

Goals & Objectives

LONGITUDINAL NURSING HOME CARE ROTATION FOR GERIATRIC FELLOWS

I. EDUCATIONAL PURPOSE

Fellowship-trained geriatricians need to learn how to properly provide medical care for long-term care residents. The educational purposes of this one to two year experience are: (a) to acquire knowledge and skills in the care of chronically ill patients; (b) to recognize and treat common acute problems/disease that occur in this population of patients; (c) respect and recognize the patient's goals for health care when maintaining/restoring function or providing end of life care, (d) develop skills of interaction with the interdisciplinary team at the nursing home level, (e) develop skills and knowledge in palliative and End of Life care in nursing homes.

II. TEACHING METHODS

Instruction is given one on one during routine rounding. After the case presentation by the fellow and then the physical examination, immediate feedback is given after each patient encounter. The teaching is focused on specifics of each patient. Additional methods include short informal didactics given by the attending or presented by the fellow.

III. MIX OF DISEASES

There is a wide variety of acute and chronic illness in the nursing home setting. Some of the acute problems include urinary tract infections, constipation, falls, delirium, depression, drug-drug interactions, upper and lower respiratory infections, functional decline, and more. These patients also have a number of chronic conditions that are also managed, including cardiac disease, COPD, diabetes mellitus, dementia, Parkinson's disease, hypertension, urinary incontinence, arthritis, and others.

IV. PATIENT CHARACTERISTICS

Patients in long term care are generally over the age of sixty-five, but can also be younger with chronic illness like a neurological or psychiatric disease. The ethnic and cultural mix represents the broader Omaha population. Generally, the patients at Douglas County Health Center (DCHC) represent a lower socioeconomic group.

The State Veterans Home (TFVH) patients represent predominantly 2/3 male, lower socioeconomic. 30-40% will require palliative End of Life care.

V. TYPES OF CLINICAL ENCOUNTERS

Fellows follow approximately ten patients on a longitudinal basis. They see these patients every one to two months on a routine basis, and handle calls from Nursing and other disciplines between visits. In addition, we require them to experience an interdisciplinary team meeting/care-planning conference on one of their patients. This is a meeting where the patient and/or family members are invited to participate. They also participate in formation of the MDS at TFVH.

VI. PROCEDURES AND SERVICES

On occasion the geriatric fellow will perform procedures for their patients. The procedures that are occasionally performed are arthrocenteses, cerumen disimpactions, central line removal, removal/replacement of gastrostomy tubes.

DCHC and TFVH services include laboratory, nonemergent radiology, physical therapy, and occupational therapy.

VII. EDUCATIONAL RESOURCES

In addition to the one on one instruction described above, fellows have access to a number of web-based self-instruction materials, laminated reminder cards ("Pearl Cards"), and videotaped lectures.

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Fick DM, Cooper JW, Wade WE, Waller JL, Maclean JR, Beers MH. Updating the Beers criteria for potentially inappropriate medication use in older adults. *Arch Int Med* 2003;163:2716-2724.

Gammack JK. Use and management of chronic urinary catheters in long-term care: Much controversy, little consensus. *J Am Med Dir Assoc* 2003; 4:S53-S59.

Hutt E, Kramer AM. Evidence-based guidelines for management of nursing home-acquired pneumonia. *J Fam Pract* 2002; 51(8):709-716.

Bentley DW, Bradley S, High K, Schoenbaum S, Taler G, Yoshikawa TT. Practice guideline for evaluation of fever and infection in long-term care facilities. *J Am Geriatr Soc* 2001; 49:210-222.

Feinsod FM, Levenson SA, Rapp K, Rapp MP, Beechinor E, Liebman L. Dehydration in frail, older residents in long-term care facilities. *J Am Med Dir Assoc* 2002; 3(6):371-376.

VIII. METHOD OF EVALUATION OF FELLOWS' COMPETENCE

Fellows' competence is assessed by the supervising attending geriatricians in the following manner: (a) Observation of the fellows' performance of history-and-physical examinations and periodic reviews; (b) Review of fellows' medical orders; (c) Critique of fellows' findings, impressions, and plans during rounds; and (d) Observation of fellows' behavior and communication skills during interactions with patients, families, and other staff; (e) follow up discussion of phone-management issues.

The attending geriatrician's evaluations are documented in written form, and are reviewed at a quarterly faculty meeting, before being shared with the fellows.

IX. TEACHING PERFORMED BY FELLOWS

It is expected that geriatrics fellows not only provide clinical care, but serve as teachers and role models. Occasionally a student may be present on rounds, and the Fellow is expected to actively participate in bedside teaching during rounds. The Fellow will intermittently be assigned a topic of interest for presentation to the attending physician. The teaching provided by fellows is observed by the attending geriatricians and critiqued. It should also be noted that the Fellow assumes a teaching role as he/she explains the patient condition and plan of care to the nursing staff.