Shaping Perceptions of Biopsychosocial Dementia Care with Interprofessional Collaboration

DRS. BENJAMIN A. BENSADON & MARÍA ORDÓÑEZ
Small cohorts (≤64 students each)

Longitudinal Integrated Clerkships (3rd-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)
  - 6th leading cause of death
  - 5th among older adults
  - #1 known cause = advanced age
Why Memory?

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

Americans with ADRD:

- ≥85y/o = 1 in 3
- ≥65 y/o = 1 in 9
- <65y/o = 200K

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

www.alz.org /facts
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

Alzheimer’s Association
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
*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
  - 4th-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)
If curious…

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

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

Really Good Stuff: Lessons learned through innovation in medical education

Understanding chronic disease: student exposure to support groups

Benjamin Bensadon* and Germaine Odenheimer

Article first published online: 9 APR 2014
DOI: 10.1111/medu.12464

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Teaching Geriatric Medicine: It’s Personal

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.
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
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
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 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
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 ≥ 4
  - “medication is effective” – 88% rate ≤ 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.”