Chapter 4: The GITT Core Curriculum 2012

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 (Reviewed 2012)

Introduction (Fasser, 1999)

Knowledge and skill areas viewed as central to the effective management of the older person emphasize normal aging, disease-related aging, multi-dimensional assessment, care planning, maximization of function, self-determination, and quality of life. It is now expected that health professionals providing care to older individuals apply these knowledge and skills in a practice environment along with patient-centered care, evidence based care and quality improvement approaches all focused on increasing patient satisfaction, cost-effectiveness, and productivity (U.S. Department of Health and Human Services, 2012; Kligler, Kligler, & Meeker, 2009). The IOM recommends (2001, 2003) ‘competency to practice as part of an interdisciplinary team’ as one of the five core practice competencies. Fewer errors occur when teamwork is strong because processes are planned and standardized and each member knows his/her responsibilities and those of the team members. Additionally, members look out for each other and notice errors before they happen, trust one another’s judgments, and attend to one another’s safety concerns (IOM, 1999). Research on patient care teams suggests that teams with greater cohesiveness are associated with better clinical outcome measures and higher patient satisfaction (Grumbach & Bodenheimer, 2004).

Simultaneously, current and future practitioners caring for older persons will be asked to embrace a standard modeled approach using a comprehensive multidimensional assessment. Interdisciplinary team management and coordination of the services provided to older persons are designed to maximize personal preferences, provide function-focused care, and focus on quality of life; all of these are goals of Healthy People 2020 (U.S. Department of Health and Human Services, 2012). The process of assessment will be expected to identify those populations of individuals at greatest risk of functional limitations and adverse events 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.

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 2002

The information contained in the GITT Core Curriculum 2002 (reviewed 2012) 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 in 1975, and 2011 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.

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 4.1). 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 4.1 Model Content by Length of Program

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


**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 (function focused care)
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

Related References

D. Additional References

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Bibliography for Geriatric Interdisciplinary Team Training and Interprofessional Education*

A review of the literature specific to geriatric interprofessional education and more broadly to interprofessional education was completed. Several electronic databases (e.g., CINAHL, Google Scholar, PubMed, PsycINFO®, and Web of Science) were used to conduct a literature search, which yielded peer-reviewed articles that focused on interprofessional education, interprofessional practice, team-based care, interdisciplinary education, interdisciplinary practice, and geriatrics as these related to health-care training or delivery. Using these terms, a comprehensive literature search of peer-reviewed research articles in academic journals from 2000 to 2012 yielded 4,687 documents. From this extensive list, select key summary review articles and informative documents were included for further review, summary and analysis. The most frequently used key words clustered around education (Study and Teaching, Education, Manpower, Workforce development, Interdisciplinary approach in education, Curricula; Curriculum planning; Continuing education, and Training); licensing and credentialing (Clinical Competence; Competencies; Accreditation; Licensure; Internship and Residency; Specialty Boards; Certification), and teams (Interprofessional relations; team training; Patient care team; Group Processes; In-service training; Cohort studies) combined with discipline and population headings (geriatrics, gerontology, social work, nursing, geriatric nursing, older people, and aged). The 215 articles most relevant are included in this bibliography.

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Bibliography for Geriatric Interdisciplinary Team Training and Interprofessional Education


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