

Chapter 6: **Model Approaches to GITT**

Purpose

This chapter will help you choose the most appropriate mode for geriatric interdisciplinary team training.

Objectives

After reviewing this section, you will be able to:

- Describe the three different models to improve geriatric interdisciplinary team training.
- Describe the eight different program designs used throughout the country at GITT project sites.
- Select the model that is most appropriate for your institution.

GITT Materials

Worksheet Choosing the Right Model

Introduction

GITT was designed to create training models to meet the needs of elders in the changing health care system. The need for integrated health care teams and new modes of training is linked to:

- a) the unprecedented growth in the number and proportion of the elderly whose complex care requires the skills of several disciplines;
- b) the belief that frail older people benefit from care delivered by an interdisciplinary team;
- c) the need for health professions' training to shift from inpatient to ambulatory and community-based care and to teach coordination of care over time and place; and
- d) the growth in managed care capitated financing, which is expected to develop efficient ways to deliver care.

In the initial implementation of the GITT program, eight projects were awarded funding over 3 years to develop models of Geriatric Interdisciplinary Team Training programs (See Table 6.1). Each project developed the GITT program based on the special needs and capacities of the individual site.

Table. 6.1. Geriatric Interdisciplinary Team Training (GITT) Projects

Organization	Principal Investigator	State
Great Lakes GITT*		
*Henry Ford Health System	Nancy Whitelaw, PhD	MI
*University Hospitals Health System	Shirley Moore, PhD	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

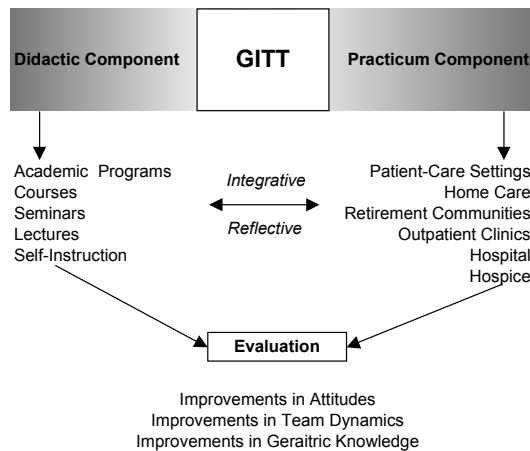
Over time, it became clear that the eight sites developed essentially three model approaches to teaching geriatric interdisciplinary team care. While not all models will be applicable to all sites, the three general models are: the academic model, the clinical model, and the mixed model. This chapter describes the basic components and formats of the three models and then provides short project descriptions of the eight GITT projects.

The GITT Models

The Academic Model

In the academic model, faculty from schools of medicine, nursing, social work, and other targeted disciplines come together to teach geriatric teaming. These faculty members are already geriatric experts with team experience. They are in a strong position to influence curricula and select the best clinical experiences for students learning GITT. Students in existing courses become GITT students or students are recruited into a new GITT course. These courses are taught for credit within a university system.

Model 1. Academic Model (Student Trainees)

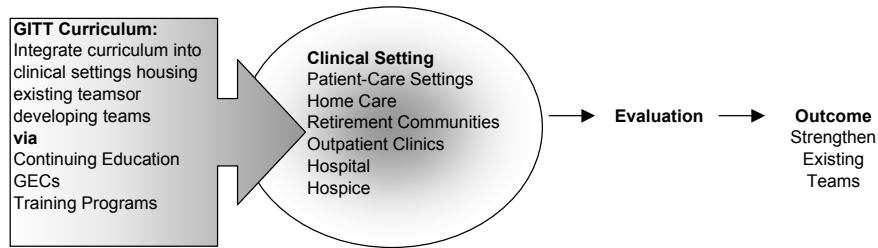


Examples of the academic model include the Houston GITT, the Minnesota GITT, and the University of South Florida.

The Clinical Model

In the clinical model, clinical agencies decide to institute geriatric team training at their site and recruit from within (or externally) individuals with geriatric expertise and team experience from the respective disciplines in order to achieve the GITT goals. Students are recruited from the personnel pool at that clinical agency (existing nurses, physicians, social workers) who wish to become expert in GITT or from geographically local educational institutions and agencies (i.e., an employee from a local hospice agency or nursing home might come in to learn GITT). Academic credits are not awarded. Continuing education credits and certificates of participation can be awarded. This model works especially well if there is a Geriatric Education Center (GEC) partnership.

Model 2. Clinical Agency Model (Health Professions Trainees)

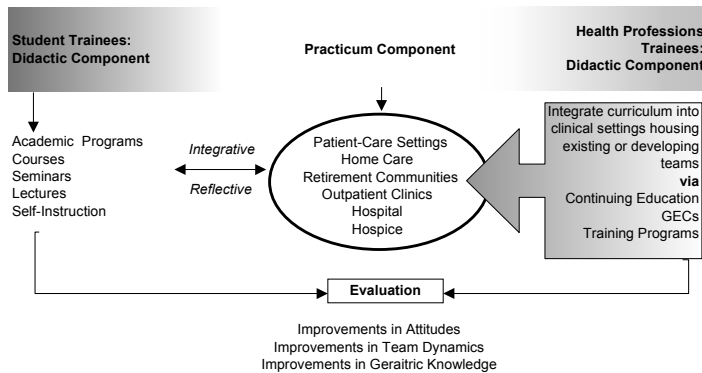


Examples of the clinical model include the On Lok GITT and the Great Lakes GITT.

The Mixed Model

The mixed model consists of aspects of each of the two models described above. This model might emerge when faculty with joint appointments blend the two roles of educator/clinician in order to teach GITT. Credits may or may not be awarded, depending on the goals of the leaders and learners.

Model 3. Mixed Model (Student and Health Professions Trainees)



Examples of the mixed model include the Mount Sinai GITT, the University of Colorado Health Sciences Center GITT, and the Rush GITT.

The Eight Project Sites

Houston GITT

Houston GITT (HGITT), coordinated by the Huffington Center on Aging at Baylor College of Medicine, is a collaborative endeavor of six primary care clinical and seven educational programs at three academic institutions.

The overall goal of HGITT is to foster effective, comprehensive geriatric care by preparing health professionals in training to use teamwork in meeting diverse patient needs in a range of settings. HGITT is committed to increasing the capabilities of its academic and clinical partners in interdisciplinary geriatric care and managed care at both individual and institutional levels. The HGITT curriculum is designed around core learning objectives for essential knowledge, skills, competencies, and ethics required for team care of geriatric patients and families, including knowledge of other disciplines; communication; conflict resolution; and cultural diversity. During the 3-year project, HGITT provided didactic instruction through required and elective courses, conferences, workshops, and text and computer-based resources to the following 419 trainees: 155 internal medicine residents, 36 family medicine residents, 33 advanced practice nursing students, 22 social work students, 34 psychiatry residents, 25 pharmacy students, 88 physician assistant students, and 26 psychology students.

Prior to completing an HGITT clinical practicum, trainees in five of the seven disciplines (all but internal medicine and pharmacy) participated in geriatric interdisciplinary learning teams working through case studies emphasizing the skills and roles of various disciplines in geriatric care. The practicum experience for each discipline varied in length; internal and family medicine (1 month); advanced practice nursing (2 months); social work (8 months part-time); pharmacy (6 weeks); physician assistant (10 weeks), and psychiatry (3 months). Trainees had clinical preceptors in their respective disciplines and not all seven disciplines were active at each site. Each clinical site had a designated team-learning facilitator (site clinician or faculty member), who was responsible for working with the team of clinical preceptors to implement and evaluate team training activities. Team training activities included participation in interdisciplinary team meetings and patient-family conferences, taking part in such structured educational activities such as group exercises, case studies, and lectures on geriatric core topics, and observation of established clinical teams with debriefing by a facilitator.

The HGITT project developed several permanent training resources, including:

- A self-paced learning module on interdisciplinary teamwork with case-based materials.
- A curriculum package of GITT resources.
- Teaching cases.
- A training video.
- A self-learning CD-ROM module on interdisciplinary team training.

Implementation of the HGITT resulted in changes in the curriculum, faculty, and clinical levels including:

Students trained in HGITT principles.

Preceptors, instructors, and program/institution leaders have been trained in HGITT principles. They continue to infuse their teaching opportunities with HGITT (both required and elective classes and in teachable moment opportunities), and to diffuse HGITT at professional meetings, presentations to groups outside their daily arenas, and through publications.

Agencies for Gerontology Intercultural Field Training (AGIFT) consortium at the University of Houston Graduate School of Social Work (GSSW).

TEAM project in Harris County Hospital District.

Social work field opportunities in HGITT sites.

Geri Resource library in the Graduate School of Social Work.

Growing awareness and interest in geriatrics at the GSSW.

Commitment of the Dean of GSSW to develop stipends for geriatric social workers in GITT and AGIFT settings.

Access for the psychiatry residents to the HGITT resident training.

Psychiatry program committed to developing a formal geriatric fellowship for residents.

Formal HGITT workshops for all disciplines to be offered twice a year.

Great Lakes GITT

The Great Lakes GITT is a collaborative project between the Henry Ford Health System (HFHS) Wayne State University (Schools of Nursing, Social Work and the Institute of Gerontology) in Detroit; and the University Hospitals Health System (UHHS), Case Western Reserve University (Schools of Medicine, Nursing, Applied Social Sciences, and Management, the Center on Aging and Health, and the Western Reserve Geriatric Education Center), and the Benjamin Rose Institute in Cleveland.

Over the course of 3 years, the project trained approximately 250 current and future practitioners in interdisciplinary learning teams to improve care for older persons and their families and enhance the creativity and effectiveness of health care providers. Learners included both practitioners and students in 8-month training cycles that combined both didactic and experiential learning. These interdisciplinary teams engaged in conscious cycles of learning together based upon continuous quality improvement theory.

The learning cycle begins with a 12-hour orientation in which trainees from Cleveland and Detroit are introduced to the curriculum and goals and, in smaller groups, begin to use the tools and skills required for interdisciplinary learning teams. Students continue to develop their knowledge and skills during their local rotations in which weekly interdisciplinary learning team meetings are structured into their practicum schedule. Upon completion of the clinical rotation, trainees from both cities congregate for an 8-hour wrap-up session to complete their formal training.

The didactic content of the training program includes principles of interdisciplinary learning teams and teamwork; continuous clinical quality improvement; issues in clinical care of the elderly; the philosophy and pragmatics of managed care; involvement of the

patient and family in the learning team; ethics, choice, and cultural diversity; and the use of leaning technologies to support team functioning and improve patient care.

Trained facilitators meet with the teams and administrators in the training program. Technology and distance learning was used for team communication and computer-assisted learning. Communication among trainees and faculty within and across sites and cities was supported by e-mail, a website, a bulletin board, video conferencing, and other useful technologies. Interactive computer case studies supplemented the clinical experience. The creation of learning team partnerships across sites and cities enhanced the learning experience.

At the end of the implementation period, geriatric interdisciplinary learning teams were in place at 19 or more sites, serving more than 30,000 older adults. Practice settings included: family practice and internal medicine clinics, geriatric clinics and assessment centers, retirement community clinics, inpatient units, home care, a rehabilitation unit, nursing homes, and a PACE replication site.

Mount Sinai GITT

The overall goal of the Mount Sinai GITT Program is to train medical residents, advanced practice (AP) nursing students, and candidates for the master's degree in social work (MSW) to work on an interdisciplinary geriatrics team. The project seeks to ensure that GITT trainees have a shared knowledge base, attitudes, and skills relative to teamwork and care of older people. Further, the project aims to teach how an interdisciplinary health care team organizes itself to deliver quality care in a managed care setting.

The Mount Sinai GITT partnership is made up of three clinical sites -- Mount Sinai Hospital, Beth Abraham's Comprehensive Care Management (CCM) Program, and The Jewish Home and Hospital (JHH). The four educational partners are The Mount Sinai School of Medicine, New York University Division of Nursing, Hunter College School of Social Work, and Hunter-Bellevue School of Nursing.

Two tracks are offered – an intensive training program and a less intensive track consisting of a 1-day seminar. In the intensive track, GITT trainees have an in-depth, practicum-based experience reinforced with a didactic curriculum. The bulk of the clinical experience is at Mount Sinai and CCM, with JHH providing a 1-day ethics enhancement required for all GITT trainees and the clinical site for some MSW trainees.

The practicum and didactic curricula are flexibly integrated and of varying lengths depending on the needs of the schools' training programs. For instance, medical residents are GITT trainees for 4 weeks, AP nursing students for one 15-week semester, and MSW students for two 15-week semesters. An educational coordinator for each discipline serves as a liaison between the schools and clinical preceptors to ensure that program goals are met.

The following activities are required for all trainees:

- A 3-hour orientation seminar

- A 1-day seminar on the interdisciplinary teams in a geriatrics managed care setting

- 1-to-3 days each week in a clinical setting oriented to teamwork

A 1-day workshop on the team and ethics at JHH that combines lectures and hands-on experience.

In partnership with Mount Sinai's Morchand Center, student teams interact with simulated patients. For example, during one semester, these cases were offered: Mrs. Marion Benjamin, an older woman presenting with Parkinson's disease and Mr. Sam Hertz, a former jazz musician with a variety of medical and psychosocial problems. Trainees receive feedback from GITT faculty on their team skills after the patient interview and participating as a team member in assessment and care plan development.

In addition, a seminar series with learning objectives in teams, gerontology, and managed care is required for all trainees. Seminars are held every other week and include sessions on normal aging and age-related disease; geriatric assessment and care planning in a managed care environment; depression, delirium, and dementia; death and dying; and team building.

On Lok, Inc. GITT

On Lok developed clinical and didactic curricula in interdisciplinary care of the older, chronically ill person working with the Goldman Institute on Aging (IOA); the University of California, San Francisco; University of California, Berkeley; San Francisco State University; and Samuel Merritt College.

The primary goal of the project was to provide and support training opportunities for residents and graduate students, staff, and other health professionals to provide high quality and effective interdisciplinary care to older, chronically ill persons.

The project aimed to train many different audiences in interdisciplinary care of the older, chronically ill person, including: medical residents in internal medicine, graduate level nurse practitioner students, social work students, physical and occupational therapy students, clinical faculty from On Lok and IOA, and other health professionals practicing care of frail, older adults

On Lok's educational partners include faculty from the following universities and colleges. These programs and their trainees include:

- Medical residents in internal medicine and family medicine from the University of California, San Francisco, and internal medicine residents from St. Mary's Medical Center;
- Gerontological nurse practitioner students from the University of California, San Francisco; master's level occupational therapy students from Samuel Merritt College;
- Master's of physical therapy students from Samuel Merritt College ;and
- Social work students from a joint program with the University of California, San Francisco, and San Francisco State University.

On Lok's five centers and On Lok Senior Health by IOA/UCSF program serve as the six primary training sites for medical residents and students. Students work with clinical staff to develop knowledge in caring for frail elders who live in the community and learn the necessary skills to assess, develop individual treatment plans, and provide care and

management to chronically ill elders. They do so while learning to function as a member of an interdisciplinary team. They benefit from the knowledge and skills of interdisciplinary teams at all the clinical sites.

Several methods are used in the training program to train the medical residents and students. Direct clinical experience with elderly, chronically ill participants is essential for training the students, staff, clinical faculty or experienced providers who participate in the program. Didactic seminars are offered throughout the year on key topics in geriatrics, gerontology, and interdisciplinary care. Multimedia and technology are an important part of the curriculum. An interactive CD on the On Lok model of interdisciplinary care of the older person has been developed. Development of a page on the World Wide Web is in progress to enable trainees to problem solve with others regarding issues in interdisciplinary care. Video training in various related subjects is also part of the curriculum.

Rush GITT

The Rush Geriatric Interdisciplinary Team Training (GITT) Program is composed of three Rush University academic institutions, the Colleges of Medicine, Nursing, and Allied Health Sciences, the Loyola University of Chicago Graduate School of Social Work, and six clinical sites within the Rush System for Health. The central purpose of the Rush GITT Program is to change training in the care of older persons for all health professionals to team training throughout the Rush System for Health.

The six clinical training sites participating in the Rush GITT Program include Rush Home Care Network, a home health care agency; Rush Prudential HMO, a managed care organization with a network of staff model primary care offices; Rush Alzheimer's Disease Center, an assessment and treatment program servicing dementia patients; Neighborhood Family Practice of Pilsen, a family practice clinic serving a largely low-income, Hispanic community; Johnston R. Bowman Health Center, a rehabilitative and skilled nursing facility; and Illinois Masonic Medical Center, a community hospital.

The academic disciplines being trained include nursing; medicine; social work; occupational, physical, and speech therapy; audiology; clinical nutrition; pharmacy; ethics; religion; and health system management. Over the course of the 3-year project, the program trained 364 students: 59 advance practice nurses, 92 physicians, 37 social workers, and 176 allied health professionals.

The Rush GITT Program provides a practicum experience through didactic and practice activities that are offered in three modules, each with a different focus on health, psychosocial, and other aspects of the geriatric population. The modules-- Community, Continuity of Care and Frail and Impaired Older Adults -- were chosen to correspond to the major challenges health professionals will face in a changing health care system, and combine a 12-week didactic curriculum with corresponding clinical experience appropriate for each module.

The didactic content is structured around 12 weekly curriculum sessions emphasizing four major content areas: working in teams, working with patients and families, understanding ethical issues in patient care, and understanding health and economic systems. Didactic sessions are taught by Rush and Loyola faculty, as well as by preceptors from participating clinical sites. To supplement the didactic program, trainees

meet 1 hour a week to discuss a practice case requiring input from multiple disciplines. These case discussions are designed to enable trainees to exchange their clinical knowledge in managing the care of a patient, practice their skills as a team, and enhance the team-building experience of the GITT program.

Teams of trainees representing several disciplines are assigned to a clinical training site for their practice experience. Teams vary in size by site but include a resident physician, social worker, advance practice nurse, and other allied health science professionals, as appropriate. Trainees are precepted by an individual from their own discipline from Rush or Loyola faculty or staff from participating clinical sites.

University of Colorado Health Sciences Center GITT

The GITT project at the University of Colorado Health Sciences Center (UCHSC) includes academic and community partnerships involving two universities, five health professional training programs, and five clinical agencies. Participants from the academic programs include internal medicine and family practice residents, medical students, doctoral pharmacy students, dental students, and nurse practitioner students from UCHSC; and graduate level social work students and law students from the University of Denver.

The five clinical agencies include University Hospital's Seniors Clinic (at UCHSC); Total Long Term Care; Centura Health Systems; Colorado Kaiser Permanente; and MedWise Clinics at Columbia Aurora Regional Medical Center. These agencies represent Medicare traditional fee-for-service clientele, capitated Medicare plans in an ambulatory setting, and PACE, a capitated community-based long-term care setting modeled after the On Lok program.

Two distinct didactic offerings are associated with the geriatric interdisciplinary team clinical practicums in the community agencies. The first is a semester-long graduate level credit course that is open to medical, nurse practitioner, social work, dental, and doctor of pharmacy students. This course has also been offered to law students since the fall of 1997. Topics addressed in the course include:

- Overview of the health care needs of the older adult;
- Introduction to geriatric interdisciplinary team care;
- Comprehensive geriatric assessment;
- Managed care issues;
- Legal and regulatory issues from an interdisciplinary perspective;
- Managed care law;
- The use of critical paths;
- Ethics and confidentiality; and
- Cultural sensitivity and conflict resolution.

All students enrolled in the semester-long course are placed concurrently in clinical practicums with the participating community agencies.

The second didactic offering is provided on a monthly basis to internal medicine and family practice residents on their required geriatric rotations. This offering combines lectures and weekly "City Wide Geriatric Grand Rounds" presentation with visits to a

variety of ambulatory, inpatient, acute care, long-term care, and hospice settings. The didactic content includes:

- Introduction and approach to the geriatric patient;
- Health and disease in the older adult;
- Geriatric interdisciplinary teams; and
- Common geriatric syndromes (the demented patient, urinary incontinence, pressure ulcers, assistive devices, sensory impairments, geriatric pharmacology, movement disorders, geriatric gynecology, physical restraints, and the use of standardized screening instruments)

University of Minnesota GITT

The Minnesota GITT program represents a partnership between four schools within the University of Minnesota (medicine, social work, nursing, and pharmacy) and four community clinical sites where ambulatory geriatric care is provided. The clinical sites, several of which have affiliations with managed care organizations, are the Wilder Senior Health Clinic, the Ramsey Seniors Clinic, the University Senior Health Clinic, and the Center for Senior Care-Hennepin County.

The program trains medical residents, master's level social work students, geriatric nurse practitioner students, and pharmacy students. Each health professional student completing this program should learn how to work effectively and efficiently in caring for older patients, especially those with complicated problems. The program is sensitive to the growing pressure for more cost-effective care teaching teamwork through a model that stresses productivity. While productive team behaviors are taught, interdisciplinary collaboration is used when it can improve care. Over the course of the 3-year project, the program trained 244 students in these four disciplines (142 physicians, 39 nurse practitioners, 20 social workers, and 43 clinical pharmacists).

All of the Minnesota GITT program training takes place at the clinical sites during 2 full days each week. At each site, students from all four disciplines see patients in the clinic and on home visits individually and as members of a team. In addition to participating in a half-day orientation session that introduces team concepts, each student clinical team member cares for patients and participates in two weekly didactic sessions. One is a regular meeting of the team site's clinical team and the second is a team session overseen by an academic faculty member. The academic sessions use a variety of teaching techniques, including presentation of ongoing cases, hypothetical cases, and videotapes of team meetings to emphasize various aspects of interdisciplinary team care. The goal of the case discussions is to encourage the team members to seek a higher level of problem identification, which draws on the collective insights from the four disciplines represented. Each student teaches the others about what his/her discipline can offer about the particular case.

Because of overarching curriculum constraints, students from each discipline spend different lengths of time on the GITT rotation. Internal medicine and family practice residents spend 4 weeks, geriatric nurse practitioner students spend 12 weeks, and clinical pharmacy students and graduate social work students spend 15 weeks. Only the social work students are paid a stipend by the project.

The clinical preceptors at each site work with the students in their respective disciplines but some preceptors may cover more than one discipline. For example, a geriatrician may supervise clinical pharmacists. When the students work as teams, they work with supervisors from other fields.

University of South Florida GITT

The John A. Hartford GITT program at the University of South Florida (USF) Suncoast Gerontology Center is a partnership between six academic programs and four diverse community-based sites.

The six academic partners include the USF College of Medicine, USF College of Nursing, USF College of Public Health, USF School of Social Work, and the Tampa General Hospital Clinical Pastoral Education Program. The trainees from these programs include family practice residents, graduate nursing and social work students, graduate MPH students in the division of community and family health, and pastoral counselors.

One of the unique features of the USF GITT Program is the diversity of the community partners responsible for the clinical training. The four clinical training sites include:

The Center for Elderhealth Clinic is an interdisciplinary clinic in a senior housing complex that serves minority and low-income elderly. Trainees are exposed to a team approach to caring for low-income and underserved elderly.

The Hospice of the Florida Suncoast is the largest hospice in the country with a daily census exceeding 1200 patients. Hospice has 14 highly functioning interdisciplinary teams that provide physical, emotional, social, and spiritual intervention to terminally ill patients and their families.

CIGNA Healthcare. CIGNA operates a Medicare Risk HMO emphasizing preventive health, patient education, and mental health services. Trainees learn how interdisciplinary teams operate in a managed care setting.

The Memory Improvement Clinic at the USF Suncoast Gerontology Center. Trainees at the Memory Improvement Clinic are part of the interdisciplinary team that provides diagnostic and ongoing medical and psychosocial management of Alzheimer's disease patients and family caregivers.

In addition to the clinical training, each trainee attends a four-session didactic training program on interdisciplinary teams and geriatrics. The course uses a variety of techniques including didactic lectures, required readings, case study discussions, and interactive team training activities.

The program also features ongoing faculty development workshops for all the clinical and academic partners as well as preceptor training and site-specific training on team development.

GITT Materials

Worksheet: Choosing The Right GITT Model

Use the following worksheet to help choose a model that is appropriate for your institution.

What model(s) fits best with the philosophy of the institution?

Is there a demonstrated or expressed need for interdisciplinary team training by the staff?

What, if any, additional staff or changes in the staff mix will the new model require?

Can these changes be accommodated? If so, how?

What are the selected GITT model's physical requirements?

How much will it cost your institution to implement the selected GITT model, compared with the benefits it may reap?

What are the size and financial resources of the institution in which you work?

