AACOM
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Faculty Development in Primary Care Grant
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HHS-DIVISION OF MEDICINE & DENTISTRY-
HRSA GRANT
AACOM: A Comprehensive Program to Enhance Family Physician Skills in Geriatrics

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The Problem

- Workforce shortage of approximately 85,000 physicians by 2020.
- Aging physician workforce
- Health care demands of an aging U.S.
- Institute of medicine: “the nation is not prepared to meet the unique healthcare needs of the aging population.”
- 36,000 geriatricians needed to care for 17 million adults over 65 in 2030
- Long Island population “aging in place”
  - 382,050 persons age 65+ -- living on Long Island
  - 13.3% of the total population.
Project Goals

- Enhance family physicians’ knowledge and skills in geriatrics
- Prepare family physicians to function in an interprofessional environment
- Prepare family physicians to assist informal caregivers to provide better care for the ones they care for.
• Clinical cases concerning geriatric patients
  • Prepared by family physicians
    • specific template to record relevant information
  • Cases reviewed/edited by health professions and OMM faculty to create interprofessional cases
  • Final educational component provided by geriatrician
  • Published on the website in PowerPoint format
The Case Development Form is to be used to document a clinical case involving an older person. It consists of 3 basic parts: the standard H&P, a special section that documents “tests” given to older persons, and a section where educational lessons concerning the care of older persons that derive from the case are described.

Ideally this form should document the case of an older person you have treated. The following should provide some help.
A. Geriatric Assessment (from Long Beach form)

Indicate the expected status of your “patient” for each of the following:

1. Fall Risk Assessment

Fall Risk Assessment: Get up and Go Test

<table>
<thead>
<tr>
<th>Instructions:</th>
<th>Scoring:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sit comfortably in a straight-backed chair.</td>
<td>Observe the patient’s movements for any deviation from a confident, normal performance. Use the following scale: A patient with a score of 3 or more on the Get-up and Go Test is at risk of falling.</td>
</tr>
<tr>
<td>2. Rise from the chair.</td>
<td>1 = Normal</td>
</tr>
<tr>
<td>3. Stand still momentarily.</td>
<td>2 = Very slightly abnormal</td>
</tr>
<tr>
<td>4. Walk a short distance (approximately 3 meters).</td>
<td>3 = Mildly abnormal</td>
</tr>
<tr>
<td>5. Turn around.</td>
<td>4 = Moderately abnormal</td>
</tr>
<tr>
<td>6. Walk back to the chair.</td>
<td>5 = Severely abnormal</td>
</tr>
<tr>
<td>7. Turn around.</td>
<td></td>
</tr>
<tr>
<td>8. Sit down in the chair.</td>
<td></td>
</tr>
</tbody>
</table>
Barthal Index of ADLS
Activities of Daily Living

- **Bowels**
  - 0 = incontinent (or need to be given enema)
  - 1 = occasional accident (once/week)
  - *2 = continent
- **Bladder**
  - 0 = incontinent or catheterized and unable to manage
  - 1 = occasional accident (max. once per 24hrs)
  - *2 = continent (for over 7 days)
- **Grooming**
  - 0 = need help with personal care
  - *1 = independent face/hair/teeth/shaving
- **Toilet use**
  - 0 = dependent
  - 1 = needs some help, but can do something alone
  - *2 = independent (on and off, dressing, wiping)
- **Feeding**
  - 0 = unable
  - 1 = needs assistance

- **Transfer**
  - 0 = unable – no sitting balance
  - 1 = major help (1 or 2 people, physical), can sit
  - 2 = minor help (verbal or physical)
  - *3 = independent
- **Mobility**
  - 0 = immobile
  - 1 = wheelchair independent, including corners
  - 2 = walks with help of one person (verbal or physical)
  - *3 = independent (but may use any aid, e.g., stick)
- **Dressing**
  - 0 = dependent
  - 1 = needs help, but can do about half unaided
  - *2 = independent (including buttons, zips, laces)
- **Stairs**
  - 0 = unable
  - 1 = needs help (verbal, physical, carrying aid)
  - *2 = independent up and down
- **Bathing**
  - 0 = dependent
  - *1 = independent (or in shower)

**TOTAL Score:** (Circle score and calculate sum at bottom)

Total possible score 0 – 20 with lower scores indicating increased disability.
The patient scored a Total of 20 no Disability, no problems with transfers & the stairs.
Instrumental Activities of Daily Living (IADL’s)

- **Ability to use telephone**
  - *1 = Operates phone on own initiative (looks up & dials)
  - 1 = Dials a few well-known numbers
  - 1 = Answers telephone but does not dial
  - 0 = Does not use telephone at all

- **Laundry**
  - 1 = Does personal laundry completely
  - *1 = Launders small items; rinses stockings etc.
  - 0 = All laundry must be done by others

- **Shopping**
  - *1 = Takes care of all shopping needs independently
  - 0 = Shops independently for small purchases
  - 0 = Needs to be accompanied on any shopping trip
  - 0 = Completely unable to shop

- **Housekeeping**
  - *1 = Maintains house alone or with occasional assistance
  - 1 = Performs light daily tasks such as dishwashing, bed making
  - 1 = Performs light daily tasks but cannot maintain acceptable level of cleanliness
  - 1 = Needs help with all home maintenance tasks
  - 0 = Does not participate in any housekeeping tasks

- **Mode of Transportation**
  - 1 = Travels independently on public trans. or drives own car
  - *1 = Arranges own travel via taxi but does not use public trans.
  - 1 = Travels on public trans. when assisted or accompanied by aid
  - 0 = Travel limited to taxi or car with assistance of another
  - 0 = Does not travel at all

- **Food Preparation**
  - *1 = Plans, prepares and serves adequate meals independently
  - 0 = Prepares adequate meals if supplied with ingredients
  - 0 = Heats and serves prepared meals or prepares meals but does not maintain adequate diet
  - 0 = Needs to have meals prepared and served

- **Responsibility of own medications**
  - *1 = Is responsible for taking medication in correct dosage & time
  - 0 = Takes responsibility if medication is prepared in advance in separate dosages (pill box)
  - 0 = Is not capable of dispensing own medication

- **Ability to handle finances**
  - *1 = Manages financial matters independently (budgets, writes checks, pays rent/bills, goes to bank)
  - 1 = Manages day-to-day purchases, but needs help with banking and major purchases.
  - 0 = Incapable of handling money

Scoring: The patient receives a score of 1 for each item if his/her competence is rated at some minimal level or higher. Total score range is 0 – 8. A lower score indicates a higher level of dependence. The patient scored a 8, which is of independent function.
## Mini Mental Status Exam

**Picture 1 – Mini mental state examination (MMSE)**

| Temporal orientation (5 points) | What is the approximate time?  
|                                | What day of the week is it?  
|                                | What is the date today?  
|                                | What is the month?  
|                                | What is the year?  
| Spatial orientation (5 points) | Where are we now?  
|                                | What is this place?  
|                                | In what district are we or what is the address here?  
|                                | In which town are we?  
|                                | In which state are we?  
| Registration (3 points)        | Repeat the following words: CAR, VASE, BRICK  
| Attention and calculation (5 points) | Subtract: 100 - 7 = 93, 93 - 7 = 86, 86 - 7 = 79, 79 - 7 = 72, 72 - 7 = 65  
| Remote memory (3 points)       | Can you remember the 3 words you have just said?  
| Naming 2 objects (2 points)    | Watch and pen  
| REPEAT (1 point)               | "NO IFS, ANDS OR BUTS"  
| Stage command (3 points)       | "Take this piece of paper with your right hand, fold it in half, and put it on the floor"  
| Writing a complete sentence (1 point) | Write a sentence that makes sense  
| Reading and obey (1 point)     | Close your eyes  
| Copy the diagram (1 point)     | Copy two pentagons with an intersection  

**Scores**
- 21-26: Mild impairment
- 10-20: Moderate impairment
- 10-14: Moderate to severe impairment
- < 10: Severe impairment

**Source:** Brueti SM, Nitrini R, Caramelli P, Bertolucci PHF, Okamoto IH. Sugestões para o uso do mini-exame do estado mental no Brasil. Arq Neuropsiquiatr. 2003; 61(3B):777-81

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New York Institute of Technology
Geriatric Depression Scale

<table>
<thead>
<tr>
<th>Date</th>
<th>Please tick ☑</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you basically satisfied with your life?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>2. Have you dropped many of your activities and interests?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>3. Do you feel that your life is empty?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>4. Do you often get bored?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>5. Are you in good spirits most of the time?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>6. Are you afraid that something bad is going to happen to you?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>7. Do you feel happy most of the time?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>8. Do you often feel helpless?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>9. Do you prefer to stay at home, rather than going out and doing things?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>10. Do you feel you have more problems with memory than most?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>11. Do you think it is wonderful to be alive now?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>12. Do you feel pretty worthless the way you are now?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>13. Do you feel full of energy?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>14. Do you feel that your situation is hopeless?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>15. Do you think that most people are better off than you?</td>
<td>Yes ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

**TOTAL SCORE**

**Scoring:** Score 1 point for each one selected.

A score of 0 – 5 is normal. A score greater than 5 suggests depression.
Clock Drawing Test
Academic Medicine Scholar Applicants Year 2013
Last updated on Dec 6 13

Geriatric Case Development Project
Utilizing a geriatrics information form (H&P) and ...
Last updated 6 hours ago

IPEC Interprofessional Committee Project
Interprofessional collaborative practice is key to...
Last updated on Feb 21
Mini Mental Status Exam

- 21-26: Mild impairment
- 10-20: Moderate impairment
- 10-14: Moderate to severe impairment
- < 10: Severe impairment

He will probably ceiling out on this test. You can use the MoCA if you want but there's a good chance he'll ceiling out on that also. See new slide for MoCA.
Diabetes in the Elderly
SELECTION OF GERIATRIC TOPIC

FAMILY PHYSICIAN PREPARES CASE AND POWERPOINT

REVIEW/EDITING BY

Nursing  MH  OT  PA  PT  OMM

GERIATRICIAN PROVIDES FINAL REVIEW AND ADDS EDUCATIONAL CONTENT

PUBLISHED ON WEBSITE
• Provide basis for clinical simulations prepared with our ICC (Institute for Clinical Competence).

• Final product: module consisting of PowerPoint and associated clinical video simulations.
FP Education: Resources

- AGS Slide sets – example
- Case development – sample
  - Other sources of cases:
    - POGOe
    - MedEdPortal
- Case – sample
- Video – clip from Jim with pause
- Evaluation
- Future
- Collaborations
<table>
<thead>
<tr>
<th>Category</th>
<th>Topic</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGS Updated 2012 Beers Criteria for Potentially Inappropriate Medication Use in Older Adults</td>
<td>Eating and Feeding Problems</td>
<td>Nursing-Home Care</td>
</tr>
<tr>
<td>1, 0, 3, 0, 1, 96, 4, 24 Addictions</td>
<td>Endocrine and Metabolic Disorders</td>
<td>Oncology</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>Falls</td>
<td>Oral Diseases and Disorders</td>
</tr>
<tr>
<td>Assessment</td>
<td>Financing, Coverage, and Costs of Health Care</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Back and Neck Pain</td>
<td>Frailty</td>
<td>Outpatient Care Systems</td>
</tr>
<tr>
<td>Biology</td>
<td>Gait Impairment</td>
<td>Palliative Care</td>
</tr>
<tr>
<td>Cardiovascular Diseases and Disorders</td>
<td>Gastrointestinal Diseases and Disorders</td>
<td>Perioperative Care</td>
</tr>
<tr>
<td>Community-Based Care</td>
<td>Gynecologic Diseases and Disorders</td>
<td>Persistent Pain</td>
</tr>
<tr>
<td>Complementary and Alternative Medicine</td>
<td>Hearing Impairment</td>
<td>Personality and Somatoform Disorders</td>
</tr>
<tr>
<td>Cultural Aspects of Care</td>
<td>Heart Failure</td>
<td>Pharmacotherapy</td>
</tr>
<tr>
<td>Delirium</td>
<td>Hematologic Diseases and Disorders</td>
<td>Physical Activity</td>
</tr>
<tr>
<td>Dementia</td>
<td>Hospital Care</td>
<td>Pressure Ulcers &amp; Wound Care</td>
</tr>
<tr>
<td>Demography</td>
<td>Hypertension</td>
<td>Prevention</td>
</tr>
<tr>
<td>Depression and Other Mood Disorders</td>
<td>Infectious Diseases</td>
<td>Prostate Disease</td>
</tr>
<tr>
<td>Dermatologic Diseases and Disorders</td>
<td>Kidney Diseases and Disorders</td>
<td>Psychosocial Issues</td>
</tr>
</tbody>
</table>
• Guidance for selection of cases
  – Top 10s of geriatric cases
  – AGS Proficiencies
  – Table used for selection/recording of cases
Selection Of AGS Proficiencies

1. Geriatric Syndromes and Conditions
   Include:
   a. Dementia
   b. Inappropriate prescribing of medications
   c. Incontinence
   d. Depression
   e. Delirium
   f. Iatrogenesis, include consequences of hospitalization & bed rest
   g. Falls
   h. Osteoporosis
   i. Alterations in the special senses including hearing and vision impairment
   j. Failure to thrive
   k. Immobility and gait disturbances
   l. Pressure Ulcers
   m. Sleep Disorders
   n. Non-specific presentation of disease

2. Knowledge of diseases and disorders
   a. Rheumatological diseases (e.g. osteoarthritis, rheumatoid arthritis, temporal arteritis/polymyalgia rheumatica)
   b. Genito-urological diseases (e.g. benign prostatic hyperplasia, sexual dysfunction)
   c. Neurological diseases (e.g. Parkinson’s disease, stroke and transient ischemic attack, dizziness/syncope)
   d. Cardiovascular diseases (e.g. congestive heart failure, atrial fibrillation, valvular heart disease) Hypertension (Diastolic and Systolic)
   e. Endocrinological diseases (e.g. type II diabetes mellitus, hyperosmolar non-ketotic coma, hyper- and hypothyroidism, Paget’s disease of the bone)
   f. Cancer of various organs, including: breast; lung; colon; prostate; and hematologic malignancies
   g. Infections, including: pneumonia; tuberculosis; and urinary tract
   h. Renal diseases (e.g. fluid and electrolyte disturbances)
   i. Gastroenterological disorders (e.g. constipation, malnutrition, diverticulitis, diverticulosis)
   j. Psychiatric diseases (e.g. depression)
   k. Others, such as fractures, amyloidosis
LEADING CAUSES OF DEATH:
- Heart disease
- Malignant neoplasms
- Cerebrovascular disease
- Alzheimer's disease
- Chronic lower respiratory disease
- Pneumonia & influenza
- Diabetes mellitus
- Nephritis, nephrotic syndrome, nephrosis
- Accidents
- Septicemia

TOP REASONS FOR AMBULATORY MEDICAL OFFICE VISITS
- Essential hypertension
- Diabetes mellitus
- Arthropathies & related disorders
- Malignant neoplasms
- Ischemic heart disease
- Heart disease (other)
- Spinal disorders
- Cataract
- Rheumatisms, excluding back
- Disorders of lipid metabolism
- Injury

CHRONIC CONDITIONS (ranked by frequency)
- Hypertension
- Arthritis
- Chronic joint symptoms
- Coronary heart disease
- Cancer (any)
- Vision impairment
- Diabetes
- Sinusitis
- Ulcers
- Hearing impairment
- Stroke
- Emphysema
- Chronic bronchitis
- Kidney disorders
- Liver disease

TEN LEADING CAUSES OF HOSPITALIZATION
- Heart disease
- Acute MI
- Coronary atherosclerosis
- Cardiac dysrhythmias
- Congestive heart failure
- Pneumonia
- Cerebrovascular disease
- Malignant neoplasms
- Fractures, all sites
- Fractures, neck of femur
- Osteoarthritis & allied disorders
- Chronic bronchitis
- Septicemia
- Volume depletion
- Psychoses

<table>
<thead>
<tr>
<th>PRIMARY DISEASES OF THE ELDERLY (From Hazzard)</th>
<th>AGS SLIDE CATEGORY</th>
<th>AGS PROFICIENCY</th>
<th>MODULE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEADING CAUSES OF DEATH:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart disease</td>
<td>Heart Failure</td>
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<td>MI (Happel)</td>
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<td>Malignant neoplasms</td>
<td>Oncology</td>
<td>f. Cancer of various organs, including: breast; lung; colon; prostate; and hematologic malignancy</td>
<td></td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>Dizziness and Syncope Neurological Diseases &amp; Disorders Part One Neurological Diseases &amp; Disorders Part Two</td>
<td>c. Neurological diseases (e.g. Parkinson’s disease, stroke and transient ischemic attack, dizziness/syncope)</td>
<td></td>
</tr>
<tr>
<td>Alzheimers disease</td>
<td>Dementia</td>
<td>a. Dementia</td>
<td></td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>Respiratory Disease</td>
<td>g. Infections, including: pneumonia; tuberculosis; and urinary tract</td>
<td></td>
</tr>
<tr>
<td>Pneumonia &amp; influenza</td>
<td>Respiratory Disease Infectious Diseases</td>
<td>g. Infections, including: pneumonia; tuberculosis; and urinary tract</td>
<td></td>
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<tr>
<td>Diabetes mellitus</td>
<td>Diabetes Mellitus</td>
<td>e. Endocrinological diseases (e.g. type II diabetes mellitus, hyperosmolar non-ketotic coma, hyper- and hypothyroidism, Paget’s disease of the bone)</td>
<td>Li - Endocrinology Powerpoint done, initial case tested Greenberg (Adar) - Diabetes Case completed</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome, nephrosis</td>
<td>Kidney Diseases &amp; Disorders</td>
<td>h. Renal diseases (e.g. fluid and electrolyte disturbances)</td>
<td></td>
</tr>
<tr>
<td>Accidents</td>
<td>Gait Disturbances and Falls</td>
<td>g. Falls and gait disturbances Others, such as fractures, amyloidosis Home safety</td>
<td>k. g. Falls &amp; Polypharmacy (Happel)</td>
</tr>
<tr>
<td>Septicemia</td>
<td>Hematologic Diseases and Disorders</td>
<td>g. Infections, including: pneumonia; tuberculosis; and urinary tract</td>
<td></td>
</tr>
</tbody>
</table>
Thank You

Deepest thanks to:
Anne Marie Kemp, M.A., Project Coordinator. Basecamp expert
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Nancy Bono, DO, FACOFP
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Joan Penrose, PhD, Instructional Developer
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NYIT School of Health Professions
HRSA Grant Project Goals

• Enhance family physicians’ knowledge and skills in geriatrics

• Prepare family physicians to function in an interprofessional environment

• Prepare family physicians to assist informal caregivers to provide better care for the ones they care for.
Osteopathic Medical Education: Keys to Success

- Curricular development and innovative curricular models
- Faculty development; health and wellness
- Teaching and learning milestone assessment
- Leveraging technology in medical education
Core Competencies of IPEC

• Competency Domain 1: Values/Ethics for Interprofessional Practice
• Competency Domain 2: Roles/Responsibilities
• Competency Domain 3: Interprofessional Communication
• Competency Domain 4: Teams and Teamwork
Development of the Case

Ethical dilemma

Selection of Geriatric topic

Faculty add in educational content

FP creates case & posts it on Basecamp

Case reviewed and edited by:
- DO
- MH
- Nursing
- OT
- PA
- PT

Each faculty edited the case from their perspective
Student Involvement

• Two students from each discipline were identified
• Ranged from: 2nd year DO & PA students to seniors in OT, PT, nursing & a recent graduate from the mental health program
• Met with faculty mentor to identify concerns from perspective of each specialty
• Students identified medical, social and ethical concerns
• Devised an assessment and plan for patient with follow up care
• Google doc

• Zoom (http://www.zoom.us/)

• Comprehensive collection of geriatric assessment tools from each HCP identified
Institute for Clinical Competence
Enter the SP’s…stage right

IPE TEAM
Medicine, Nursing, PA, PT, OT, Mental Health

Evelyn “M” (Patient)  The “M” Family Siblings
IPEC focus

• Identified their individual concerns
• Discussed approach to patient and family as a collaborative TEAM

✓ Define each of the *interests at stake* in the conflict or conflicts which were identified.
✓ Determine the *authority* of each of the parties at interest in the conflict or conflicts

Presentation to all students

• Audience
• Information booklet and survey
• Ethicist and student panel
• Video played for audience
• Each IPE team student representative discussed concerns from their perspective
• Ethical issues discussed in a collaborative and collegial manner
Outcome & Lessons Learned

- Audience feedback
- Limitations
  - Time to develop case
  - Time for training
- Advantages
  - Students were exposed to other disciplines
  - Commonalities of professions
  - Responsibilities, scope of practice and skills of each profession
  - Team work
- Looking ahead….November 2014
Cases Developed Thus Far

1. Temporal Arteritis
2. Polymyalgia Rheumatica
3. Oral Cancer in the Elderly
4. Chronic Bronchitis in the Older Adult
5. Breast Cancer in the Elderly Female
6. Prostate Cancer in the Older Adult Male
7. Hypertension in the Elderly
8. Cataracts in the Elderly
9. Emphysema in the Older Adult
10. Insomnia
11. Dyslipidemia
12. Syncope in the Elderly
13. Valvular Heart Disease
14. Atrial Fibrillation
15. CVA
16. Low Back Pain
17. Urosepsis
18. DM in the Elderly
19. Hearing Loss
20. Increasing Awareness of Dementia in the Elderly
21. Keratoacanthoma
22. Leg Pain
23. Orthostatic Hypotension
24. Sinusitis
25. UTI in the Elderly
26. Vertigo
27. Hyperthyroidism
28. Knee Pain
29. GI Case
30. Falls & Polypharmacy
31. Chest Pain & Depression
32. Congestive Heart Failure
Tony Errichetti, PhD, Chief of Virtual Medicine, Professor, Department of Medical Education, Director, Institute for Clinical Competence, NYIT-College of Osteopathic Medicine
Video Clip: The “M” Family
Susan Neville, PhD, RN, CDP, Chair and Professor
Department of Nursing,
NYIT School of Health Professions
Gerontology Faculty Associate
To Prepare Family Physicians to Function in an Interprofessional Environment:

**Pedagogical Advantages**

- Provides learning opportunities to assimilate interprofessional competencies as a student so that upon graduation and licensure team participation is facilitated.
- Provides a bridge between classroom learning and real-time clinical experience.
- Provides an excellent (and safe) learning environment.
- Provides for repetitive practice and skill competency, retrain for new units, evaluate performance, establish benchmarks and practice interdisciplinary communication and teamwork in various response situations.
Core competencies for Interprofessional Collaborative Practice

• Embedding essential content across health care discipline curricula
• Driving individual and aggregate learning outcomes
• Creating a paradigm shift toward team-based practice and life-long continuing competency
• Systematically assessing and evaluating outcome data essential for professional accreditation and scope of practice
THE LEARNING EXPERIENCE CAN BE CUSTOMIZED:

• Simulation can accommodate a range of learners from novices to experts.

• Builds practice and decision making confidence

• The freedom to make mistakes and to learn from them

• Learners gain powerful insight into the consequences of their actions and the need to “get it right”.

• Provides detailed feedback and evaluation

• Reduces performance anxiety
Adapted from:

Interprofessional Collaborative Practice has been identified as a key component impacting the delivery of safe and effective patient centered care.

Inter-professional educational experiences that provide opportunities for students to actively engage in learning scenarios that emphasize safe communication and team based care are crucial to achieving a paradigm shift.

Using patient simulations have been found to be an effective strategy for teaching and assessing interprofessional competencies.
Expected Outcome

Health care students need to be ready to enter the workforce with beginning expertise in the interprofessional core competency skill set.

- Although it is now accepted that teamwork and communication are essential skills to learn, it is difficult to assess such skills using traditional rating scales that, for example, are used to assess one-to-one communication.
- Interprofessional Communication and Team training that uses a combination of didactic teaching combined with team-based patient simulations and debriefing have been found to be effective methods of inculcating such skills in both healthcare students and clinicians.
Patient Care: Teamwork and Safe Communication

• Increases Safety
• Decreases Errors
• Increases Best Practices at the Point of Care
• Increases Positive client Outcomes
• Cost Effective
Project Purpose

• This collaborative learning experience among students in the health care disciplines at NYIT and NYITCOM was developed as a specific learning outcome to be achieved by all students in the Health Care Professions.

• Students need to develop a skill set that promotes teamwork and communication safety to collaborate with health care team members in delivering effective team-based care.

• The key to this experience involved providing opportunities to develop this skill-set to students so that all would be ready to practice upon graduation and licensure in an interprofessional team-based environment.
SBAR
- Designed to increase patient safety
- Framework for guiding conversations between professionals
- Sets expectations for what will and how information will be communicate

TEAMSTEPPS
- Curriculum initiative
- Goal is to create an effective health care team through
- optimizing use and transfer of information
Competency Domain 3
Interprofessional Communication

• CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhances team function.

• CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.

• CC3. Express one’s knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
Competency Domain 4
Teams and Teamwork

• TT1  Describe the process of team development and the roles and practices of effective teams.

• TT2. Integrate the knowledge and experience of other professions appropriate to the specific care situation—to inform care decisions, while respecting patient and community values and priorities/preferences for care.

• TT3  Reflect on individual and team performance for individual, as well as team, performance improvement.
Methodology

Team Members: (N=52)

- Senior Nursing Students
- Medical Students- New York Institute of Technology  College of Osteopathic Medicine
- Physician Assistant Students

Learning Methods

- Students were assigned to eight inter-professional teams which included two 2nd year DO students, two 3rd year PA students and three Senior Nursing Students.
- Each educational session was a total of 3 hours, which included five different activities in addition to an orientation, debriefing and wrap up session.
- The students received a Tool Kit that included materials essential to the session.
Training Protocol

• Introduction and Goals

• Interactive Lecture:
  • Introduction to SBAR Framework
  • TEAM STEPPS modules

• Gaming exercise - a non-medical team building activity designed to enhance their ability to develop trusting relationships with each other while achieving a specific task.
Simulation Case Scenario

• High Fidelity Simulation Scenarios: Gerontology Focused
  1. Pneumonia
  2. Code 99
• Roles:
  • 2 D.O. students: history and team leader
  • Two PA students: respiratory/airway and IV access
  • Two RN students: medication administration, Vital Sign Assessment and documentation/time keeper
• Debriefing and Reflection
  • Focused on communication and teamwork
  • Lunch
• 94% strongly agreed that the objectives were met

• 85% strongly agreed that the experience enhanced their knowledge and skills

• 81% strongly agreed that they experienced increased understanding of communication

• 88% agreed that they experienced enhanced communication skills

• 92% agreed that they participated as a team member within a team unit

• 100% agreed that they were able to portray mutual respect and trust for all team members

• 85% agreed that the experience increased learning regarding independent team performance

• 73% rated the experience as strongly positive
Student Comments:
• “we enjoyed learning together and becoming familiar with the roles and scope of practice of the various members of the health care team” (Medical Student)

• “this experience required us to communicate effectively and work together to facilitate a positive patient outcome” (Nursing Student)

• “it was an enlightening experience to work with students from other health professions and I was reminded of the importance of good communication skills” (PA Student)
Future Implications

• Expanded the program to include multiple forms of simulated experiences that provide learning and collaborative opportunities for students not only in disciplines specific to the School of Health Professions and NYITCOM but also to disciplines across the NYIT community

• Continued interprofessional learning and simulation training focus program in 2014-15, including a performance evaluation of the core competencies cited above

• Ethical Roundtable presented 2013 Fall

• Planning for Patient Discharge and Home Care Team Planning session involving resource and support allocation to facilitate “Caring in Place in the Community” (Fall 2014)
Tobi A. Abramson, PhD, Director, Mental Health Counseling, NYIT School of Health Professions
Curriculum Development: 3 Prongs

Importance of Caregivers → Develop Survey → Administer Survey/Survey Results → Develop Curriculum → Implement Training
Why Caregiving?
<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage/Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community seniors who need long-term care services</td>
<td>80%</td>
</tr>
<tr>
<td>Prevalence of Caregivers in U.S.</td>
<td>65.7 million</td>
</tr>
<tr>
<td>Prevalence of Care-recipient &gt; 50</td>
<td>43.5 million</td>
</tr>
<tr>
<td>Caregivers who are trained</td>
<td>1 in 5</td>
</tr>
<tr>
<td>Those who turn to health care providers for information about caregiving</td>
<td>36%</td>
</tr>
</tbody>
</table>

National Alliance for Caregivers, 2012
Portrait of Caregivers

- 2:1 Women to Men
- Most:
  - 35-64 years of age
  - Married or live with a partner
- ~ 83% are relatives
- Ethnic variation (U.S.)

  approximately…
  - 21% Non-Hispanic White
  - 21% African-American
  - 18% Asian
  - 16 Hispanic-Americans
Impact of Caregiving for Caregiver

- Health problems
- Decrease preventative health care
- Depression & mental health problems > non-caregivers
- Difficulty balancing work & family responsibilities
- Difficulty managing emotional/physical stress
- Financial Burden
- Caregiver Stress Syndrome
Listen to this... in order to be eligible for public home care services, people must first have exhausted the caregiving and support capacities of friends, relatives and other community members.

Exhausted is right!!
Helping Caregivers Reduce Stress & Burnout

Do not seek help because…

✧ Caregivers

- Not realize they are suffering from burnout/stress
- Immersed in role → neglect themselves

✧ Physicians

Need to recognize symptoms in their patient

Help caregivers recognize signs/symptoms of burnout
Questions Guiding Curriculum Development

Caregiver basics
- Caregiver composition
- Prevalence rates
- Importance for physicians

Physicians
- What do family physicians know about caregiving?
- Practice/referrals by family physicians?
- What family physicians need/want to know more about?
Survey Sample

NYSOMS (N= 66)

- Demographics
  - Male/Female
  - Half 30-50 years of age
  - ¼ practicing 11-15 years
  - 1/3 practicing over 21 years
<table>
<thead>
<tr>
<th>Source of Knowledge</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with Older Adults</td>
<td>55</td>
<td>83.33</td>
</tr>
<tr>
<td>Formal Educational Training</td>
<td>39</td>
<td>59.10</td>
</tr>
<tr>
<td>Continuing Education Programs</td>
<td>33</td>
<td>50.00</td>
</tr>
<tr>
<td>I have not had formal training about geriatrics</td>
<td>4</td>
<td>6.06</td>
</tr>
</tbody>
</table>
## Topics Need To Have More Information To Talk To Caregivers

<table>
<thead>
<tr>
<th>Topic</th>
<th>N</th>
<th>% Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical/Mental Health of Care Recipient</td>
<td>37</td>
<td>56.10</td>
</tr>
<tr>
<td>Caregiver Health &amp; Mental Health</td>
<td>34</td>
<td>51.51</td>
</tr>
<tr>
<td>Planning &amp; Resources</td>
<td>53</td>
<td>80.30</td>
</tr>
<tr>
<td>Care Recipient Care</td>
<td>36</td>
<td>54.55</td>
</tr>
</tbody>
</table>
### Topics Most Often Discussed With Caregivers

<table>
<thead>
<tr>
<th>Topic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical/Mental Health of Care Recipient</td>
<td>60</td>
<td>90.91</td>
</tr>
<tr>
<td>Caregiver Health &amp; Mental Health</td>
<td>51</td>
<td>80.30</td>
</tr>
<tr>
<td>Planning &amp; Resources</td>
<td>63</td>
<td>95.45</td>
</tr>
<tr>
<td>Care Recipient Care</td>
<td>60</td>
<td>90.91</td>
</tr>
</tbody>
</table>
80.30% make referrals
Reasons for not referring:

<table>
<thead>
<tr>
<th>Topic</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers do not ask</td>
<td>4.55</td>
</tr>
<tr>
<td>Not enough time</td>
<td>2.99</td>
</tr>
<tr>
<td>Are not familiar with good resources</td>
<td>18.18</td>
</tr>
<tr>
<td>Question</td>
<td>Male 1</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Caregivers are more likely to be</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Who is more likely to provide personal care to their loved one?</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>6.00%</td>
</tr>
<tr>
<td>Who is more likely to bathe their loved one?</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>1.52%</td>
</tr>
<tr>
<td>Who is more likely to use paid assistance for a loved one's personal care?</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3.03%</td>
</tr>
<tr>
<td>Who is more likely to help with finances?</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>65.15%</td>
</tr>
<tr>
<td>Who is most likely to be the care recipient?</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>43.94%</td>
</tr>
</tbody>
</table>
Caregiver Summary

Caregiver strain → affects quality of life → caregiver & care recipient

Assessing caregivers at risk & linking to supports to decrease stress, burden, & burnout beneficial to both caregiver & recipient

Burden, stress, burnout
→ hinders appropriate care
→ higher health care costs
→ risks to all involved

Remember → assessment & intervention should be ongoing
Types of Information Included in Curriculum

✧ Provide:
  • Respite care options
  • Information on support groups

✧ Encourage healthy eating, exercise, regular medical care

✧ Encourage caregiver to not try to “fix” everything