**Geriatrics and Palliative Care Assessment Clinics**

Location: at PFMC Pod- TBA

Rotations: Ambulatory care, Outpatient Chief, Geriatrics, Psychiatry

Time: Thursday am

Rationale:

Continuity of care and comprehensive multidisciplinary care are especially important to our patients as they transition through their elder years or encounter serious illness. The geriatrics and palliative care clinic at PFMC seeks to maximize our patient centered care through meeting our patients’ various needs across the spectrum of medicine including areas of memory impairment, depression, fall risk, functional assessments, caregiver distress, and communications concerning goals and desires towards end of life decisions. In addition, this clinic allows for an environment where physicians can learn through experiential observation, practicing, and mastering these tools.

This clinic consists 2 teams: geriatrics and palliative care. Resident physicians will assess a dyad of patient/caregiver with either geriatric assessments and/or palliative care focus tools. (The goal is to provide exposure to each clinic and learning opportunity while in residency.) Visits will consist of 30-45 minutes with time to debrief and teach. The patient will be seen by each team in one day (60-75 min visits)

Caregivers are also assessed for distress level in conjunction with our behavioral health providers.

**Objectives: Geriatrics-**

1. Demonstrate and understand Geriatric assessment tools-

a. Vision exam, geriatrics depression scale, medication review including Beer’s criteria, fall risk assessment, and dementia assessment (PC, PBL)

2. Communicate with caretakers for use of proper assist device and treatment options to enhance function such as other disciplines- PT, neuropsych, psych eval (PC, SBP, P, C)

3. Appreciate burdens of caregivers and levels of distress and resources (C, PC, PBL)

**Objectives: Palliative Care-**

4. Develop appreciation for common goals at end of life (PC, C, P)

5. Demonstrate and understand palliative care – Describe what is Palliative Care? (SBP, P,C)

6. Demonstrate and understand Palliative care Symptom and Function Assessment

a. Palliative Performance Scale, Modified Edmonton System Assessment Scale (PC, P,C)

7. Demonstrate and appreciate interviewing skills to identify patient’s values and goals at end of life and transition to helpful medical documentation and communication.

a. Identify differences between comfort I, advanced care directives- 5 Wishes, medical and financial POA, MOST (PC, SBP, PBL)

**Resources: (Attached) (Recommended to review prior to clinic)**

Fall Risk Assessment- Get up and Go, Tinetti Performance Oriented Mobility Assessment

Dementia- MMSE, Clock Face Diagram, FAST

Depression- Geriatric Depression Scale, Cornell Depression in Dementia Scale, PHQ-2

Med Review- Beer’s Pocket Guide

Palliative Care- PPS, MSAS, Module Gunderssen Curriculum, 5 wishes, MOST, Comfort I

(References to resources see Tools by Competencies)

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| Clinic Logistics Resident 1 and Faculty 1 | Clinic Logistics Resident 2 and Faculty 2 |
| 8-9 am Shared Didactic | 8-9 am Shared Didactic |
| 9-10 Interdisciplinary Team Discussion | 9-10 Interdisciplinary Team Discussion |
| 10-11 Patient 1/Caregiver 1 (With Resident 1 and Faculty 1)And Pharmacy, BH and adjunctive team members | 10-11 Patient 2/Caregiver 2(With Resident 2 and Faculty 2)And Pharm, BH, and adjunctive team members |
| 11-12 Patient 3/Caregiver 3 (with Resident 1 and Faculty 1)And Pharm, BH and adjunctive team members | 11-12 Patient 4/Caregiver 4 (With Resident 2 and Faculty 2)And Pharm, BH and adjunctive team members |

\*Adjunctive team members are Social work, Chaplain, Nurse Case Managers

1. Encounters should be open by resident and either additional notes are completed by team members or discussed after visit and included in resident note.

2. Open an encounter for patient and for caregiver, see below for templates and phrases

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| **Clinic Template** | **Template/Dot Phrase in Epic** |
| Geriatric and palliative care clinic Template- | .PFMCGERIPALLINOTE |
| Caregivers will have open encounters but billed a no code | .PFMCGERIPALLCAREGIVERNOTE |
| Palliative performance scale  | .pss |
| Modified edmonton’s symptom assessment | .mesas |

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| **Clinic Logistics and Flow** |
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3. Consider using the Flowsheet for Assessment Tools. Please see the following document for attaining the docflowsheets tab, the dot phrases for the tools are also as above.

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**General Appointment Schedule:**

**1. Vision screening**

**2. Orthostatics**

**3. Stress/mood questionnaire with follow up by behavioral health**

**4. Medication review for interactions/geriatrics criteria**

**5. Fall assessment (Get up and Go and Tinetti POMA Balance) or dementia assessment (MMSE or minicog)**

**6. Symptom and/or Functional Assessment**

**7. Values and goals evaluation, introduction of paperwork for medical decision-maker, POA, Adv care directives**

**Clinic Preparation-**

1. Ensure templates are in your smart phrases, please update from Faculty Smart Phrase List

2. Review tools for Geriatrics and Palliative Care Clinic.

3. Review patients- in EPIC, they are under specialty clinic schedule for that clinic date.

4. Prepare to facilitate an IPT discussion of your patient, see the Facilitator Guide for guidance.

4. ***Prepare to be flexible***, our patients have many comorbidities and disabilities (including memory impairment). Sometimes they are not able to come and we may also recruit patients from the day of clinic. This clinic also includes many preceptors which we will identify the goals of each profession during the shared visit and logistics during IPT discussion.

5. ***Prepare for teaching***, this clinic involves time built in for *geriatrics (didactics to cover gait assessment, osteoporosis, depression and dementia assessment)* and a *palliative care (didactic to cover what is palliative care, symptom and function assessment, and goals of care discussion)* which we will cover with you (review assessments).

6. If this is your first clinic, you will receive an email with tools and introduction to the clinic. Please call me if you have any questions.