

2011-2012 COURSE SESSIONS

7. MENTAL HEALTH AND COGNITIVE ISSUES AMONG SENIORS March 15, 2012 7-9 pm

Objectives

- Identify normal age-related changes versus pathological changes in memory, cognition and personality in seniors.
- Compare and contrast the clinical features between delirium, dementia and depression.
- Review previously discussed and other commonly used screening and diagnostic tools to differentiate delirium, dementia and depression.
- Explain evidence based management strategies and interventions for delirium, dementia and depression.
- Know about issues involved in caring for seniors with mental/cognitive conditions including: suicidal ideation, catastrophic behavior reactions & sundowner's syndrome.
- Recognize caregiver stress and know how to access resources to decrease the burden of the caregiver of a senior experiencing a mental/cognitive impairment.

Content

- Normal age-related changes in cognition, memory and personality.
- Pathological changes in cognition, memory and personality.
- Depression, Dementia, Delirium: etiology, assessment, clinical features, treatment, health professional approaches.
- Caregiver effective management of catastrophic behavior reactions and sundowner's syndrome.

Faculty: Wayne Lavengood, LCSW

8. ADVANCED CARE PLANNING, PALLIATIVE/END-OF-LIFE CARE AND HOSPICE CARE FOR SENIORS April 19, 2012 7-9 pm

Objectives

- Describe & know how to use documents in advanced care planning.
- Discuss the disease patterns that lead to considering palliative vs. treatment care.
- Explain the philosophy of palliative & hospice care.
- Identify roles & responsibilities of team members: physician, nurse/nurse case manager, nursing assistant, social worker, chaplain, pharmacy, facility staff and others.
- Know strategies to initiate conversation about palliative & hospice care with seniors and their families.
- Identify interventions to treat common problems associated with terminal decline.

Content

- General content of: POLST, Advance Directives, Power or Attorney for Health Care, Living Wills.
- Disease patterns/ criteria for moving from treatment to palliative care.
- Description of hospice program in general and specific programs in the area.
- Team members and their roles and responsibilities.
- How to talk to seniors about advance planning and hospice care.
- Common problems with seniors receiving palliative care.
- Interventions to provide physical, psychological and spiritual comfort when receiving hospice care.

Faculty: Marc Tunzi, MD

9. COORDINATION OF CARE AMONG AND BETWEEN PROVIDERS AND COMMUNITY-BASED SERVICES May 17, 2012 7-9 pm

Objectives

- Describe the levels of care for seniors relative to housing and services.
- Identify barriers to transitioning seniors to different levels of care.
- Discuss the types of community services seniors may need as they become more frail and medically/functionally complex.
- List the issues that arise within healthcare agencies, with health professionals and in seniors and their families when they use community services.
- Explain effective strategies, for agencies, health professionals, seniors and their families, that increase the effectiveness and smoothness of care transitions.

Content

- Levels of housing: senior independent housing, domiciliary care, residential care facilities, assisted living, skilled nursing, hospice facilities and services & respite care.
- Community services: adult day care, adult day health care, peer counseling, legal aid for seniors, home health care, personal care agencies, nutrition care programs.
- Issues: 1) services needed; 2) cost; 3) availability; 4) location; 5) transportation; 6) senior/family want to use the service.
- Strategies: Agencies: policies and procedures clear; resources to meet the community needs; location and facilities are optimal. Health professionals: know how to work with seniors; create programs that match the education/culture/creativity of the seniors they serve. Senior and family: reinforce value of service to improve seniors quality of life, etc.

Faculty: Wayne Lavengood, LCSW

COURSE FACULTY

Chair: Michael C. Hendrickson, PhD, CEO/President, MbayGRC, Monterey, CA

Co-Chair: Adam Moylan, PhD, Assistant Professor, Division of Geriatrics - UCSF

Carla Graf, RN, MS, APRN, -BC, Geriatric Clinical Nurse Specialist, UCSF Medical Center, San Francisco, CA.

Sandra L. Hendrickson, MSN, MA, GNP, Coordinator, Geriatric Assessment/Chronic Care Management Center, (GPCMH) at VA Palo Alto Health Care System, Monterey, CA.

Wayne Lavengood, LCSW, Former Manager, Outpatient Behavioral Health Services, CHOMP and MbayGRC Associate, Monterey, CA.

Melissa A. Lee, MS, RN, CNS-BC, Geriatric Clinical Nurse Specialist, UCSF Medical Center, San Francisco, CA.

Kirby Lee, PharmD, Assistant Professor Clinical Pharmacology, UCSF, San Francisco, CA.

Marc Tunzi, MD, Associate Clinical Professor, Department of Family and Community Medicine, UCSF School of Medicine, Director Family Residency Program at Natividad Medical Center and Vice Chair, MbayGRC.

REGISTRATION

Course Fee: \$100 (all 9 sessions)

More Information: Wayne Lavengood at wlavengood@sbcglobal.net

Website: www.mbaygrc.com

2011-12 MbayGRC's “Caring for Seniors with Chronic Conditions”

LOCATION:
Cabrillo College, Aptos, CA
Room HW2212



Presented By
MbayGRC, Cabrillo College Allied Health &
Norcal Geriatric Education Center

COURSE OVERVIEW

This is an 18 hour interdisciplinary (CME/CEU) course in geriatrics and chronic care management for community physicians, nurses, social workers, allied health professionals such as behavioral health professionals, public health and health administration professionals. The course recognizes the need for health professionals, especially those involved in primary care management, to receive training in geriatrics, in chronic care management, and to acquire additional skills and competencies to conduct health risk assessments, to create comprehensive care plans, to provide continuity of care coordination and to help seniors acquire greater self-care management skills.

The 18 hour course is comprised of nine (9) two hour lectures, case studies and group discussions offered between September 2011 and May 2012. Participants are expected to commit to attendance, active participation in all sessions, develop and implement a project within their clinical setting.

Providing health care to an aging population is one of the most pressing health care challenges confronting the Monterey Bay area of California as well as the nation. Prevention, early detection and treatment of chronic conditions require new and fundamentally different approaches than those currently offered.

MBayGRC: This opportunity is open to community providers and is especially targeted to providers and staff from MBayGRC affiliate organizations (e.g. Community Hospital of the Monterey Peninsula, Natividad Medical Center, Hazel Hawkins Hospital, Palo Alto VA Health Care System, Clinica de Salud, Health Projects Center, Monterey Peninsula College, Cabrillo College, Hartnell College, CSUMB, Salud Para La Gente, Watsonville Community Hospital and Central Coast Senior Services.

Funding for this program is provided by Health Resources and Services Administration/ Bureau of Health Professions (HRSA/BHPr). **UB4HP19046**

EDUCATIONAL OBJECTIVES

At the end of the course, participants will be able to:

- Describe how the multi-disciplinary, complex, chronic care needs of seniors result in different goals and outcomes of healthcare and related health care delivery issues.
- Explain the multi-dimensional age-related changes in seniors and how these changes affect chronic disease and overall healthcare management.
- Use geriatric assessment instruments in multi-dimensional domains to determine what issues/problems seniors have in order to appropriately plan care.
- Use evidence-based approaches to managing the complex, multi-dimensional, chronic physical, functional, social, psychological and quality of life healthcare problems of seniors.
- Describe common use/misuse of prescription drugs and other polypharmacy issues among seniors including alcohol and substance abuse.
- Recognize age-related vs. pathological changes in memory, cognition and personality and know how to refer or initiate treatment for depression, dementia, delirium and behavioral dysfunctions.
- Discuss issues involved in caring for seniors who are hospitalized.
- Implement advance planning and palliative/end-of-life care as components of meeting the comprehensive healthcare needs of seniors.
- Apply knowledge of health literacy and factors known to affect communication with seniors and their caregiver and apply tools and techniques that improve communication.
- Teach senior patients with multiple chronic diseases to organize, prioritize, and implement self-care management strategies.
- Gather, interpret, and use data to identify problems and appropriate outcomes.

ACCREDITATION:

Up to 18 Hours of Category 1 Credit

The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this educational activity for a maximum of 18 AMA PRA Category 1 Credit(s)[™]. Each physician should only claim credit commensurate with the extent of their participation in the activity.

This educational activity is recognized by the California Board of Psychology as meeting the continuing education requirements toward license renewal for California psychologists.

The California State Board of Registered Nursing accepts courses approved by the AMA for category 1 credit as meeting the continuing education requirements for license renewal. For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credits[™] issued by organizations accredited by the ACCME. Nurses from states other than California should inquire with their State Board for specific continuing education policies.

This course meets the qualifications on an hour-for-hour basis of continuing education credit for MFT's and/or LCSW's as required by the California Board of Behavioral Sciences. Approval No.PCE 1272.

Geriatric Medicine: The approved credits shown above include 18 credits toward meeting the requirement under California Assembly Bill 1820, Geriatric Medicine for internists and family practice physicians licensed in California to complete 20% of their ongoing mandatory continuing medical education if their practice is comprised of a patient population of which 25% is aged 65 years or older.

2011-2012 COURSE SESSIONS

1. WHAT'S DIFFERENT ABOUT GERIATRICS?

September 15, 2011 7-9 pm

Objectives

- Understand how the multidisciplinary, complex, chronic care needs of older adults result in different goals and outcomes of healthcare.
- Describe current and evolving practice models that enhance the capacity to meet the unique healthcare needs of older adults.
- Identify the challenges in improving the healthcare of older adults.

Content

- Introduction to Geriatrics: What makes Geriatrics different?
- Health care challenges related to a growing Senior population.
- The health and long term care needs of older adults.
- Current utilization of health services by older adults.
- New models practice (PCMH, Chronic Care Model) resulting from health care reform.

Faculty: Michael Hendrickson, PhD

2011-2012 COURSE SESSIONS

2. COMMUNICATING WITH SENIORS AND THEIR CAREGIVERS

October 20, 2011 7-9 pm

Objectives

- Describe the concept of Health Literacy and its impact on the health outcomes of seniors.
- Discuss the issues which affect health literacy including culture or ethnicity & formal education, sensory impairments, quality of health information, manner of delivery of information.
- Delineate the factors affecting communication with seniors including but not limited to: developmental tasks, sensory deficits, cognitive changes and effects of multiple chronic conditions.
- Explain effective communication models for seniors, their families and caregivers.

Content

- Concept of Health Literacy.
- Discussion of effective oral and written health education materials.
- Health system barriers to effective communication with seniors when hospitalized.
- Issues to consider when enhancing health literacy: culture, ethnicity, sensory impairment, education, motivation, quality of materials.
- Factors affecting communication with seniors (Developmental tasks, sensory deficits, cognitive changes, effects of multiple chronic conditions).
- Effective communication models with seniors, their families/caregivers.

Faculty: Wayne Lavengood, LCSW

3. GERIATRIC SYNDROMES

November 17, 2011 7-9 pm

Objectives

- Understand what are normal age-related physiological and functional changes in seniors.
- Know the normal age-related social and psychological characteristics of seniors.
- Compare the normal multi-dimensional age-related changes with those that signal pathology and frailty.
- Define Geriatric Syndrome and name the specific Geriatric Syndromes.
- Describe experiences in effective assessment and management of selected Geriatric Syndromes.
- Compare acute and chronic conditions focusing on how health professionals would explain these differences to seniors.

Content

- Physical changes in body systems: heart, lungs, muscles, skeleton, brain, digestive tract, elimination and reproduction systems and nervous system, etc.
- Chronic vs. acute conditions.
- How daily functioning with household and personal care activities changes.
- Evolution of social support and social network.
- Changes in intellect, memory, judgment and other brain functions.
- Developmental tasks and characteristics of seniors who age successfully.
- Implications for health professionals in knowing these age related changes.
- Assessment and management of: functional decline, falls, social isolation, loneliness, failure to thrive, multiple losses.

Faculty: Sandra Hendrickson, MSN, GNP

4. GERIATRIC ASSESSMENTS AND CARE PLANNING

December 15, 2011 7-9 pm

Objectives

- Provide an overview of the types of instruments used in geriatric chronic care assessments including substance abuse assessment.
- Use a core set of assessments that form a baseline assessment template for use with elderly patients.
- Identify critical issues involved in the assessment, care management of age-associated diseases and chronic conditions.
- Describe a comprehensive care plan template and how a continuity of care management program works.

Content

- Need for comprehensive assessment for geriatrics
- Domains of Comprehensive Geriatric Assessment.
- Standardized assessments: physiological, functional, cognitive, social, quality of life.
- Special instruments, issues and barriers in Substance Abuse assessment of older adults.

Faculty: Carla Graf, RN, MS, APRN-BC, Melissa A. Lee, MS, RN, CNS-BC

5. MEDICATION MISUSE, POLYPHARMACY, SUBSTANCE ABUSE AND OTHER MEDICATION ISSUES AMONG SENIORS.

January 19, 2012 7-9 pm

Objectives

- Describe patterns of medication, alcohol and substance use in community dwelling seniors.
- List the common medication-related problems that are likely to occur in seniors particularly misuse of prescribed medications and drug-alcohol interactions.
- Understand the physiologic changes associated with aging that affect drug action or responses to drug therapy.
- Identify strategies to optimize drug therapy and adherence to prevent adverse drug events in seniors.
- Describe interactions of alcohol with various medications.
- Discuss treatment and referral for alcohol or other substance abuse in seniors.

Content

- Issues in medication use especially focused on the community.
- Physiological changes in elderly that modify medication prescribing practices.
- Common drug-drug and drug-alcohol interactions in the elderly.
- Strategies to assess, intervene and treat alcohol in the elderly.
- Medication administration issues in the elderly.
- Barriers to taking medications correctly and to alcohol misuse treatment.

Faculty: Kirby Lee, RPh

6. CARING FOR SENIORS WHO ARE HOSPITALIZED

February 16, 2012 7-9 pm

Objectives

- Understand the demographics of seniors as they relate to acute care hospitalization.
- Explain the hazards to seniors when they are hospitalized including but not limited to delirium, pressure ulcers, sleep disturbances, incontinence, sensory impairment and functional decline.
- Describe principles of pain management as they apply to seniors who are patients in acute care settings.
- Identify the coordination of care needs of seniors when in the acute care settings and those when discharged to other settings including home.

Content

- Multi-dimensional issues of seniors in the acute care setting: delirium, pressure ulcers, sleep disturbances, incontinence, sensory impairment and functional decline.
- Models of inpatient care for older adults.
- Care Coordination & Discharge Planning Issues: roles of team members, community resources and coordination with community based providers & sites of care.
- Principles of Pain management.

Faculty: Carla Graf, RN, MS, APRN-BC