A GERIATRICS TELEHEALTH CURRICULUM: A WORKSHOP FOR MEDICAL STUDENTS ON "TELE-SKILLS" USING STANDARDIZED PATIENTS

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Background: Telemedicine allows for interprofessional care of geriatric patients and allows older adults to access healthcare from their homes. The coronavirus pandemic has prompted a rapid shift to telemedicine. In 2016-2017, only 58% of medical schools in the US offered telemedicine curricula. Thus, a large gap in medical education has emerged. There are specific skills needed to ensure students' "webside" manner is comparable to their bedside manner. This curriculum was created to train medical students in geriatric-sensitive telemedicine using standardized patients (SP). Methods: A didactic detailing geriatric interviewing preceded the SP encounter. Students were assigned roles for the SP encounter as follows: A) Set agenda, elicit questions, triage problems, perform a history, ensure appropriate lighting and audio B) Perform a geriatric review of systems and reconcile medications C) Present an assessment and plan to the preceptor D) Relay the plan to the SP E) Provide feedback. Students were given pre- and post-surveys to assess their comfort using telemedicine and caring for SP's >65 years old. Results: Seventeen participants were surveyed (pre-survey=17, post-survey=10). Fifty-nine percent of participants reported no prior experience with telemedicine. Participants reported statistically significant increases in comfort using telemedicine (p=0.022), using telemedicine for patients >65 years old (p<0.001), interviewing patients >65 years old over telemedicine (p=0.007), managing patients over telemedicine (p=0.040), and managing patients >65 years old over telemedicine (p=0.001) after completing the curriculum. Discussion: This virtual curriculum improved medical student comfort with geriatric care and telemedicine and highlights the need for telemedicine curricula in medical schools.

DYADIC AGREEMENT IN THE PERCEPTIONS OF PATIENT DISABILITY BETWEEN THE STROKE PATIENT AND REHABILITATION THERAPIST

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Research supports that an agreement about the consequences of the illness within related parties is critical for optimal patient outcomes. This study aimed to explore the association between patient QOL and the degree of agreement in the perceptions of patient disability within the stroke patient-rehabilitation therapist dyad. A cross-sectional study was conducted in Japan from March 2019 to February 2020. A total of 81 dyads consisting of a male stroke patient living at home and the therapist in charge of the eligible patient participated. Patient QOL was measured using the WHOQOL BREF. Perceptions of patient disability were measured using the 12-item WHO Disability Assessment Schedule 2.0 (DAS). DAS scores of patients and therapists were classified into two (high, low) and three (high, medium, low) categories, respectively, and six patterns of agreement on patient ability were created to use in the analysis. Generalized estimating equations were used to examine multivariable associations between the degree of agreement within dyad and WHOQOL scores in patients. Results suggested that when the patient appraised himself as having a low disability, the degree of patient-therapist disagreement was negatively associated with patient QOL. When the patient appraised himself as having a high disability, his QOL was lower, regardless of the degree of agreement. Disagreements in the perception of disability between patients and therapists can worsen patient QOL, especially when the patient perceives himself as having a low disability.

IMPROVEMENT IN ADLS DURING A NURSING HOME STAY FOR OLDER ADULTS WITH STROKE, JOINT REPLACEMENT OR HIP FRACTURE

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Regularly assessing the health and function of older adults who are in the hospital is important for preventing poor outcomes. Such information may also be useful in post-acute care settings, such as skilled nursing facilities (SNFs) to identify older adults who are high risk for poor outcomes. This study had two objectives: Map items from the Acute Care for the Elderly (ACE) Tracker to items from the Minimum Data Set (MDS). (2) Examine the association between ACE Tracker items and improvement in activities of daily living (ADLs) during a SNF stay. We identified Medicare fee-for-service beneficiaries admitted to a SNF within 3 days of hospital discharge for a hip fracture (n=118,790), joint replacement (n=245,845), or stroke (n=64,153). Items from the ACE Tracker were matched to patients' first MDS assessment. The first and last MDS assessments were used to calculate a total score for self-performance on seven ADLs. Multivariable logistic regression models were used to identify patient characteristics associated with the odds for improvement in ADL function. Severe ADL limitations at admission and greater hours of physical and occupational therapy were associated with significantly higher odds of ADL improvement. Cognitive impairment, vision limitations, indwelling catheters, and unhealed pressure ulcers were associated with significantly lower odds of ADL improvement. The characteristics associated with improved ADL function were similar between patients with joint replacement, hip fracture, and stroke. Many of the health and functional characteristics routinely measured in hospital settings are also collected in SNFs and are associated with improvement in ADL function.

UNPLANNED RE-HOSPITALIZATION AMONG OLDER PERSONS RESULTS IN LOSS OF THEIR INDEPENDENCE

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