

# Shaping Perceptions of Biopsychosocial Dementia Care with Interprofessional Collaboration

DRS. BENJAMIN A. BENSADON & MARÍA ORDÓÑEZ

# FAU College of Medicine

- ▶ Small cohorts ( $\leq 64$  students each)
- ▶ Longitudinal Integrated Clerkships (3<sup>rd</sup>-yr)
  - ▶ Geriatrics (5 week blocks)

# Clerkship Content

- ▶ Inpatient Hospital
- ▶ Post-Acute/ LTC
- ▶ Home Health
- ▶ Home Hospice
- ▶ Outpatient Clinic
- ▶ Simulation Center
- ▶ **Memory & Wellness Center (MWC)**

# Why Memory?

- ▶ Alzheimers Disease & Related Disorders (ADRD)
  - ▶ 6<sup>th</sup> leading cause of death
  - ▶ 5<sup>th</sup> among older adults
  - ▶ **#1 known cause = advanced age**

# Why Memory?

Memory Disorder **Epidemic**: 5.3 million Americans are living with ADRD

Americans with ADRD:

$\geq 85\text{y/o} = 1 \text{ in } 3$

$\geq 65 \text{ y/o} = 1 \text{ in } 9$

$< 65\text{y/o} = 200\text{K}$

Deaths from Alzheimer's increased 68 percent between 2000 and 2010

# Why Memory?

## Societal Burden

2014: \$214 Billion

2015: \$226 Billion (projected)

Medicare: Nearly \$1 of every \$5 is spent on ADRD

2014: Cost of uncompensated family caregiver support for ADRD = **\$217.7 billion\*\***

**\*\*Significant deleterious psychological and other health consequences to family caregivers**

# Why MWC?

## Closing Gaps

- ▶ Standard dementia care in ambulatory settings is suboptimal
- ▶ Caregiver support is suboptimal
- ▶ Referral to community-based supportive services is suboptimal
- ▶ Driving evaluations and access to neuropsychological testing are challenging

# Why MWC?

## Care Philosophy

- ▶ Cognitive Impairment = mystery/unknown/psychological stigma
- ▶ Emotional & Cognitive sx are often inseparable
- ▶ Minimal pharmacologic efficacy
- ▶ Prognostic uncertainty = psychological discomfort
- ▶ **Amenable to non-pharmacologic intervention**

## Current Management Decisions in Mild Cognitive Impairment

Benjamin A. Benschon, EdM, PhD<sup>a,\*</sup>,  
Germaine L. Odenheimer, MD<sup>b</sup>

### KEYWORDS

• Impairment • MCI • Dementia • Cognition • Memory

### KEY POINTS

- Mild cognitive impairment (MCI) is a clinical concept characterized by heterogeneous cause, clinical course, and research literature.
- Reversible causes of MCI can be targeted directly.
- There are no approved medications to prevent or treat MCI symptoms or progression.
- Controlling vascular risk factors may be considered an important aspect of MCI management.
- Clinicians should collaboratively partner with patients and caregivers to optimally manage the implications of diagnostic and prognostic uncertainty; emphasizing functional independence and quality of life.

### INTRODUCTION

Management of mild cognitive impairment (MCI) is anything but straightforward. First described in the late 1980s and further characterized in the early 1990s,<sup>1-6</sup> in the ensuing decades, myriad terms, definitions, and scoring systems have been introduced and refined in an attempt to accurately operationalize, measure, classify, quantify, and categorize this clinical phenomenon, distinguishing it as more severe than normative age-related memory and cognitive problems, and milder than dementia. Careful review of the extant literature reveals a persistent lack of consensus not only in terms of how best to manage MCI, but relatedly, what it is and how it should be defined. As shown throughout this article, establishing best practice guidelines is thus confounded because MCI encapsulates a heterogeneous patient population and a body of literature plagued by inconsistent research methodology.

<sup>a</sup> Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma Health Sciences Center, 1122 NE 13th Street, ORB 1200, Oklahoma City, OK 73117, USA; <sup>b</sup> Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma Health Sciences Center, and Oklahoma City VA Medical Center, Oklahoma City, OK, USA

\* Corresponding author.  
E-mail address: Benjamin.benschon@gmail.com

### Clinics Review Articles

#### CLINICS IN GERIATRIC MEDICINE

## Mild Cognitive Impairment

### EDITORS

Dirju B. Patel  
N. Wilson Holland

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# MWC Format

- ▶ **\*Dr. Ordonez will elaborate\***
- ▶ Attend Tuesdays or Thursdays 8:30 – 12
- ▶ On campus so easy to find!

# Measuring Impact

- ▶ Captured by reflective essay & post-support group survey (if observed)
- ▶ Summary of experience sent via email (w/in 24hrs)
  - ▶ If student observes caregiver support group:
    - ▶ 1-What themes emerged?
    - ▶ 2-What did you learn?
    - ▶ 3-What sorts of challenges do these caregivers face?
    - ▶ 4-Why do you think caregivers attend? Why do you think some do not?

# Precedent

- ▶ Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma College of Medicine
  - ▶ 4<sup>th</sup>-yr medical students – required month-long geriatrics clerkship
  - ▶ Attend Easter Seals (intergenerational older adult day program)
  - ▶ Attend ADRD support groups (1 for those w/ dx, 1 for caregivers)



*Donald W. Reynolds Department of  
Geriatric Medicine*



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Academic Medicine:  
November 2013 - Volume 88 - Issue 11 - p 1630–1634  
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Perspectives

## Attitude Adjustment: Shaping Medical Students' Perceptions of Older Patients With a Geriatrics Curriculum

Bensadon, Benjamin A. EdM, PhD; Teasdale, Thomas A. DrPH; Odenheimer, Germaine L. MD



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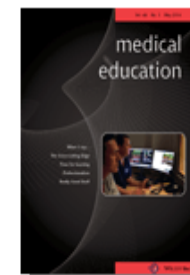
Benjamin Bensadon\* and Germaine Odenheimer

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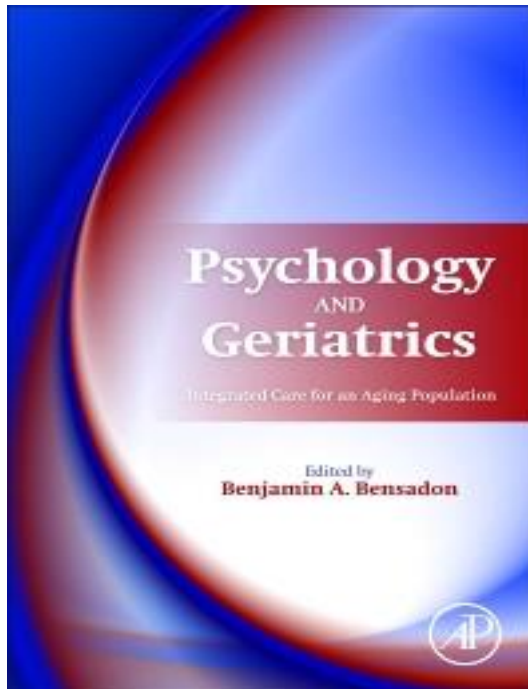
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► **bbensadon@health.fau.edu**



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## Teaching Geriatric Medicine: It's Personal

[Guest Author](#) [Guest Perspective](#) [October 22nd, 2013](#)

By: Benjamin A. Bensadon, EdM, PhD, Department of Geriatric Medicine, University of Oklahoma Health Sciences Center

Geriatrics is a tough sell. As [our article](#) in the November issue illustrates, the multiple factors contributing to its ongoing unpopularity are psychological, economic, cultural, and pervasive. Though daunting, especially as our nation's population continues to live longer, I believe there are many ways academic medicine can (and must) help.



# Louis and Anne Green Memory and Wellness Center of the Christine E. Lynn College of Nursing





## MWC Mission

- ▶ *To meet the complex needs of persons with memory disorders and their families through a comprehensive array of individualized, compassionate and innovative programs of care, reflecting best practice, research and education to help maintain function, delay decline, promote well-being and quality of life.*

# Memory Disorders Clinics (MDC)

- ▶ State-designated under the State of FL's Alzheimer's Disease Initiative (ADI) in 2005
- ▶ Department of Elder Affairs
- ▶ Active participation in the State network of 15 MDCs serving
- ▶ Palm Beach, Okeechobee and Martin Counties



# MWC

- ▶ State's 1st designation for specialized Alzheimer's services Adult Day Center.
  - ▶ Diagnostic services = Medicare reimbursable.
  - ▶ Day Center = self pay.
- ▶ Bi-lingual staff, inter-professional partners.
  - ▶ ARNP, neuropsychology, physical therapy, social work, referral physicians & allied providers, activity therapy, practice management,
- ▶ Electronic health record

# Nursing Role in Practice Redesign

- ▶ *Be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States. (IOM and AACN,2010)*

# Our Re-Designed Nurse-Led Models

Nurse-led centers for caring in action, a place to learn and grow in caring science and practice.

Intentional Practice including **interprofessional** competency domains:

- Value/Ethics for Interprofessional Practice
- Roles/Responsibilities for Collaborative Practice
- Interprofessional Communication
- Interprofessional Teamwork, Team-based Care

# IOM and AACN

## Nurse-Managed Center:

- ▶ Promotes each discipline working to the full scope of their education and training.
- ▶ Provide a vibrant learning laboratory to integrate all levels of education to promote seamless academic progression.
- ▶ Embrace all interdisciplinary partners in redesigning healthcare for our communities.
- ▶ Provide data to contribute to the business case for advanced practice nursing in workforce planning and policy.

# Adult Day Centers

- ▶ *“Adult Day Care Centers provide therapeutic programs of social and health services as well as activities for adults in a non-institutional setting. Participants may utilize a variety of services offered during any part of the day, but less than a 24 hour period.”*  
(AHCA)

# Therapeutic Goals

## Patients

Socially interactive, stimulating & accepting environment

Structure, Motivation, Direction

Safety and Supervision

Emotional peer support

Meaningful activities

Enhanced confidence & quality of life











# Therapeutic Goals

## Caregivers

Knowledge that their loved one is safe

Respite for personal time or employment

Stress reduction/reduced depression

Support services from staff and other caregivers

Pride in enjoyment of their loved one

Case management

Enhanced quality of life

# Lived Experience



# Transformative Model of Care

- ▶ MWC serves as a venue for faculty and students to experience the complexity, beauty and mystery of the human life experience as lived, studied, and researched through *Caring in action*
- ▶ Co-creating and sustaining a healing environment and relationships through Caring
- ▶ Transforming practice, transforming lives, making each day the best day in a person's life

# Preliminary Student Responses

## ► Data

► **Quant**: 24-item, 5-point Likert scale of **agreement** (1 = not at all, 5 = completely)

► “should remain required for medical students” – 95% rate  $\geq 4$

► “medication is effective” – 88% rate  $\leq 3$

► **Qual**: Variable length, content, depth (1 paragraph to 3 pages)

► *“Overall, I am thankful for today’s experience. Though I was aware of the stresses of being a caregiver, witnessing the emotions of the two group members today reinforces my previous beliefs. Today’s discussions will provide imagery that will remain with me throughout the duration of my career.”*