ABSTRACT

Purpose. There is a gap in online educational content addressing clinical cases that impact the care of geriatric patients by specialists. Our PURPOSE was to create a set of geriatric Virtual Patient Cases (VPCs) that 1) use multimedia and multidisciplinary presented clinical tasks to pose key challenges in caring for older patients, 2) provide feedback and education applicable across specialties in the delivery of high-quality care to older adults, and 3) fulfill Maintenance of Certification requirements for Lifelong Learning and SAEd (LSA).

Methodology. This is a collaborative project between the American Geriatrics Society (AGS) Geriatrics for Specialties Initiative (AGS-GSI) and the American Board of Medical Specialties (ABMS). Two meetings (Planning and Case Writing) were held to plan and develop case materials. A total of 21 physicians (5 geriatricians and 16 others specialists) participated in the overall project.

The focus of the VPC Planning Meeting was identification of cross-cutting geriatrics topics and potential cases for illustrating those topics. Prior to the VPC Writing Meeting, ABMS staff mailed guidelines and case topics to participants in preparation for working in 5 cross-specialty VPC writing groups of 3-4 members each, with each group assigned to develop 2 VPCs. An ABMS staff facilitator was assigned to each group to assure continuity across cases. The ABMS physicians-videographer circulated across groups to provide input on the best use of video for each case.

Each VPC is designed to follow a “handoff” throughout an episode of illness, including 6 (labeled) “assessment points” (one involving video) posing clinical tasks to be performed by the user, formative feedback regarding correct incorrect responses to be delivered immediately following points, and detailed end-of-case feedback with hyperlinks to reference materials. Assessment point formats for the VPCs include single best answer (SBA), video response options, pick-N, short answer, structured response (discharge, admission, postop orders), and grid formats (medication reconciliation/differential diagnosis). A 4-item MCQ Post-test will follow each case. Users must achieve a passing score on the Post-test in order to receive CME/MOC credit.

Results. Ten VPCs and associated video scripts were drafted by the VPC Case Writing Group and physician-videographer for web-based publication and delivery.

Conclusion/Discussion. The VPC project emphasizes evidence-based care of geriatric patients with the goal of improving delivery of care for both patients and the healthcare system.

CASE DESCRIPTIONS

Clinical Presentation

An 84-year-old woman is brought to the ED because of a 2-day history of nausea and vomiting, and a 30-lb weight loss over 6 months.

Main Focus

Goals of care, shared decision making

Key Learning Points

- Presents a scenario of a confused patient and challenges related to patient autonomy
- Illustrates approaches to counseling a patient to manage expectations about treatment options
- Illustrates communication challenges in interacting with a family member who is confrontational
- Presents a situation that would raise suspicion for elder abuse
- Illustrates interdisciplinary team communication and shared decision making
- Illustrates shared decision making with patient, family, and surgeon
- Presents a scenario where a family member needs to be contacted by phone to corroborate information provided by the patient
- Illustrates use of screening tools for diagnosing delirium
- Presents an interdisciplinary team meeting to discuss disposition options for a patient resistant to discharge to a rehabilitation facility
- Illustrates a patient interview to establish medication use when polypharmacy is an issue

COMPONENTS OF A CASE OF DELIRIUM DUE TO UTI*

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
<th>Response Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>UTI</td>
<td>Presentation of urinary symptoms</td>
<td>Select the most appropriate pharmacotherapy. MCQ</td>
</tr>
<tr>
<td>Fever</td>
<td>Observations</td>
<td>Indicate temperature, vital signs, and treatment of fever. SBA/MCQ</td>
</tr>
<tr>
<td>Acute delirium</td>
<td>Diagnosis</td>
<td>Indicate medications orders for admission to the hospital floor. SBA/MCQ</td>
</tr>
<tr>
<td>Delirium</td>
<td>Evaluation</td>
<td>Indicate medications orders for admission to the hospital floor. SBA/MCQ</td>
</tr>
</tbody>
</table>

DISCUSSION AND NEXT STEPS

As Baby Boomers age, increasing numbers of the US population are becoming older adults, requiring that specialty care physicians understand evidence-based principles for caring for older adults. “Cross-cutting” geriatrics specialty care topics represent clinical problems common to older adults and provide an opportunity to develop educational materials applicable to multiple specialty physicians.

The next steps include video production and integration with VPCs in preparation for publication for web-based delivery via the GeriatricsCareOnline.org portal; development and publication of ancillary materials (case indices, registration materials, completion certificates, surveys); and soliciting MOC approvals from multiple Member Boards through the ABMS MOC Implementation Center. The VPCs are scheduled to be ready for delivery in July 2018. A meeting to review results and survey responses is scheduled for the fourth quarter of 2019.

* “Handoff” is defined as the transfer of care of an older patient from one caregiver to another. The handoff describes an exchange of information and responsibilities related to the patient's care.