

Teaching in the Long-Term/Chronic Care Setting

(Nursing Home, Skilled Nursing Facility, Assisted Living Facility, Home Visits, Inpatient and Outpatient Hospice)

Long term care (LTC) facilities, such as nursing homes (NH) and skilled nursing facilities (SNF) are rich environments in which medical students can learn fundamental clinical and communication skills, obtain a deeper sense of the complex interaction of medical problems, and to appreciate that such medical problems have relevant and challenging biological, psychological, social, and physical dimensions. Advantages of teaching clinical skills in LTC facilities include readily available patients who view participation favorably, instructive physical findings, and a low pace environment. Most patients in this setting have numerous clinically important findings and are usually glad to receive a novice learner who needs to use their stethoscope again and again until he/she begins to develop competence. LTC facilities also provide an opportunity for students to learn to interact with families and appreciate complex family and socioeconomic issues.

Student Expectations:

- Practice obtaining a history and/or physical examination in 2 patients/session
- Receive direct observation and feedback from the preceptor and peers
- Discuss techniques of the history and physical immediately following the encounter
- Begin to utilize clinical reasoning skills
- Follow proper dress code
- Professionalism code

Preceptor Expectations:

- Arrange for a suitable patient(s) for the History and Physical in advance.
- Role-model doctor-patient communication
- Role-model the flow of the physical exam
- Demonstrate physical exam findings of different disease processes (ascites, asterixis, edema, etc)
- Demonstrate clinical maneuvers
- Provide verbal feedback to the students
- Evaluate student professionalism at the end of the rotation

A. Long Term Care Specific Learning Objectives:

1. Express an understanding of the care of special populations such as the elderly, veterans, and the chronically ill and disabled patients.
2. Demonstrate knowledge of various approaches to the organization, financing, and delivery of health care in different long-term care settings such as nursing homes, skilled nursing facilities and inpatient and home hospice.
3. Identify and understand the roles of different members of the Health Care Team (nurses, pharmacists, social workers, chaplains, etc).
4. Understand how to provide patient-focused care as a Health Care Team and to develop appropriate inter-professional skills and attitudes such as communication and problem solving skills.

5. Identify basic concepts of geriatrics and palliative care and their role within the continuum of care.
 - a. Demonstrate knowledge about relieving pain and ameliorating the suffering of patients.
 - b. Identify major aspects of suffering, loss, and bereavement, ritual & meaning at the end of life.

B. Long Term Care Clinical Sessions

Session Overview (see session specific instructions for details)

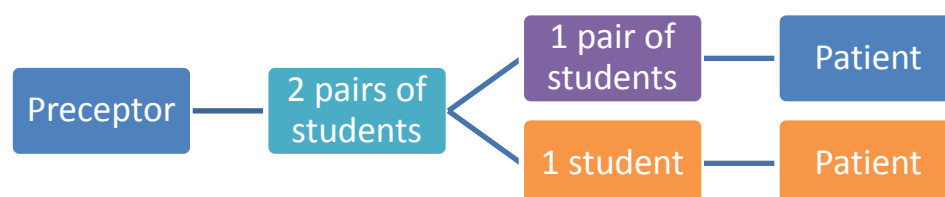
LTC preceptors will be assigned 2-4 students for each session. The students will work in pairs while interviewing and examining patients. It will be at the discretion of preceptors to assign patients individually or to the pair of students depending on setting, patient availability and other time constraints. Students are expected to interview and/or examine a minimum of 2 patients per clinical session. One student should conduct the history and the other the physical exam. These roles will alternate on consecutive patients. The student not directly interviewing should still take notes because all students will be expected to write and submit H&P write-ups to the electronic portfolio. The entire patient encounter should take no more than one hour. Preceptors should consider observing some portion of the student-patient interaction. This will provide the opportunity to assess the students' degree of comfort with patient interactions as well as their level of competence. Students may participate in any of the following activities based on the patient availability and preceptor's assessment of students' level of comfort and competence:

- Taking a focused/full history (interviewing a patient, family member or caregiver)
- Performing a focused/full examination
- Counseling a patient

After the history and physical are complete, the group should meet to debrief the encounter. Particular attention should be given to techniques of interviewing and examination. The discussion may also begin to address the patient's problems, incorporating clinical reasoning skills.

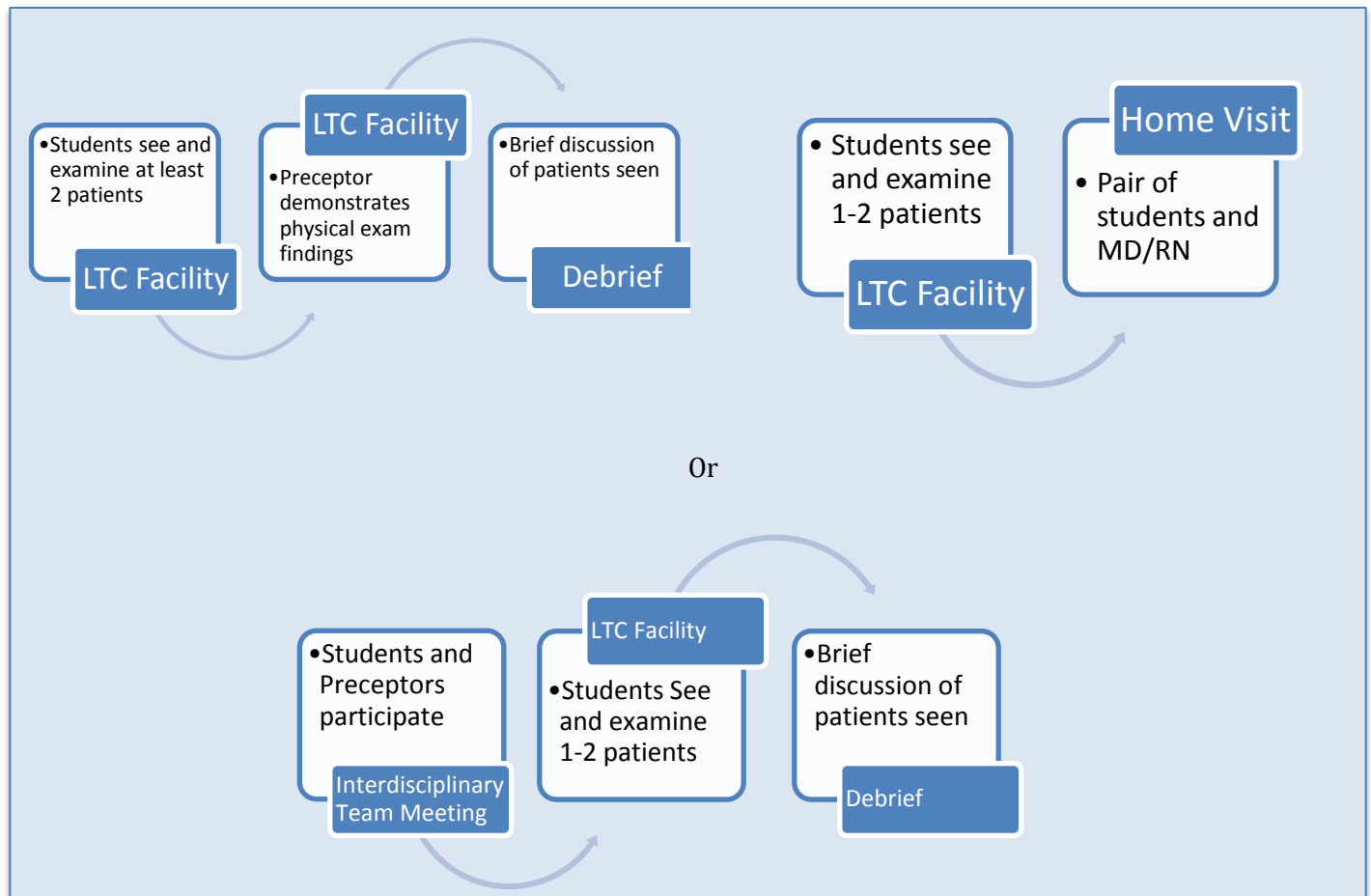
1. Session Goals:

- a. Perform a focused/detailed history and/or physical examination in 1-2 patients
- b. Appreciate other goals of the history in addition to exploring the chief complaint.
- c. Receive direct observation and/or feedback on the history and physical exam techniques from the preceptor and peer immediately following the encounter
- d. Begin to recognize disease processes and syndromes
- e. Begin to utilize clinical reasoning skills
- f. Practice oral patient presentations
- g. Write a full H&P and submit to the learning portfolio



2. Suggested Session Structure:

Students are expected to work with preceptors for four-hour sessions. It will be at the discretion of the preceptors (taking into consideration the session and LTC specific goals) to organize each session differently with some time dedicated to patient interview and exam, team meetings, and home visits.



3. Home Visits:

Students may participate in 1-2 home visits during the LTC block in conjunction. Here, the medical students with either work in pairs or individually, at the discretion of the MD or RN in charge of the visit.

Home visits can provide a very rich experience for the student, allowing them to practice clinical and communication skills but also exposing them to the humanistic importance of the physician seeing patients in the context of their environments, the lives beyond their medical diagnoses and the relevance of these observations to clinical reasoning and judgment. As one author noted, "The 3 minutes it takes you to walk in the door, look around, and sit down with the patient may teach you more than all your previous encounters with the patient in the hospital or office setting." (Zebley JW. *Geriatrics* 1986;41:100-4.)

Students' expectations for home visits include:

- Review charts prior to visit
- Interview the patient or the caregiver (as applicable)
- Perform a focused history and physical exam
- Generate assessment and management plan
- **Student(s) should not be sent alone to do a home visit, they should always be accompanying preceptor and/or member of the care team**

Issues to Assess During Home Visits: the INHOMESSS Mnemonic

- I** Immobility
- N** Nutrition
- H** Housing
- O** Other people
- M** Medications
- E** Examinations
- S** Safety
- S** Spiritual health
- S** Services by home health agencies

Students should consider the following **home visit checklist** when performing a home visit:

- Observe a specific part of history
- or physical and reflect afterwards
- Perform a focused history of physical exam
- Assess home safety
- Assess home equipment
- Assess nutrition
- Perform a medication review

Elements of Home Safety Assessment

Kitchen safety (especially use of gas stove) Is it easy to tell when a burner or oven gas is turned on or off? Does the patient wear loose garments when cooking?

Bathroom safety Are hand-holds in appropriate places? Can the toilet seat be raised, if needed? Does the shower or bathtub have a nonslip surface? Is the floor of the bathroom slick?

Stairs Are stairs well lit? If carpeting is present, is it secure?

Gas or electric utilities Which systems does the home have? Are systems checked and properly maintained?

Heating and air-conditioning Are the controls accessible and easy to read?

Hot water heater Is the temperature below 49°C (120°F)?

Water source Is water from a public service or a well?

Emergency actions and evacuation route Are emergency numbers on or near the telephone? Is there a means of exit in case of emergency?

Electrical cords Are cords frayed or lying across walking paths?

Lighting and night lights Is the wattage sufficient?

Fire and smoke detectors and fire extinguishers Are fire extinguishers present and accessible? Are fire and smoke detectors present? Are batteries charged or changed regularly?

Loose carpets and throw rugs Can loose carpets and throw rugs be secured or removed?

Tables, chairs and other furniture Is furniture sturdy and well-balanced?

Pets Are the animals easy to care for and to feed?