via a videoconference technology. They used remote Bluetooth-equipped devices to measure weight, blood pressure, pulse, and oxygen saturation, and they used an oral camera to examine the mouth and broken tooth of the SP.

This technology, along with the videoconference and discussion with other student collaborators, was used to make a thorough assessment. Specifically, the students used data that had been electronically tracked for several days at the SP's house to help them with making their assessment. Then, the students met in their small groups to develop a plan of care for the SP, including monitoring instructions for the home health nurse. As with the first scenario, the students worked together over the next week using various technologies to complete the plan of care assignment, including a follow-up schedule. Both scenarios lasted approximately 40 minutes. All of the small groups were given a debriefing session by the SP who had been trained to present each of the situations.

METHOD

Phenomenology

The qualitative methodology used in this study focused on the lived experiences of the participants. Specifically, we were interested in the experiences of the students who participated in a geriatric SP experience. According to Hays and Wood (2011), phenomenological research seeks to understand a person's experience as an individual and the internal experience of the phenomenon of interest. We used this approach during data collection, specifically because it would assist in answering the research question, "What are the experiences of graduate-level health students who participate in an 8-hour geriatric SP experience?" Data analysis stayed true to this methodology; however, we used thematic analysis to gather, organize, and report the themes.

Participants

After the SP experience, we presented a survey to the 68 students who participated in the course, of whom 61 provided usable data, for a 90% response rate. Three participants did not answer any of the questions pertaining to demographics. Eight of the participants did not respond to the final, open-ended question (see the Procedure section) but did provide responses to all the demographic questions. All of the participants were female and varied in age from under 21 years to 64 years; specifically, $n = 27$ for ages 22–34, $n = 15$ for ages 35–44, $n = 11$ for ages 45–54, $n = 4$ for ages 55–64, and $n = 1$ at 21 years of age. With regard to race/ethnicity, two students identified as Asian American, five as African American, and 51 as European American. The majority of participants ($n = 32$) were from suburban areas, followed by rural ($n = 15$) and urban areas ($n = 11$). Participants' years of work experience ranged from less than 1 year to more than 20 years. Of the sample, nine students were pursuing counseling degrees, 48 were pursuing nursing-related degrees (e.g., educator, administrator, practitioner), and one was pursuing a dental hygienist degree.

Procedure

The survey used in this study consisted of 13 questions. Twelve close-ended questions were used to determine participants' demographics, their expected degree date, and their level of experience with interprofessional course work. The final, open-ended question focused on the students' thoughts regarding their participation in the geriatric SP experience.

Qualitative Analysis

We used thematic analysis (Braun & Clarke, 2006) to illuminate the experiences described by the participants. Focus was placed on identifying, analyzing, and reporting themes and patterns within the data (Braun & Clarke, 2006). This method of analyzing participants' responses helped us organize and describe the qualitative data in rich detail, thus enhancing their value (Hazel, Laviolette, & Lineman, 2010). We followed Braun and Clarke's (2006) guide to thematic analysis, which includes the following six phases: becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Sequence of analysis. The thematic analysis was conducted by four doctoral students in a qualitative research course supervised by a professor (second author) who is an expert in qualitative research. Participants' reflections were reviewed for themes and subthemes using the six steps of thematic analysis and consensus coding. The research team began by reading through the responses for common answers and similar experiences. After the initial read through, one member of the research team began to code the reflections using emic codes, because theme names were used based on the language used by the participants. The codes originated from the data and became higher order codes because the information was combined to describe the phenomenon being studied. To code the data, the research team assigned a number to each participant (1, 2, 3, . . .), then transferred the responses to a Word document for easier coding. When the data were transferred, responses were reread and themes were highlighted. For example, blue was used for all technology-related answers; green was used for the team learning or interprofessional collaboration responses; pink was used for the subcategory of real-life experience; and, finally, orange was used for all precourse preparation responses. After the completion of coding by color, responses were grouped together into their respective categories and a codebook was created for the actual analysis. A table was created in which participants were identified with the theme that was present. In addition, responses were coded by their age demographic (which was diverse) in an attempt to discover patterns in the responses according to the participants' age. To code this information, the research team recorded each participant's theme and then coded by color for each age-group.

Bracketing. Members of the research team bracketed their biases and assumptions prior to and during data collection. Because the team members were not familiar with IPE or what SPs were, prebias was minimal. During

the course of coding, thoughts were illuminated, including the potential importance of IPE.

Trustworthiness. Trustworthiness strategies included maintaining an audit trail, conducting a member check, using field notes, and bracketing assumptions and biases. The research team also addressed issues related to credibility, transferability, dependability, and confirmability (Shenton, 2004). While designing the study, the research team considered best practice models—including administrative support, faculty leadership and expertise, and acknowledgment of student efforts—as demonstrated by Bridges, Davidson, Odegard, Maki, and Tomkowiak (2011). Team members began by examining the manifest content of the interviewees, then analyzed the words into latent content-driven themes (Morrow, 2005). Given the possibility of subjectivity influencing this process, sufficient time was allowed for the team to immerse themselves in the data. The issues related to interpretation, such as each reviewer's personal history, were also given time for intentional reflection (Graneheim & Lundman, 2004).

Research team. Research team members included four doctoral students who were enrolled in an advanced qualitative analysis course. Team members had previous experience and knowledge of qualitative methods, and all were enrolled in an accredited college of education graduate program at an urban Research I university. The team was composed of three female students and one male student, of whom none had participated in an interprofessional aging course.

RESULTS

Exploration of the data set resulted in five themes: (a) use of new technologies, (b) interprofessional collaborative experiences, (c) geriatric knowledge, (d) unclear expectations and feedback, and (e) group dynamics. These emerging themes were then categorized under two headings: highlights of the IPE experience and areas of concern for the IPE experience. In addition, a separate category, titled *counseling highlights*, was developed to explore the themes related to the counseling students.

Highlights of the IPE Experience

The participants who fell under this category (*n* = 51) shared the positive features of the day's activities. For example, Participant 10009219 stated, "I did enjoy this experience and felt like it offered a valuable teaching experience for me." Other participants also gave more detailed feedback that specified their favorite attributes of the program, which are discussed next.

Use of new technologies. Many participants (*n* = 33) appreciated the exposure to the new technologies (e.g., videoconferencing, Bluetooth-equipped devices) provided by the course. The IPE experience allowed participants from all areas (i.e., rural, suburban, and urban) to gain access to these technologies during the live SP process. Participant 10013328 stated, "It opened my eyes to how

technology is changing—how we can take care of patients from home." Participant 9991659 indicated that

> the experience really opened my eyes as to how important it is to communicate as a team for the overall well-being and care management of the patient. It also gave me insight as to how telehealth and telemedicine impact patients in rural areas. With this new technology and advances that allow practitioners to care for patients at a distance, providers are able to reach out and provide care to those that may otherwise not have the timely access they need and deserve. I would actually like to take more classes that provide education specifically to telehealth technology and caring for patients.

It should be noted that none of the participants whose responses fell into this category were located in urban areas as indicated by their demographic answers.

Interprofessional collaborative experiences. Across all of the demographics, numerous participants (*n* = 48) reflected on the opportunities they received meeting and collaborating with individuals from different nursing fields, counseling, and other occupations. Participant 9993762 remarked,

> I enjoyed the experience and felt like I learned a lot from the other members of the team. I thought the SPs were very realistic and provided scenarios that were complex and required the input of all the team members.

To further express the importance of the interprofessional learning experience, Participant 9999845, a counseling master's student, stated,

> I found this experience to be interesting and a learning experience. Typically, I'm used to solely interviewing clients from a mental health perspective, so it was enlightening to ask and hear questions regarding their physical health, dental health, and even physical therapy. These are things that may not have come up for me, and if they did, it was helpful to have someone from that field right there. That provided for immediate feedback/recommendations for the client.

Geriatric knowledge. The participants in this category (*n* = 13) discussed the importance of increasing their knowledge of geriatrics. For example, Participant 10020397, a counseling master's student, said, "I felt that it was the best geriatric learning experience in realizing my future role. I felt that I could envision doing what I did at SP as an everyday experience in my future job." In addition, participants discussed their programs' failure to adequately address issues related to older adults. Participant 10024630 stated,

> My program does not have a class about old people, and I learned a lot about what can affect them and how I can help them as a counselor. I always thought their only problems were medical problems, I never knew I could even work with an old person. This experience helped me learn more about counseling and other people [professions].

Similar comments were echoed by other participants.

Areas of Concern for the IPE Experience

Participants who responded with concerns and recommendations ($n = 7$) did not completely dislike the IPE and SP experiences; rather, they used the postcourse reflection to express their opinions. For example, in her response, Participant 9992174 noted that the course did not fulfill one of its intended purposes.

> Utilizing standardized patients provided a great learning technique, collaboration with others, working together for the good of the patient. It was an educational opportunity, having listened to others' perspectives, presentation, and concerns. One drawback, from the interprofessional perspective, was our group was homogeneous . . . all APRNs [advanced practice registered nurses].

This participant's comment underscores the importance of interprofessionalism and students' desire to have this experience.

Unclear expectations and feedback. In some cases, the IPE experience left participants ($n = 3$) feeling unprepared and unsure of their role within their interprofessional teams. Participant 9994580 claimed that the SP process would have been more helpful if students had received "an outline of expectations . . . explaining the encounter beforehand . . . allowing our team to assemble to really address the pertinent questions that needed to be answered . . . so we could collaborate better." Similarly, Participant 9994648, a counseling master's student, expressed an interest in more guidance from the course facilitators.

> This experience was unlike any experience I have ever encountered. . . . I enjoyed the experience and learned how the interdisciplinary team can work together to provide care; however, it seemed disjointed at first. I feel we were thrown into a scenario without adequate preparation. . . . I feel, as students, we had no idea what a "standardized patient experience" would entail. Brief instructions or an explanation would have eased my mind prior to entering the interview room.

In addition to clarity of expectations, participants indicated that they would have liked feedback regarding their personal performance and an opportunity

to debrief with colleagues regarding the overall experience. Participant 9991777 commented,

> I would have liked to have gotten feedback about my performance as a counselor. I would have liked to have processed the experience with the other group members, to better understand their perspective and why they asked the questions they did. While we were able to effectively work with the patient together, there was zero collaboration about the event that took place.

These comments highlight a major issue in clinical practice—unpreparedness for interprofessional collaboration.

Group dynamics. Although participants appreciated the opportunity to work with others interprofessionally, some participants (*n* = 3) shared their concerns regarding group dynamics. From the reflective data, it was clear that greater professional diversity was needed within the groups. More than three fourths of the sample consisted of students from the nursing discipline, whereas only a few participants were in the counseling discipline, and only one participant was in the dental hygiene discipline. Describing the lack of professional diversity in her group, Participant 10024206 explained, "We had seven nurses in the room. I had hoped we would have a variety of disciplines to make the scenario more realistic to being interprofessional." For some participants, the nature of the SP experience and the diversity of disciplines represented within the group determined the quality of the IPE experience. In addition, the size of the group was a hindrance when working with the SP. For example, Participant 9995845 stated, "It was beneficial to work with students from varied fields. The size of the groups allows for more contact with their professions but may limit the learning gained from the interactions as well as the SP experience."

Counseling Highlights

The counseling students frequently commented on the value of their collaboration opportunity and the actors. While reflecting on her experience, Participant 10012448 commented, "It was fascinating to work on an interprofessional treatment team to meet the needs of the standardized patient. I learned a lot from the other students/disciplines." Similarly, Participant 9995688 remarked, "It was interesting to see how the other professions interviewed. I also learned how much they knew and inquired about other areas, especially my own, when it came to offering treatment referrals and plans." Participant 9991651 also noted her expanded viewpoint as a result of team collaboration in her comment: "It was very interesting to see what kinds of questions each profession asked the patient as well as how some of these questions overlapped. It makes you think of 'symptoms' from different angle."

Many participants were astonished by the actors who portrayed patients. Participant 10005181 said, "The actors/participants did a great/realistic job

portraying the patient." Similarly, Participant 9991777 remarked, "The actors were fantastic." Participant 9992558 said, "It felt real." The actors selected were an asset to this experience.

DISCUSSION

Learning to work interprofessionally and embracing technology to meet the needs of older adults with complex health needs are necessary skills for counselors and other health providers. Using SPs is one part of teaching this competency to students and helps them feel better prepared for interacting with clients or patients (Wakefield, Cooke, & Boggis, 2003). This study focused on the use of a modified aging course to teach counseling and health science students how to work interprofessionally and use technology. A major component of the course was taught during an interprofessional workshop that used SPs. It provided a guided experience that gave students a tangible example of the benefits of working in teams. This type of learning was new for the counseling students, of whom none had worked interprofessionally or with SPs. Previous literature has also noted counseling students' lack of IPE experiences (Johnson & Freeman, 2014).

This experience and the ensuing study showed positive results. On the basis of the qualitative feedback, participants' knowledge increased in the areas of geriatric care, technology use, and interprofessionalism. The quantitative data in the form of scores on pre–post assessments (not reported here) showed that students' knowledge and readiness increased for interprofessional collaboration. In addition, students' grades showed that the majority of students passed this course with a grade of 84 or above (a B for counseling students). In terms of specific feedback from students, the majority felt that the SPs were very competent and provided a unique learning experience. Students felt that the experience was authentic and that the SPs portrayed realistic patient situations. Previous research has shown that when real-world situations are accurately portrayed by SPs, overall learning outcomes improve (Seibert, Guthrie, & Adamo, 2004). Students valued the opportunity to work with telehealth technology and appreciated learning about other professions.

Limitations and Future Research

This study has several limitations. Because the survey was conducted immediately after the SP experience, participants may not have had time to reflect in depth about the event. In addition, although we obtained a 90% response rate, there were several responses with missing data. We also did not collect long-term data, thus limiting our knowledge about how this experience may have affected students during practicum or internship.

Research on this topic could be expanded in several ways. Performing the study on subsequent student groups completing the course would help

strengthen the findings. Evaluating students longitudinally to understand the effect of this experience on their clinical work with geriatric clients would also contribute to the literature significantly. The next step in this line of research is determining the number of hours needed to create a lasting and impactful experience. For example, future researchers could investigate whether a 2-day workshop would increase students' knowledge or improve their experience more than a 1-day workshop.

Implications for Counseling

Health care is continuing to change, and interprofessional collaboration is an important component of counseling and other allied health education (Arthur & Russell-Mayhew, 2010; Johnson & Freeman, 2014). Preparing counselors to work interprofessionally to care for geriatric clients is cost-effective and a part of best practices. Counseling providers often find themselves practicing in health care teams, which are used in many instances to work with older adults with complex health and social issues; however, participating in these teams requires comfort with interprofessionalism (Arthur & Russell-Mayhew, 2010). Exposing counseling students to the concepts and experience of IPE not only can help them be a member of the team but also can teach them that they may well be the best person to direct the team (Johnson & Freeman, 2014). Nevertheless, research has also shown that other health providers lack knowledge concerning the counseling profession (Johnson, Fowler, Kott, & Lemaster, 2014). IPE experiences, however, can be used to help educate students about other disciplines. For example, Johnson et al. (2014) found that, after an IPE experience, other health professionals increased their knowledge and respect for both counselors and the counseling profession. Mutual respect among professions and increased use of interprofessionalism in clinical practice will lead to enhanced care for clients and a potential for increased employment opportunities (Johnson & Freeman, 2014). The implications for counselors to be involved in interprofessionalism are evident.

CONCLUSION

Many providers and students believe that interprofessional collaboration is something learned after starting their professional career. However, teaching these skills prior to graduation can advance students' knowledge and use of interprofessionalism (Johnson & Freeman, 2014). The current study contributes to the current literature showing the benefits of using SPs in counseling and allied health education (Fewster-Thuente, 2014; Shawler, 2008; Solomon & Saifi, 2011). Finding new and innovative ways to use IPE to teach important skills, such as collaboration, is vital for anyone entering professional practice in today's complex health care arena.

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