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Overview of CGEC Mission & Plans

Janet Frank, DrPH
California Geriatric Education Center
Organizational Chart

Regents of the University of California

David Geffen School of Medicine at UCLA

Multicampus Program in Geriatric Medicine & Gerontology

AGRP

CALIFORNIA GERIATRIC EDUCATION CENTER (CGEC)

Western University of Health Sciences

Kern Medical Center

California State University, Bakersfield

California Council on Gerontology & Geriatrics (CCGG)

UCLA Executive Committee
Core faculty from Dentistry, Medicine, Nursing, Pharmacy, Public Health, Social Work, and Consultants

Administrative Core

PROJECT PROTOCOL #1
Using the Evidence-Base to Improve Geriatric Practice

PROJECT PROTOCOL #2
Increasing the Capacity for Interprofessional Geriatric Education

Kern
WU
MH
California Geriatric Education Center
2010 - 2015

GEC Statutory Requirements
- Improve the training of health professionals in geriatrics;
- Develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;
- Support the training and retraining of faculty to provide instruction in geriatrics;
- Support continuing education of health professionals who provide geriatric care;
- Provide students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

The New CGEC
- Western University of Health Sciences
- Kern Medical Center
- California State University, Bakersfield
- UCLA
- California Council on Gerontology & Geriatrics
- Consultant: Lawson & Assoc.

CGEC Objectives
1. Prepare faculty members and other health educators to provide aging-related educational experiences
2. Train key health providers in educational and leadership positions to improve care of older Californians
3. Provide technical assistance to all levels of higher education and all health professions

CGEC External Advisory Committee (YOU!)
- Monitor accomplishments
- Evaluate progress
- Help us problem solve
- Provide guidance

CGEC Organizational Structure
CGEC Logic Model
- Our roadmap or visual representation of CGEC components & linkages
- Describes program’s theory, vision, & core operation
- Communication tool that supports program development, implementation & evaluation

CGEC Administrative Core
- Planning process during monthly executive meetings and special sessions
- Curricula development emphasizes transportability of programs
- Evaluation and tracking
- Agency and institutional reporting

CGEC Initiatives
- Initiative 1: Using the Evidence-Base to Improve Geriatric Practice – “PIE Project”
- Initiative 2: Increasing the Capacity for Interprofessional Geriatric Education
  - Kern County (KMC and CSUB)
  - Western University of Health Sciences
  - Leadership and Management in Geriatrics
  - Mental Health Training

 Initiative 1: The PIE Project
- To improve geriatric practice on depression care in skilled nursing facilities.
- Partners:
  - California Collaborative to Improve Quality in Long Term Care
  - New York Consortium of GECs
  - Pacific Islands GEC

 Initiative 2: Kern County Project
- Faculty Development Leadership Academy
- Reynolds Mini-Fellowship
- TeamSTEPPSTM Online Geriatric Team Video Modules
- Practice Improvement Project Development & Implementation with Mentoring
- Geriatric Rotation/Field Placement Development

 Initiative 2: Interprofessional Education
- Western University
  - Develop geriatric team training course for health professions students
  - Develop simulation cases and assessment tools
- Leadership and Management in Geriatrics (LMG)
  - Annual 2-day CME program on management principles of geriatric health care services.
  - Conduct Practice Improvement Projects
CGEC Levels of Evaluation

- **Primary**: Numbers of attendees, satisfaction
- **Secondary**: Results directly attributed to the program’s efforts
  - change scores in knowledge tests
  - faculty confidence to teach new materials
  - clinician intentions to use new skills/tools in patient care
  - learner-based evaluation tools such as personal action plans

Tertiary Evaluation Outcomes

- **End-user benefit**
  - Faculty training ⇒ student competencies
  - Provider training ⇒ better patient outcomes

- Relies on program creating a change in behavior in participant and being able to get tertiary outcome data

Demonstrating CGEC Impact

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>CGEC Programs</th>
<th>Secondary Outcomes Program recipient</th>
<th>Tertiary Outcomes Student or Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>Kern County, WesternU</td>
<td>Faculty prepared to teach (competencies); Action Plan is to teach new content</td>
<td>Student competencies in content, skill and application to service</td>
</tr>
<tr>
<td>Students</td>
<td>Kern County, WesternU</td>
<td>Improved knowledge</td>
<td>Competency assessment</td>
</tr>
<tr>
<td>Clinicians</td>
<td>Kern County, LMG, PIE Project</td>
<td>Acquisition of new knowledge/skills; Action Plan for practice behavior change</td>
<td>Patient level data shows that improved methods of care are being provided post-program</td>
</tr>
</tbody>
</table>

Progress and Plans for Year 1

- **PIE Meetings (July & September)**
- **Kern County Kick-Off Meeting**
- **Establishing leadership structures for each CGEC Initiative**
- **Evaluation Challenges with PIE Project**
- **Looking forward to the 5 years ahead!**
CALIFORNIA’S GERIATRIC EDUCATION CENTER LOGIC MODEL

RESOURCES

Guiding Principles
- Building “Centeredness”
- Community/Academic Partnerships
- Behavioral Change Approach
- Interdisciplinary Perspective

CGEC Partners
- UCLA
- Western University
- Kern Medical Center
- CSU Bakersfield
- CCGG
- Consulting Partners

Funding: HRSA

State & National Programs
- GEC Network
- NTACC
- AGRP
- RCMAR
- FIPSE
- AoA/NCOA

National Association NAGEC

ACTIVITIES

Design, Develop, & Integrate Evidence & Competency-Based Geriatric Curriculum Materials & Education Resources

Coordinate, Facilitate, & Support Development of Regional Partnerships & Programs

Provide Training Opportunities (e.g., Train-the-Trainer, Conferences, Workshops) & Faculty Development

Support Advocacy Efforts that Increase Awareness of Need for Geriatric Education & Resources

WHO WE REACH

Health & Social Service Students & Trainees

Health & Social Service Faculty

Health & Social Service Professionals

CGEC Partners

GEC Network

Local, State, & National Policymakers

OUTCOMES

Increased Access to & Availability of Evidence & Competency-Based Geriatric Curriculum Materials & Education Resources

Increased # of Competent & Culturally Sensitive Health & Social Service Students, Trainees, Faculty, & Professionals

Increased Promotion of Geriatric Education & Geriatric Care Reimbursement Mechanisms

Increased Access to Care & Improved Quality of Care for Older Adults, Particularly Minority & Underserved Elders

PROCESS, PROGRAM, & OUTCOMES EVALUATION

EXECUTIVE & ADVISORY COMMITTEE

EXECUTIVE ADVISORY COMMITTEE

CGEC Partners
- UCLA
- Western University
- Kern Medical Center
- CSU Bakersfield
- CCGG
- Consulting Partners

EXECUTIVE & ADVISORY COMMITTEE
The California Geriatric Education Center’s (CGEC) logic model was developed to graphically represent the Center’s activities and outcomes it expects to achieve. This narrative describes the main components of the logic model: resources, activities, priority audience through “who we reach”, and intended outcomes using arrows to represent anticipated relationships among these components.

Resources
The first column, resources, refers to the tangible and intangible support needed to implement the program. Five resources captured in the logic model are described below.

- Center operations are driven by several guiding principles including:
  - *Building Centeredness*, or the collective identification and engagement of CGEC partners beyond their organizational affiliations and working toward the unified goals and objectives of the Center;
  - Interactive collaboration between CGEC partners and the communities they serve through *Community/Academic Partnerships*;
  - *Behavioral change approach* to learning process and application of learned content in daily practice; and
  - *An Interdisciplinary Perspective*, which appreciates the complexity of the aging experience and that multiple disciplines contribute to health and wellness of older adults.

- CGEC Partners include the University of California Los Angeles, Western University of Health Sciences, Kern Medical Center, California State University Bakersfield, and the California Council on Gerontology and Geriatrics.

- Funding support for the CGEC is provided by the Health Resources and Services Administration (HRSA), Bureau of Health Professions, a division of the US Department of Health and Human Services.

- The CGEC has developed cooperative relationships with several state and national programs in order to meet gerontological and geriatric educational needs in California. Below are several key programs that interface with the CGEC:
  - *GEC Network* – the CGEC has a cooperative and complementary relationship with two other GECs in California, the Stanford GEC and the NorCal GEC.
  - *National Training and Coordination Collaborative (NTACC) for Geriatric Education Centers* serves as an evaluative support center for the entire GEC network. UCLA has a sub award with the NTACC to provide evaluation training and resources.
  - *Academic Geriatric Resource Program (AGR)* is a state funded program that supports the training of health care professions students at University of California campuses with medical and public health schools.
- UCLA also serves as the National Institute of Aging’s Resource Centers for Minority Aging Research (RCMAR) Coordinating Center, allowing CGEC and RCMAR to leverage support from each other for training health and social service faculty and researchers.

- US Department of Education Fund for the Improvement of Postsecondary Education (FIPSE) projects, “Systems Approach to Gerontology Education” (SAGE) and “Skills for Healthy Aging Resources and Programs” (SHARP) are also directed by UCLA. SAGE complements CGEC efforts to provide competency-based curriculum development in gerontology, and SHARP is developing an evidence-based health promotion community college certificate program at College of the Canyons and Santa Barbara City College.

- The Administration on Aging (AoA), with technical assistance from the National Council on Aging (NCOA), funded statewide implementation of Evidence Based Disease Prevention programs throughout California. CGEC is collaborating and building on this effort teaching evidence-based prevention principles to health and social service students, trainees, and faculty.

  - National Association of Geriatric Education Centers (NAGEC), a membership organization for GECs, is a key national partner for this effort and is poised to assist in the dissemination of CGEC outcomes, processes, and products.

Activities

Four overarching activities, which are the key actions implemented by the CGEC, include:

1. **Designing, developing, and integrating evidence- & competency-based geriatric curriculum materials and education resources** – these include all educational planning efforts, product development, pilot testing, evaluating, disseminating, and infusing geriatric education modules into health and aging programs across the consortium partners. The two major training initiatives for this current grant cycle are “Using the Evidence-Base to Improve Geriatric Practice,” and “Increasing the Capacity for Interprofessional Geriatric Education.”

2. **Coordinating, facilitating, and supporting the development of regional partnerships and programs** – these efforts nurture and create a solid foundation across CGEC partner organizations, consulting faculty, and affiliated state and national programs upon which educational products and processes can be disseminated and infused effectively;

3. **Providing training opportunities, including “train the trainer” sessions, conferences, and workshops, and faculty development; and**

4. **Supporting advocacy efforts that increase awareness of the need for geriatric education and resources** – these efforts enhance the visibility of and critical need for geriatric education at the local, state, and national policy levels to increase fiscal and human resources in health and social service professions.

Who We Reach

*California Geriatric Education Center’s Logic Model & Narrative*
The CGEC is geared to improve the knowledge, attitudes, and behaviors of six priority groups specific to gerontological and geriatric education:

- **Health and social service students and trainees, faculty, and professionals** in California;
- **CGEC partner organizations**;
- The broader **GEC network**; and
- **Local, state, and national policymakers**.

**Outcomes**

Outcomes are the intended results of the CGEC activities. It is anticipated that, by harnessing the collective efforts of the CGEC resources, accomplishing the four main activities that are targeted toward the six priority groups listed above, the CGEC will achieve the following outcomes:

- **Increased access to & availability of evidence- & competency-based geriatric curriculum materials & education resources**;
- **Increased number of competent & culturally sensitive health and social service students, trainees, faculty, and professionals**; and
- **Increased promotion of geriatric education and geriatric care reimbursement mechanisms** at the local, state, and national policy levels.

These outcomes are in line with the statutory purpose of a GEC as outlined in the Public Health Services Act. The overall anticipated effect of these outcomes is that older adults, particularly those who are minorities or otherwise underserved, will experience increased access to care and improved quality of care in health and social service settings.

**Overarching Elements**

The CGEC has an established national **External Advisory Committee** that meets annually to monitor all accomplishments, evaluate progress, assist with problem solving, and provide guidance for upcoming activities and anticipated outcomes. Underpinning the CGEC is a **program, process, and outcomes evaluation** process that blends formative and summative approaches to monitor the overall effectiveness of the CGEC in a rigorous, yet flexible manner.
2010-2011 Programs

I. Kern County Geriatrics Education Project - John Ngoi of Kern Medical Center (KMC) and Rose McCleary of California State University, Bakersfield (CSUB)

   Long Term Goal: To become a Kern County program that is committed to continuing and sustaining geriatric education within the community beyond the five year CGEC project.

   Project Objectives:
   1) To increase the geriatric training capacity at KMC and CSU Bakersfield
      - The Faculty Development Leadership Academy further detailed in the attached presentation, will begin training in January 2011. The four candidates will be selected by the CMO and CEO of KMC.
   2) To increase the geriatric content and continuum of care exposure in clinical training rotations at KMC and its community affiliates
   3) Provide geriatrics CE training to community medical doctors, nurses, social workers, pharmacists, dentists, mental health and public health providers

II. Geriatric Interprofessional Education (IPE)

   A. Western University (WU) - Sheree Aston and Jordan Orzoff

      Overall Goal: To develop, implement, evaluate and disseminate the results and products of a geriatric focused teamwork training course, simulated exercise, and assessment for health professional students.

      Project Objectives:
      1) Develop a teamwork (skills) training course - Currently students are already in training in a “Team Work in Health Care Course”
      2) Develop and test a geriatric “Team OSCE” (Objective Structured Clinical Examination)
      3) Develop and test assessment instruments
      4) Train 30 faculty members
      5) Train 300 health students
      6) Disseminate toolbox and project results

   B. LMG (Leadership and Management in Geriatrics) - Dan Osterweil, UCLA

      Overall Goal: To address the gap in the professional finance, business and leadership development of physicians, nurses, nurse practitioners, and allied health professionals who work in clinical and academic settings related to geriatric care.

      Project Objectives:
      1) Identify unique characteristics of geriatric health care services
2) Describe and apply key elements of business/organizational theory to medical practice
3) Describe and apply geriatric leadership and management models/skills to medical practice
4) Identify and apply collaborative problem solving and mentor/mentee skills
5) Create and implement an action plan to address a worksite management/leadership issue

III. Practice Improvement Education (PIE) Project - Ming Lee, UCLA

Overall Goal: Using the evidence-based approach to improve geriatric practice in skilled nursing facilities.

Project Objectives:
1) To develop the Geriatric Interprofessional Team Practice Improvement Model
2) Design a PIE program in depression management for nursing home teams (N≥5 NH)
3) Offer the PIE program to nursing home team personnel (N≥5 persons per team)
4) Provide the follow-on technical assistance to trained nursing home team personnel to assist with the implementation and accomplishment of a PI project
5) Evaluate PIE
6) Disseminate the PIE Team Model and PIE results

IV. Mental Health Training - Janet Frank, UCLA

Overall Goal: To participate in statewide development activities to increase geriatric mental health training to public health providers and faculty and to offer 2 mental health and aging interprofessional trainings, the first in 2011 followed by a second training in 2012.

Objectives for Year 2 & 3:
1) Offer a geriatric mental health session at CA Directors of Mental Health conference (April 2011) (n=150) in collaboration with the CA Department of Mental Health & CA Department of Aging
2) Offer a 1-day training at CCGG Annual Meeting, April 2011 (n=125).
Kern County Geriatrics Education Project

John Ngoi
and
Rose McCleary, PhD, MSW
## Project Goal:
KMC and CSUB to collaborate with CGEC geriatric and interprofessional team training faculty to offer geriatric trainings, improve geriatric content in clinical rotations at KMC/community affiliates, to improve faculty training capacity at KMC/CSUB.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 1 2010-2011</th>
<th>Year 2 2011-2012</th>
<th>Year 3 2012-2013</th>
<th>Year 4 2013-2014</th>
<th>Year 5 2014-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KMC/CSUB Interprofessional Geriatric Training Series</strong></td>
<td>4 trainings</td>
<td>4 trainings</td>
<td>2 trainings</td>
<td>2 trainings</td>
<td>2 trainings</td>
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<tr>
<td></td>
<td>1: Team Building (9/21)</td>
<td>10 faculty per training Goal: 40</td>
<td>10 faculty per training Goal: 20</td>
<td>10 faculty per training Goal: 20</td>
<td>10 faculty per training Goal: 20</td>
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<td>10 faculty per training Goal: 40</td>
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<tr>
<td><strong>Residency Rotations &amp; Field Placement Development &amp; Implementation</strong></td>
<td>Develop new geriatric content and offer faculty training for current rotations/field placements</td>
<td>Implement enhanced interprofessional geriatric rotations at KMC/affiliates and CSUB students placement at KMC/affiliates</td>
<td>Implement 2 new geriatric interprofessional clinical rotations (medicine, psychiatry, pharmacy at KMC) and CSUB social work and nursing students at KMC and affiliates.</td>
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</tr>
<tr>
<td>Medicine (internal and family med, psychiatry), Nursing, Pharmacy, Social Work</td>
<td>Develop new geriatric clinical rotations, e.g. Senior Center, Acute Care, Ambulatory Clinic, Home Health, Nursing Home</td>
<td>Create geriatric content, assessment materials and offer clinical faculty training</td>
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<tr>
<td><strong>Faculty Development Leadership Academy</strong></td>
<td>Goal: 4 Medicine, Nursing, Pharmacy, Social Work</td>
<td>Goal: 4 Medicine, Nursing, Pharmacy, Social Work</td>
<td>Goal: 4 Medicine, Nursing, Pharmacy, Social Work</td>
<td>Goal: 4 Medicine, Nursing, Pharmacy, Social Work</td>
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<td>(198 hours)</td>
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<tr>
<td><strong>Kern County Regional Continuing Education Conference</strong></td>
<td></td>
<td></td>
<td>Goal: 75 faculty and care providers</td>
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</tr>
</tbody>
</table>
Kern County Collaborators

• KMC
  – Clinical medicine faculty (internal medicine, family medicine, psychiatry)
  – Pharmacy
  – Nursing
  – Social Work
• CSUB
  – Departments of Nursing and Social Work faculty

KCGEC Project Objectives

• Objective 1: To increase the geriatric training capacity at Kern Medical Center and CSU Bakersfield
  – Develop and offer a curriculum for a train the trainer oriented faculty development program
    • Faculty Development Leadership Academy (4 trained per year, total of 16, 198 hour training)
    • KMC/CSUB Interprofessional Geriatric Training Short Courses (total 140 trained)
  – Evaluate program

KCGEC Project Objectives

• Objective 2: To increase the geriatric content and continuum of care exposure in clinical training rotations at KMC and its community affiliates
  – Expand geriatric training
  – Develop and provide new geriatric interprofessional team clinical rotations
  – Evaluate the program

KCGEC Project Objectives

• Objective 3: Provide geriatrics CE training to community MD’s, nurses, social workers, pharmacists, dentists, mental health, and public health providers
  – Organize a county-wide planning group of key stakeholders who will offer a 1 day regional CE program in geriatrics (75 faculty/care providers) in year 4
  – Evaluate the program

KCGEC Project Goal

• The goal of the KCGEC Project is to:
  – Improve geriatric content in clinical rotations at KMC and its community affiliates
  – Improve faculty training capacity at KMC and CSUB, and
  – Offer interprofessional team geriatric training
Proposed Action Items for Year 1

• Develop a core leadership team who is committed to the project goal and objectives as well as sustainability

• Define a clear vision for the project that includes short and long term goals for Kern County

Some Challenges for Year 1

• Getting buy-in from prospective participants
• Lack of time (heavy workloads)
• Silos
• Support needed to cover other responsibilities

Identified Training Needs

• Interdisciplinary geriatric assessment
• How to change the organizational culture to one that is geriatric/gerontology friendly
• Recognizing the different types of dementia
• Geriatric pharmacotherapy certification
• Develop other geriatric specialities, e.g., geriatric rehabilitation

Desired Long Term Goal

• Make the program a Kern County program by increasing ownership and fostering a commitment to sustain a geriatric education focus beyond the 5 years of the project
Geriatric Interprofessional Education (IPE)

Sheree Aston, OD, MA, PhD
and
Jordan Orzoff, PhD
CGEC Geriatric Interprofessional Education (IPE) Project Update

Sheree Aston, OD, PHD
Jordan Orzoff, PHD
Susan Mackintosh, DO, MPH
Western University of Health Sciences

Geriatric IPE Project Goal

To develop, implement, evaluate, and disseminate the results and products of a geriatric focused teamwork training course, simulated exercise, and assessment for health professional students

Project Objectives

• Develop a teamwork (skills) training course
• Develop and test a geriatric “Team OSCE”
• Develop and test assessment instruments
• Train 30 faculty members
• Train 300 health students
• Disseminate toolbox and project results

Project Plans and Update: Year 1

• Develop Team Work in Health Care Course
• Trial run Team Work course
• Select and develop 2 geriatric simulation cases
• Trial run 1 geriatric simulation case
• Development draft assessment instruments
• Trial run assessment checklist/instruments

Evaluation Goals

• Evaluate student attitudes and team behaviors
• Evaluate medical outcomes in simulated cases
• Provide formative data from pilots

Evaluation Instruments

• Behavioral observation rubrics and checklists
• Geriatric team care knowledge tests
• Self-reported teamwork competencies and attitudes
• Medical error logs
LMG (Leadership and Management in Geriatrics)

Dan Osterweil, MD, CMD, FACP
Leadership and Management in Geriatrics
Dan Osterweil MD, FACP, CMD
Course Director

Project Overview
- The California Geriatric Education Center has developed an annual two-day CME program on management principles of geriatric health care services.
- The course is designed for faculty leaders, community-based health practitioners and geriatric health care professionals with management responsibilities.

Statement of Need
- Most medical school graduates enter further training or practice without the benefit of any background in finance or business.
- Physicians and nurses are trained to provide care to patients, not organizations or even teams.
- In today’s complex healthcare systems, nurses and physicians have become painfully aware of the management/leadership gap in their education and training.

Course Objectives
- Identify unique characteristics of geriatric health care services.
- Describe and apply key elements of business/organizational theory to medical practice.
- Describe and apply geriatric leadership and management models/skills to medical practice.
- Identify and apply collaborative problem solving and mentor/mentee skills.
- Create and implement an action plan to address a worksite management/leadership issue.

Target Audience
- Physicians
- Nurses
- Nurse practitioners
- Allied health professionals
- Geriatric fellows
- Leaders/Managers in healthcare plans

Plans for 2011
- LMG scheduled for April 15-16, 2011 in Manhattan Beach, CA
- Revised curriculum, introducing more interactive learning opportunities.
- Topics include:
  - Interdisciplinary Geriatric Practice
  - Leadership and Management: Knowing the Difference
  - What Geriatrics Can Learn from Business
  - Trends in Geriatrics
  - Understanding Geriatric Practice Economics
- Targeting 35 participants
Evaluation: Action Plan

- **Pre Course preparation**
  - Participants identify a potential worksite improvement project

- **In Course coaching**
  - Course faculty assist participants in detailing/revising their action plan

- **Post Course mentoring**
  - Participants may be paired with a course faculty member for mentoring as they carry out their action plan

Accomplishments

- **213 trainees between 2002 - 2010**
- **Successful implementation of action plans**
  - Codes for AP qualitative analysis are under development
- **Following the training:**
  - Leaders emerged
  - Planning and style improved
Project Goal

- Using the evidence-based approach to improve geriatric practice in skilled nursing facilities

Project Objectives

- To develop the Geriatric Interprofessional Team Practice Improvement Model
  - Partners: 5 organizations in CA; New York Consortium of GECs; Pacific Islands GEC
  - Four disciplines: Medicine, Nursing, Social Work, Pharmacy

Project Objectives (cont.)

- Design a Practice Improvement Education (PIE) program in depression management for nursing home teams (N ≥ 5 NHs)
- Offer the PIE program to nursing home team personnel (N ≥ 5 persons per team)
- Provide follow-on technical assistance (TA) to trained nursing home team personnel to assist with the implementation and accomplishment of an PI project

Project Objectives (cont.)

- Evaluate the PIE
- Disseminate the PIE Team Model and PIE results

Evaluation Plan

- Education Level:
  - Primary Outcomes
    - # of Trainees: at least 25 trainees from 5 NHs
    - # of TA hours received
    - Program satisfaction
  - Secondary Outcomes
    - Improved knowledge, attitudes and skills (KASs) of depression management (pre/post & retrospective pre/post)
    - Completion of an PI action plan (AP form)
Evaluation Plan (cont.)

Education Level:
- Tertiary Outcomes
  - Implementation of the action plan (6-month follow-up survey)
  - Behavioral changes in team care processes (team observation checklist; Team Cohesion scale)

Process Level:
- Secondary Outcomes
  - Use of ACOVE, PHQ-9 and ADL measures (Patient chart review)

Evaluation Plan (cont.)

Process Level:
- Tertiary Outcomes
  - Use of team care processes for depression care (survey of team members)
  - # of team meetings held for depression management (NH admin data)
  - # and disciplines of participants in those meetings (NH admin data)

Evaluation Plan (cont.)

Patient/Resident Level:
- Tertiary Outcomes
  - # of depressed patients identified and treated (MDS 3.0 data)
  - # of new depression medications prescribed (Rx record review)

Implementation in Year 2

- Recruit NHs through collaborating with 5 CA partners
- Implement first intervention: 2011 CALTCM Annual Meeting (July 15-16)
  - Themes: Depression, Dementia, Delirium, and how to “do it”
- Recruit expert faculty to provide TA to NH teams
- Collect evaluation data
  - Possibly develop common measures across GEC partners
Mental Health Training

Janet Frank, DrPH
CGEC Geriatric Mental Health Initiative

Janet C. Frank, DrPH
CGEC Director

Project Goal

- Participate in *statewide* development activities to increase geriatric mental health training to public health providers and faculty
- Offer 2 mental health and aging interprofessional trainings (Year 2 & 3)

Plans for Year 2

- Offer geriatric mental health session at CA Directors of Mental Health conference (n=150)
- Collaborators:
  - CA Department of Mental Health
  - CA Department of Aging
- Audience:
  - Faculty
  - Providers

Plans for Year 3

- Offer 1-day training at CCGG Annual Meeting (n=125)
- Collaborators:
  - California Council on Geriatrics and Gerontology
  - CA Dept of Mental Health - Mental Health Workforce Education & Training workgroup
- Audience:
  - Faculty
  - Providers
  - Students

Proposed Outcomes

- Create a role for CGEC to participate in the statewide geriatric mental health training initiative.
- Utilize CGEC resources to address the training needs of providers and faculty members.
- Evaluate activities at the:
  - Provider level
  - Faculty level
Getting Started: Establishing Relationships and Work Processes

Facilitator: Martha S. Waite, MSW, LCSW
A FOUR STYLE MODEL

DIRECTIONS: Please complete the 12 sentences. Rank each of the four endings based on how well you think each one fits you. Rank a 4 for the sentence ending that best describes you, down to a 1 for the one which least describes you. Rank all endings. Please do not make ties or fractions.

4 = most like you; 3 = second most like you; 2 = third most like you; 1 = least like you. Rank ACROSS.

EXAMPLE: I am: 4 happy 1 fast 2 logical 3 careful

<table>
<thead>
<tr>
<th>1. In most situations, I prefer to:</th>
<th>4 deal with my feelings</th>
<th>1 listen and watch</th>
<th>2 think about it</th>
<th>3 make things happen</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. I most trust:</td>
<td>4 my intuitions</td>
<td>3 my observations</td>
<td>2 my thoughts</td>
<td>1 my actions</td>
</tr>
<tr>
<td>3. I am best described as:</td>
<td>4 emotional</td>
<td>3 passive</td>
<td>2 intellectual</td>
<td>1 active</td>
</tr>
<tr>
<td>4. I view myself as:</td>
<td>4 warm</td>
<td>3 introspective</td>
<td>2 cool</td>
<td>1 outgoing</td>
</tr>
<tr>
<td>5. I like to be:</td>
<td>4 close</td>
<td>3 subtle</td>
<td>2 distant</td>
<td>1 direct</td>
</tr>
<tr>
<td>6. I am oriented toward:</td>
<td>4 relationships</td>
<td>3 listening</td>
<td>2 task</td>
<td>1 talking</td>
</tr>
<tr>
<td>7. I tend to:</td>
<td>4 be gentle</td>
<td>3 wait for direction</td>
<td>2 be discriminating</td>
<td>1 initiate</td>
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<td>8. I enjoy:</td>
<td>4 personal involvement</td>
<td>3 taking time to reflect</td>
<td>2 evaluating ideas</td>
<td>1 seeing results</td>
</tr>
<tr>
<td>9. A strength I have is:</td>
<td>4 maintaining harmony</td>
<td>3 following</td>
<td>2 analyzing</td>
<td>1 leading</td>
</tr>
<tr>
<td>10: I could be seen as:</td>
<td>4 impulsive</td>
<td>3 passive</td>
<td>2 suspicious</td>
<td>1 make things happen</td>
</tr>
<tr>
<td>11: In communication I am:</td>
<td>4 accepting</td>
<td>3 hesitant</td>
<td>2 challenging</td>
<td>1 dominant</td>
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<tr>
<td>12: With information, I:</td>
<td>4 figure out my feelings about it</td>
<td>3 save it</td>
<td>2 ponder it</td>
<td>1 state it</td>
</tr>
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</table>

TOTALS: 4 Column 1 3 Column 2 2 Column 3 1 Column 4

Anne Kilpatrick, Ph.D. Form adapted from David Kolb, Learning Style Inventory, McBer & Company.
Enter Column 3 total here ______ for your T (Thinking) score.
Enter Column 1 total here ______ for your F (Feeling) score.
Subtract for your T-F score which may be positive or negative.
Enter Column 4 total here ______ for your D (Doing) score.
Enter Column 2 total here ______ for your W (Watching) score.
Subtract for your D-W score which may be positive or negative.

Plot your T-F score on the vertical T-F axis and your D-W score on the horizontal D-W axis by circling where the number falls on the line. Draw two perpendicular lines + from the points. The point where the lines intersect indicates which quadrant you fall in.

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<tr>
<th>(D-W) WATCHING</th>
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<th>(T-F) FEELING</th>
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<td>DOER</td>
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<td>21 20 19</td>
<td>18 17 16 15 14 13 12 11 10 9 8 7 6</td>
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# THE FOUR STYLES

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<th>FEELER</th>
<th>INTUITOR</th>
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<tbody>
<tr>
<td><strong>Major strength</strong></td>
<td>Practical application of ideas</td>
<td>Theoretical formulation</td>
<td>Insight into self and others</td>
<td>Original ideas</td>
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<tr>
<td><strong>Major weakness</strong></td>
<td>Stepping on people’s feelings</td>
<td>Over-cautions in decision making</td>
<td>Conformity for the sake of harmony</td>
<td>Impulsiveness</td>
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<tr>
<td><strong>Highest need</strong></td>
<td>Control/results</td>
<td>Accuracy/being right</td>
<td>Cooperation/personal security</td>
<td>Excitement/personal approach</td>
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<tr>
<td><strong>Major goal</strong></td>
<td>Make things happen</td>
<td>Intellectual achievement</td>
<td>Involvement with issues important to self</td>
<td>Bring potential ideas to reality</td>
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<td><strong>Major motivation</strong></td>
<td>Winning</td>
<td>Being right</td>
<td>Being liked</td>
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## INTERNAL MOTIVATIONS

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<td>Direct, hands on experience</td>
<td>Systematic, sequential organization</td>
<td>Involvement and interaction</td>
<td>Loose structure and experimenting</td>
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<td>Transmitting</td>
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<td>Lower left</td>
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<td>To take a stand</td>
<td>To initiate</td>
<td>To stop and think</td>
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## LEARNING NEEDS

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### ACTION PLANS FOR THE FOUR STYLES

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| For maximum efficiency and effectiveness, you need team members who: | - Calculate risks  
  - Use caution  
  - Research facts  
  - Deliberate before deciding  
  - Think creatively  
  - Generate enthusiasm  
  - Encourage participation  
  - Show patience  
  - Foster work harmony  
  - Recognize the needs of others | - Make decisions quickly  
  - Use policies only as guidelines  
  - Can compromise  
  - Initiate discussions  
  - Prefer dealing with people rather than things  
  - Encourage teamwork  
  - Draw others into decision making  
  - Create stability | - React quickly to unexpected events  
  - Make decisions  
  - Manage and resolve conflict  
  - Perform multiple tasks at the same time  
  - Are flexible about procedures  
  - Work well with ambiguity  
  - Cope with change | - Set goals and hold people to them  
  - Concentrate on the task  
  - Finish projects  
  - Are systematic  
  - Prefer dealing with things rather than people  
  - Are logical  
  - Pay attention to people’s feelings  
  - Create stability |
| For maximum efficiency and effectiveness, you need: | - To relax  
  - Other people’s input  
  - Evidence something works  
  - Challenges | - Exact task descriptions  
  - Detailed feedback on performance  
  - Time to plan  
  - Deadlines | - Validation of self-worth  
  - Colleagues who encourage input  
  - Support to disagree | - Priorities and deadlines  
  - Planning period before implementation  
  - Colleagues who are objective |
| In the face of change, you may: | - Proceed too quickly  
  - Develop a plan before examining options  
  - Promote one direction  
  - Determine the most direct, efficient way to reach the new goals  
  - Disregard rules | - Proceed too slowly  
  - Focus too much on the details  
  - Find it hard to abandon old ways  
  - Provide focus  
  - Prevent costly sidetracks | - Proceed too slowly  
  - Remain loyal to the old way  
  - Recognize the importance of relationships  
  - Question why things are happening | - Proceed too quickly  
  - Develop too many plans  
  - Get sidetracked  
  - Propose breakthrough solutions  
  - Break rules  
  - Take risks |
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<td>Proceed</td>
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<td>Support their goals</td>
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<td>Recognize their need for control</td>
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<td>Praise their accomplishments</td>
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<td>Specific skills and accomplishments</td>
<td>Contributions to the work of the group</td>
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<td>Provide</td>
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<td>Give them</td>
<td>Many new and varied activities</td>
<td>Control over factors that affect their work</td>
<td>Predictable routines</td>
<td>Democratic relationships</td>
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<td>Provide opportunity to advance</td>
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<td>Demonstrate expertise</td>
<td>Identify with the group</td>
<td>Verbalize ideas</td>
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<td>Allow them to</td>
<td>Know the score</td>
<td>Not be pressured</td>
<td>Relax and be personable Work within structured activities</td>
<td>Keep moving Meet challenge with direction</td>
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Anne Kilpatrick, PhD, Information adapted from: David Merrill and Roger Reid, Personal Style and Effective Performance and Robert and Dorothy Bolton, Social Style/Management Style
California Geriatric Education Center
Executive and Advisory Committee Roster

Executive Committee

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