

# **Chapter 1:** **The John A. Hartford Foundation** **Geriatric Interdisciplinary Team Training** **(GITT) Program**

## **A. Purpose**

This chapter provides an overview of The John A. Hartford Foundation GITT Program.

## **B. Objectives**

After reviewing this chapter, you will be able to:

1. Describe the goals and objectives of GITT
2. Review GITT projects from the 8 national GITT sites
3. Assess whether your institution is ready to implement GITT

## **C. GITT Materials**

- Worksheet: Is Your University/School Ready for GITT?

## **Introduction**

The extraordinary demographic changes over the past century have left us with a rich and complex legacy. Never before have so many people lived such long lives. A child born in 1997 could expect to live 76.5 years, about 29 years longer than a child born in 1900. The major part of this increase occurred because of reduced death rates for children and young adults. Life expectancy at age 65 increased by only 2.4 years between 1900 and 1960, but has increased by 3.3 years since 1960.<sup>1</sup> Remarkably, more than 34 million individuals are over the age of 65 and 4 million people in our country are over the age of 85. The enormous success of public health and science brings with it the complexity of caring for an aging society. Older adults can expect to live with three-to-five chronic diseases and take from five-to-ten medications. While only 7% of all older adults are long-term care patients in nursing homes at any given time, fully one-quarter of older adults will use long-term care at some point in their older life. All of this brings enormous challenges to the health care arena, and health professionals are being asked to deliver complex care regimes under greater time and finance pressures than ever before.

In 1993, the Pew Health Professions Commission predicted that health professionals would need 17 competencies to practice health care in 2005.<sup>2</sup> Anticipating a shift toward population-based medicine, increasing use of technology, and managed care, the competencies included

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<sup>1</sup> Federal Interagency Forum on Aging Related Statistics. (2000). AgingStats.Gov. <http://www.agingstats.gov/default.htm> [Access Date: August 29, 2000]; 2000.

<sup>2</sup> O'Neil, E.H. (1993). Health professions education for the future: schools in service to the nation (p. 13). San Francisco: Pew Health Professions Commission.

an emphasis on primary care, participation in coordinated care, involvement of patients and families in decision-making, and ensuring cost effectiveness. While health care almost a decade later is not exclusively a managed care system, the forces driving managed care — increasing costs, concerns about cost-effectiveness, and a focus on prevention — have not slowed. Thus, many of the team skills predicted as essential to managed care are still relevant in the more market-driven system.

In response to these demographic shifts and identified needs, The John A. Hartford Foundation of New York City developed the Geriatric Interdisciplinary Team Training (GITT) initiative to create new training models to address these problems. The Foundation awarded eight projects (see Table 1.1) funding over 3 years (1997 through 1999) to develop models for Geriatric Interdisciplinary Team Training Programs (See Chapter 6 for Project Descriptions).

**Table. 1.1 Geriatric Interdisciplinary Team Training (GITT) Sites**

Organization	Principal Investigator	State
Great Lakes GITT*		
*Henry Ford Health System	Nancy Whitelaw, PhD	MI
*University Hospitals Health	Shirley Moore, PhD, RN, FAAN	OH
Baylor College of Medicine	Robert Luchi, MD & Nancy Wilson, LMSW	TX
Mount Sinai Medical Center	Christine Cassel, MD	NY
On Lok, Inc	Jennie Chin Hansen, RN, MS	CA
Rush Presbyterian – St. Luke’s Medical Center	Denis Evans, MD	IL
University of Colorado Health Sciences Center	Ernestine Kotthoff-Burrell, MS, RN & Nora Morgenstern, MD	CO
University of Minnesota	Robert Kane, MD	MN
University of South Florida	Eric Pfeiffer, MD	FL
Resource Center	Terry Fulmer, PhD, RN, FAAN	NY
National Evaluation	David Reuben, MD	CA

This implementation manual aims to help universities and institutions recognize the importance of well-integrated health professions education. Its emphasis is on the value of interdisciplinary training and the systems changes that support that approach to learning. The manual also provides a synthesis of the major lessons learned and examples of the curriculum content and exercises used by those eight sites. New sites wishing to replicate GITT will also find useful tools throughout this manual to help them consider the important programmatic aspects, design their program, and achieve a successful GITT implementation. While older populations are the focus of the clinical experience, the approach to helping trainees learn about other disciplines that need not focus exclusively on geriatrics. In fact, as the barriers fall while training students in geriatrics, the interdisciplinary approach can become a model for a university-wide initiative.

## **Why Interdisciplinary Education?**

Currently, health professionals generally train in isolation. The curriculum content and structure follow strict disciplinary lines. Students from different disciplines may have a clinical practicum at the same location but training schedules, length of time at the location, supervision, and agreements with the academic health center are all negotiated independently.

A recent publication from the Association of Academic Health Centers<sup>3</sup> provides case studies of nine health science campuses that have created a university-wide approach to interdisciplinary education. Two of these, the University of Colorado Health Sciences Center and the University of Texas at Houston, also participated in the GITT initiative. While these programs provide their students with specific experiences in interdisciplinary geriatric rotations, the support for interdisciplinary education is broader based than geriatrics.

A variety of forces are encouraging the move toward interdisciplinary education. First, students must be able to work as members of a team after graduation. The Council on Graduate Medical Education concluded that students are often ill prepared for the reality of professional teamwork.<sup>4</sup> Employers such as managed care organizations complain that it takes months to integrate health care graduates into the teams organized to meet patients' needs.

An interdisciplinary educational focus is needed to respond to the expanding primary care practice opportunities for non-physicians and the increasing emphasis on population-based practice. The growth in the numbers of and hiring of nurse practitioners and physician assistants is an attempt to expand primary care services while increasing the cost-effectiveness of primary care. Yet, these changes require physicians to understand and acknowledge the skill base of these professionals and to be able to coordinate new patterns of care for patients. As the nature of many diseases, including cancer and coronary disease, shifts from the use of acute treatments to the management of chronic conditions, the skills of helping patients cope and manage disease gain prominence. Such patient education and management functions have not been within the traditional purview of medicine. The varied skills of multiple professionals are needed to provide appropriate care for patients with complex medical needs.

Like businesses, universities are recognizing a need to economize and increase efficiency in the delivery of education. Health sciences centers need to streamline training efforts across disciplines and combine students from different schools to maximize faculty capacity. Health education is expensive and reimbursement for training is limited. Efficient models of training mandate less duplication of coursework, not redundant parallel programs for each discipline.

Despite the need and changing environmental forces, systematic interdisciplinary education is not the standard. Dr. DeWitt Baldwin, Jr., who has surveyed interdisciplinary teams over the years, says, "Interest is high but action is low."<sup>5</sup> Few programs teach health professionals how to work together upon graduation, because combined learning and training opportunities for trainees from different disciplines are scarce. Exceptions are Area Health Education Centers (AHEC) and Geriatric Education Centers (GEC). AHECs expect to bring students together from multiple disciplines at clinical settings to work with community practitioners. GECs work to bring students and practitioners from multiple disciplines together to learn about how to improve care to elders. It is within this history that The John A. Hartford Foundation of New York City developed the GITT Program.

## **GITT Goals and Objectives**

<sup>3</sup> Holmes, D.E. & Osterweis, M. (Eds.). (1999). Catalysts in interdisciplinary education: innovations by academic health centers. Washington, DC: Association of Academic Health Centers.

<sup>4</sup> Council on Graduate Medical Education. (1997). Preparing learners for practice in a managed care environment. Washington, DC: US Dept of Health and Human Services.

<sup>5</sup> Wiebe, C. (1999). The dream team. *The New Physician*, January/February:10-17.

The goal of the Hartford Foundation Geriatric Interdisciplinary Team Training (GITT) Program is to improve the care of elders by enhancing the interdisciplinary training of health professionals. Recognizing that few health professionals complete their training prepared to work as effective members of geriatric teams, GITT sought to:

1. Create national training models involving partnerships between "real world" providers of geriatric care and the educational institutions that train health professionals,
2. Improve academic responsiveness to the health care delivery system,
3. Develop well-tested curricula for geriatric interdisciplinary team training,
4. Create a cadre of well-trained professionals competent in gerontology and interdisciplinary team skills, and
5. Test models of staff development training for practicing health professionals.

## **Participating Disciplines**

Although many health professions might benefit from interdisciplinary training, geriatric experts believe that the core team working with medically complicated older adults consists of a physician, nurse, and social worker.<sup>6</sup> This core group generally assesses the needs of older adults and their families and, depending on these needs, may collaborate with others for consultation or services. Thus, advanced practice nurses, social workers, and medical residents from primary care programs were the initial targets for GITT. However, almost 20% of all GITT trainees represent 13 additional professions including audiology, dentistry, ethics/religion, law, management/administration, nutrition, occupational therapy, pharmacy, physical therapy, physician assistants, psychology, public health, and speech pathology.

## **Changes in Program Design**

As part of the GITT Initiative, academic programs made a number of changes to the overall structure of the educational experience. For example, the Mt. Sinai Medical Center GITT developed a new 1-month experience in team and community-based care in the internal medicine residency program. The University of Colorado and the University of South Florida GITTs created elective interdisciplinary courses in geriatric team care. At many sites, GITT content is now a part of core, discipline-specific coursework. Training environments varied, including classroom-based formal instruction and clinical teaching through practica experiences.

Each GITT site developed educational models with both didactic instruction and clinical experiences. Specific curricular components include: interdisciplinary courses and workshops, geriatric case studies, bibliographies, self-study modules, videotapes, and learning exercises on CD-ROM and the World Wide Web. Clinical components of GITT ranged from geriatric primary care, to hospital-based services, to hospice care.

Academic change appears to be related to the level of involvement of academic leadership. For instance, the Houston GITT worked with faculty "champions" in each discipline to incorporate core GITT educational objectives into each curriculum. As a result, large numbers of learners participated in interdisciplinary experiences and GITT content is now required for everyone in participating medicine, nursing, and social work programs.

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<sup>6</sup> Rubenstein, L.Z., Siu, A.L., & Weiland, D. (1989). Comprehensive geriatric assessment: toward understanding its efficacy. *Aging*,1(2): 87-98.

Many practicing health professionals reported changes in their clinical work as a result of faculty development activities. Several said they were surprised by how much there was to learn about interdisciplinary teamwork. Preparation for teaching led to refinement of clinical activities. As part of the GITT initiative, GITT enabled academic settings to expand their opportunities for clinical practica and had a positive influence even on outside clinical agencies. The Houston GITT was able to expand its connections to include a new setting, the Harris County Hospital District in Houston, while the On Lok GITT in San Francisco became connected to the internal medicine practice at the University of California-San Francisco.

Professional provider teams at clinical sites reported that they too developed knowledge and skills that would enable them to better care for their patients as a result of GITT involvement. This response is an important message reinforcing the need for GITT throughout the health care system, demonstrating that clinicians that are in a position to utilize this knowledge, value it. Through GITT, academic health sciences centers are in a unique position to influence the quality of the health care system at large, while improving the skills of their students.

## **Positive Impact on Students**

Both faculty and student participants believe that they learned important lessons that will potentially improve their care of older adults. As a result of the GITT experience, trainees developed more positive attitudes toward teams and more confidence in their ability to provide interdisciplinary team care. Faculty and students are very aware of the job market and know what coursework can enhance overall skill level as well as job recruitment for students. Students recognized the value of GITT training for their own professional development. One of the sites kept quotes from their trainees:<sup>7</sup>

"Without this exposure, I would have no concept of social work. This gives insight and I am beginning to see the experience at a social work and nursing level. The exposure gives insight into a variety of medical and social issues in geriatric health."

*Medical Resident*

"My GITT clinic has been more of a continuity of care experience (than my continuity of care clinic.) In addition, we practice continuity of care through care planning."

*Medical Resident*

"I learned a lot from the medical discipline, especially when we were studying the geriatric syndromes and presenting case discussion . . . Now as opposed to just being exposed to social work, I look for other things when I do assessments."

*Social Work Student*

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<sup>7</sup> Great Lakes Geriatric Interdisciplinary Team Training Student Testimonial: Text taken from interviews conducted by Joann Castle, GITT Project Manager, Henry Ford Health System, Detroit.

"I did home visits with the nurse practitioner, went to the nursing home and saw patients in the clinic with the nursing practitioner. I could see my skills and knowledge growing."

*Social Work Student*

"The flow of communications is better because of the team meetings. We focus on total care for the patient vs. just getting the task done. The experience has expanded my insights into the different roles of the disciplines and what they do. It puts us on a level playing surface. I learned more about medical conditions and how they impact the patient and the family." *Social Work Student*

"I learned how culture affects behavior in regard to patients and families and how they affect each other so much. Without their agreement our hands are tied."

*Nursing Student*

"Before GITT, I never realized the forces that were available like home visits, finances, etc."

*Medical Resident*

## **Key Factors in Program Development**

The experiences of the eight GITT sites demonstrated that interdisciplinary training is feasible. Yet, inherent difficulties in developing an initiative across schools and departments should be evaluated by sites considering replicating the GITT Program. The Worksheet, "Is Your University/School Ready for GITT?" can help sites determine if they are ready to replicate GITT. Sites found some considerations especially important for GITT implementation.

Due to the wide variety of learners' experiences, even within individual sites, GITT leaders need to be creative in their educational offerings. Professionally, the variety of possible team members beyond medicine, nursing, and social work, including the 13 other disciplines that participated, creates important knowledge-level issues that must be addressed in curriculum development. Furthermore, while logistically some program pairings may be more reasonable, they may create insurmountable skill gaps between learners that inhibit effective student teams. For instance, when nurse practitioner students — who have already have been in clinical practice for many years — are paired with medical residents, the stronger skill base of the nurse practitioners often reduced the value of the medical residents' contributions and led to team conflicts.

Creating changes in the training of health professionals is also very difficult and requires more time and effort than is often appreciated at the outset. The frequent resistance of resident physicians to participate in a training innovation of this type reflects the nature of medical

training as a cultural tradition that neither changes without struggle nor overnight. Thus, in many ways, the 3-year implementation period of the GITT projects simply was inadequate.

Positive and strong faculty role models are essential for changing the nature of health professions training. Sites where the faculty demonstrated and practiced the messages that were being preached were more effective and more persuasive. In reaching out to trainees not specializing in geriatrics, such as most family and internal medicine residents, it was important that not only geriatricians but also generalists and subspecialty faculty were supportive and involved. Effective communication among all faculties, including academicians in the classroom and preceptors at clinical sites, is essential to preach and reinforce a common message and create a successful GITT program.

Finally, strong leadership, which can mobilize and sustain the efforts to meet these challenges, is crucial. Project leaders themselves needed to work with interdisciplinary teams, accept revisions to their goals, and constantly forge new relationships to be effective. The efforts of the GITT Champions and the GITT Steering Committees were essential to program development and to sustaining program change in the academic environment.

## **Is A GITT Initiative Right For You?**

While GITT clearly creates benefits for students, faculty, health care professionals, and the larger health care environment, a site considering replication of GITT needs to ask itself, “When do the benefits of teaming outweigh the barriers?” Some ideas can be found in Table 1.2.

**Table 1.2 When Do the Gains of Teamwork Outweigh the Inefficiencies?<sup>8</sup>**

1. The problem is complex enough to require more than one set of skills and knowledge.
2. The amount of relevant knowledge or skills is so great that no one person can possess them all.
3. Assembling a group with more than one set of knowledge or skills will enhance the solution of the problem.
4. Those individuals possessing the necessary skills or knowledge are capable of acting as equals.
5. The individuals involved are working toward a common goal for which they are willing to take joint responsibility.
6. High functioning teams can reach a level of synergy that enhances their efficiency and effectiveness.

We know that the problem of caring for complicated, frail older adults is substantial and important. We know that changes in the health care environment require that students be able to work in teams with providers of different disciplines to address the needs of these patients. If your university is ready to begin to bridge the isolation between typical disciplinary training

<sup>8</sup> Adapted from: Tsukuda, R.A. (1990). Interdisciplinary collaboration: teamwork in geriatrics. In Cassell, Riesenber, Sorensen, Walsh, Eds.). Geriatric Medicine (2nd ed) (pp. 668-675).

programs and create students who are prepared to act on high functioning teams, the ability of the students to enhance the care of older adults will be strengthened and the program will better reflect the training needs of the new millennium.

## **Purpose of the Manual**

This manual provides the knowledge and materials developed in GITT to ease replication of GITT at institutions around the country. Heretofore, we have discussed the overarching goals and processes of GITT. As your institution begins the implementation process, the following outline provides actions that should be considered. It reflects materials developed and lessons learned about what it takes to implement GITT in academic and clinical settings. This guide is organized into 6 chapters that reflect the essential components of GITT and complement the GITT materials.

The content has been developed to:

1) help replication sites create an environment that is likely to foster GITT, and 2) provide curricula and training materials that can help facilitate preparation for implementation and subsequent evaluation.

### *Chapter 2*

is designed to help sites develop an action plan for GITT. Its goal is to help sites bring together the human, financial, and material resources needed to replicate GITT.

### *Chapter 3*

introduces the variety of models and options for overall design of the didactic and clinical practica. It suggests various permutations of the program that should be considered and tailored to meet the specific environmental needs of each site.

### *Chapter 4*

introduces the GITT Curriculum. The GITT curriculum was designed with the expectation that students would experience GITT concepts through both a didactic and clinical component (See Chapter 3). The didactic curriculum is the cornerstone of GITT and is a composite of essential topics that experts agree must be mastered before effective interdisciplinary team training for the elderly can take place. Chapter 4 provides an overview of the didactic curriculum. The six Curriculum Topics, at the end of the manual, provide specific classes and lecture materials for those topics.

Training materials included in the six Curriculum Topics were collected from and developed in conjunction with the GITT sites. Individual sites tailored their core curriculum according to local decisions and needs. The benefit of having an array of products from these varied sites is that there is something for everyone and the materials selected can be modified for any individual site.

### *Chapter 5*

introduces methods and tools to use to evaluate the effectiveness of any GITT program. It includes tools for grading the quality of students' learning from the didactic and clinical components. Tools to evaluate the quality of preceptors are also included.

*Chapter 6*

introduces the different models used by GITT sites to design their program. While programs should make GITT their own, the designs used by the prior programs may help sites to consider effective designs and new permutations that might prove valuable in their own site.

GITT can help to improve an overall academic curriculum. As the next generation of geriatric health professionals is educated, we look forward to the integration of this philosophy and educational material.

**GITT Materials**

The worksheet “Is Your Institution Ready for GITT?” at the end of this section can facilitate the assessment process.

# **GITT Materials**

## **Worksheet 1: Is Your University/School Ready for GITT?**

This worksheet is designed to help you determine whether your university/school is ready to replicate GITT. This worksheet is only a guide, but is useful as a faculty exercise to be certain those involved have similar beliefs from the outset.

- Do health care policy trends at the national, state, or local level indicate a need for changing the way your graduates provide geriatric interdisciplinary team care?
- Does your university have a vision or goal for the kind of care it wants graduates to provide to its elderly patients?
- Would your university welcome an initiative that developed interdisciplinary team care curricula and clinical experiences in geriatrics?
- Does your university have faculty on board who are committed to improving interdisciplinary team training and possess the knowledge and leadership skills to move a GITT curriculum forward?
- Is your university willing to undertake a curriculum assessment that may lead to major change?
- Can you generate support among a critical number (for example, three to four) faculty/leaders for improving geriatric interdisciplinary team training curricula?
- Is your administration committed to improving interdisciplinary team training curricula and care?
- Is your administration willing to dedicate the resources to carry out the changes necessary to improve curricula and training?
- Are faculty leaders at your university willing to dedicate the time necessary to adapt innovations in geriatric interdisciplinary team training curricula to make them their own?
- Do you have appropriate faculty and clinical faculty who could help develop curricula?
- Is there an academic leader willing to take on the day-to-day leadership and coordination of a new program on interdisciplinary team training?
- Can you name the educational unit willing to take a lead in improving interdisciplinary team training curricula?
- Will those faculty have the necessary strength to keep all related faculties involved and motivated?

