

UNECOM
Gerontology Education Center
Research Scholars Program

Outline

Objectives: These are based on the needs assessment of providers of geriatric care.

Year One

Objective 1: To identify and disseminate information about community resources for elders throughout Maine and to show providers how to access this information.

Objective 2: To train providers in evidence based community research methods.

Objective 3: To train providers in interdisciplinary models of care that effectively access community resources.

Objective 4: To develop, enhance and reward best practices in geriatric community care that are based on interdisciplinary teamwork

Objective 4: To begin to assemble a directory of best practices in Maine geriatric care (all 3 years)

Workplan:

1. Identify provider teams. Incentives for them: free user friendly program, learning, best practice directory at end, award ceremony. Assumption—same provider teams for 3 years.
2. Conference in Jan/Feb. Topic: How to identify and effectively develop a community research project that is oriented toward aging and public health. Part 1: Teams meet. Part 2: Panels/discussions include representatives from various statewide programs—elders, substance abuse, mental health, disability, public health, to learn about resources. Part 3: Examples of successful projects and session on how to work effectively in an integrated manner. Following conference, we provide additional material on web re interdisciplinary training/Care Model.
3. Shortly after the meeting, the teams identify an issue they want to work on using the integrated approach and provide information on prevalence, literature, intervention and expected outcomes.
4. Teams are invited to participate in the March 24 Franklin Community Health Network's Brinkman Symposium on rural health practice. We provide (tentative) leadership/conflict negotiation training with Harvard grant on issues that come up in teams/leadership/conflict negotiation). Team check-in (April/May).
5. Year end meetings where they share results and written report they have submitted to me and committee.
6. We post their report on web as part of best practice resources.

Year Two

Objective 5: To train providers on effective geriatric assessment, using team approach developed in Year One.

Objective 6: To continue assemblage of best practice directory.

Workplan:

1. Fall conference focus on best practices in assessment, with multidisciplinary providers and link to disability services. Conference also focuses on health communication/education with older adults. (Possible UMass link).
2. Teams meet and brainstorm re projects in assessment/communication.
3. They submit proposal for team assessment projects.
4. We provide additional material on assessment on web
5. Check in on team integration issues.
6. They begin project in late fall.
7. Possible Harvard training
8. At end of year, they submit report and we have a meeting to share results.
9. Reports posted in best practice resource.

Year 3

Objective 7: To train providers in more effectively addressing end of life issues.

Objective 8: To continue the formation of best practice directory.

Workplan:

1. Conference focuses on end of life issues (Partner with other efforts—MCD had project). Clinical, psychological, spiritual topics plus communication strategies.
2. Teams meet/brainstorm on projects
3. Submit proposal.
4. We provide additional material/links on web.
5. Check in on team integration.
6. They begin project in late fall.
7. Possible Harvard training.
8. Submission of project report
9. End of project celebration/awards and sharing of all projects to larger audience.
10. Best practice directory remains on web.

AHEC student involvement:

We may involve AHEC rotation medical students, starting in Year 2. There are two options:

1. Some of the AHEC rotation students do their population health project in a way that connects with what the GEC team is doing.
2. We name a few med students as GEC scholars and they work with the teams throughout their process—or at least annually.