MODULE III: GERIATRIC SPECIALTY-SPECIFIC EXPERIENCES & CONSIDERATIONS

Summary

This module explores how integrative geriatric care for a medically complex patient is managed across specialties. This module is intended to supplement clinical experiences unique to each student navigator, so therefore it is not expected that you - the student navigator - read the entire module. Instead, read the introductory article “The Way We Age Now” by Atul Gawande and Part 8: The Hospitalized Patient. Additionally, select one or two sections from Parts 2 through 7 based on experiences in clinical navigation sessions. If a navigation session took place in a specialty not listed here, alternatively a student navigator may choose to look up information regarding geriatric considerations for that specialty. The small group session that accompanies this module will be mostly focused on student navigators sharing impressions of their specialty navigation sessions.

Part 1: Introduction
The Way We Age Now
http://www.newyorker.com/reporting/2007/04/30/070430fa_fact_gawande

Gawande

Part 2: Geriatric Psychiatry
3D Geriatrics: Dementia, Delirium, and Depression
http://onlinetraining.umassmed.edu/p97121950/
The 3D’s Continued: Clinical Pearls

Gleich
Fitzgerald

Part 3: Geriatric Cardiology
Cardiology Clinical Pearls
Heart Disease in Older Adults

Blanchard
Fitzgerald

Part 4: Geriatric Orthopedics
Orthopedic Clinical Pearls
Considerations Treating Older Adults in Orthopedics

Blanchard
Fitzgerald

Part 5: Geriatric Oncology
The Older Adult with Cancer: Considerations and Pearls for Treatment

Fitzgerald

Part 6: Pain Management
Clinical Pearls of Managing Persistent Pain in the Older Adult

Fitzgerald

Part 7: Rheumatologic Diseases
Geriatric Rheumatology
http://www.ouhsc.edu/geriatricmedicine/Education/GeriatricRheumatology/index.htm

Nakasato

Part 8: The Hospitalized Patient
What to do when your Patient is Hospitalized & A Brief Introduction to Third Year

Fitzgerald

PROGRAM OBJECTIVES ADDRESSED

- Consider the complexity of multiple medical co-morbidities and possible cognitive impairment when communicating with older persons in the ambulatory clinical setting.
- Weigh standard recommendations for health screenings and treatments with the age, functional status, and the goals of care for older patients.
- Reflection upon the psychological, social, and spiritual needs of patients with advanced illness and their family members.
MODULE III: GERIATRIC SPECIALTY-SPECIFIC CONSIDERATIONS: MEDICAL, NURSING, PHARMACY, AND INTERPROFESSIONAL COMPETENCIES

AAMC & JOHN A. HARTFORD FOUNDATION GERIATRIC COMPETENCIES FOR MEDICAL STUDENTS

Cognitive and Behavioral Disorders: Define and distinguish among the clinical presentations of delirium, dementia, and depression

Cognitive and Behavioral Disorders: Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.

Health Care Planning and Promotion: Define and differentiate among types of code status, health care proxies, and advanced directives in the state where one is training.

Health Care Planning and Promotion: Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening tests in older adults.

Health Care Planning and Promotion: Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for treatment in older adults.

Palliative Care: Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care.

Hospital Care for Elders: Identify potential hazards of hospitalization for all older adult patients (including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, peri and post operative periods, and hospital acquired infections) and identify potential prevention strategies.

AACN & JOHN A. HARTFORD FOUNDATION ADULT-GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER COMPETENCIES

Management of Patient Health/Illness: Assesses individuals with complex health issues and co-morbidities, including the interaction with acute and chronic physical and mental health problems.

Management of Patient Health/Illness: Recognizes the presence of co-morbidities, their impact on presenting health problems, and the risk for iatrogenesis.

Management of Patient Health/Illness: Treats and manages complications of chronic and/or multi-system health problems.

Professional Role: Coordinates comprehensive care in and across care settings.

ASCP GERIATRIC PHARMACY CURRICULUM GUIDE COMPETENCIES

Continuum of Care: Participate in interprofessional decisions regarding appropriate levels of care for individual patients.

Continuum of Care: Facilitate medication reconciliation across the continuum of care.

Prioritizing Care Needs: Develop a problem list and prioritize care based upon severity of illness, patient preference, quality of life, and time to benefit.

Prioritizing Care Needs: Identify patients who need referrals to other health and non-health professionals.
CORE COMPETENCIES FOR INTERPROFESSIONAL COLLABORATIVE PRACTICE

RR3: Engage diverse healthcare professionals who complement one’s own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.

RR4: Explain the roles and responsibilities of other care providers and how the team works together to provide care.

RR5: Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.

RR7. Forge interdependent relationships with other professions to improve care and advance learning.

TT3. Engage other health professionals—appropriate to the specific care situation—in shared patient-centered problem-solving.

TT4. 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.