

COM GERIATRIC FELLOWSHIP MODULE RESOURCE GUIDE

Methods/Strategies of Instruction

ACRONYM	MEANING	EXPLANATION
AA	<ul style="list-style-type: none"> Advocacy Activity 	<ul style="list-style-type: none"> Participate in Michigan DO Day on the Hill Membership in professional organizations
CC	<ul style="list-style-type: none"> Care Conference 	<ul style="list-style-type: none"> Every skilled nursing facility that accepts Medicare or Medicaid funds must complete an initial assessment within the first 7 days (Medicare) or 14 days (Medicaid) Within 7 days of the initial assessment - the initial care plan must be completed A care plan conference to review the patient's progress and necessary changes to the care plan must be held at least every 3 months thereafter and whenever there is an important change in the patient's status The care plan is the "road map" document that a care facility uses to keep caregivers on track with a patient's / resident's care
CM	<ul style="list-style-type: none"> Case Management 	<ul style="list-style-type: none"> Case management is a multi-step process to ensure timely access to and coordination of medical/psychosocial services CM can include: intake/history, needs assessment, developing plan of care, developing mutual goals, treatment plan implementation, service coordination, monitoring, follow-up, reassessment, case conferencing, crisis intervention, and case closure

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CP	<ul style="list-style-type: none"> Case Presentation (oral) 	<ul style="list-style-type: none"> The Oral Case Presentation is an art form that requires effort and repeated practice The purpose is to concisely summarize the patient's presentation: (1) history, (2) physical examination, (3) laboratory results, and (4) your understanding of these findings (clinical reasoning)
D	<ul style="list-style-type: none"> Didactic Content 	<ul style="list-style-type: none"> A didactic method is a basic component of education Related to the teaching-learning process it includes delivery of information, engaging the learner, and completion of a variety of activities that help to maintain the learned concepts Lecture, PowerPoint (PP) presentations, voiceover PPs online, peer reviewed articles, textbooks, etc
JC	<ul style="list-style-type: none"> Journal Club 	<ul style="list-style-type: none"> Provides a forum for keeping abreast of new developments in a particular content area Promotes engagement, interaction and scholarly dialogue Approached in a systematic fashion with emphasis on key elements Helps in development of oral and written presentation skills Assists in mastery of critical appraisal
IC	<ul style="list-style-type: none"> Independent Collaboration/Consultation 	<ul style="list-style-type: none"> Telephone conversations <ul style="list-style-type: none"> Pharmacy, home care, Hospice, Office on Aging (local), home visit, Adult Protective Services
IDT or ITC	Interdisciplinary or Interprofessional Team Meetings or Conferences	<ul style="list-style-type: none"> An approach to patient care that includes a variety of professionals with

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		<p>knowledge/expertise in an aspect of person-centered care that leads to quality care of individuals and their families; need to know the credentials, scope of practice, and function of each member of the health care team</p>
IR	<ul style="list-style-type: none"> Independent Reading 	<ul style="list-style-type: none"> Selected readings based on the fellow's needs are assigned by supervising attending physicians Fellows are also referred to standard textbooks and are expected to independently research topics related to specific patient encounters
M	<ul style="list-style-type: none"> Meetings 	<ul style="list-style-type: none"> Can include: <ul style="list-style-type: none"> Administrative Behavior management CQI Falls Infection control Weight loss Wounds
MDM	<ul style="list-style-type: none"> Medical Director Meetings 	<ul style="list-style-type: none"> 1974: Medicare regulations required a physician to serve as medical director in skilled nursing facilities and be responsible for the medical care provided in those facilities 1987: Nursing Home Reform Act 1991: AMDA developed role and responsibilities document 2001: IOM report urged facilities to give medical directors greater authority and hold them more accountable for medical services 2002: AMDA outlined the medical director's major roles in the facility; geared toward ensuring that appropriate care is provided to an

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		<p>increasingly complex, frail, and medically challenging population</p> <ul style="list-style-type: none"> • 2005: CMS revised the Surveyor Guidance related to F-TAG 501 (Medical Director) in 2005 • Current roles and responsibilities of the medical director in the nursing home include: <ul style="list-style-type: none"> ○ Physician leadership ○ Patient care-clinical leadership ○ Quality of care ○ Education
RC	<ul style="list-style-type: none"> • Record Completion 	<ul style="list-style-type: none"> • Patient medical record – written or electronic - maintained accurately, efficiently, and thoroughly according to acceptable standards for documentation
SA	<ul style="list-style-type: none"> • Scholarly Activity 	<ul style="list-style-type: none"> • Membership: <ul style="list-style-type: none"> ○ American Geriatrics Society (AGS) ○ American Medical Directors Association (AMDA) • Conference attendance/presentation • Poster presentation • Publication: journal, newsletter • Quality improvement (QI) project • Research
SDPC	<ul style="list-style-type: none"> • Supervised Direct Patient Care 	<ul style="list-style-type: none"> • Forms the majority of the training experience, which includes: <ul style="list-style-type: none"> ○ Bedside Rounds (BR) ○ Morning Report (MR)
W/COM	<ul style="list-style-type: none"> • Workshop 	<ul style="list-style-type: none"> • Combination of demonstration, hands-on-experience/practice, reading • Provided by College of Osteopathic Medicine faculty & held annually

ACRONYM	MEANING	EXPLANATION
Zemper	Modules developed for _____	<ul style="list-style-type: none">• Research

Methods of Evaluation

ACRONYM	MEANING	EXPLANATION
360°	<ul style="list-style-type: none"> • 360° Global Rating 	<ul style="list-style-type: none"> • A comprehensive (but labor intensive) assessment using brief instruments with 3-4 Likert scale questions completed by nursing staff, attendings, peers and patients • Ideally, a minimum of 10 responses from each category of evaluator
CEL	<ul style="list-style-type: none"> • Clinical Experience Log 	<ul style="list-style-type: none"> • Log of all patients seen, focusing on syndromes/diseases treated • Document specific procedures or skills that are observed or performed • Used to assess range and volume of syndromes/diseases treated in comparison with required minimums
CL	<ul style="list-style-type: none"> • Checklist 	<ul style="list-style-type: none"> • Assessment items that are used to record whether intended behaviors were observed by an assessor • Typical checklist responses are dichotomous (“done” or “not done”) but may use more categories (e.g. “done”, “partially done”, or “not done”) • Rater training is critical so that each rater scores observed behaviors correctly and consistently
CSR	<ul style="list-style-type: none"> • Chart Stimulated Recall 	<ul style="list-style-type: none"> • A standardized oral exam using examinees’ patients’ records • Allows the examiner to ask questions about clinical diagnosis and management based on actual patient records
GR	<ul style="list-style-type: none"> • Global Rating 	<ul style="list-style-type: none"> • Rating scales that rate performance as an integrated whole • For example, “Overall this performance was: excellent, very good, good, marginal, unsatisfactory”
JC	<ul style="list-style-type: none"> • Journal Club 	<ul style="list-style-type: none"> • Presentation to peers and faculty of critique of a research journal article • Can be evaluated using the SCS Journal Club Checklist, and added to portfolio
MCQ	<ul style="list-style-type: none"> • Multiple-choice question written examination 	<ul style="list-style-type: none"> • Objective examination of factual knowledge • Easy to administer and score, but takes some effort to develop

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		appropriate questions and distracters
Mini-CEX	<ul style="list-style-type: none"> The American Board of Internal Medicine Mini-Clinical Evaluation Exercise Retrieved from http://www.abim.org/pdf/paper-tools/mini-cex.pdf 	<ul style="list-style-type: none"> Facilitate formative assessment of core clinical skills 10-20 minute direct observation assessment or “snapshot” of a GF-patient interaction Clinical skills evaluated include: medical interviewing, physical examinations, informed decision making/counseling, clinical judgment/reasoning Can be ordered from of charge from the ABIM
OQ	<ul style="list-style-type: none"> Oral Questioning 	<ul style="list-style-type: none"> An oral examination by the preceptor of specific questions related to those patients and procedures the fellow has been involved in
ORAL	<ul style="list-style-type: none"> Standardized Oral Examination 	<ul style="list-style-type: none"> An oral examination comprised of specific questions given to all examinees and scored by examiners using previously agreed upon guidelines
OSCE	<ul style="list-style-type: none"> Objective Structured Clinical Examination 	<ul style="list-style-type: none"> An assessment format that consists of a series of performance tests Each test within an OSCE is called a “station” Often uses simulations or models or standardized patients
PORTF	<ul style="list-style-type: none"> Portfolio 	<ul style="list-style-type: none"> In assessment, a collection of evidence (either electronic or hardcopy) of progression towards proficiency (e.g. in the core competencies) Portfolios typically include both constructed components (selected by the program or faculty) and unconstructed components (selected by the learner)
PRR	<ul style="list-style-type: none"> Patient Record Review 	<ul style="list-style-type: none"> Review of patient records to assess range and volume of cases seen and appropriateness of care provided by a fellow
PS	<ul style="list-style-type: none"> Patient Survey 	<ul style="list-style-type: none"> Survey instrument directed at patients to assess satisfaction with care received Normally a brief series of Likert scale questions, open-ended questions, or a combination of both

ACRONYM	MEANING	EXPLANATION
S/M	<ul style="list-style-type: none"> • Simulations and Models 	<ul style="list-style-type: none"> • Simulations (mechanical devices) or models (human actors) for training or evaluation purposes • Focused on a specific medical problem or procedure
SP	<ul style="list-style-type: none"> • Standardized Patient 	<ul style="list-style-type: none"> • Actors trained to play the roles of patients, portray specific cases, and rate performance of the learner • Often used in OSCE stations

Resources & References

ACRONYM	REFERENCE / RESOURCE	INFORMATION
AGS-FT	<ul style="list-style-type: none"> American Geriatrics Society. (2013). <i>Geriatrics at your fingertips</i> (15th ed.). Mechanicsburg, PA: Fry Communications. Retrieved from https://fulfillment.frycomm.com/ags/gayf/order_form.asp 	<ul style="list-style-type: none"> Provides accessible, concise information for healthcare professionals caring for older adults with complex, chronic diseases and disorders; current medication use; clinical guidelines; calculators; assessment instruments; algorithms
AGS – Pain	<ul style="list-style-type: none"> American Geriatrics Society Panel. (2009). Pharmacological management of persistent pain in older persons. <i>Journal of the American Geriatrics Society</i>, 57, 1331-1346. doi:10.1111/j.1532-5415.2009.02376.x Retrieved from http://www.americangeriatrics.org/files/documents/2009_Guideline.pdf American Geriatrics Society Panel. (2002). The management of persistent pain in older persons. <i>Journal of the American Geriatrics Society</i>, 50, 5205-5224. Retrieved from http://www.americangeriatrics.org/files/documents/2002_persistent_pain_guideline.pdf 	<ul style="list-style-type: none"> In 2009, the AGS updated its guidance to clinicians around management of persistent pain with a specific focus on pharmacologic treatment The Expert Panel determined that the sections of the 2002 Guideline dealing with Assessment and Non-Pharmacologic treatment did not need to be updated and are still relevant to today's clinicians
AMDA	<ul style="list-style-type: none"> American Medical Directors Association Clinical Practice Guidelines (CPGs) in the Long Term Care (LTC) Setting Information retrieved from http://amda.com/tools/guidelines.cfm 	<ul style="list-style-type: none"> The standard care process in the long term care setting CPGs can reduce costs, avoidable transfers, and risk of survey penalty and litigation CPGs can improve: resident/patient outcomes and safety of staff, facility, and patients

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		<ul style="list-style-type: none"> Follow the medical care process of recognition, assessment (root cause analysis), treatment (based on assessment), and monitoring
ASBH	<ul style="list-style-type: none"> American Society for Bioethics & Humanities. (2010). <i>Core competencies for health care ethics consultation</i> (2nd ed.). Oakbrook, IL: Author. Available for purchase by calling ASBH at 847.375.474 	<ul style="list-style-type: none"> The report discusses the core competencies identified as necessary for doing health care ethics consultation Intended for ethics consultants; educational programs that help prepare individuals, teams, or committees to do ethics consultations; and all health care organizations that offer ethics consultation services Sections include: <ul style="list-style-type: none"> The Nature and Goals of Ethics Consultation Core Competencies for Health Care Ethics Consultation Evaluating Health Care Ethics Consultation Services The Ethical Dimensions of Health Care Ethics Consultation as an Emerging
Baltes & Baltes	<ul style="list-style-type: none"> Baltes, P.B., & Baltes, M.M. (1990). Psychological perspectives on successful aging: The model of selective optimization with compensation. In P. Baltes & M. Baltes (Eds.), <i>Successful aging: Perspectives from the behavioral sciences</i> (pp. 	<ul style="list-style-type: none"> First to suggest the concept of optimal aging Optimal aging is rooted in

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	1-34). Cambridge, UK: Press Syndicate of the University of Cambridge.	adaptation; can optimize capabilities and have life satisfaction in any state of health
Beers	<ul style="list-style-type: none"> American Geriatrics Society Panel. (2012). American geriatrics society updated Beers criteria for potentially inappropriate medication use in older adults. <i>Journal of the American Geriatrics Society</i>, 60(4), 616-631. doi:10.1111/j.1532-5415.2012.03923.x Retrieved from http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf 	<ul style="list-style-type: none"> Potentially inappropriate medications (PIMs) are prescribed and used as first-line treatment for the most vulnerable older adults despite evidence of poor outcomes. In 2012, the AGS updated the Beers Criteria using a comprehensive review and grading of the evidence on drug-related problems and adverse drug events (ADEs) in older adults
Billings & Block	<ul style="list-style-type: none"> Billings, J.A., & Block, S. (1997). Palliative care in undergraduate medical education: Status report and future directions. <i>Journal of the American Medical Association</i>, 278(9), 733-738. 	<ul style="list-style-type: none"> Considered a classic article on the topic
Brummel-Smith	<ul style="list-style-type: none"> Brummel-Smith, K. (2007a). Optimal aging, part I: Demographics and definitions. <i>Annals of Long-Term Care</i>, 15(11), 26-28. Brummel-Smith, K. (2007b). Optimal aging, part II: Evidence-based practical steps to achieve it. <i>Annals of Long-Term Care</i>, 15(12), 32-40. 	<ul style="list-style-type: none"> Ken Brummel-Smith, MD holds the Charlotte Edwards Maguire Professorship in the College of Medicine at The Florida State University Past president of AGS
Buckman	<ul style="list-style-type: none"> Buckman, R. (1984). Breaking bad news: Why is it so difficult? <i>British Medical Journal</i>, 288(1), 597-9. Buckman, R. (1992). <i>How to break bad news: A guide for health care</i> 	<ul style="list-style-type: none"> Robert Buckman, MD has outlined a 6 step protocol for breaking bad news SPIKES

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	<p><i>professionals</i>. Baltimore, MD: The John Hopkins University Press.</p> <ul style="list-style-type: none"> Buckman, R. (2010). <i>Practical plans for difficult conversations in medicine: Strategies that work in breaking bad news</i>. Baltimore, MD: The John Hopkins University Press. 	
CHAMP	<ul style="list-style-type: none"> Curriculum for the Hospitalized Aging Medical Patient, University of Chicago, Geriatrics website Retrieved from champ.bsd.uchicago.edu/ Podrazik, P.M., Levine, S., Smith, S., Scott, D., DuBeau, C.E., Baron, A....Sachs, G. (2008). The curriculum for the hospitalized aging medical patient program: A collaborative faculty development program for hospitalists, general internists, and geriatricians. <i>Journal of Hospital Medicine</i>, 3(5), 384-393. doi:10.1002/jhm.348 	<ul style="list-style-type: none"> CHAMP is an educational program designed to train non-geriatrician clinical educators to become more adept at teaching geriatric topics and covering the ACGME core competencies in the inpatient setting Materials initially developed between 2003-2007; more or may not be current material
Chila	<ul style="list-style-type: none"> Chila, A. (Ed.). (2010). <i>American osteopathic association: Foundations for osteopathic medicine</i> (3rd ed.). Philadelphia, PA: Lippincott Williams & Wilkins. 	<ul style="list-style-type: none"> Comprehensive AOA publication defines the terminology and techniques of the field and is the standard text for teaching the profession Provides broad, multidisciplinary coverage of osteopathic considerations in the basic sciences, behavioral sciences, family practice and primary care, and the clinical specialties Demonstrates a wide variety of osteopathic manipulative methods New: structure of the profession, coding/billing, nutrition

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DSM-5	<ul style="list-style-type: none"> American Psychiatric Association. (2013). <i>DSM-5: Diagnostic and statistical manual of mental disorders</i> (5th ed.). Arlington, VA: American Psychiatric Publishing. 	<ul style="list-style-type: none"> Guide to diagnose and classify mental disorders; chapter organization reflects a lifespan approach
E&M	<ul style="list-style-type: none"> Evaluation and Management Services Billing Guide, March 2011 Retrieved from http://www.medicarenhic.com/providers/pubs/Evaluation%20and%20Management%20Services%20Billing%20Guide.pdf 	<ul style="list-style-type: none"> Guide provides Medicare Part B Evaluation and Management Services billing information.
EPEC	<ul style="list-style-type: none"> Emmanuel, L.L., von Gunten, C.F., & Ferris, F.D. (1999). <i>The education for physicians on end-of-life care (EPEC) curriculum</i>. EPEC Project, The Robert Wood Johnson Foundation. Institute for Ethics at the American Medical Association. Retrieved from http://www.ama-assn.org/ethic/epec/download/plenary_3.pdf 	<ul style="list-style-type: none"> Permission to produce for non-commercial, educational purposes with display of copyright and attribution is granted.
Fick & Mion	<ul style="list-style-type: none"> Fick, M., & Mion, L. (2013). Assessing and managing delirium in older adults with dementia. New York City, NY: The Hartford Institute of Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_d8.pdf 	<ul style="list-style-type: none"> Delirium superimposed on dementia algorithm
GRS8	<ul style="list-style-type: none"> Durso, S. C. (Ed.). (2013). <i>Geriatrics review syllabus: A core curriculum in geriatric medicine</i> (8th ed.). New York City, NY: American Geriatrics Society. 	<ul style="list-style-type: none"> New as of May 15, 2013 Information available at http://geriatricscareonline.org/#
Flaherty	<ul style="list-style-type: none"> Flaherty, E. (2012). Pain assessment for older adults. New York City, NY: The Hartford Institute of Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_7.pdf 	<ul style="list-style-type: none"> Includes the: <ul style="list-style-type: none"> Revised Faces Pain Scale Numeric Rating Scale Verbal Descriptor Scale

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Fox	<ul style="list-style-type: none"> • Fox, E. (1997). Predominance of the curative model of medical care: A residual problem. <i>Journal of the American Medical Association</i>, 278(9), 761-763. 	<ul style="list-style-type: none"> • Defines the curative model of medical care and describes how the palliative care model is different
Hazzard	<ul style="list-style-type: none"> • Halter, J., Ouslander, J., Tineetti, M., Studenski, S., High, K., & Asthana, S. (2009). <i>Hazzard's geriatric medicine and gerontology</i> (6th ed.). New York, NY: McGraw Hill – Professional. 	<ul style="list-style-type: none"> • Classic textbook: Principles of Gerontology; Principles of Geriatrics; Geriatric Syndromes; Organ Systems and Diseases
Herr & Mobily	<ul style="list-style-type: none"> • Herr, K., & Mobily, P. (1993). Comparison of selected pain assessment tools for use with the elderly. <i>Applied Nursing Research</i>, 6(1), 39-46. 	<ul style="list-style-type: none"> • Classic article
HIPAA	<ul style="list-style-type: none"> • US Department of Health & Human Resources: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy and Security Rules • The <i>Standards for Privacy of Individually Identifiable Health Information</i> (“Privacy Rule”) • Retrieved from http://www.hhs.gov/ocr/privacy/ 	<ul style="list-style-type: none"> • Establishes, for the first time, a set of national standards for the protection of certain health information • The Privacy Rule standards address the use and disclosure of individuals’ health information - called “protected health information” by organizations subject to the Privacy Rule - called “covered entities,” as well as standards for individuals’ privacy rights to understand and control how their health information is used
JCAHO	<ul style="list-style-type: none"> • The Joint Commission on the Accreditation of Healthcare Organizations – or 	<ul style="list-style-type: none"> • Sets standards for healthcare organizations and issues

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	<p>currently referred to as The Joint Commission (TJC)</p> <ul style="list-style-type: none"> Retrieved from http://www.jointcommission.org/ 	<p>accreditation to organizations that meet those standards</p> <ul style="list-style-type: none"> Conducts periodic on-site surveys to verify that an accredited organization substantially complies with TJC standards and continuously makes efforts to improve the care and services it provides
Jonsen	<ul style="list-style-type: none"> Jonsen, A., Siegler, M., & Winslade, W. (2010). <i>Clinical ethics: A practical approach to ethical decisions in clinical medicine</i> (7th ed.). New York, NY: McGraw-Hill Medical. 	<ul style="list-style-type: none"> Suggests an easy-to-apply system based on simple questions about medical indications, patient preferences, quality of life, and contextual features that clearly explain clinical ethics and helps the reader formulate a sound diagnosis and treatment strategy Goes beyond theory to offer a solid decision-making strategy applicable to real-world practice
Kane	<ul style="list-style-type: none"> Kane, R., Ouslander, J., Abrass, I., & Resnick, B. (2008). <i>Essential of clinical geriatrics</i> (6th ed.). McGraw Hill – Professional. Maryland Heights, MO: Elsevier Mosby. 	<ul style="list-style-type: none"> Concise, practical guide is packed with critical information on geriatric assessment, diagnosis, and treatment Emphasizes the clinical evaluation of the geriatric patient and features expanded content on end-of-life decisions, pre-operative evaluation, cancer management issues, and preventive aspects of geriatric care

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Komara	<ul style="list-style-type: none"> Komara, F. (2012). <i>Assessment and treatment of somatic dysfunction in the elderly</i>. 	<ul style="list-style-type: none"> Work in progress Collaboration with COM/OMM Product will be DVD
Kotthoff-Burrell	<ul style="list-style-type: none"> Kotthoff-Burrell, E. (2012). <i>Perioperative assessment of the older adult</i>. New York City, NY: The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_sp6.pdf 	<ul style="list-style-type: none"> Primary aims are to promote patient safety, prevent injury and adverse events, and attain the best surgical outcome
Labella	<ul style="list-style-type: none"> Labella, A.M., Merel, S.E., & Phelan, E.A. (2011). Ten ways to improve the care of elderly patients in the hospital. <i>Journal of Hospital Medicine</i>, 6, 351-357. 	<ul style="list-style-type: none"> Older and frail older adults are at high risk of functional decline and iatrogenic complications during hospitalization Article provides 10 evidence-based pearls in how to deliver optimal care to older adults when hospitalized
Lo	<ul style="list-style-type: none"> Lo, B. (2013). <i>Resolving ethical dilemmas: A guide for clinicians</i> (5th ed.). Philadelphia, PA: Lippincott Williams & Wilkins. 	<ul style="list-style-type: none"> Discussions of ethical issues as they relate to clinical practice guidelines and evidence-based medicine, electronic medical records, genetic testing, and opioid prescription Focus on ambulatory care
OEPEC	<ul style="list-style-type: none"> Education for Osteopathic Physicians on End-of-Life Care Retrieved from http://www.osteopathic.org/inside-aoa/development/quality/aoa-quality-initiatives/Documents/ 	<ul style="list-style-type: none"> Osteopathic EPEC

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Oxford	<ul style="list-style-type: none"> Hanks, G., Chemy, N.K., Christakis, N.A., Fallon, M., Kaasa, S., & Portenoy, R.K. (Eds.). (2012). <i>Oxford textbook of palliative medicine</i> (4th ed.). New York City, NY: Oxford University Press. 	<ul style="list-style-type: none"> Definitive guide to palliative care for physicians
Pain	<ul style="list-style-type: none"> Geriatric Pain Located at http://www.geriatricpain.org/Pages/home.aspx 	<ul style="list-style-type: none"> The purpose of this Web resource is to share best practice tools and resources for pain care in older adults
POGOe	<ul style="list-style-type: none"> Portal of Geriatric Online Education Located at http://www.pogoe.org/ 	<ul style="list-style-type: none"> POGOe is a free public repository of a growing collection of geriatric educational materials in various e-learning formats, including lectures, exercises, virtual patients, case-based discussions, simulations, as well as links to other resources New products are added continuously
Rowe & Kahn	<ul style="list-style-type: none"> Rowe, J.W., & Kahn, R.L. (1997). Successful aging. <i>Gerontologist</i>, 37, 433-440. 	<ul style="list-style-type: none"> Healthy aging 1st defined as successful aging in the literature Successful aging contains 3 essential components: absence of disease and disability, high cognitive and physical functioning, active engagement with life
Silverstein & Flaherty	<ul style="list-style-type: none"> Silverstein, N.M., & Flaherty, G. (2012). <i>Wandering in hospitalized older adults</i>. New York City, NY: The Hartford Institute of Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. 	<ul style="list-style-type: none"> Best practice in care of hospitalized older adults with dementia involves identifying risk for wandering, providing appropriate supervision, reducing environmental triggers for

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	<ul style="list-style-type: none"> Retrieved from http://consultgerim.org/uploads/File/trythis/try_this_d6.pdf 	<p>wandering, and using individualized interventions to address the causes of wandering behavior</p>
Stuart	<ul style="list-style-type: none"> Stuart, B. (1999). The National Hospice Organization medical guidelines for non-cancer disease and local medical review policy: Hospice access for patients with diseases other than cancer. <i>The Hospice Journal</i>, 14(3/4), 139-154. 	<ul style="list-style-type: none"> Details criteria published by NHO and adopted by the US Health Care Financing Administration for hospice eligibility for common non-cancer diagnoses A provisional list of domains for documenting “evidence of rapid decline,” by which patients with advanced disease who do not meet criteria can still be certified for the Medicare Hospice Benefit, is also outlined
Veatch	<ul style="list-style-type: none"> Veatch, R., Haddad, A.M., & English, D.S. (2009). <i>Case studies in biomedical ethics: Decision-making, principles, and cases</i>. New York, NY: Oxford University Press. 	<ul style="list-style-type: none"> Explores fundamental ethical questions arising from real situations faced by health professionals, patients, and others
Zemper	<ul style="list-style-type: none"> American College of Sports Medicine, <i>Exercise is medicine</i> Retrieved from http://acsm.org/ 	<ul style="list-style-type: none"> Integrates scientific research to provide educational and practical applications of exercise science and sports medicine.

Instruments, Scales, Tools

ACRONYM	REFERENCE	INFORMATION
COGNITION		
Executive Dysfunction	<ul style="list-style-type: none"> Kennedy, G.J. (2012). <i>Brief evaluation of executive dysfunction: An essential refinement in the assessment of cognitive impairment</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_d3.pdf 	<ul style="list-style-type: none"> Executive functioning = the ability to think abstractly and to plan, initiate, sequence, monitor, and stop complex behavior Higher-level cognitive skills used to control and coordinate other cognitive processes
Mini-Cog	<ul style="list-style-type: none"> Doerflinger, D.M.C. (2013). <i>Mental status assessment of older adults: The mini-cog</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_3.pdf 	<ul style="list-style-type: none"> Simple screening tool, takes 3 minutes to administer
MMSE	<ul style="list-style-type: none"> Mini-Mental Status Examination 	<ul style="list-style-type: none"> Screens for cognitive impairment in 15 minutes or less Copyrighted; pay for administration
MoCA	<ul style="list-style-type: none"> Montreal Cognitive Assessment Retrieved from http://www.mocatest.org/ Doerflinger, D.M.C. (2012). <i>Mental status assessment in older adults: Montreal cognitive assessment: MoCA version 7.1</i> (original version). The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. 	<ul style="list-style-type: none"> Screening test designed to assist in detection of mild cognitive impairment Permission to use located at web site Test, instructions, normative data, references, available in many languages

ACRONYMN	REFERENCE	INFORMATION
	<ul style="list-style-type: none"> Retrieved from http://consultgerim.org/uploads/File/trythis/try_this_3_2.pdf 	
SLUMS	<ul style="list-style-type: none"> Saint Louis University Mental Status (SLUMS) Examination Retrieved from http://aging.slu.edu/uploads/pdf/SLUMS%20w%20citation%20032707.pdf Tariq, S.H., Tumosa, N., Chibnall, J.T., Perry III, H.M., Morley, J.E. (2006). The Saint Louis University mental status (SLUMS) examination for detecting mild cognitive impairment and dementia is more sensitive than the mini-mental status examination (MMSE): A pilot study. <i>American Journal of Geriatric Psychiatry</i>, 4, 900 – 910. 	<ul style="list-style-type: none"> An alternative screening test to the MMSE; effective for diagnosing very early Alzheimer’s symptoms 11 items; measures several aspects of cognition; scores range from 0 – 30 with scores of 27-30 considered normal in a person with a high school education; scores between 21 – 26 suggest mild neurocognitive disorder; scores between 0 – 20 indicate dementia
END OF LIFE		
Hospice Card	<ul style="list-style-type: none"> Eligibility Card Retrieved from http://geriatrics.uthscsa.edu/tools/Hospice_elegibility_card__Ross_and_Sanchez_Reilly_2008.pdf 	<ul style="list-style-type: none"> Includes information on eligibility criteria; PPS; FAST; terminal condition criteria
FALLS		
HENDRICH II	<ul style="list-style-type: none"> Hendrich II Fall Risk Model Hendrich, A. (2013). <i>Fall risk assessment for older adults: The Hendrich II fall risk model</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. 	<ul style="list-style-type: none"> Intended to be used in the acute care setting to identify adults at risk for falls The instrument is sensitive (74.9%) and specific (73.9%), with inter-rater reliability measuring 100% agreement Strengths include brevity, inclusion of

ACRONYM	REFERENCE	INFORMATION
	<ul style="list-style-type: none"> Retrieved from http://consultgerim.org/uploads/File/trythis/try_this_8.pdf 	<p>“risky” medication categories, focus on interventions for specific areas of risk rather than on a single, summed general risk score</p>
FUNCTION		
ADL or Katz ADL	<ul style="list-style-type: none"> Katz Index of Independence in Activities of Daily Living (ADL) Katz, S., Down, T.D., Cash, H.R., & Grotz, R.C. (1970) Progress in the development of the index of ADL. <i>The Gerontologist</i>, 10(1), 20-30. Shelkey, M., & Wallace, M. (2012). <i>Katz index of independence in activities of daily living</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerim.org/uploads/File/trythis/try_this_2.pdf 	<ul style="list-style-type: none"> Assesses functional status as a measurement of the patient’s ability to perform ADLs independently Bathing, dressing, toileting, transferring, continence, feeding
FAQ	<ul style="list-style-type: none"> Functional Activities Questionnaire Mayo, A.M. (2012). <i>Use of the functional activities questionnaire in older adults with dementia</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerim.org/uploads/File/trythis/try_this_d13.pdf 	<ul style="list-style-type: none"> The FAQ measures instrumental activities of daily living over time Use with older adults ranging from normal cognition to advanced dementia Appropriate for acute and primary care, rehabilitation, and home settings
Get Up and Go Test	<ul style="list-style-type: none"> Retrieved from http://www.healthcare.uiowa.edu/igec/tools/mobility/getUpAndGo.pdf Mathias, S., Nayak, U.S.L., & Isaacs, B. (1986). Balance in elderly patients: The get-up and go test. <i>Archives of Physical Medicine and Rehabilitation</i>, 67, 387-389. 	<ul style="list-style-type: none"> Conducted as part of a routine older adult evaluation Purpose is to detect individuals at risk for falling and to identify those who need further evaluation

ACRONYM	REFERENCE	INFORMATION
HARP	<ul style="list-style-type: none"> • The Hospital Admission Risk Profile (HARP) • Sager, M.A., Rudberg, M.A., Jalaluddin, M., Franke, T., Inouye, S.K., Landefeld, C.S., Siebens, H., & Winograd, C.H. (1996). Hospital admission risk profile (HARP): Identifying older patients at risk for functional decline following acute medical illness and hospitalization. <i>Journal of the American Geriatrics Society</i>, 44(3), 251-257; Appendix pp. 1-2. • Graf, C. (2008). <i>The hospital admission risk profile (HARP)</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. • Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_24.pdf 	<ul style="list-style-type: none"> • The HARP is a simple instrument that can be used to identify geriatric patients at risk of functional decline following hospitalization • Can be used to identify patients who might benefit from comprehensive discharge planning, specialized geriatric care, and experimental interventions designed to prevent/reduce the development of disability in hospitalized older populations
IADL or Lawton IADL	<ul style="list-style-type: none"> • Lawton Instrumental Activities of Daily Living (IADL) Scale • Lawton, M.P., & Brody, E.M. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. <i>The Gerontologist</i>, 9(3), 179-186. • Graf, C. (2013). <i>The Lawton instrumental activities of daily living (IADL) scale</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. • Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_23.pdf 	<ul style="list-style-type: none"> • Assess independent living skills • Ability to use telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, responsibility for own medication, ability to handle finances
POMA	<ul style="list-style-type: none"> • Performance Oriented Mobility Assessment; also known as Tinetti POMA • Retrieved from http://web.missouri.edu/~proste/tool/Tinetti-Balance-Gait--POMA.rtf 	<ul style="list-style-type: none"> • The Tinetti POMA was developed to provide a dynamic integrated assessment of mobility in the older adult • The scale has two subscales that measure balance and gait

ACRONYMN	REFERENCE	INFORMATION
	<ul style="list-style-type: none"> Tinetti, M.E. (1986). Performance-oriented assessment of mobility problems in elderly patients. <i>Journal of the American Geriatrics Society</i>, 34, 19-126 	
TUG	<ul style="list-style-type: none"> Timed Up and Go Test Retrieved from http://www.unmc.edu/media/intmed/geriatrics/nebgec/pdf/frailelderlyjuly09/toolkits/timedupandgo_w_norms.pdf Podsiadlo, D., & Richardson, S. (1991). The timed “up & go”: A test of basic functional mobility for frail elderly persons. <i>Journal of the American Geriatrics Society</i>, 39(2), 1421 – 1448. Shumway Cook, A., Brauer, S., & Woollacott, M. (2000). Predicting the probability for falls in community dwelling older adults using the timed up & go test. <i>Physical Therapy</i>, 80(9), 896 – 903. 	<ul style="list-style-type: none"> The original purpose of the TUG was to test basic mobility skills of frail elderly persons; the test has been used in other populations including people with arthritis, stroke, and vertigo The TUG was developed in frail elderly adults 60-90 years of age referred to a geriatric hospital Easily administered physical performance test with single tester No training required
HOSPITALIZATION		
AAN	<ul style="list-style-type: none"> American Academy of Nursing’s Expert Panel on Acute and Critical Care Author. (2012). <i>Reducing functional decline in older adults during hospitalization: A best practice approach</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_31.pdf 	<ul style="list-style-type: none"> Reducing the risk for functional decline in hospitalized older adults can make a significant impact on their function and quality of life. A number of evidence-based strategies have been identified for reducing deterioration in hospitalized older adults.
FPRI	<ul style="list-style-type: none"> Family Preferences Index Boltz, M. (2012). <i>Assessing family preferences for participation in care of hospitalized older adults</i>. The Hartford Institute for Geriatric Nursing Try This 	<ul style="list-style-type: none"> 14 question instrument that measures family preferences, or family caregiver’s personal choice about providing care to their hospitalized older relatives

ACRONYM	REFERENCE	INFORMATION
	<p>Series: Best Practices in Nursing Care to Older Adults.</p> <ul style="list-style-type: none"> Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_22.pdf 	<ul style="list-style-type: none"> Supplement with an evaluation of other factors that impact caregiving ability
TCM	<ul style="list-style-type: none"> Transitional Care Model Bixby, M.B., & Naylor, M.D. (2009). <i>The transitional care model (TCM): Hospital discharge screening criteria for high risk older adults</i>. The Hartford Institute for geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_26.pdf 	<ul style="list-style-type: none"> Identifies 10 screening criteria developed and modified based on the results of completed randomized clinical trials of older adults with common medical and surgical DRGs and found to correlate to higher risk on transition from hospital to home
Zembrzuski	<ul style="list-style-type: none"> Zembrzuski, C. (2013). <i>Communication difficulties: Assessment and interventions in hospitalized older adults with dementia</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_d7.pdf 	<ul style="list-style-type: none"> Dementia impairs a person's ability to communicate effectively; it reduces the ability to decode and understand information (receptive language) and the ability to encode and, therefore, express information (expressive language) Because the patient's language deficits and other cognitive impairments are caused by his or her dementia, the responsibility to facilitate communication lies with the clinician.
MOOD		
CAM	<ul style="list-style-type: none"> Confusion Assessment Method Inouye, S., van Dyck, C., Alessi, C., Balkin, S., Siegal, A., & Horwitz, R. (1990). Clarifying confusion: The confusion assessment method. <i>Annals of</i> 	<ul style="list-style-type: none"> The CAM includes 2 parts: <ul style="list-style-type: none"> Part 1 is an assessment instrument that screens for overall cognitive impairment Part 2 includes those 4 features

ACRONYM	REFERENCE	INFORMATION
	<p><i>Internal Medicine</i>, 113(12), 941-948.</p> <ul style="list-style-type: none"> Waszynski, C.M. (2012). <i>The confusion assessment method (CAM)</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_13.pdf 	<p>that have the greatest ability to distinguish delirium or reversible confusion from other types of cognitive impairment</p>
CAM-ICU	<ul style="list-style-type: none"> Confusion Assessment Method for the Intensive Care Unit Ely, E.W., Inouye, S.K., Bernard, G.R., Gordon, S., Francis, J., May, L., Truman, B., Speroff, T., Gautam, S., Margolin, R., Hart, R.P., & Dittus, R. (2001). Delirium in mechanically ventilated patients: Validity and reliability of the confusion assessment method for the intensive care unit (CAM-ICU). <i>Journal of the American Medical Association</i>, 286(21), 2703-2710. Tate, J.A., & Happ, M.B. (2012). <i>The confusion assessment method for the ICU (CAM-ICU)</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_25.pdf 	<ul style="list-style-type: none"> The CAM-ICU was adapted for use in nonverbal ICU patients from the original CAM A serial assessment tool for use by bedside clinicians that is easy to use, Administration time is less than 2 minutes; requires minimal training Vanderbilt University Medical Center. (2010, October). <i>Confusion assessment method for the ICU (CAM-ICU): The complete training manual</i>. Retrieved from http://www.mc.vanderbilt.edu/icudelirium/docs/CAM_ICU_training.pdf
CSDD	<ul style="list-style-type: none"> Cornell Scale for Depression in Dementia Alexopolous, G.S., Abrams, R.C., Young, R.C., & Shamoian, C.A. (1998). Cornell scale for depression in dementia. <i>Biological Psychiatry</i>, 23, 271-284. Retrieved from http://geropsychiatriceducation.vch.ca/docs/edu-downloads/depression/cornell_scale_depression.pdf 	<ul style="list-style-type: none"> The CSDD is a screening tool consisting of 19 questions within 5 categories (mood related signs, behavioral disturbance, physical signs, cyclic functions & ideational disturbance) Based on a 3 point score (0-2) where 2 is severe Not diagnostic
GDS - SF	<ul style="list-style-type: none"> Geriatric Depression Scale – Short Form Greenberg, S.A. (2012). <i>The geriatric depression scale (GDS)</i>. The Hartford 	<ul style="list-style-type: none"> The GDS Short Form consists of 15 questions Questions from the Long Form GDS

ACRONYM	REFERENCE	INFORMATION
	<p>Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults.</p> <ul style="list-style-type: none"> Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_4.pdf 	<p>having the highest correlation with depressive symptoms in validation studies were selected for the short version</p> <ul style="list-style-type: none"> Of the 15 items, 10 indicated the presence of depression when answered positively, while the rest (question numbers 1, 5, 7, 11, 13) indicated depression when answered negatively The Short Form is more easily used by physically ill and mildly to moderately demented patients who have short attention spans and/or feel easily fatigued Takes about 5 to 7 minutes to complete
PHQ-9	<ul style="list-style-type: none"> Patient Health Questionnaire – 9 for Depression Retrieved from http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf 	<ul style="list-style-type: none"> The PHQ-9 is a 9 question scale that asks about how often a cluster of symptoms that defines depression are experienced. Questions based on 9 diagnostic criteria for major depressive disorder in the 4th edition of the DSM-IV
NUTRITION		
MNA-SF	<ul style="list-style-type: none"> Mini Nutritional Assessment – Short Form DiMaria-Ghalili, R.A., & Amella, E.J. (2012). <i>Assessing nutrition in older adults</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_9.pdf 	<ul style="list-style-type: none"> From the Nestle Nutrition Institute Screening tool used to identify older adults (> 65 years) who are malnourished or at risk of malnutrition Based on the full MNA® - 18-item questionnaire published in 1994 by Guigoz, et al.; most recent version of the MNA®-SF was developed in 2009 (Kaiser et al.) and consists of 6 questions on food intake, weight loss, mobility,

ACRONYMN	REFERENCE	INFORMATION
		psychological stress or acute disease, presence of dementia or depression, and body mass index
PAIN		
CPA-CImpaired	<ul style="list-style-type: none"> • Comprehensive Pain Assessment – Cognitively Impaired • Retrieved from http://www.geriatricpain.org/Content/Assessment/Impaired/Documents/ComprehensivePA_Impaired.pdf • Warden, V., Hurley, A.D., & Volicer, V. (2003). Development and psychometric evaluation of the pain assessment in advanced dementia (PAINAD) scale. <i>Journal of the American Medical Directors Association</i>, 4, 9 – 15. 	<ul style="list-style-type: none"> • 4 page comprehensive assessment that assesses aspects of pain in individuals that are cognitively impaired • Developed at the New England Geriatric Research Education & Clinical Center, Bedford VAMC, MA.
CPA-CIntact	<ul style="list-style-type: none"> • Comprehensive Pain Assessment – Cognitively Intact • Retrieved from http://www.geriatricpain.org/Documents/comprehensive-pain-assessment-intact-tool_UPDATED_2013.pdf 	<ul style="list-style-type: none"> • 2 page comprehensive assessment that assesses aspects of pain in cognitively intact older adults
FPS-R	<ul style="list-style-type: none"> • FACES Pain Scale Revised • Hicks, C.L., von Baeyer, C.L., Spafford, P.A., van Korlaar, I., & Goodenough, B. (2001). The faces pain scale – revised: Toward a common metric in pediatric pain measurement. <i>Pain</i>, 93, 173 - 183. • Retrieved from http://www.geriatricpain.org/Documents/FPS%20Instructions_%20UPDATED_2013.pdf • Retrieved from 	<ul style="list-style-type: none"> • Used to assess pain intensity in persons who are able to self report, but unable to use a numeric rating scale

ACRONYM	REFERENCE	INFORMATION
	<p>http://www.geriatricpain.org/Content/Assessment/Intact/Documents/FPS_revised.pdf</p>	
ID-Pain	<ul style="list-style-type: none"> • A Neuropathic Pain Screen • Retrieved from http://www.geriatricpain.org/Content/Assessment/Intact/Documents/Neuropathic_Screen.pdf • Portenoy, R. (2006). Development and testing of a neuropathic pain screening questionnaire: ID Pain. <i>Current Medical Research and Opinions</i>, 22(6), 1555 – 1565. 	<ul style="list-style-type: none"> • Used to evaluate presence of neuropathic pain • Older adults are asked specific questions that are scored • Higher scores are more indicative of pain with a neuropathic component
MDS 3.0	<ul style="list-style-type: none"> • Minimum Data Section 3.0, Section J; Centers for Medicare and Medicaid Services • Retrieved from http://www.geriatricpain.org/Content/Assessment/Impaired/Documents/MDS%203%200%20Section%20J.pdf 	
NRS	<ul style="list-style-type: none"> • Numeric Rating Scale • Retrieved from http://www.geriatricpain.org/Content/Assessment/Intact/Pages/default.aspx • Retrieved from http://www.geriatricpain.org/Content/Assessment/Intact/Documents/NumericScale.pdf 	<ul style="list-style-type: none"> • Pain intensity rating scale for use with individuals who can point to or state the number that reflects their current pain level • Range from 0 = no pain to 10 = worst possible pain

ACRONYM	REFERENCE	INFORMATION
PACSLAC	<ul style="list-style-type: none"> • Pain Assessment Checklist for Seniors with Limited Ability to Communicate • Fuchs-Lacelle, S., & Hadjistavropoulos, T. (2004). Development and preliminary validation of the pain assessment checklist for seniors with limited ability to communicate (PACSLAC). <i>Pain Management Nursing</i>, 5(1), 37 – 49. • Retrieved from http://www.geriatricpain.org/Content/Assessment/Impaired/Pages/PACSLAC.aspx 	<ul style="list-style-type: none"> • A screening tool and not a definitive indicator of pain • Checklist to screen for pain in older adults who have dementia or other cognitive impairment with a limited ability to communicate • The checklist may not be reproduced or translated without permission; for permission to reproduce contact the copyright holders at Thomas.hadjistavropoulos@uregina.ca
PAINAD	<ul style="list-style-type: none"> • Pain Assessment in Advanced Dementia Scale • Warden, V., Hurley, A.C., & Volicer, L. (2003). Development and psychometric evaluation of the pain assessment in advanced dementia (PAINAD) scale. <i>Journal of the American Medical Directors Association</i>, 4, 9 - 15. • Retrieved from http://web.missouri.edu/~proste/tool/cog/painad.pdf • Retrieved from http://www.healthcare.uiowa.edu/igec/tools/pain/PAINAD.pdf 	<ul style="list-style-type: none"> • A behavior-observation tool developed for use in patients whose dementia is so advanced that they can not verbally communicate pain • Easy use • Requires a brief training and observation period
PAOA	<ul style="list-style-type: none"> • Pain Assessment for Older Adults • Flaherty, E. (2012). <i>Pain assessment for older adults</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. • Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_7.pdf 	<ul style="list-style-type: none"> • Identifying and measuring pain begins with self report which can be challenging in a population with sensory deficits and disparities in cognition, literacy, and language • Simply worded questions and tools, which can be easily understood, are the most effective • The most widely used pain intensity scales used with older adults are the:

ACRONYM	REFERENCE	INFORMATION
		<ul style="list-style-type: none"> • Numeric Rating Scale (NRS) • Verbal Descriptor Scale (VDS) • Faces Pain Scale-Revised (FPS-R)
PD	<ul style="list-style-type: none"> • Pain Diary • Retrieved from http://www.geriatricpain.org/Content/Assessment/Intact/Documents/PainDiary.pdf 	<ul style="list-style-type: none"> • Tool to use with older adults and/or their caregivers to record daily pain and what treatment they utilized to treat
VDS	<ul style="list-style-type: none"> • Verbal Descriptor Scale or Pain Thermometer • Retrieved from http://www.geriatricpain.org/Content/Assessment/Intact/Pages/VDS.aspx • Retrieved from http://www.geriatricpain.org/Content/Assessment/Intact/Documents/VDS_Thermometer.pdf 	<ul style="list-style-type: none"> • Pain intensity rating scale good for use with any individuals, including those with moderate to severe cognitive impairment • The older adult points to the words that show how bad or severe the pain is at the time • Actual picture of a thermometer utilized
PROGNOSTICATION		
FAST	<ul style="list-style-type: none"> • Functional Assessment Staging Tool or Scale • Reisberg, B. (1988). Functional assessment staging (FAST). <i>Psychopharmacology Bulletin</i>, 24, 653-659. • Retrieved from http://geriatrics.uthscsa.edu/tools/FAST.pdf 	<ul style="list-style-type: none"> • Functional scale designed to evaluate patients at moderate to severe stages of dementia • In the majority of cases, information is collected from a knowledgeable resource other than the patient
GCS	<ul style="list-style-type: none"> • Glasgow Coma Scale 	<ul style="list-style-type: none"> • Evaluates eye opening, verbal and motor responses, and brainstem reflex function

ACRONYM	REFERENCE	INFORMATION
	<ul style="list-style-type: none"> Teasdale, G., & Jennett, B. (1974). Assessment of coma and impaired consciousness: A practical scale. <i>The Lancet</i>, 13(2), 81 – 84. Retrieved from http://www.strokecenter.org/wp-content/uploads/2011/08/glasgow_coma.pdf 	<ul style="list-style-type: none"> Considered one of the best indicators of clinical outcome
Karnofsky	<ul style="list-style-type: none"> The Karnofsky Performance Scale Index Crooks, V., Waller, S., Smith, T., & Hahn, T.J. (1991). The use of the Karnofsky Performance Scale in determining outcomes and risk in geriatric outpatients. <i>Journal of Gerontology</i>, 46(4), M139-M144. 	<ul style="list-style-type: none"> Classifies patients related to their functional status (impairment); Can be utilized to compare effectiveness of therapies and to assess the prognosis in individual patients The lower the Karnofsky score, the lower survival for most serious illnesses
PPS	<ul style="list-style-type: none"> Palliative Performance Scale Anderson, F., Downing, G.M., & Hill, J. (1996). Palliative performance scale (PPS): A new tool. <i>Journal of Palliative Care</i>, 12(1), 5-11. Retrieved from http://www.eperc.mcw.edu/EPERC/FastFactsIndex/ff_125.htm 	<ul style="list-style-type: none"> Used as a prognostic tool to predict survival Uses 5 observer-rated domains correlated to the Karnofsky Scale Reliable/valid tool Correlates with actual survival & median survival time for cancer patients
SEXUALITY		
PLISSIT MODEL	<ul style="list-style-type: none"> PLISSIT Model Kazer, M.W. (2012). <i>Sexuality assessment for older adults</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. Retrieved from http://consultgerim.org/uploads/File/trythis/try_this_10.pdf 	<ul style="list-style-type: none"> Used to assess and manage the sexuality of older adults (Annon, 1976) Includes several suggestions for initiating and maintaining the discussion of sexuality as well as questions to guide the discussion of sexuality Used in a variety of clinical settings Goal = gather information that allows the

ACRONYMN	REFERENCE	INFORMATION
		patient to express his/her sexuality safely and to feel uninhibited by normal or pathologic problems
SKIN		
BRADEN SCALE	<ul style="list-style-type: none"> • Braden Scale for Predicting Pressure Ulcer (PU) Risk • Ayello, E.A. (2012). <i>Predicting pressure ulcer risk</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. • Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_5.pdf 	<ul style="list-style-type: none"> • Helps identify associated risk for PU so that appropriate preventive interventions can be implemented • Although used primarily with white older adults, research addressing efficacy in black and Latino populations suggests that a cut-off score of 18 or < prevents under-prediction of PU risk in these populations
SLEEP		
ESS	<ul style="list-style-type: none"> • Epworth Sleepiness Scale (ESS) • Smyth, C. (20120). The Epworth sleepiness scale (ESS). The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. • Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_6_2.pdf 	<ul style="list-style-type: none"> • Measures average daytime sleepiness • Differentiates between average sleepiness and excessive daytime sleepiness that requires intervention • Patient self-rating on how likely it is that he/she would doze in eight different situations • Scoring of the answers is 0-3, with 0 being “would never doze” and 3 being “high chance of dozing” • A sum of 10 or more from the eight individual scores reflects above normal daytime sleepiness and need for further evaluation

ACRONYM	REFERENCE	INFORMATION
PSQI	<ul style="list-style-type: none"> • Pittsburgh Sleep Quality Index • Smyth, C. (2012). <i>The Pittsburgh sleep quality index (PSQI)</i>. The Hartford Institute for Geriatric Nursing Try This Series: Best Practices in Nursing Care to Older Adults. • Retrieved from http://consultgerirn.org/uploads/File/trythis/try_this_6_1.pdf 	<ul style="list-style-type: none"> • Effective instrument used to measure the quality and patterns of sleep in the older adult • Differentiates “poor” from “good” sleep by measuring seven domains: subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction over the last month

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