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ABSTRACT

Purpose. There is a gap in on-line educational content addressing clinical care issues that impact the care of geriatric patients by specialists. Our PURPOSE was to create a set of geriatrics Virtual Patient Cases (VPCs) that 1) use multimedia and realistically 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 Self- Assessment (LL-SA).

Methodology. This is a collaborative project between the American Geriatrics Society (AGS) Geriatrics-for-Specialists 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 other 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 these 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 physician-videographer circulated across groups to provide input on the best use of video for each case.

Each VPC is designed to follow a "patient" through an episode of illness, including: 6 (unscored) "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 assessment points, and detailed end-of-case feedback with hyperlinks to reference materials. Assessment point formats for the VPCs include single best answer MCQs, 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.

DEVELOPING GERIATRIC CROSS-SPECIALTY VIRTUAL PATIENT CASES FOR SELF-ASSESSMENT

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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.

An 84-year-old man with a known AAA presents for an annual follow-up visit 10 days after routine surveillance ultrasonography.

An 80-year-old man with COPD and Stage III esophageal cancer develops acute respiratory and renal failure.

An 80-year-old man is brought to the ED because of blurred vision one week after cataract surgery.

An 85-year-old woman is admitted to the hospital through the ED after falling at home.

A 79-year-old man with COPD and peripheral vascular disease comes for preoperative evaluation for lumbar laminectomy.

An 84-year-old woman is referred for surgical management of a solid renal mass discovered incidentally in evaluation of chronic abdominal pain.

An 83-year-old man is brought to the ED for treatment of fever and altered mental status.

A 76-year-old woman with sigmoid colon obstruction is admitted for treatment of metastatic ovarian adenocarcinoma.

A 78-year-old man with a nonhealing ulceration of the great toe presents for evaluation for angioplasty/stenting.

MULTIMEDIA PORTRAYALS

- 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 should 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

Main Focus	
	ed decision making
Assessing capacity	, goals of care, and decision making
End-of-life issues, t communication	ransition to hospice care, patient/family
Elder abuse: Assess	sment, management, intervention
•	ent care pathways: functional preservation, n, interdisciplinary team communication
Frailty: recognition	, quantification, management
Preoperative high- by specialists	risk screening; screening tools used
Delirium: evaluatio	on, prevention, treatment
Coordination of ca	re transitions
Perioperative med	ication management, polypharmacy
VPC	RESPONSE FORMATS
 Video response o 	ver (SBA) multiple-choice questions (MCQs) options (form of SBA MCQ) mum number to select indicated)

- Short answer (with maximum number to list indicated)
- Structured response
 Discharge orders
 Postop orders
 Admission orders
 Differential diagnosis
 Medication reconciliation



COMPONENTS OF A CASE OF DELIRIUM DUE TO UTI*

Key Learning Points

Evaluation, prevention, and treatment of delirium Recognition of the unique needs of the older adult during a hospitalization

Element	Description	Response Format
Scene 1	An 83-year-old man is brought to the ED for	
	evaluation of fever and altered mental status	
AP 1	Indicate factors that predispose patient	
	to delirium	Pick N
AP 2	Indicate medications orders for admission to	
	the hospital floor.	Medication Reconciliation
Scene 2	The patient is admitted to the hospital floor and	
	24 hours later continues to be agitated despite	
	UTI management and nonpharmacologic delirium	
	management.	
Video	Interview with patient (daughter present) to assess	
	memory impairment and mood and perform CAM.	
AP 3	Interpret patient findings illustrated by responses	
	to CAM	Pick N
AP 4	Order diagnostic studies	Pick N
Scene 3	A diagnosis of delirium is confirmed with UTI	
	the most likely precipitating factor.	
AP 5	Indicate hospital plan of care (safety/prevention	
	protocols to be initiated)	Short Answer
AP 6	Select the most appropriate pharmacotherapy.	MCQ

Detailed End of Case Feedback and References with hyperlinks

4-Item Post-Test

*Feedback about the correct/incorrect answers will provided following each AP

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.