

## The Aging Mind, Body, and Spirit: A Novel Interdisciplinary Curriculum for Prospective GRNs, GPCAs, GPTs, GOTs, GSLPs

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**Organization:** Saint Vincent Hospital, Worcester, Massachusetts

**Purpose:** To develop an original NICHE curriculum to fit the needs of Saint Vincent Hospital (SVH) by “geriatricizing” multiple learner cohorts consisting of RNs, PCAs, PTs, OTs, SLPs, internal medicine residents, and volunteers to promote collaborative interdisciplinary care.

**Background:** SVH is a newly designated NICHE site. As such, no curriculum existed for training our new and/or longtime RNs, PCAs, PTs, OTs, and SLPs about the unique care needs of hospitalized older adults – specifically, their cognitive, functional, and emotional needs. Toward that end, our interprofessional NICHE Steering Committee developed a novel curriculum for teaching interdisciplinary learners about the aging mind, body, and spirit – using the team’s collective expertise buttressed by guidance from the NICHE Knowledge Center. An outline of our core curriculum is as follows:

**Session #1: “The Aging Mind”** – focusing on interdisciplinary team training for non-pharmacological/behavioral strategies to prevent/minimize behavioral symptoms of delirium and dementia. (4 hours)

- Lead faculty: geriatrician, occupational therapist, nurse educator
- Methods: mini-lectures, small group teaching, empathy role play sessions
- **Lesson learned:** awareness of hypoactive delirium is incredibly low – and was often characterized by learners as an epiphany moment, i.e., *not* normal aging.

**Session #2: “The Aging Body”** – focusing on the perils of hospital-acquired immobility (4 hours)

- Lead faculty: physical therapist, speech-language pathologist, geriatrician
- Methods: mini-lectures, small group teaching, role play
- **Lesson learned:** systems-based issues supersede knowledge deficits; requires collaborative approach

**Session #3: “The Aging Spirit”** – focusing on palliative care and hospice, elder abuse (4 hours)

- Lead faculty: geriatrician, palliative care nurse practitioner, Elder Protective Services employees
- Methods: mini-lecture, Conversation Project/advance care planning interactive session, small groups
- **Lesson learned:** knowledge of palliative care, and differentiation from hospice, was suboptimal

**Session #4: “Putting It All Together”** (4 hours)

- Lead faculty: entire team
- Methods: individual workstations, facilitated by all team members, demonstrating synthesis of material
- **Lesson learned:** a formal graduation ceremony – with diplomas and pins – cultivated a sense of pride and accomplishment.

### **Outcomes/Takeaways:**

- 91% of the attendees (n=25) rated the first conference as “very effective” (highest response)
- (*Three month post-survey will be back before this table presentation.*)
- Our second session enrolled our target of 40 learners (21 RNs, 7 hospital volunteers, 6 PCAs, 2 internal medicine residents, 2 PTs, 1 OT, and 1 unit secretary.) Sessions will be ongoing throughout the year.

### **Conclusions/Takeaways:**

- Finding a champion from each discipline – nursing, nursing education, PCA, therapy, geriatrics, case management, pharmacy – is paramount for building a core steering team.
- Interactivity of sessions is critical for fostering an environment where learners can teach each other – and better understand the roles, responsibilities, and value of those from different disciplines.