

Chapter 4:

The GITT Core Curriculum 2001

A. Purpose

To provide sites with the resources to develop and expand the available geriatric knowledge base related to interdisciplinary teams.

B. Objectives

After reviewing this section, you will be able to:

- Define the need for geriatric interdisciplinary team training.
- Define the role of the interdisciplinary geriatric team.
- Identify the critical elements of a GITT curriculum.
- Describe incentives for recruiting trainees for geriatric interdisciplinary team training.

C. GITT Materials

- Geriatric Interdisciplinary Teams Bibliography
- The GITT Core Curriculum 2001

Introduction¹

Knowledge and skill areas viewed as central to the effective management of the older person emphasize normal aging, disease-related aging, multi-dimensional assessment, interdisciplinary team care planning, maximization of function, self-determination, and quality of life. Future health professionals providing care to older individuals will be expected to apply these knowledge and skill areas in a practice environment that stresses patient satisfaction, population-based care, cost-effectiveness, productivity, and quality.

Simultaneously, current and future practitioners caring for older persons will be asked to embrace a remodeled approach to multidimensional assessment. Interdisciplinary team management and coordination of the services provided older persons will be designed to maximize personal function and quality of life. The process of assessment will be expected to identify those populations of individuals at greatest risk of functional limitations and to clarify how best to evaluate and manage groups of older persons with similar problems in a cost-effective manner. It is in this context that the geriatric interdisciplinary care team will be expected to function. The task for educators of future health professionals and practice-based managers will be to ensure that current and future care providers are knowledgeable of the principles and practices of team care.

¹Fasser, C. (1999). Interdisciplinary team training curriculum resource document. New York: The Geriatric Interdisciplinary Team Training Resource Center of New York University.

The intent of The GITT curriculum is to introduce current and future providers of services to older persons to the knowledge and skill areas key to the team assessment and management of health care for older persons.

Using The GITT Core Curriculum 2001

The information contained in the GITT Core Curriculum 2001 is directed at persons interested in the design, presentation, and evaluation of an interdisciplinary team learning experience in geriatrics for students in the health professions. The information and resources, likewise, lend themselves to the formation, implementation, and evaluation of interdisciplinary teams involved in the care of older individuals.

This document has been formatted to provide the reader with an organized introduction to the principles and skills of interdisciplinary team care, the content and learning experiences for programs of different length, and a range of instructional resources that can be used to facilitate the team learning experiences.

An on-line survey of experts in the field of interdisciplinary team training was conducted to identify the content areas essential to any learning experience for students in the health professions, the priority areas by length of program, and the manner in which the learning experiences should be conducted. The results of the survey were, in turn, used to construct five model-learning experiences by duration of program. The content areas for the survey were based on two principal sources of information. The first involved an in-depth review of the instructional resources being used for the team training of students and practitioners participating in each of the eight GITT projects funded by the John A. Hartford Foundation. These documents were obtained from the New York University Geriatric Interdisciplinary Team Training Resource Center. The second source of information was derived from a comprehensive review of the published literature on team training between 1975 and 1999. Perseus Survey Solutions was the software vehicle used for the on-line collection and analysis of respondent data.

Program Design

Respondents to the survey identified five program lengths for use in the introduction of trainees to interdisciplinary teams in geriatrics. Program lengths ranged from one-half day to 1 week. The longer the program, the more the learning experience expanded beyond the knowledge and skills requisite to function effectively as an interdisciplinary team member.

Core Curriculum Content

Regardless of program length, the respondents recommended that eight topics be included in any curriculum dealing with interdisciplinary team training in geriatrics. The eight content areas covered team structure and dynamics, the goals and work of teams, communication and conflict resolution, the care-planning process, treatment goals and outcomes, and leadership. The relationship of these core content areas to the five program lengths can be seen in Table 4.1 below.

Table 4.1 Curriculum Topics in Relationship to Program Length

Curriculum Topic Areas	Optional Program Lengths				
	1/2 Day	1 Day	2 Day	3 Day	Week Only
Team structure and dynamics	•	•	•	•	•
Conflict resolution	•	•	•	•	•
Team meeting goals	•	•	•	•	•
Teams and team work	•	•	•	•	•
Communication tools and techniques	•	•	•	•	•
Care-planning process	•	•	•	•	•
Treatment goals and outcomes	•	•	•	•	•
Leadership	•	•	•	•	•
Geriatric assessment		•	•		
Cultural competence		•	•		
Entitlements and benefits		•	•		
Team building		•	•		
Family team members		•	•		
Normal aging			•	•	
Age-related diseases			•	•	
Extended team members		•	•		
Aging diversity				•	
Quality of life			•		
Depression, delirium, and dementia			•		
Terminal illness and palliative care			•		

As the length of the program increased, the respondents supported the incorporation of additional learning experiences dealing with expanded team membership, multi-dimensional assessment, the team building process, cultural competence, and entitlements and benefits. Only after the duration of the program had reached 2 or more days in length did the respondents feel it was possible to introduce information on normal aging, age diversity, quality of life, age-related diseases and problems, and terminal illness and palliative care.

Approach to Learning Experiences

The respondents felt strongly that the learning experiences on interdisciplinary teams should be comprised of both didactic and clinical (experiential) activities. Topics dealing with care plan development, teamwork, consensus building, team member input, plan development, team structure, treatment care strategies, communication and conflict resolution, provider roles and responsibilities, multidimensional assessment, multiculturalism, and team performance assessment were best addressed and modeled using a combination of didactic instruction, simulated exercise, and observation. Those topics of less direct importance to the development of team knowledge and skill were considered best addressed in a didactic only format. Topics felt appropriate to a didactic only format dealt with aging attitudes and stereotypes, normal aging process, bereavement and loss, disease-related aging, tools and scales for patient assessment, quality of life, legal issues surrounding the care process, and self-determination.

Recommended Curriculum Organization

Using feedback from the respondents and the review of curriculum materials provided by the GITT Resource Center at New York University, it was possible to devise five model programs for preparing students, faculty members, and providers to function on interdisciplinary teams in geriatrics. Clustering of the content within the resources reviewed produced eight central themes: teams, communication, provider roles, care planning, assessment, multiculturalism, advocacy, and quality of life (see Table 4.2). These major themes were then aligned according to respondents' recommendations concerning program length. This step resulted in four topic areas being identified as central to all training programs, irrespective of program length. These four areas were teaming, team communication, provider roles, and the care-planning process. Multidimensional assessment and multiculturalism were felt appropriate for programs that were at least 1 day in length or longer. Only when programs were 2 days or longer were the topics of advocacy and quality of life to be introduced.

Table 4.2 Model Content by Length of Program

Curriculum Topic Areas	Program Length				
	1/2 Day	1 Day	2 Days	3 Days	Week Long
Team – structure, development, work, goals, values, members, leadership, performance assessment	•	•	•	•	•
Communication – focus (provider, client, family), styles, techniques, consensus building, conflict resolution	•	•	•	•	•
Provider Roles – disciplines, responsibilities, values, assessment and treatment goals	•	•	•	•	•
Care Planning – process, care strategies, palliative care, client and family values/ preferences, discipline-specific goals, team goals, team contribution to care, legal issues	•	•	•	•	•
Multidimensional Assessment – normal aging, disease-related aging, terminal illness, depression, delirium and dementia		•	•	•	•
Multiculturalism – population diversity, aging diversity, preference differences, cultural influences on decision about care		•	•	•	•
Advocacy – self-determination, negotiating the care environment, maintaining sense of autonomy, entitlements, benefits, care plan changes			•	•	•
Quality of Life – normal aging, disease-related aging, bereavement and loss, formal and informal care systems			•	•	•

With the content areas for the various program lengths established, attention was turned to how best to assist someone to start offering a training program on interdisciplinary team training in geriatrics. Suggestions are based on a review of some three dozen curriculum resource documents developed for the use by educators and practitioners dealing with subjects such as care planning, faculty development, geriatrics, and substance abuse. Additional ideas were derived from a review of the resources developed by the eight GITT programs funded by the John A. Hartford Foundation.

The GITT Core Curriculum 2001

Topic 1 Teams and Teamwork

Objectives

- Understand the need for and importance of collaboration and interdisciplinary teams
- Understand the different types of teams
- Recognize the phases of team development
- Understand the need for team rules and what they mean
- Recognize components of successful teamwork

Collaboration and the Importance of Geriatric Interdisciplinary Teams

- Sharing in teams
- Reasons for collaborative care for older adults

Types of Teams

- Unidisciplinary teams
- Interactive unidisciplinary teams
- Multidisciplinary teams
- Interdisciplinary teams

Phases of Team Formation

- Tuckman's phases of team development
- Forming
- Norming
- Confronting
- Performing
- Leaving
- Aspects affecting team development (personal, professional, intra-team, organizational, team maintenance)

Teams and Team Member Rules

- Team rules
- Team member behavior

Principles of Successful Teamwork

- Teamwork essentials
- Aspects of effective meetings
- The seven step meeting process
- Characteristics of effective teams

Exercises

- Pre-test on interdisciplinary team concepts
- What is Your Interdisciplinary Teamwork IQ
- Case study: initial meeting of the geriatric interdisciplinary team
- Team fitness test
- Team observation tool
- GITT video scripts

Related References

Topic 2 Team Member Roles and Responsibilities

Objectives

- Develop an awareness of team member role differentiation
- Understand skills of different professionals on teams
- Recognize leadership potential and roles

Skills of Different Professionals on Teams

- Skills overlap
- Physician's role on the interdisciplinary team
- Nurse practitioner's role on the interdisciplinary team
- Social work's multiple roles on the interdisciplinary team
- Older patients and family members as team members

The Culture of Team Care

- Culture of team care
- Professional cultures
- Codes of ethics

Leadership

- Leadership roles
- Shifting leadership roles on teams
- Behaviors of leaders
- Responsibilities of the team coordinator/facilitator
- Facilitator's roles and tools for team meetings

Exercises

- Overlapping professions case study: Alex Green
- Interprofessional perception scales
- Professional perceptions quiz
- Learning about each others; disciplines
- GITT learner weekly team meeting team dynamics checklist
- Conducting a family meeting

Related References

Topic 3 Team Communication and Conflict Resolution

Objectives

- Recognize barriers that affect communication exchange among providers, patients, their families, and communities.
- Recognize effective communication tools and techniques that will contribute to good team function.
- Identify how diverse styles of communication contribute to team function.
- Recognize sources and types of conflict in teamwork.
- Identify strategies for managing conflict in an interdisciplinary team.

Effective Team Communication

- Requirements for effective team communication
- Decision-making and conflict resolution
- Barriers to effective communication
- Attributes of effective communication

Team Conflict

- The inevitability of team conflict
- Types of team conflict
- Self-assessment of team conflict
- Strategies for preventing, reducing, and managing conflict
- Methods of conflict management/decision-making
- Guidelines for using different conflict-handling styles
- Negotiation and conflict resolution
- Useful feedback
- Conflict management techniques
- Encouraging effective team communication

Exercises

- Process improvement model – force field analysis exercise
- GITT journal entry schedule
- Mt. Sinai standardized patients
- Rush Presbyterian – St. Luke's GITT case studies
- Colorado GITT videotape and manual
- Team dynamic assessment – videotapes

Related References

Topic 4 GITT Care-Planning Process

Objectives

- Understand how treatment goals are determined within an interdisciplinary team and identify methods that maximize outcomes
- Assess cognitive status in older adults
- Assess physical function in older adults
- Describe the functional (social, physical, emotional, and intellectual dimensions and interpretations of quality of life
- Describe the perceptual dimensions and interpretations of quality of life
- Recognize the importance of value maps and quality of life
- Describe the relationship between interprofessional communication and quality of life.
- Identify the mechanism to evaluate quality of life utilizing valid and reliable measures

Interdisciplinary Care Planning

- Programmatic goals vs. patient-specific goals
- Defining goals
- Documenting care goals
- Steps in assessing patients needs

Functional Decline

- Review functional decline
- Review instruments used to assess function

Cognitive Assessment

- Review cognitive status assessment
- Components of mental status assessment
- Instruments for mental status assessment

Quality of Life Evaluation

- Functional dimensions
- Perceptual dimensions
- Quality of life perceptions and team communication
- Quality of life and professional socialization
- Measuring quality of life

Exercises

- Minnesota GITT complex case studies
- Minnesota GITT glossary of social work terms and glossary of medical terms
- Quality of life data chart abstraction tool

Related References

Topic 5 Multiculturalism

Objectives

- Understand the necessity of developing cultural competency

- Identify requirements of cultural competency

Cultural Assessment

- Concepts of cultural assessment
- Culture-bound syndromes

Conducting Cultural Assessment

- Elements of cultural assessment
- Patient interviewing
- Effective communication
- Etiquette

Advance Directives and End-of-Life Care

- Context of ethical decision-making
- Concepts of autonomy
- Role of decision maker

Demographics by Race/Ethnicity

- Demographics of the elderly by race/ethnicity

Culturally Based Health Beliefs, Values, and Attitudes

- Conventional biomedicine
- American Indian cultures
- African traditions
- Asian traditions
- Latino traditions
- Other European and American traditions

Techniques to Develop Cultural Sensitivity

Exercises

- Cultural competency
- Case study: Mr. Seung
- Case study: Cross-cultural issues in institutional care

Related References

Topic 6 Advocacy and Ethics

Objectives

- Define the terms ethics, ethical dilemma, bioethics, clinical ethics, medical ethics, and nursing ethics

- Describe the major considerations necessary for analysis of ethical dilemmas in health care
- Apply legal and ethical principles in the analysis of complex issues related to care of the elderly, such as informed consent and refusal of treatment, advance directives, Patient Self-Determination Act, and just allocation of resources
- Apply the concept of decision-specific capacity to older people
- Discuss the difference between personal values, professional values, and professional codes of ethics
- Apply a decision-making model to an ethical dilemma in clinical practice

Define Basic Terms

- Ethics, ethical dilemma, bioethics, clinical ethics, medical ethics, nursing ethics

Considerations for Ethical Analysis

- Major principles and concepts

Key Legal and Ethical Analysis

- Informed consent, refusal of treatment, advance directives, Patient Self-Determination Act, just allocation of resources

Decision-Specific Capacity

- Clinical determination
- Legal determination
- Aspects of decision-specific capacity

Personal Values, Professional Values, and Codes of Ethics

- Personal values
- Professional values
- Code of ethics
- Values history form

An Ethical Decision-Making Model

- Four-step ethical decision making model

Exercises

- Ethical issues of elder care: The case of Mr. Lovatch
- Hypothetical ethics cases for discussion
- Values history form
- Cave rescue briefing
- Ethical Dilemmas, Teams, and the locus of care

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Journal of Advanced Nursing

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Journal of Aging Studies

Journal of Allied Health

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