

Goals and Objectives

HOME CARE FOR GERIATRIC FELLOWS

I. EDUCATIONAL PURPOSE

Geriatric fellows should recognize that home care for frail elders improves access to medical care and may identify issues that are not obvious in the office setting. Geriatric fellows should be able to (a) identify geriatric patients who would benefit from physician home visits; (b) discuss advantages and disadvantages of home care; and (c) describe social and environmental factors that influence patient outcomes. Fellows need to recognize what medical care can and cannot realistically accomplish in the home setting. Geriatric fellows should demonstrate respectful communication and collaboration with other members of the home care team including home health care nurses and therapists and appreciate the enhancement of care offered by the interdisciplinary approach. Fellows should have an understanding of billing and reimbursement issues in the home care arena.

II. TEACHING METHODS

The attending physician and the geriatric fellow see the patient together in the patient's home. Bedside clinical teaching and immediate feedback is provided to the fellow. Appropriate billing for rendered services is discussed after documentation is completed. There is a scheduled one-hour fellows' lecture on community-based care.

III. MIX OF DISEASES

The patients on the home visit service most often have severe mobility impairments secondary to conditions such as previous stroke, osteoarthritis, end-stage Alzheimer's Disease, and/or terminal illness receiving end-of-life care at home. Many patients have multiple co-morbid conditions such as coronary artery disease, CHF, COPD, hypothyroidism, hypertension, diabetes mellitus, osteoporosis, depression or behavioral disturbances.

IV. PATIENT CHARACTERISTICS

Patients range in age from mid 70's to mid 90's and includes community-dwelling elders who live in their own homes or apartments as well as those residing in assisted living facilities. There is a wide spectrum of socioeconomic levels and the ethnic and cultural backgrounds are similar to the larger UNMC geriatric clinic population.

V. TYPES OF CLINICAL ENCOUNTERS

Geriatrics fellows are assigned 2 home-bound continuity patients to follow during their fellowship. The patients are seen for routine medical care in the home with the attending physician as outlined above. Fellows are also encouraged to see at least one patient for a home visit that they have cared for in the hospital.

VI. PROCEDURES AND SERVICES

In-home procedures are rarely performed, but may include minimally invasive procedures such as: venipuncture, IM injection, urinary catheterization, or joint injection.

VII. EDUCATIONAL RESOURCES

Fellows are asked to read the appropriate chapter in the American Geriatrics Society's Geriatric Review Syllabus. There are also web-based instructional materials regarding home assessment.

VIII. METHOD OF EVALUATION OF FELLOWS COMPETENCE

The fellow's medical evaluation and management is observed by the attending geriatrician during the home visit and immediate feedback is provided. The fellow's documentation of visit is reviewed and any concerns are discussed with the fellow.

IX. TEACHING PERFORMED BY FELLOWS

When house staff and/or students accompany the fellow and faculty on a home visit, it is expected that the geriatrics fellow will actively participate in bedside clinical teaching during the patient encounter. The teaching provided by the fellow is observed by the attending geriatrician and critiqued.

DM 5/30/06