

Goals & Objectives
MEDICAL DIRECTORSHIP ROTATION FOR GERIATRIC FELLOWS

I. EDUCATIONAL PURPOSE

GOAL

The Fellow will develop the basic skills and knowledge to initially function as a medical director. (This course is predicated on the expectation that the fellow, when in practice as a medical director will compete AMDA's training for Certified Medical Director (CMD)

ACTIVITIES

During the VA 2 month rotation, the fellow will have the option to take the Medical Director primer. This will utilize ½ day per week dedicated to the completion of the objectives under the direction of Dr Vandenberg.

OBJECTIVES MEDICAL DIRECTOR PRIMER
Medical Director Overview
Objectives
Upon completion the learner will be able to:
-list the duties of a medical director
-list basics of medical director contract
-list liability coverage needs for medical director
Quality Improvement
Objectives
Upon completion the learner will be able to:
-describe basics concepts of <u>Quality</u> Improvement
-develop resources for a quality improvement program
-list the <u>key areas</u> of quality improvement in NH
-perform data collection and interpretation of infection control data
-list the concepts of an effective <u>infection</u> control program
-DEVELOP A QUALITY IMPROVEMENT PROJECT
-describe the MDS, RAPS, process.
Organize Comprehensive medical services
Objectives
Upon completion the learner will be able to:
-list the <u>necessary</u> medical services for a NH
-list or know how to access information on <u>laws</u> governing provider visits and care
- access information on development of <u>medical staff bylaws</u> .
-describe the resources to develop policy and procedure for <u>due process of provider</u> <u>censure</u>
-be able to develop <u>credentialing</u> criteria for privileging
EMPLOYEE HEALTH
Objectives
Upon completion the learner will be able to:
-list the necessary components of a new-employee exam
-list mandatory employee health monitoring items
-describe the basic concepts of work related injuries and workman's compensation
POLICIES and PROCEDURES
Objectives
Upon completion the learner will be able to:
-develop or secure examples of <u>key elements</u> of a NH policy and procedure manual

-list the areas in the NH that <u>require</u> policy and procedures
-describe the <u>role</u> of policy and procedures
-develop a plan of action for <u>development</u> of policy and procedures in your facility
Nursing Home regulations
-be able to access and understand basics of NH regulations
PROJECTS
Complete a QI project
Complete <u>Minimum Data Set (MDS)</u>

II. TEACHING METHODS

Teaching methods involved interactive tutorials, reading, and application in QI project and MDS completion.

III. MIX OF DISEASES

Non-applicable. See Educational Purpose above under Goals.

IV. PATIENT CHARACTERISTICS

1. For Medical Director Component:

Typical nursing home residents with usual spectrum of problems and demographics for the plains states. The will in the NH where the fellow follows patients longitudinally.

2. Plus for the Quality Improvement project:

Can be any populations of patients: NH, SNF, Hospitalized, outpatient. The population is defined by the goals of the project.

V. TYPES OF CLINICAL ENCOUNTERS

No clinical encounters are relevant. Encounters do, however, involve working with other disciplines such as nursing, administrative, infection control, and other relevant disciplines found in a typical nursing home setting for the medical director portion or in the setting chosen for the QI project.

VI. PROCEDURES AND SERVICES

1. Development and completion of a quality improvement project.
2. Completion of an MDS on a single patient.

VII. EDUCATIONAL RESOURCES

1. Ouslander J.G., Osterweil D., Morley J. Medical Care in the Nursing Home 2nd edition, New York, McGraw Hill 1997.
2. Levenson SA: Medical Direction in Long Term Care: A guidebook for the future. Durham NC, Carolina Academic Press 1993.
3. Smith PW, Infection control in long tem-care facilities 2nd edition New York 1994.
4. Pattee JJ, et al Medical direction in the Nursing Home Minneapolis Northridge Press 1991 & 1997.
5. AMDA Web site on;
 - Policy and Procedure development;
 - <http://www.amda.com/library/policymanual/>
 - Clinical practice guidelines
 - <http://www.amda.com/library/policymanual/#cpg>

6. [CDC. Updated U.S. Public Health Service guidelines for the management of occupational exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis. MMWR 2001;50 \(No. RR-11\):1--52.](#)
7. AGS Geriatric Practice Toolkit (must be completed by fellow)
<http://www.cuph.org/cme/survival/toolkit.jsp>

VIII. METHOD OF EVALUATION

1. Critical review of the quality improvement project with feedback.
2. At the end of each rotation, Faculty, staff and patients evaluate the Fellows in written form and the Fellows evaluate Faculty and the rotations in written form. 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

Completing the QI project may involve teaching personnel involved in the area of the QI activity. This would be expected as part of the QI process. For example, few years ago, a fellow completed a project on pain management. In the process of establishing standards for evaluation and management of pain within the facility, that fellow conducted a series of in-service training activities involving nurses.

Evv 5/21/06