IPE Module Addressing A Rapid Geriatric Assessment (RGA) And Care Giver Well-being

David Pole, PhD, MPH

Family & Community Medicine, Center for IPE

David.Pole@health.slu.edu

Milta O. Little, DO, CMD

Department of Internal Medicine, Geriatrics

Susan Tebb, PhD, MSW

School of Social Work

SAINT LOUIS UNIVERSITY

CENTER FOR INTERPROFESSIONAL EDUCATION AND RESEARCH

ipe.slu.edu

Collaborating Across Borders VI

October 1 - 4, 2017 ● Banff, Alberta, Canada

The presenters confirm that they have no conflicts of interests to declare.

WHY: Meaningful IPE Designed to Prepare for IPCP

▶ The goal of IPE is to create **collaboration-ready health** care practitioners that are active members contributing to effective care teams.

▶ This project utilized the structure of an Interprofessional Team Seminar (IPTS) course to enable graduate level health professions students to develop applied skills in IPCP addressing the needs of elderly adults.

SAINT LOUIS UNIVERSITY

CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH

WHY: Early Assessment of Geriatric Patients

▸ Fear of potential health issues

▸ Fear of over-whelming cost of health care

▸ Management of multiple medications, as well as cost of medications

▸ Critical Events such as falls or accident resulting in disability, chronic pain, or limits to ADLs

The Challenge/Scope of the Problem

Aging population in MO and across the US. Percent and number of the total population that are older adults (>65) US Total: 323,127,513	United States (15.2%) 4,911,538	Missouri (16.1%) 980,973	STL County (17.3%) 172,755	STL City (11%) 35,122

HRSA Geriatric Workforce Enhancement Program (GWEP)	Total
Screenings Completed	6,209
Prevalence of Geriatric Syndrome in Sample Population (Positive Screens)	**35%**

WHY: Engage IP Learners in Skills Building for Rapid Geriatric Assessment, Early Intervention and Collaborative Care

All aspects of the Triple Aim

▸ Individual patient care and outcomes

▸ Patient population and community health

▸ Cost effective care

Skills Building

  ▸ Coordinate full scope of care for family unit health & well-being

  ▸ Skills to apply, advocate for use of, & change intervention based upon outcomes of the RGA/CGA

  ▸ Engage in effective team based care

HOW: Geriatric Module within an Existing Interprofessional Team Seminar Course (IPTS)

Article: *Teaching the Art of Collaborative Practice*

Sidebar: IPTS Course

https://www.chausa.org/publications/health-progress/article/september-october-2017/teaching-the-art-of-collaborative-practice

David Pole, PhD, MPH and Fred Rottnek, MD, MAHCM
Dr. Rottnek was also the guest editor for this issue of the journal

IPTS Format	700+ graduate level students
Longitudinal Series of Six 90 min Seminars for Graduate Level HP Students (faculty facilitated)	1) IPCP and Pt Safety, Scope of Training 2) Complex DM case, fall, in/out patient, high risk hospital readmit
7 Professions (Med, Nursing, PA, PT, OT, SW, Pharm) + (N&D, and AT added for case-specific role)	3) Elderly patient and care giver, RGA, CGA and team based care 4) On-field Injury, multiple care translons
Embed IPCP practice behaviors and IPEC Competencies in Case-Based Learning modules	5) Case reports from students/peer learn 6) QI process MSN-CNL students co-facilitate Model for Improvement

HOW: Geriatric Case (IPTS Seminar #3)

▸ Conduct the **Rapid Geriatric Assessment** and patient interview with an SP who is experiencing cognitive impairment, difficulty with ADLs, and has a couple of falls

▸ Conduct the **Caregiver Well-Being Assessment** and patient interview with an SP "spouse" of the patient. The spouse is experiencing high levels of stress, anxiety, frustration, and anger due to the burden of caring for their spouse/partner.

▸ **Conduct an IP team meeting** to integrate understanding and outcomes of two assessment tools, identify patient and care-giver priorities, identify necessary patient and caregiver information and resources, and identify who needs to be involved in the implementation of the patient care plans.

▸ **IPEC Competencies: Values – 1, 4, 5. Roles – 3, 6. Comm – 2, 3. Team – 3, 4.**

SAINT LOUIS UNIVERSITY
CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH

WHAT: Build Case for Patient and Care Giver

Partner concerned due to fall last week and increasing concern for partner's well-being

Patient is 72 year old community-dwelling adult

▶ Mild Cognitive Impairment

▶ Recurrent falls – high fall risk

▶ Unsteady gait

▶ Frailty

▶ Malnutrition and weight loss

▶ Polypharmacy

▶ Caregiver burden

Care Giver is 75 year old community-dwelling adult

▶ The caregiver has been the patient's partner for 52 years.

▶ Feelings of concern & burden

▶ Also has feelings of exhaustion, frustration, isolation, and anger

SAINT LOUIS UNIVERSITY

CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH

WHAT: Assessments for Patient and Care Giver

Patient

Care Giver

WHAT: Develop Facilitator Guide

Key activities: (90 min)

Introduce the goals of the session: **~ 5-10 min**

Round 1 of the SP Interview – RGA **~ 20 min**

Round 2 of the SP Interview –CGA **~ 20 min**

IP Team Meeting: share different assessments, discussion, identify care needs, priorities, and plans for both the patient and the care giver, identify who needs to be involved. **~20-30 min**

Facilitated Debrief, discuss with Standardized Patient, other information, feedback **~ 10 min**

The Rapid Geriatric Assessment (RGA)

This includes FOUR separate brief assessments

- Frailty
- Activities of daily living and falls
- Appetite and weight loss
- Rapid cognitive assessment for dementia or cognitive impairment
- **15 min instructional video of the RGA** being administered by Dr. Milta Little with an SP https://m.youtube.com/watch?v=z79-UQvTOXs

Care Giver Assessment (AGS)

- Self-assessment tool, use as interview tool

While opposite group interviews SP, support other team conducts brief-huddle and plans assessment or discuss outcomes

WHAT: Standardized Patient Interviews

▶ Team of 12-15 students representing at least 5 professions

▶ Split to two groups

▶ **Team A interview Patient**

▶ **Team B interview Care Giver**

Team A
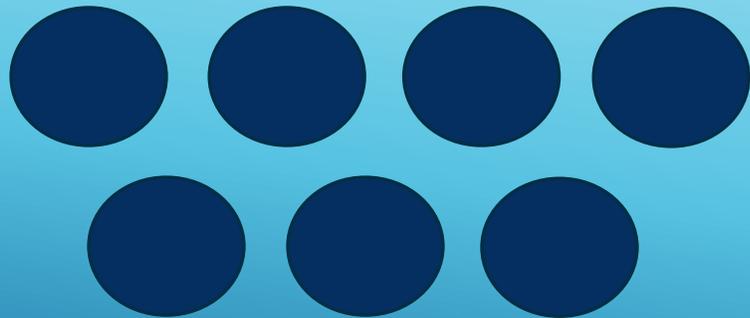
Team B

WHAT: Team Meeting

▶ **Intro to your team**, who is on the team

▶ **Shared Goal:** Older adult couple, determine next step in care, OK at home, support services at home, adult living with support services, full nursing care facility

▶ **Discuss:** Introduce two assessments, what assessed, what determined

Team 1

Team 2

P

C

SAINT LOUIS UNIVERSITY

CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH
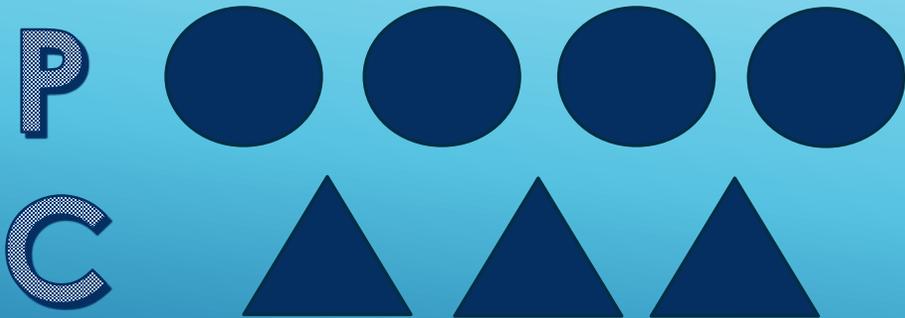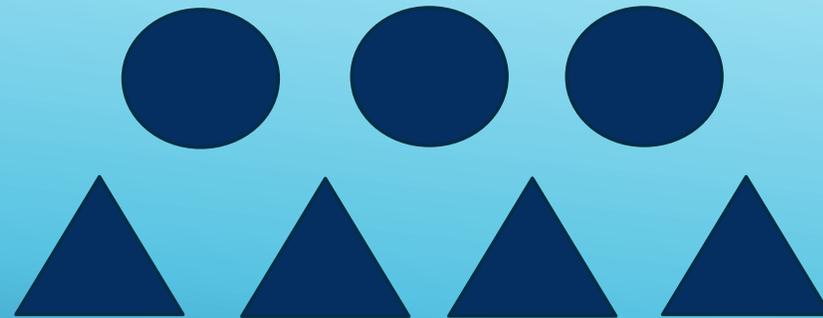
WHAT: Facilitated Discussion Suggestions

- What are top health issues for older adults where early detection and intervention make a significant difference for ADLs?

- How do falls and fractures impact the health, well-being, and ADLs of older adults?

- What is involved in caring for an elderly patient with fractures, joint replacements, dementia or Alzheimer's?

- How would you describe the value of regular, preventative screenings for patients > 65y.o.?

- How do you see geriatric assessment tools providing advantages to patient care?

WHAT: Outcomes of the Pilot

▸ 559 completed evaluations represent all seven professions.

▸ **88%** indicate increased knowledge of geriatric medicine and assessment,

▸ **90%** indicate the IPTS session increased skills at conducting the RGA and CGA, and

▸ **89%** indicate increased confidence to administer the RGA and CGA in a clinical setting.

SAINT LOUIS UNIVERSITY
—
CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH

WHAT: Outcomes of the Pilot

- STUDENT COMMENTS INDICATE: a high value of assessing the older adult patient and caregiver in the same session, insight to caregiver stress-health issues, and value of IP team perspectives to address patient goals.

SAINT LOUIS UNIVERSITY

CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH

WHAT: Outcomes of the Pilot

1. The integration of the RGA and CGA into an IP learning context is an effective model to increase knowledge, skills, and confidence to practice assessments in a clinical setting

2. Students demonstrate skills at engaging in effective IP team meetings that enhance elderly patient care.

3. Engaging in IP collaborations among the faculty to design, develop, and implement the learning module resulted in perceived higher value experiences by the students

SAINT LOUIS UNIVERSITY
—
CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH

WHAT: Next Steps

1. **Add** medical student leadership role through brief presentation on effective team-based care (Mitchell)

2. **Repeat** the same methods/process

3. **Add** "leadership role" for med students team mtg's

4. **Strengthen** outcome self-assessment

5. **Add** facilitator observation assessment of team dynamics, team climate and related skills/behaviors

Artifacts Developed

- Video demonstration of use of the RGA with a patient

- Facilitator Guide

- Student Guide

- Student Worksheets

- Standardized Patient Scripts (Patient & Care Giver)

▸ **GOAL: MedEd Portal Curriculum Tool**

SAINT LOUIS UNIVERSITY

CENTER FOR INTERPROFESSIONAL
EDUCATION AND RESEARCH