Goals & Objectives
HOME BASED PRIMARY CARE ROTATION FOR GERIATRIC FELLOWS

I. EDUCATIONAL PURPOSE
• Fellow will be able to identify appropriate indications (and possible contraindications) for home visits.
• Fellow will be able to work with the HBPC interdisciplinary team to manage patients in his/her own home.
• Fellow will recognize the barriers to, and limitations of, house calls. These include efficient use of time and resources, as well as, personal safety.
• Fellow will be able to develop a home care bag/kit that includes commonly needed equipment, supplies and forms.
• Fellow will learn the documentation requirements for physician home visits.
• Fellow will be able to perform a home safety evaluation (screen.)
• Fellow will be able to describe and discuss the costs of home care for management of an acute illness vs. acute hospitalization.
• Fellow will be able to list some of the advanced treatment interventions that can be provided in the home setting.

II. TEACHING METHODS
• Patient care encounters during HBPC service at Omaha VA Hospital with feedback by attending physician and team members.
• Interdisciplinary team meetings during HBPC service at Omaha VA Hospital.
• Readings (see resource section)

III. MIX OF DISEASES
Diseases include the spectrum of general internal medicine and geriatric medicine. Most frequently encountered diseases will include cancers, end-stage heart and lung disease, spinal cord paresis, severe neurological disease, as well as multi-system failure.

IV. PATIENT CHARACTERISTICS
All patients during this targeted rotation will be adult veterans; the majority are male. UNMC continuity home care patients are primarily female.

V. TYPES OF CLINICAL ENCOUNTERS
• Home visits; both initial and follow-up visits.
• Family and patient care team meetings. (Interdisciplinary)

VI. PROCEDURES AND SERVICES
Physician home visits, co-managed/interdisciplinary home visits are most common. Environmental assessments for safety and functional support are made at these. Family meetings and patient/care-giver education are part of these visits.

VII. EDUCATIONAL RESOURCES

VIII. METHOD OF EVALUATION OF FELLOWS COMPETENCIES
- Review of written records
- Mentor’s end of rotation evaluation
- Interdisciplinary team members are given the opportunity to evaluate the fellow after the completion of the rotation. (Evaluation form being instituted with next fellow on service.)

IX. TEACHING PERFORMED BY FELLOWS
As members of the interdisciplinary home care team, fellows are expected to share their knowledge and expertise on geriatric health problems with the nurse practitioner, social worker, therapists, nurses, dietitian, and health aid during team meetings and home visits. Education of family members on health problems and prognosis is an important educational function for the fellow.

CE 5-24-06