Nursing Home Longitudinal Experience

**Description:** This experience occurs over a 12-month interval and educates fellows on managing patients residing in long-term care facilities. A faculty mentor is designated and will visit nursing homes with the fellow once a month and be available for consultation in between.

**Supervisor**
- Dr. Siebers (East and Central Madison nursing homes)
- Dr. Barczi (Central and West Madison nursing homes)

**Goals**
To demonstrate competence in the clinical management and administrative components of nursing home care. Fellows will develop skills and knowledge to care for residents on multidisciplinary teams taking into consideration the unique aspects of health care in this setting.

**Objectives and Steps to Evaluate Competency in this Objective**
*The fellow will be able to*

**(Medical Knowledge)**
- List clinical areas of medico-legal risk and strategies for managing potential risk
- Understand and address ethical dilemmas that arise in nursing homes: do not resuscitate, withdrawal of care, terminal/palliative interventions, tube feeding/nutritional support
- Review payment sources and financial infrastructure of for-profit and non-profit care facilities

*As measured by* 1) performance on in-service examination at seven months (target is score >80% on items specific to this objective), 2) global rating scales completed by faculty mentors at the end of the rotation

**(Patient Care)**
- Manage common clinical problems among nursing home residents: dementia, falls, incontinence, osteoporosis, depression, mobility impairment, and behavioral issues
- Prevent sub acute and acute illnesses and manage them rapidly when they occur
- Restore and maintain the highest possible level of functional independence for residents under their care
- Maximize individual autonomy, functional capabilities and quality of life in nursing home residents while considering patient and family preferences for care
- Demonstrate proficiency in practice management as it pertains to the requirements of medical directorship, federal and state regulations, documentation and billing
- Preserve individual autonomy for residents with thoughtful NH orders and referrals
- Accomplish accurate completion of billing forms determining the appropriate level of service for a patient encounter at a SNF

*As measured by* 1) global rating scales completed by faculty mentors at the end of the rotation, 2) multisource appraisals completed by RN and NP

**(Interpersonal and Communication Skills)**
- Demonstrate how and when to communicate with nursing home staff and families
- Participate in routine committee meetings required of a nursing home medical director

*As measured by* 1) global rating scales completed by faculty mentors at the end of the rotation

**(Professionalism)**
- Provide comfort and dignity, especially for terminally ill residents and their loved ones

*As measured by* 1) global rating scales completed by faculty mentors at the end of the rotation

**(Systems-based Practice)**
• Define transitional care issues that make transfers to and from the hospital problematic in long-term care settings

As measured by 1) performance on in-service examination at seven months (target is score >80% on items specific to this objective), 2) global rating scales completed by faculty mentors at the end of the rotation

**Type of Clinical Encounter**
Evaluation of patient's residing in nursing homes with supervision by a faculty preceptor

**Teaching Methods**
Case-based learning (case discussions with faculty preceptor)  
Individual study using listed references and web-based materials

**Patient Characteristics/ Mix of Diseases**
These patients are typically medically complex, functionally impaired frail older adults. 70% of the patients are women. Common illnesses seen include dementia, post-hip fracture, arthritis, lower extremity or decubitus wounds, depression, behavioral symptoms from dementia, advanced stage illnesses (e.g. CHF, COPD, cancer)

**Procedures**
Small procedures for primary care in the nursing home including wound care, cerumen removal, foot care

**Bibliography:**
6. American Medical Directors Association. Primer for Nursing Home Medicine. 2005 (See Dr. Howard or Dr. Hansen for this curriculum)

I have read and reviewed the goals and objectives for this rotation.

_________________________________ ____________________________
Fellow Signature                 Faculty Signature

Revised 6/30/2014