**Teaching Tools by competencies and Milestones- Primary Geriatric and Palliative Care Curriculum Objectives with Selected Tools, and Associated EPA’s, Competencies, and Domains and Areas of Collaborative Teaching**

|  |  |  |
| --- | --- | --- |
| **Curricular Objective for Residents with Degree of Mastery\*** | **Tool** | **Example ACGME Curricular Milestone and Potential Levels**  **(IPEC domain\*\*1/Geriatrics EPA (G-EPA) with ACGME competency\*\*\*2/**  **Palliative care EPA (PC-EPA) with Palliative Care Domain\*\*\*\*3** |
| Depression Screen4- Administer, interpret and begin IPT treatment for depression | Geriatric Depression Screen5 | Begins to integrate social and behavioral sciences with biomedical knowledge in patient care MK-2 level 2 (IPEC- D2 RR9/ G-EPA 4,7 PC, MK/PC-EPA 4 PSM) |
| Fall Risk or Gait Assessment6- Conduct IPT screen, evaluation for causes, and manage conditions surrounding falls | Get up and go | Consistently applies clinical guidelines to the treatment plan of the patient with chronic conditions PC-2 level 3 (IPEC-D1 VE4 /G-EPA 23 PC, MK/ PC-EPA 3 PSM) |
| Tinetti POMA and Balance7 |
| Cognitive evaluation- IPT administration and interpretation of validated tool for dementia and initiate treatment | MOCA8 | Consistently applies clinical guidelines to the treatment plan of the patient with chronic conditions PC-2 level 3 (IPEC D2 RR3,5/G-EPA 23 PC,MK/ PC-EPA 3 PSM) |
| Minicog 9 |
| Medication review- Prescribe appropriate drugs and dosages, periodically review use and rational for use with Pharmacy provider | Medication reconciliation | Recognizes and reconciles knowledge of patient and medicine to act in patient’s best interest MK-2 level 3 (IPEC D2 RR3,5/G-EPA 1-3 PC, ICS, MK/ PC- EPA 2 C) |
| Functional and symptom assessment-  Assess and manage symptoms and assess and maximize functional status  with IPT | PPS10 | Maintains a focus on patient-centeredness and integrates all aspects of patient care to meet patients’ needs. C-2 level 4 (IPEC D2 RR3,5/G-EPA 15,21,26 PC, MK, P, SBP, ICS/PC-EPA 14 PSM) |
| MESAS11 |
| Goals of care conversation- Develop treatment plans to incorporate goals, function, and symptom management  With IPT | Narrative Description | Anticipates and develops a shared understanding of needs and desires with patients and famililes; works in partnership to meet those needs. PROF-3 level 4 (IPEC D4 TT4/G-EPA 14, 26 PC, ICS, P, SBP, MK/PC-EPA 1 C) |
| ACP (Advanced care planning) - Discuss and document ACP with IPT | ACP Discussion and documents | Anticipates and develops a shared understanding of needs and desires with patients and families; works in partnership to meet those needs. PROF-3 level 4 (IPEC D4 TT4/G-EPA 13, 26 PC, ICS, P, SBP, MK/ PC-EPA 7 TCB) |
| Collaborative discussion- Discuss and identify patient needs with care team and address with patient and family | IDT discussion | Role models leadership, integration, and optimization of care teams to provide quality, individualized patient care SBP-4 level 5 (IPEC D3 CC8, D1 VE6/G-EPA 16, 21 PC, ICS, P, SBP/ PC-EPA 9,10,17 C, PCPP) |
| RAM caregiver assessment12 |

\*R1 demonstrate understanding during didactic and collaboration with MH and pharmacy with FM faculty, R2 demonstrate tools during visit and independent collaboration with MH and pharmacy, R3 teach tools during visit and collaborate with MH, pharmacy and medical students

\*\*IPEC D1 Values/Ethics, D2 Roles/Responsibilities, D3 Interprofessional Communication, D4 Teams and Teamwork \*\*\*Abbreviations for Geriatric Competencies: PC- Patient Care, ICS-interpersonal and communications skills, SBP-systems based practice, P-professionalism, MK- Medical Knowledge- competencies towards milestones AGS 27\*\*\*\*Abbreviations for Palliative Care Domains: PCPP- palliative care principles and practice, C- Communications, PSM- Pain and Symptom management- palliative care domains, PSC- psychosocial, spiritual, and cultural aspects of care, TCB- terminal care and bereavement

References for Appendix 1

1. Interprofessional Education Collaborative Expert Panel. (2011). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.
2. Williams B Warshaw G, Fabiny A, Lundebjerg N, Medina-Walpole A, Sauvigne K, et al. Medicine in the 21st century: Recommended essential geriatrics competencies for Internal Medicine and Family Medicine residents. *Journal of Graduate Medical Education 2010, 2(3)*, 373-383.
3. Schaefer KG, Chittenden EH, Sullivan AM, Periyakoil VS, Morrison LJ, and Carey EC etal. Raising the Bar for the Care of Seriously Ill Patients: Results of a National Survey to Define Essential Palliative Care Competencies for Medical Students and Residents. Acad Med. 2014:89(7).
4. Siu A; U.S. Preventative Task Force, [Bibbins-Domingo K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bibbins-Domingo%20K%5BAuthor%5D&cauthor=true&cauthor_uid=26813211), [Grossman DC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Grossman%20DC%5BAuthor%5D&cauthor=true&cauthor_uid=26813211), [Baumann LC](http://www.ncbi.nlm.nih.gov/pubmed/?term=Baumann%20LC%5BAuthor%5D&cauthor=true&cauthor_uid=26813211), [Davidson KW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Davidson%20KW%5BAuthor%5D&cauthor=true&cauthor_uid=26813211), [Ebell M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ebell%20M%5BAuthor%5D&cauthor=true&cauthor_uid=26813211)etal. Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement. JAMA 2016; 315(4): 380-7. doi: 10.1001/jama.2015.18392.
5. Brown L, and Schinka J. Development and initial validation of a 15-item informant version of the Geriatric Depression Scale. Int J Geriatr Psychiatry 2005; 20:911-918
6. Moyer, V; for U.S. Preventive Services Task Force. ; Prevention of Falls in Community Dwelling Older Adults: U.S. Preventive Task Force Recommendation Statement. *Ann Intern Med.* 2012;157(3):197-204.
7. Panella L, Tinelli C, Buizza A, Lombardi R, Gandolfi R Towards objective evaluation of balance in the elderly: validity and reliability of a measurement instrument applied to the Tinetti Test. Int J Rehabil Res. 2008; 31(1)65-72.
8. McCulloch K; and TBI Edge task force of the Neurology section of the APTA, Hussey E; and the PD Edge task force of the Neurology APTA; Rehab Measures: Montreal Cognitive Assessment. http:// <http://www.rehabmeasures.org/Lists/RehabMeasures/DispForm.aspx?ID=1055>. Accessed September 2, 2016.
9. Borson S, Scanlan J, chen P, Ganguli M. The Mini-Cog as a screen for dementia: Validation in a Population-Based Sample. J Am Geriatr Soc 2003; 51(10) 1451-1454.
10. Ho F,Lau F, Downing M, and Lesperance M. A reliability and validity study of the Palliative Performance Scale. BMC Palliat Care. 2008; Aug (7): 10. doi: [10.1186/1472-684X-7-10](http://dx.doi.org/10.1186%2F1472-684X-7-10)
11. Chang V, Hwang S, Feuerman M. Validation of the Edmonton Symptom Assessment Scale. Cancer 2000; 88:2164-71.
12. Czaja S, Gitlin L, Schulz R, Zhang S, Burgio L, and Stevens A etal. Development of the Risk Appraisal Measure (RAM): A Brief Screen to Identify Risk Areas and Guide Interventions for Dementia Caregivers. J Am Geraitr Soc. 2009 57(6):1064-1072.