

AMDA Competencies for Post-Acute and Long-Term Care Medicine

Background

Individuals requiring a skilled nursing facility (SNF) or a nursing facility (NF) stay for post-acute and/or long-term care services often have significant acute and sub-acute illnesses and multiple chronic conditions that result in functional limitations, and a limited physiological and biopsychosocial reserve. These characteristics predispose them to recurrent hospitalizations that often result in further debility and cognitive and functional loss. As a result their clinical course is often complex and prolonged requiring ongoing intense medical and psychosocial care by an interdisciplinary team led by a clinician experienced in such care.

Needs Assessment

The practice of post-acute and long-term care medicine requires knowledge and skills drawn from various specialties including internal/family/hospital/rehabilitation medicine, geriatrics, psychiatry, and palliative care. While necessary for effective practice, none of these discipline-specific competencies are, alone, sufficient to describe the full range of post-acute and long-term care medicine competencies. Rather, they must reflect a mix of many of the skills unique to each of these disciplines which must then be operationalized within a unique care setting with its unique regulatory requirements while incorporating the full skill set of the entire interdisciplinary team.

For these reasons, the American Medical Directors Association (AMDA) has invested effort and resources to define competencies for the practice of post-acute and long-term care medicine so that clinicians practicing in post acute and long-term venues can serve their patients/residents more effectively.

Methodology

This initial set of competencies is specifically focused on post-acute and long-term care in the SNF/NF. The competencies were identified by an AMDA workgroup utilizing the Developing a Curriculum (DACUM) process. The DACUM process is a job occupational analysis performed by expert workers in the occupation and is based on the premise that expert workers can define their job better than anyone else. Twenty-five years ago, AMDA used the same DACUM process to identify the Roles, Functions, and Tasks of the Medical Director as a foundation for the certification program for nursing home medical directors (CMD).

The competencies were then reviewed critically via a survey instrument by over 450 AMDA members and then were also reviewed by other stakeholder organizations in the post-acute and long-term care setting.

The identification of competency statements was based on the Accreditation Council for Graduate Medical Education Outcome Project's general domains (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice), and then were grouped by using an affinity exercise into categories specific to the post-acute and long-term care setting.

These include ethics, communication and professionalism, the medical care delivery process, systems of care, medical knowledge and personal quality assurance process improvement.

Expected Results

AMDA is confident that the development of these post-acute and long-term care medicine competencies will enhance the professional credibility of clinicians practicing in these settings and encourage greater commitment and a sustainable workforce. AMDA will develop a curriculum based on these competencies along with a method of measuring competence and a credentialing process to identify clinicians who possess these skills.

References

1. Pattee J & Otteson O. (1991). Medical Direction in the Nursing Home, Appendix One, the DACUM Process; 369-371.
2. Pattee J & Otteson O. (1991). Medical Direction in the Nursing Home, Section Three, Role, Functions, and Tasks of the Medical Director.
3. Leipzig R et. al. Keeping Granny Safe on July 1: A consensus on Minimum Geriatric Competencies for Graduations Medical Students; Academic Medicine 2009; Vol. 4 Issue 5
4. Accreditation Council for Graduate Medical Education: Introduction to Competency Based Residency Education

**American Medical Directors Association (AMDA)
Competencies for Post-Acute and Long-Term Care Medicine
Setting of Care: SNF/NF**

I. Foundation (Ethics, Professionalism and Communication)

- 1.1 Addresses conflicts that may arise in the provision of clinical care by applying principles of ethical decision-making
- 1.2 Provides and supports care that is consistent with (but not based exclusively on) legal and regulatory requirements
- 1.3 Interacts with staff, patients, and families effectively by using appropriate strategies to address sensory, language, health literacy, cognitive, and other limitations
- 1.4 Demonstrates communication skills that foster positive interpersonal relationships with residents, their families and members of the interdisciplinary team (IDT)
- 1.5 Exhibits professional, respectful and culturally sensitive behavior towards residents, their families and members of the IDT
- 1.6 Addresses patient/resident care needs, visits, phone calls and documentation in an appropriate and timely fashion

II. Medical Care Delivery Process

- 2.1 Manages the care of all post-acute patients/long-term care residents by consistently and effectively applying the medical care delivery process including recognition, problem definition, diagnosis, goal identification, intervention and monitoring progress
- 2.2 Develops, in collaboration with the IDT, a person-centered, evidence-based medical care plan that strives to optimize quality of life and function, within limits of an individual's medical condition, prognosis, and wishes
- 2.3 Estimates prognosis based on a comprehensive patient/resident evaluation and available prognostic tools, and discusses the conclusions with the patient/resident, their families (when appropriate) and staff
- 2.4 Identifies circumstances when palliative and/or end-of-life care (e.g., hospice) may benefit the patient/resident and family
- 2.5 Develops and oversees, in collaboration with the IDT, an effective palliative care plan for patients/residents with pain, other significant acute or chronic symptoms, or who are at the end of life

III. Systems

- 3.1 Provides care that uses resources prudently and minimizes unnecessary discomfort and disruption for patients/residents (e.g. limited nonessential vital signs and blood sugar checks)
- 3.2 Can identify rationale for, and uses of key patient/resident databases (e.g., the Minimum Data Set), in care planning, facility reimbursement, and monitoring quality
- 3.3 Guides determinations of appropriate levels of care for patients/residents including identification of those who could benefit from a different level of care
- 3.4 Performs functions and tasks that support safe transitions of care
- 3.5 Works effectively with other members of the IDT, including the medical director, in providing care based on understanding and valuing the general roles, responsibilities, and levels of knowledge and training for those of various disciplines
- 3.6 Informs patients/residents and their families of their healthcare options and potential impact on personal finances by incorporating knowledge of payment models relevant to the post-acute and long-term care setting

IV. Medical Knowledge

- 4.1 Identifies, evaluates, and addresses significant symptoms associated with change of condition, based on knowledge of diagnosis in individuals with multiple comorbidities and risk factors
- 4.2 Formulates a pertinent and adequate differential diagnosis for all medical signs and symptoms, recognizing atypical presentation of disease, for post-acute patients and long-term care residents
- 4.3 Identifies and develops a person-centered medical treatment plan for diseases and geriatric syndromes commonly found in post-acute patients and long-term residents
- 4.4 Identifies interventions to minimize risk factors and optimize patient/resident safety (e.g. prescribes antibiotics and antipsychotics prudently, assesses the risks and benefits of initiation or continuation of physical restraints, urinary catheters and venous access catheters)
- 4.5 Manages pain effectively and without causing undue treatment complications
- 4.6 Prescribes and adjusts, medications prudently, consistent with identified indications and known risks and warnings

V. Personal QAPI

- 5.1 Develops a continuous professional development plan focused on post-acute and long-term care medicine, utilizing relevant opportunities from professional organizations (AMDA, AGS, AAFP, ACP, SHM, AAHPM), licensing requirements (state, national, province) and maintenance of certification programs
- 5.2 Utilizes data (e.g. PQRS indicators, MDS data, patient satisfaction) to improve care of their patients/residents
- 5.3 Strives to improve personal practice and patient/resident results by evaluating patient/resident adverse events and outcomes (e.g., falls, medication errors, healthcare acquired infections, dehydration, return to hospital)