RUSH | Center for Excellence in Aging

SCHAALMAN SENIOR VOICES CURRICULUM

Tools for Including the 4Ms of an Age-Friendly Health System in Curriculum Across Learning Settings

2022

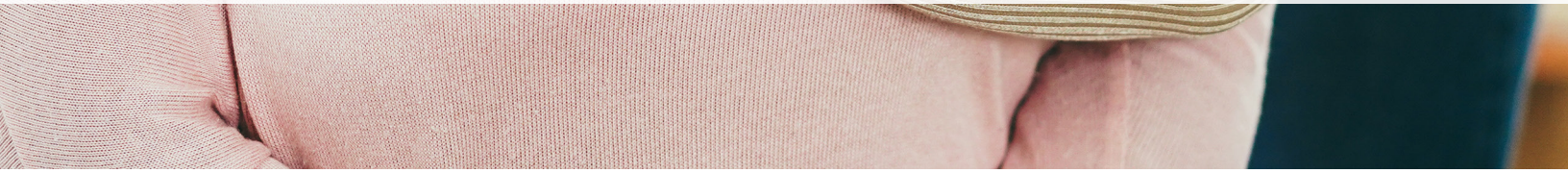

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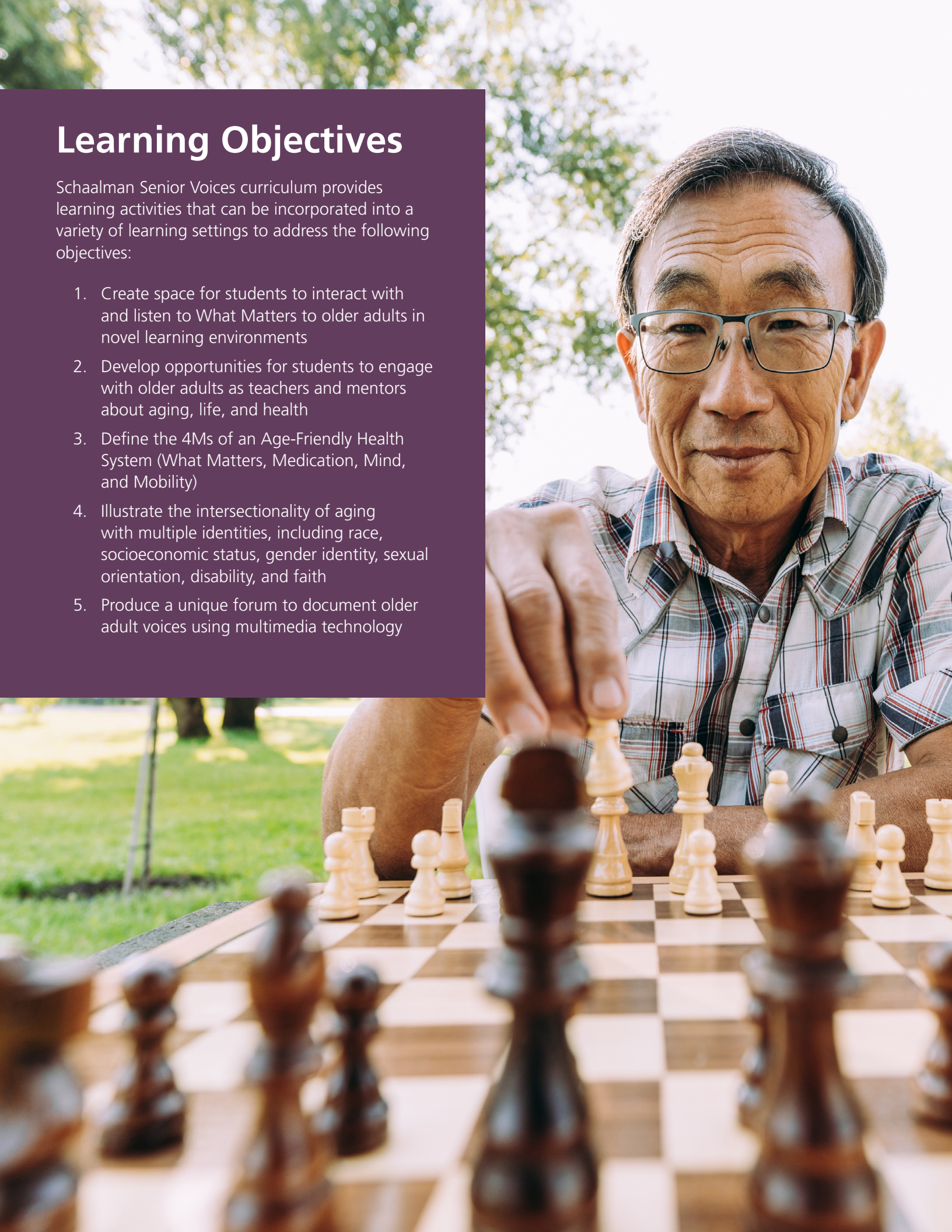
Table of Contents

Learning Objectives

Schaalman Senior Voices curriculum provides learning activities that can be incorporated into a variety of learning settings to address the following objectives:

1. Create space for students to interact with and listen to What Matters to older adults in novel learning environments
2. Develop opportunities for students to engage with older adults as teachers and mentors about aging, life, and health
3. Define the 4Ms of an Age-Friendly Health System (What Matters, Medication, Mind, and Mobility)
4. Illustrate the intersectionality of aging with multiple identities, including race, socioeconomic status, gender identity, sexual orientation, disability, and faith
5. Produce a unique forum to document older adult voices using multimedia technology



Recommendations for Curriculum Use

This set of curriculum activities is intended to advance education on issues related to aging, particularly in healthcare. We provide foundational information regarding topics listed in the objectives, which can be applied throughout the various activities. An activity will reference specific materials that are relevant to that topic. The set is designed to be flexible. Instructors or classes may choose to implement only one or a few of the activities, or implement all of them, depending on time, applicability, and interest. Although most of the activities relate strongly to healthcare, some are applicable to younger generations or other settings, such as a place or worship or high school. A list of suggested readings follows the last activity. These resources supplement exploration of topics covered.

Instructors and learners are encouraged to view the curriculum from their specific "lens" or discipline, while at the same time, considering how input from other disciplines may benefit their learning.

The table below identifies which activities address which learning objectives.

	Activity							
Learning Objectives Assessed	1	2	3	4	5	6	7	8
Create opportunities for students to interact with and listen to What Matters to older adults in novel learning environments	✓			✓	✓		✓	
Develop opportunities for students to engage with older adults as teachers and mentors about aging, life, and health	✓			✓				
Define the 4Ms of an Age-Friendly Health System (What Matters, Medication, Mind, and Mobility)	✓	✓	✓		✓	✓		✓
Illustrate the intersectionality of aging with multiple identities, including race, socioeconomic status, gender identity, sexual orientation, disability, and faith	✓		✓	✓				
Produce a unique forum to document older adult voices using multimedia technology	✓			✓		✓		

Schaalman Senior Voices

Housed within the Rush Center for Excellence in Aging (CEA), Schaalman Senior Voices is a collection of inspiring films, educational opportunities, and programs that aim to strengthen the wellbeing of older adults and their communities. Schaalman Senior Voices honors Rabbi Herman E. Schaalman, who crossed boundaries, posed challenging questions, and promoted the welfare of countless lives and communities.

Schaalman Senior Voices seeks to highlight the lived experience, wisdom, and expertise of older adults, sharing this knowledge with communities, primarily via the creation and sharing of videos. Many of these videos include older adults discussing what is most important to them, their experience of aging, and the role of connection in their lives. Schaalman Senior Voices also utilizes videos of diverse healthcare workers, faith leaders, students, and younger individuals discussing ways in which connections with older adults and older adult communities have advanced their understanding of the experience of aging, with a specific focus on benefits of intergenerational interaction.

To find out more about Schaalman Senior Voices and/or to watch featured videos, please visit: https://aging.rush.edu/schaalman/introductions/

Age-Friendly Health Systems

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI). The goals of an Age-Friendly Health System are to 1) follow an essential set of evidence-based practices, 2) cause no harm, and 3) align with What Matters to the older adult and family caregivers. For an organization or institution to become "Age-Friendly," it must embark on implementing the 4Ms Framework. We will provide an overview of the 4Ms here (What Matters, Mobility, Mind, Medication), beginning with a deeper dive into What Matters, and highlighting ways in which the 4Ms all impact each other. This video describes the 4Ms of an Age-Friendly Health System: https://wm6.167.myftpupload.com/professional-older-adult-family-care/age-friendly-health-system/4ms-framework/.

What Matters aligns with elevating the voices of older adults and creates a context by which all other 4Ms can be better understood. What Matters involves assessing and aligning care with each older adult's specific life and health, goals and preferences. Domains of What Matters may include life and health goals of the older adult, who matters in the older adult's life, intersection of identities, and end-of-life care preferences. These each may impact Mobility, Medication, and Mind. For example, if What Matters to the older adult includes being as cognitively sharp and physically independent as possible, they may prefer medications with minimal side effects, or no medication at all to treat their pain. Another older adult may prioritize pain relief, thus accepting the need for assistance with Mobility or Mind.

What Matters conversations are most fruitful when they are initiated, conducted, and then revisited multiple times, as what matters to an individual can change over time. It is important for all team members working with older adults to have access to information about What Matters so that preferences can be attended to throughout the course of work. A wide variety of healthcare team members are well-poised to engage in What Matters conversations with older adults and their families, including physicians and advanced practice providers, psychologists, social workers, nurses, medical assistants, chaplains, and community health workers. There are a variety of innovative ways to document What Matters, including through the medical record, self-reported forms, or on a hospital room white board.

One element of the What Matters conversation can be to understand an older adult's preference about care near the end of life. Examples of this include who the older adult wants to be part of end-of-life discussions and care, understanding how their values intersect with treatment options, and documentation of their wishes through advance directives. However, we should not wait until the older adult needs to make end-of-life decisions to have the What Matters conversation. It should be a proactive step towards understanding the holistic aging experience.

Mobility involves keeping older adults moving safely as much as possible. This includes, but is not limited to, screening for fall risk; proper documentation of screenings; access to early, regular and safe mobility; creating a safe mobility plan; integration of physical therapy services as needed; and avoiding restraints.

Mind involves preventing, identifying, treating and managing dementia, depression and delirium. This includes screening in inpatient and ambulatory settings for cognitive status, referrals and/or evaluation of any positive cognitive screens, identification and safe treatment of depression across settings, and ideally, the use of non-pharmacological interventions for cognitive concerns.

Medication involves optimizing medications. This includes reviewing medications to assure that all have a clear indication, along with working to decrease the total number of medications, particularly medications that are high-risk for older adults.

Curriculum Activities Overview

Curriculum Activity 1:

This activity is the most comprehensive. It could be adapted to a full semester course in which issues of aging are revisited over time and deliberately integrated. It contains both educational content along with suggested activities.

Curriculum Activity 2:

This activity takes a deeper dive into the Age-Friendly Health System.

Curriculum Activity 3:

Identity, Intersectionality and Diversity: A Case Study (note this could be adapted for independent or group work). It contains a prescribed activity, versus a choice of activities.

Curriculum Activity 4:

This activity could be used for any age learner but is particularly rich for younger adults. Potential settings in which this activity may be implemented include high school courses or through a faith-based community. This activity is designed to bring younger generations together with older adults.

Curriculum Activity 5:

This activity focuses on Age-Friendly Communities and health in the context of community.

Curriculum Activity 6:

This activity focuses on the use of multimedia technology, including telehealth services and documenting conversations.

Curriculum Activity 7:

This activity focuses on What Matters to older adults.

Curriculum Activity 8:

This activity focuses on implementation of the 4Ms in order to make a health system more Age-Friendly.

Curriculum Activity 1

This activity is the most comprehensive. It could be adapted to a full semester course in which issues of aging are revisited over time and deliberately integrated. It contains both educational content along with suggested activities. It can also be adapted for coursework that does not directly relate to healthcare but where there is a connection to aging (political science, economics, or education, for example).

Objectives of Curriculum Activity 1:

1. Increase awareness of Age-Friendly Health Systems
2. Increase awareness of the intersectionality of aging with multiple identities, including race, socioeconomic status, gender identity, age, sexual orientation, disability, and faith
3. Through a variety of group and individual activities/homework, provide opportunities for students to:
   a. Interact with and listen to What Matters to older adults
   b. Engage with older adults as mentors about aging, life, and health
   c. Create long-lasting avenues for documenting learnings (i.e., videos)

Increase awareness by students of Age-Friendly Health Systems

As in the introductory content, an awareness of what constitutes an Age-Friendly Health System is central to the curriculum of students embarking on any area of healthcare. In 2019, there were 54.1 million individuals aged 65 and over living in the US; by 2040, this number is projected to increase to 80.8 million (ACL, 2021). This shift in the age of the population provides a unique opportunity for healthcare workers and society. What connects us all is that we are all aging. For some, the aging process is gradual and for others, there may be a medical event that causes more immediate changes. An increase in older adults in the general population translates to an increase in older adults (and their supports) interfacing with healthcare settings. Older adults are living longer, and there remain unique considerations for healthcare workers of all kinds when working with them.

As a refresher, please visit section three of the introduction for a description of the 4Ms framework.

Activities: **Increase awareness by students of 4Ms framework of an Age-Friendly Health System:**

1. For *pre-work*, ask students to review the Institute for Healthcare Improvement's Age-Friendly Health System web page: http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
2. For *pre-work*, ask students to review IHI's Guide to Using the 4Ms: http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf
3. For *homework*, students pick one of the 4Ms that resonates the most for them and either write up or record a one-page reflection statement on why this one resonates with them and why they consider it important to their future work. Second, students pick one of the 4Ms that is most unfamiliar to them and write up or record a one-page reflection statement on what they learned and how it may be considered in their future practice with older adults (for example, a social work student may consider why "medication" or "mobility" is applicable to their role with older adults).
4. For *homework* for students who are getting practical experience in their educational program (internship, placement, or workplace), students write up or record a two-page summary on how "Age-Friendly" their current setting is. Questions for consideration include:
   a. In what ways is your setting already age-friendly?
   b. Where is it lacking?
   c. In what ways is your setting ripe for implementing the 4Ms as an integrated framework?
   d. Who are key champions you may engage to make it more age-friendly?
   e. Based on your pre-work review of IHI's Age-Friendly Health System, what initial steps may you take on your journey to becoming more Age-Friendly?

Activities for alternative courses:

1. For *pre-work*, watch the video and learn about the 4Ms framework to better understand how older adult themes apply in education: https://aging.rush.edu/professional-older-adult-family-care/age-friendly-health-system/4ms-framework/
2. Conduct a small group discussion about the video and brainstorm examples on how to apply the 4Ms in the student's discipline. Further consideration: brainstorm how the students can incorporate the 4Ms in their current and future roles as professionals.
3. For *homework*, watch several voices of community members sharing What Matters most to them. Select one video to take a deeper dive and share how you would apply What Matters to that specific individual in relation to your discipline. https://aging.rush.edu/schaalman/what-matters-community/

4. For *homework*, record a video or write a one-page summary of your reflection of the voices you watched. Questions to consider are:
    a. What Matters to you?
    b. What themes did you learn about older adults and What Matters most?
    c. Why is learning What Matters to older adults important to apply to your work as a health care professional?
    d. Were there any common themes across the voices of the community members?
    e. Were there any themes identified that relate to older adults in your life?

Activities: **Increase awareness of the intersectionality of aging with multiple identities, including race, gender identity, socioeconomic status, sexual orientation, disability, and faith**

The concept of "intersectionality" was initially introduced in the late 1980's by Kimberlé Crenshaw, to describe interactions and multiple effects of inequities; it focused heavily on issues of race and gender (Cohen, 2021). More currently, this term explores the ways that multiple disadvantaged statuses (e.g., female or non-binary gender, black or brown skin, older adult) interact with each other to create challenges and limit power (Cohen, 2021). Understanding the social inequities that can be rooted in intersectionality is key. However, so is seeing intersectionality from a strengths-based perspective. Both perspectives will be further explored.

Older adults are an increasingly diverse group. It is estimated by the Administration for Community Living that the number of older adults from minority populations is expected to rise by 217% in the coming decades (Stone-Walls, 2019). Racial and ethnic minority populations have increased from 7.5 million in 2008 to 12.3 million in 2018; that number is expected to increase to 27.7 million in 2040 (ACL, 2020). The need for person-centered, culturally competent work is of utmost importance. Healthcare providers are called to understand considerations of minority older adults, including how generations of systemic racism and marginalization impact access and perceptions of care.

There are approximately three million LBGT older adults living in the US, and that number is expected to increase to seven million by the year 2030 (Espinoza, 2014; Grant, 2010). Nearly one in four transgender older adults report having had to teach their medical provider about transgender issues (National Center for Transgender Equality, 2016). And regarding intersectionality, 41% of LGBT older adults report having a disability, whereas non-LGBT older adults report disability occurrence at about 35%; and LBGT older adults on average have less household income than their straight or cisgender counterparts (Fredriksen-Goldsen, et al. 2011).

Socioeconomic status encompasses factors such as income, financial security, education attainment, and subjective perceptions about class (APA, 2010). Socioeconomic status can remain fixed for many years, and the complications of low socioeconomic status are exacerbated not only by aging but by other important life transitions, such as accessing advanced education, vocational stressors, and complex medical diagnoses. Therefore, when an older adult is facing the barriers of low socioeconomic status, accessing resources can become even more challenging. Older adults who hold wealth can attribute this to benefits, such as housing, pensions, and other assets (APA, 2010). These benefits are found less frequently in older adults experiencing low socioeconomic status. Poverty in older adults is a risk factor for mental health and it has been found that older adults of low socioeconomic status are more likely to be diagnosed with a mental health condition (APA, 2010).

Of individuals age 65 and over, 34% report living with a disability, often impacting cognition, hearing, vision, functional status, and ambulation (ACL, 2020). Disabilities can be visible and identified via assistive devices, such as a mobility aid or a walking stick. Disabilities can also be invisible, such as neurological disorders, diabetes, HIV, or autoimmune diseases. For older adults living with a visible disability, there can be a concern of being labeled and judged. For those living with invisible disabilities, the burden often falls on the individual to explain what accommodations are needed when they "look healthy" and able-bodied. Biases against older adults with disabilities, including ableism, must be examined. Many healthcare providers are trained to "fix" someone, and this can be seen as problematic and offensive to older adults living with a disability.

Religion and spirituality are another dimension of identity and intersectionality. Religion and spirituality have similarities and distinctions. Religion can be thought of as religious practices, beliefs, and creeds that are reflected in values, behaviors, and ways of living (Lima, 2020). Spirituality is more general; it often includes a set of beliefs that may be anchored in subjective reasoning and influenced less by doctrine but more by personal life experience (Lima, 2020). Both religion and spirituality have been found to improve quality of life for older adults; some of those benefits include giving meaning to life, promotion of positive attitudes towards aging, and promotion of social exchanges (Lima, 2020). Studies from Western countries show that older adults are more likely to report religious affiliation than their younger counterparts (Skirbekk, 2018).

The spiritual fabric of the older adult population is diverse. Despite knowing the impact religion and spirituality may have on What Matters to an older adult, healthcare providers often consider this a "taboo" topic. This can be rooted in general discomfort with discussing these topics, underlying biases, time management, and/or lack of training. However, research demonstrates that older adults do want to be asked about religious or spiritual affiliations and preferences by their health care providers. One study, not specific to older adults, found that 83% of those surveyed wanted a physician to ask about spiritual beliefs (McCord, 2004). Asking about religious beliefs and spiritual orientation is one way to implement What Matters with older adults, especially as it relates to complex medical decision-making, who is involved in care, and advance directives.

Activities:

1. Watch the following 10-minute video that discusses the concept of intersectionality https://www.youtube.com/watch?v=OWeDatP0cv4 and write up or record an essay response. Questions for consideration are:
   a. What ideas about intersectionality in older adults does this make you think about?
   b. Who were your "meaning givers" (people that influenced your ideas about identity)?
   c. Which of your ideas about intersectionality are still intact and what has become more flexible or changed significantly?
2. Write up or record a one to two-page discussion of:
   d. An example of intersectionality that has resulted in an older adult facing increased marginalization, and
   e. An example of intersectionality that has resulted in resilience and strength-building
3. Meet with an older adult and conduct an interview to understand their spiritual or religious orientation and how it impacts their health and healthcare. With consent from your participant, either videotape your interview for sharing or record your interview in writing. Questions for consideration are:
   a. What, if any, spiritual or religious orientation do you identify with?
   b. In what ways, if any, do you want your spiritual or religious orientation addressed as you access healthcare?
   c. How has your spiritual or religious orientation intersected with other aspects of your identity?
   d. Describe any ways in which your spiritual or religious orientation impacts the type of care that you receive (such as medications, end-of-life care).

Curriculum Activity 2

This activity takes a deeper dive into the Age-Friendly Health System design and implementation.

Objectives of Curriculum Activity 2:

1. Discuss what constitutes an Age-Friendly Health System
2. Discuss the 4Ms framework
3. Through a variety of activities, provide students with the opportunity to reflect on their role in implementation of the 4Ms of an Age-Friendly Health System, either in a current or future environment

Increase awareness by students of Age-Friendly Health Systems

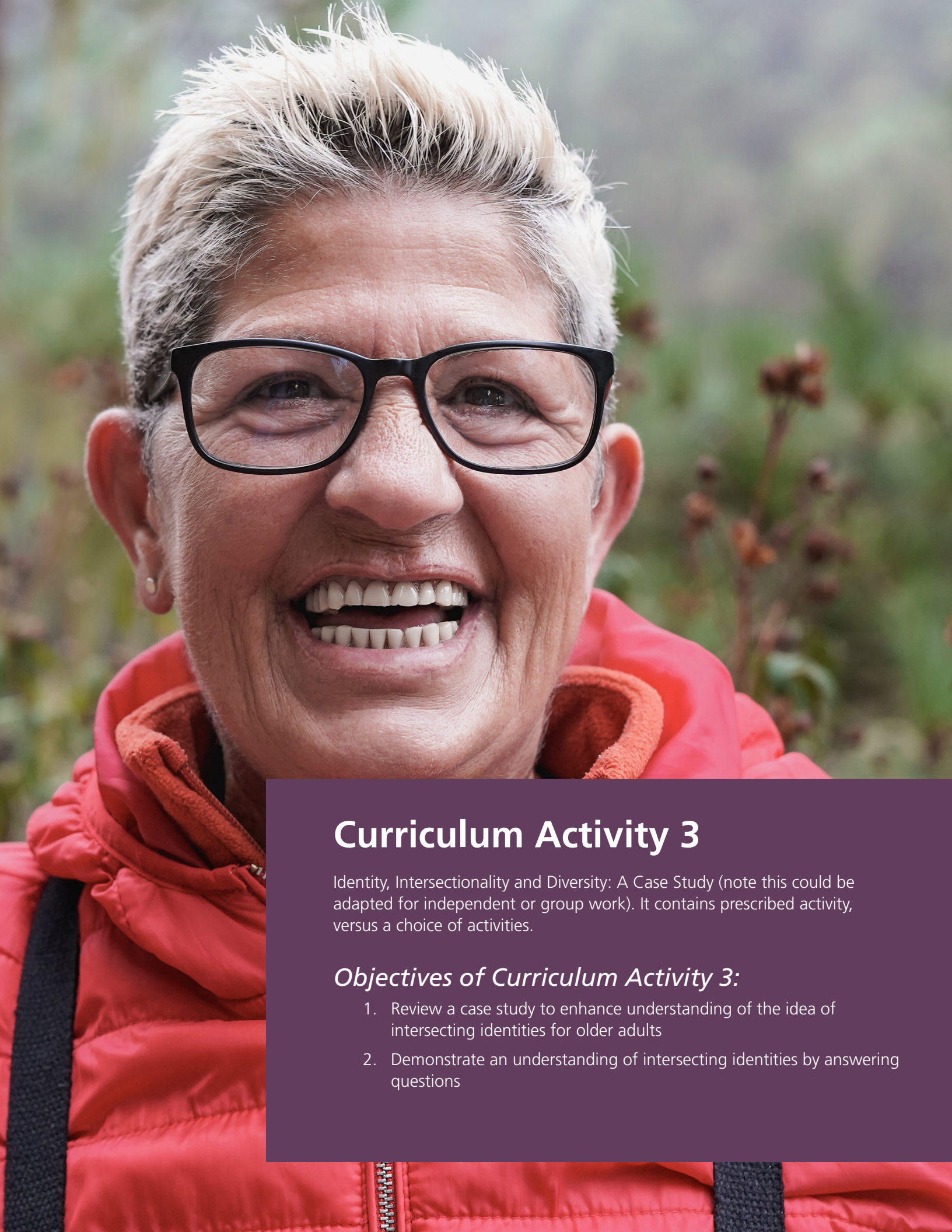
For a refresher on what constitutes an Age-Friendly Health System, please visit section three of the introduction.

Increase awareness by students of 4Ms

For a refresher on what constitutes an Age-Friendly Health System, please visit section three of the introduction.

Activities:

1. For *pre-work*, watch the following seven-minute video that discusses the origins of the Age-Friendly Health System movement: https://aging.rush.edu/professional-older-adult-family-care/age-friendly-health-system/4ms-framework/
2. For *homework*, after watching the video above, write up or record an essay response including a discussion of the following questions:
   a. What are the risks to older adults in receiving care that is not rooted in the 4Ms framework?
   b. When the founders of the Age-Friendly Health System movement began, what was their initial goal?
   c. What were the first steps they took?
   d. Briefly describe the 4Ms and ways that they interact.
3. For *homework*, watch the following three-minute video in which Kedar Mate, MD discusses implementation of the 4Ms framework. Answer the following questions via either written work or a recording:
   a. Which of the 4Ms did Dr. Mate and IHI find to be the most challenging to implement? Why?
   b. What did IHI do to assist providers in better understanding this most challenging of the 4Ms?
   c. What did they find to be the benefits of addressing this one of the 4Ms?
4. For *homework*, use the following guide from IHI, "What Does It Mean to Be Age-Friendly" http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/AgeFriendly_4MsBySetting_FullGraphic.pdf
   Choose one of the suggestions in both the hospital and practice setting (for example, "support for non-pharmacological sleep" or "screen for depression and document the results"); next, write up or record a one-page summary of how you would go about implementing these considerations. You may use your past, current or future practice setting as a lens for this discussion.



Curriculum Activity 3

Identity, Intersectionality and Diversity: A Case Study (note this could be adapted for independent or group work). It contains prescribed activity, versus a choice of activities.

Objectives of Curriculum Activity 3:

1. Review a case study to enhance understanding of the idea of intersecting identities for older adults
2. Demonstrate an understanding of intersecting identities by answering questions

Activities:

1. For *pre-work*, review Section 2 of Activity 1 for an overview of the concept of intersectionality and older adults.
2. For *homework*, review the case study below, either independently or as part of a group. Respond to the discussion questions that follow the case study. You may choose to respond to these questions via a video discussion, an essay, or a presentation to your cohort.

Case Study:

Marta (she/her/hers) is a single 73-year-old Latinx transgender female. Marta was born in Mexico and immigrated to the US when she was 40. Marta worked in the manufacturing industry in both Mexico and then the US until she had to retire early due to a chronic condition. She completed high school but did not have the opportunity to access advanced education. Marta's native language is Spanish, and she describes her English as "decent but could be better." While she was working, Marta generally lived paycheck to paycheck, always with a small cushion of savings of about $3,000. Since she retired early, she began receiving disability payments monthly, which represented a decrease in her income. Her disability payments cover her rent at a subsidized building as well as the costs of food, medication, and transportation. She no longer has any savings. She lives alone.

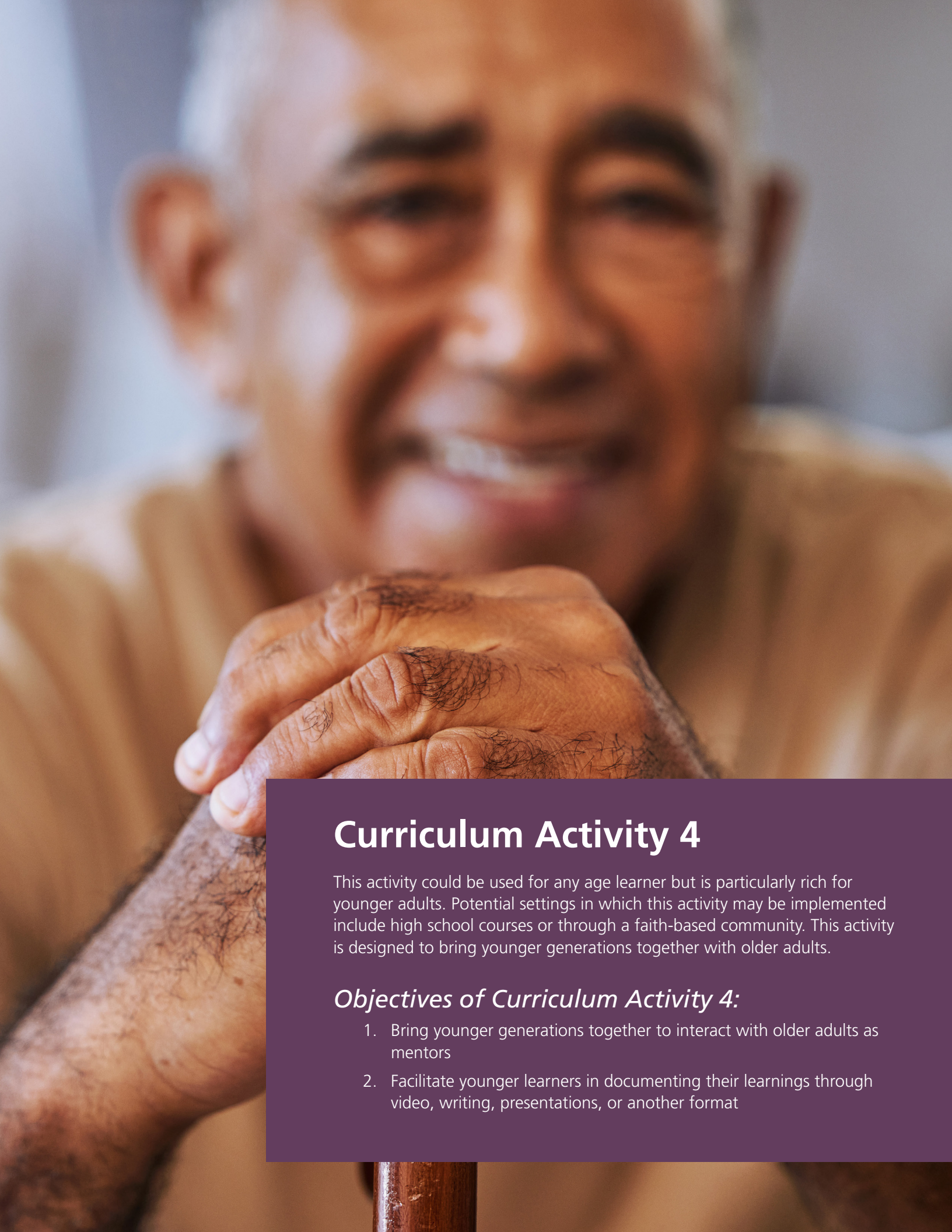
Marta's support systems include one brother and sister. One lives a few blocks away and the other is out of state. Marta often experiences social isolation as her primary source of support and socialization was her co-workers, most of whom she no longer sees. Marta's identity as a transgender female has often left her feeling pushed out of critical social circles, including a period of five years in which she lost touch with her siblings after they expressed a lack of support for her coming out as a transgender female.

Marta identifies as Catholic. She copes with past losses and current challenges with regular prayer; she belongs to a local church's LGBT parishioners' group. However, she has not felt comfortable enough to attend church since she came out. She fears judgment from other parishioners. She would very much like to feel comfortable enough to return to weekly mass.

Marta describes her health as "poor." She was diagnosed with epilepsy at age 25 in Mexico, and has been through a variety of treatments throughout adulthood. Medications and treatment generally work for a few months but ultimately Marta experiences a breakthrough seizure. While she was working, she received accommodations that allowed her to maintain employment. However, as she aged, Marta's seizures became more frequent and resulted in longer recovery times. Marta has noticed that since she retired early, she often feels depressed and "in a fog." She is inactive and has gained weight due to inactivity as well as medication side effects.

Discussion Questions (write up or record answers):

1. Reading this case study, what types of identities does Marta hold?
2. How have these identities intersected over time?
3. What intersection of identities put Marta at risk for marginalization?
4. If you were to work with Marta on management of her epilepsy, what are some of the social factors you think would be relevant to the care plan?
5. Consider the 4Ms framework. Make a list of how each of the 4Ms relate to Marta's current situation.



Curriculum Activity 4

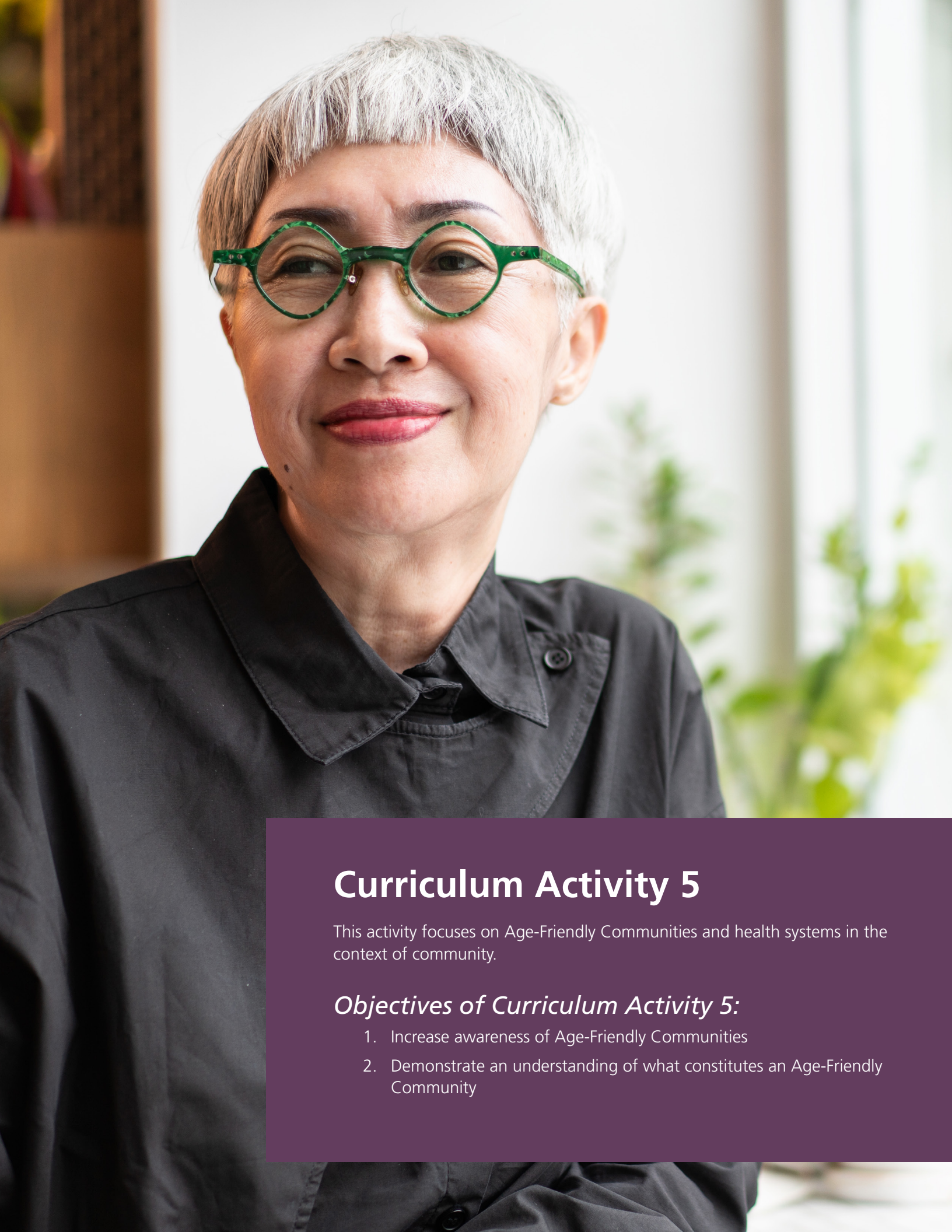
This activity could be used for any age learner but is particularly rich for younger adults. Potential settings in which this activity may be implemented include high school courses or through a faith-based community. This activity is designed to bring younger generations together with older adults.

Objectives of Curriculum Activity 4:

1. Bring younger generations together to interact with older adults as mentors
2. Facilitate younger learners in documenting their learnings through video, writing, presentations, or another format

Activities:

1. For *pre-work*, watch Daj'za Demmings' nine-minute TED Talk on Intergenerational Mentorship: https://www.youtube.com/watch?v=j07J_vLrSOI
2. For *pre-work*, watch Derenda Schubert's 12-minute TED Talk on The Superpower of Intergenerational Living: https://www.youtube.com/watch?v=xb0fzZJuOoU
3. For *homework*, answer the following questions about the videos and record answers either in an essay or a video:
   a. How does the Sankofa bird symbolize intergenerational interactions?
   b. What "troubles of our time" do you think could be solved by intergenerational mentorship?
   c. What is a safety net?
   d. What are the consequences of social isolation for younger adults?
   e. What are the health consequences of social isolation?
   f. What is Dr. Schubert doing to combat social isolation and bring generations together?
4. Interview an older adult (if possible, try to find someone you do not know well). Record the interview (video or audio). Questions for consideration are:
   a. Please describe what the process of aging has been like for you.
   b. What has surprised you about aging?
   c. If you had a home fire and had to choose two things from your home to save, what would they be and why?
   d. What qualities do you look for in a friend?
   e. What are some moments in life in which you felt most connected to others?
   f. Have you experienced isolation? If so, can you describe that experience?
   g. What matters most to you at this stage in life?
   h. What gems of advice would you give me about growing older?
   i. What are some of the challenges facing younger generations?



Curriculum Activity 5

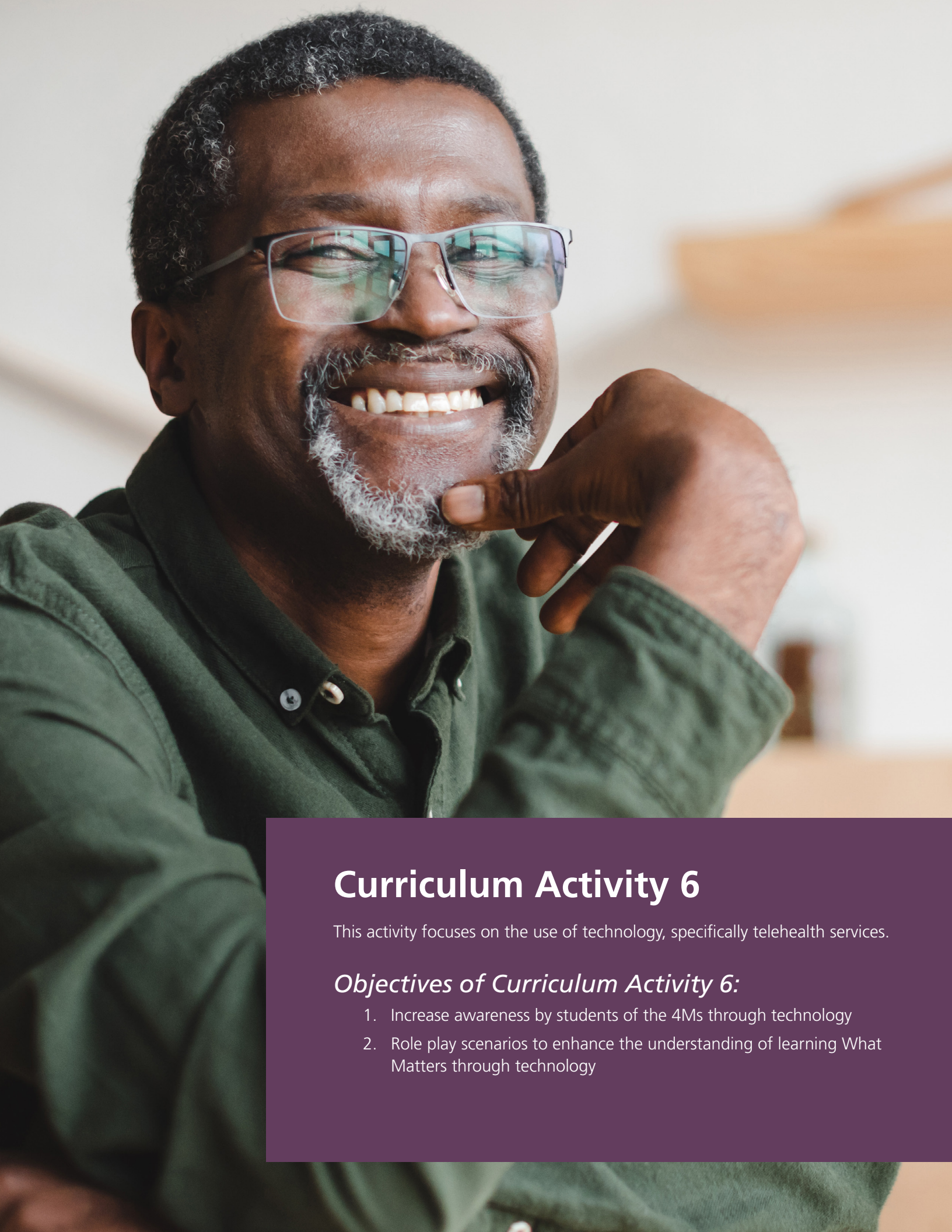
This activity focuses on Age-Friendly Communities and health systems in the context of community.

Objectives of Curriculum Activity 5:

1. Increase awareness of Age-Friendly Communities
2. Demonstrate an understanding of what constitutes an Age-Friendly Community

Activities:

1. For *pre-work*, watch the following five-minute video on Columbus' Age Friendly Neighborhood. https://www.youtube.com/watch?v=5BwsIo7Bubk
2. For *homework*, after watching the video above, write up or record a one-page essay response using the following discussion questions:
   a. What age-friendly challenges and successes do you have in your current community?
   b. Using an age-friendly lens, what works in your community and how can your community improve?
   c. How can you become more thoughtful about the age-friendly community needs of older adults in your life?



Curriculum Activity 6

This activity focuses on the use of technology, specifically telehealth services.

Objectives of Curriculum Activity 6:

1. Increase awareness by students of the 4Ms through technology
2. Role play scenarios to enhance the understanding of learning What Matters through technology

Activities:

1. For *pre-work*, review the following very short videos to gain a better understanding of telehealth services. Both are targeted at physicians, but the tips apply to all professions.
   a. Telehealth Communication: Quick Tips on video https://www.youtube.com/watch?v=KffaU7zKaNY
   b. How to Conduct a Professional Telemedicine Visit Using Good Webside Manner https://www.youtube.com/watch?v=8bMFL56Zflc
2. For *pre-work*, review the 4Ms in section three of the introduction.
3. For *homework*, complete the role play scenario.

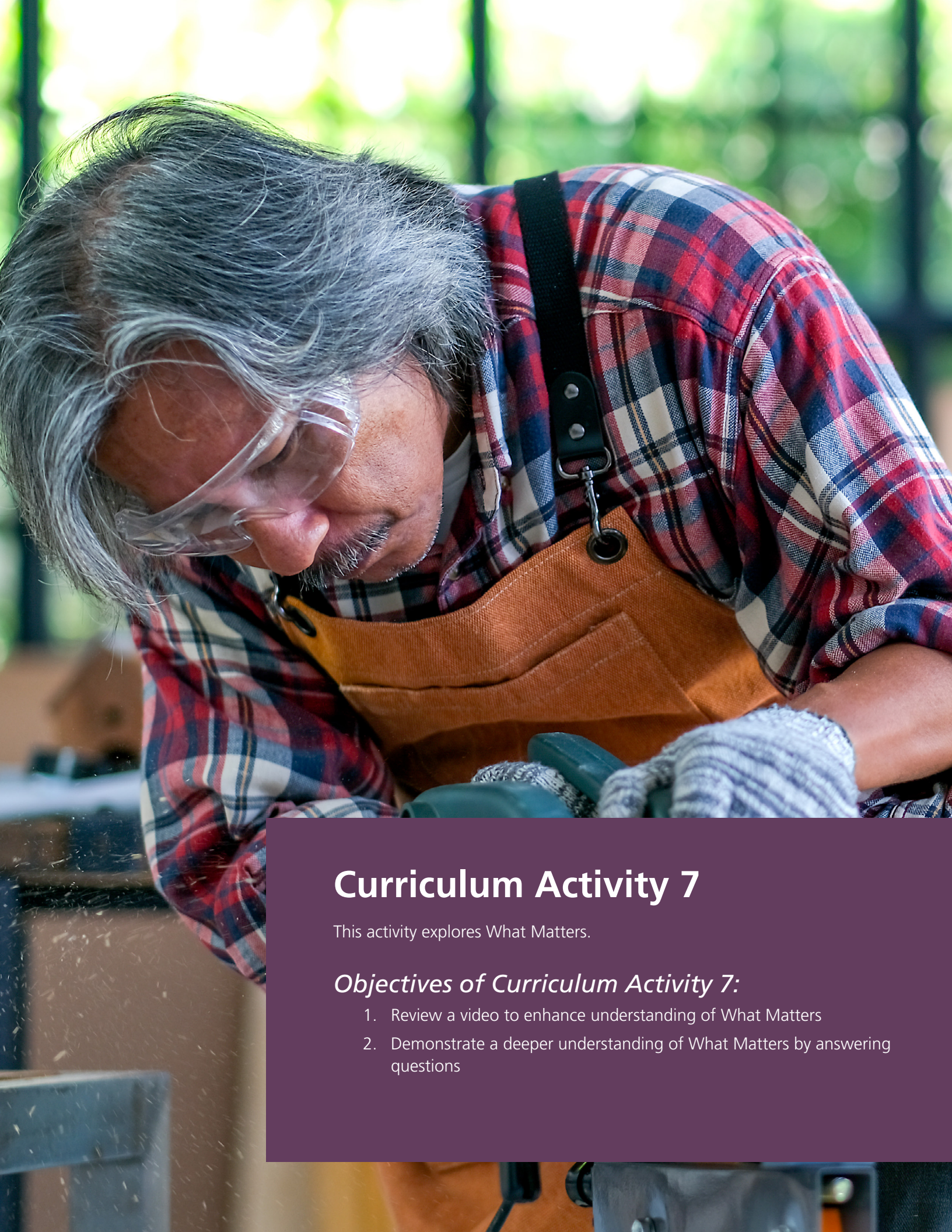
Topic:

Listening to an older adult through the lens of the 4Ms framework during a telehealth appointment

Description:

In this role play scenario, students use what they learned about the 4Ms to assess the 4Ms with an older adult. One student will act as a healthcare provider and one student will act as an older adult or interview an actual older adult, with at least one concern to be addressed from the 4Ms.

- Getting started with asking What Matters can be guided by the Patient Priorities care guides for multiple settings found here: https://patientprioritiescare.org/conversation-guides-for-ed/, or simply, "what matters most to you about your [life, health, health care – choose one]?"
- In the response from the older adult, listen for ways that Medications, Mind (cognition and mood), and Mobility might be impacting what matters to them – this is what "listening through the 4Ms framework" means.
- Ask follow-up questions to assess what you heard regarding the 4Ms. For example, if the older adult says that getting outside for a walk every day is what's most important, you could ask:
  - *"Since we're on video today instead of in the office, I didn't get a chance to see how you move – does your walking ability ever get in the way of getting outside?"*
  - *"Does taking your medications or side effects of medications ever get in the way of getting outside?"*
  - *"Does getting outside help your mood?"*



Curriculum Activity 7

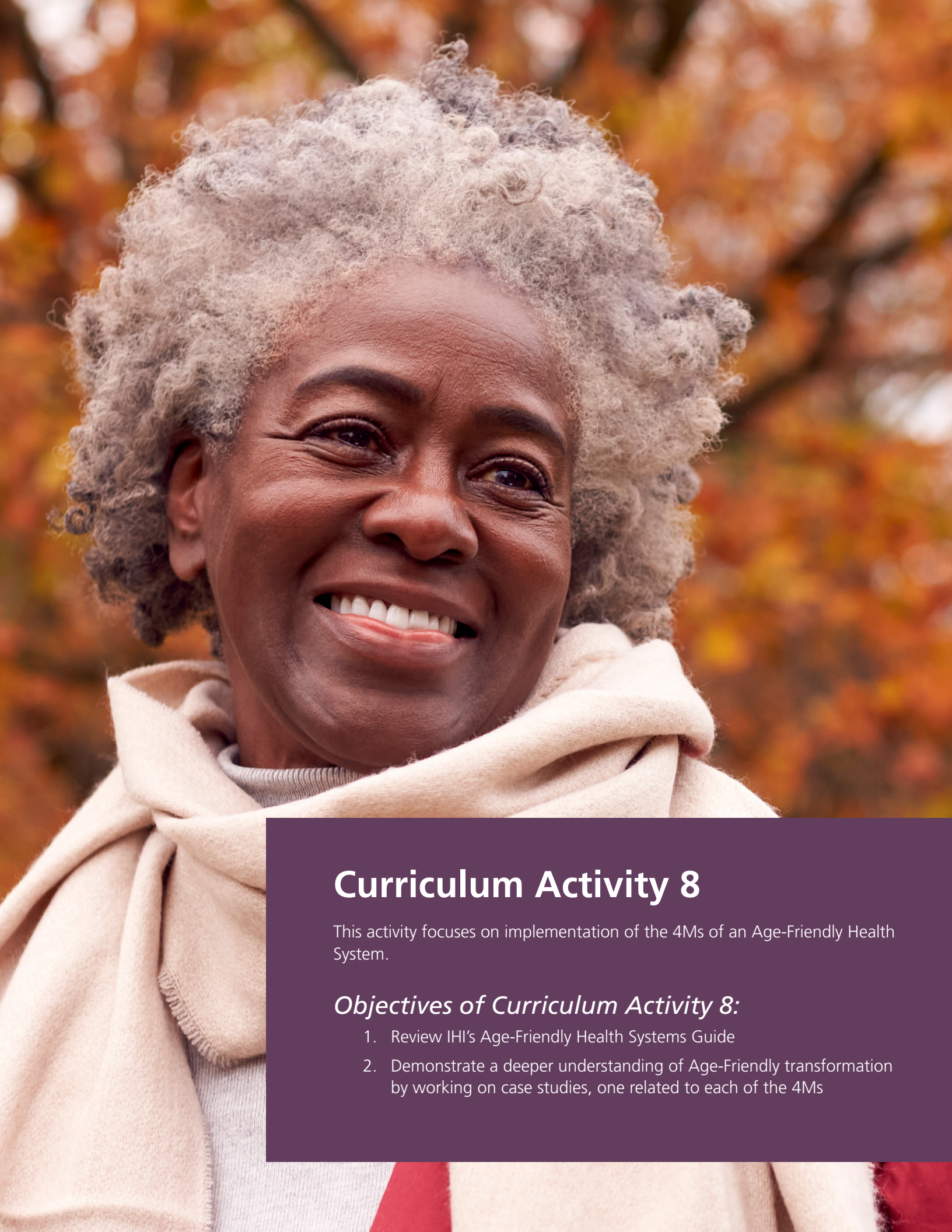
This activity explores What Matters.

Objectives of Curriculum Activity 7:

1. Review a video to enhance understanding of What Matters
2. Demonstrate a deeper understanding of What Matters by answering questions

Activities:

1. For *pre-work*, review IHI's What Matters website and watch four of the featured videos: http://www.ihi.org/Topics/WhatMatters/Pages/default.aspx
2. For *homework*, review What Matters to Me—A New Vital Sign TED talk: https://www.youtube.com/watch?v=H_Z1ZvjlKDE
   a. Answer the following questions, recording your answers either via essay or video;
      i. What other groups of people can What Matters conversations be used with?
      ii. Can What Matters be discussed with individuals who have cognitive impairment or dementia?
      iii. What did Rose need when she was asked What Matters and how did the team know how to honor what was important to her?
      iv. What countries are implementing What Matters conversations?
      v. Based on the video, how would you introduce yourself using What Matters as a framework?
3. For *homework*, consider an older adult you have worked with in the health care setting. Write up or record a one-page case study describing the older adult, their health situation, What Matters to them, and how What Matters to the older adult guided their care plan.



Curriculum Activity 8

This activity focuses on implementation of the 4Ms of an Age-Friendly Health System.

Objectives of Curriculum Activity 8:

1. Review IHI's Age-Friendly Health Systems Guide
2. Demonstrate a deeper understanding of Age-Friendly transformation by working on case studies, one related to each of the 4Ms

Activities:

1. Read IHI's Age-Friendly Health Systems Guide: http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf
2. Review the following case studies related to implementation of the 4Ms. Record your answers either via essays, recording, or a class presentation.

Case Study: What Matters

A local hospital is beginning a comprehensive, multi-disciplinary clinic to treat individuals with complex neurological conditions via a neuro-palliative approach. Neurologists will see the patients to address neurological concerns; palliative care will address symptom management and end-of-life care concerns. The team will also include physical therapy, occupational therapy, social work, nursing, and pharmacists. The clinic is still deciding how to manage logistics, such as staffing before and after clinic, flow of patients, coordinating multiple provider visits into one, and communication between providers. All clinic staff are interested in knowing What Matters to each patient and family, both during the course of treatment, and during end-of-life discussions. The staff is also attending to how What Matters to the patient impacts all 4Ms.

Discussion Questions:

1. What initial steps may you take to familiarize all the team members with the 4Ms and how it impacts, and is impacted by the 4Ms?
2. What ideas do you have for engaging patients in What Matters conversations? Who is taking the lead?
3. How will these conversations be documented?
4. How will changes to What Matters be updated and addressed?
5. How do you plan to inform the patients and families of the purpose of these conversations?
6. How will you attend to how What Matters to the older adult interacts with all 4Ms?
7. How will you measure the effectiveness of What Matters conversations?
8. What challenges do you predict?
9. How will caregivers be involved in What Matters conversations?

Case Study: Mobility

A local home health agency is interested in improving mobility strategies for older adults, assuring that they are attending to how mobility impacts all 4Ms. Older adults receiving home health services have a variety of medical issues, some of which include post-operative care, physical therapy services after a sub-acute nursing admission, dementia, and other neuro-degenerative conditions.

Discussion Questions:

1. What initial steps may you take to familiarize all the team members about Mobility and how it impacts, and is impacted by the 4Ms?
2. Who is taking the lead on Mobility?
3. Who is assessing Mobility goals and documenting plans?
4. How will the Mobility goals be shared across providers?
5. How can you tie in What Matters, Medication, and Mentation to Mobility?
6. How will you measure the effectiveness of the Mobility implementation?
7. What challenges do you predict?
8. How will you plan to harness social support to improve Mobility strategies for each patient?

Case Study: Mind

A local geriatrics practice has been routinely asking each older adult about mood, however there is no standard screening tool or way to document this. Physicians see patients on a variety of cadences and may not always remember if mood was a concern or not. Many patients in this clinic have both mood and cognitive concerns. The practice would like to begin administering a standardized screening tool for mood. They would also like to have a workflow for addressing any mood concerns that are identified on the screener.

Discussion Questions:

1. Why is mood a concern for older adults and what does it have to do with cognition?
2. What initial steps may you take to familiarize all the team members about Mind and how it impacts, and is impacted by the 4Ms?
3. What screening tools may you suggest the team review as potential standardized screeners?
4. What ideas do you have for administering the screening tool (who, where, when)?
5. How will the results of the screening tool be documented?
6. If a patient screens positively for mood concerns, who will address that? What team member may be most appropriate to follow up?
7. How will you attend to What Matters, Medication, and Mobility in the context of this endeavor?
8. How will you measure the effectiveness of the screening tools and follow up?
9. What challenges do you predict?
10. How will you handle any severe mood needs that are identified (such as suicide risk)?

Case Study: Medication

A local long-term care facility is working on improving its management of medication and safe prescribing. This facility has both short-term rehabilitation beds and residential facilities. Older adults residing in the facility often go to doctors' appointments outside of the facility. During these appointments, medications are often changed by the outside providers. Recently, the facility has discovered that many of the medication changes that happen at outside facilities are not properly implemented upon patients' return to the facility.

Discussion Questions:

1. What initial steps may you take to familiarize all the team members about how Medication impacts, and is impacted by all 4Ms?
2. What are the risks for older adults who have undergone outside medication changes that are not implemented at the facility?
3. What do you foresee are some of the barriers to older adults' medication changes being relayed back to the facility?
4. Which groups of older adults may be at highest risk of this happening?
5. Who at the facility should be key players in creating a solution?
6. What process improvements can you consider in terms of communicating with outside facilities?
7. Who will own the communication?
8. How will you know that your solution is effective?

4Ms Application Activities:

The following application activities are intended for learners who are interested in taking a deeper dive into the 4Ms framework. Whereas a majority of the curriculum has focused on introspection, discussion and/or documentation of reflections, these practice sets are intended to be aimed at practical exercises that reinforce lessons learned.

What Matters:

Option 1: Learn more about your state's advance directives options and complete either a health care power of attorney, living will, or both. You can begin by learning more about the process of completing these forms and documenting your wishes by exploring https://theconversationproject.org/. You can do an internet search for your state's forms or contact your local healthcare provider. Once you have documented your wishes, be sure to find out how to upload them into your medical record (either through your provider or through your online health portal). Also remember that you and your designated power of attorney should also have a copy!

Option 2: With the help of Stanford Medicine's Letter Project, write a letter to your provider about what matters most to you. Find the template here: file:///Users/escalantes/Downloads/Letter-English.pdf. When complete, take to your next scheduled appointment and discuss with your provider.

Mobility:

Option 1: Consider a route or commute you take on a regular basis (the bus to school, the drive to place of worship, the train ride to your family, etc). The next time that you engage in this activity, add additional time to the route to be able to pause at each step and consider what it would be like navigating it with a mobility device (a walker or wheelchair, for example). What do you notice? Would this route still be an option? How much additional time would need to be added to account for mobility accommodations? If you are navigating public ways, are they suited for the device? If not, do you have feasible alternatives? If this route is no longer an option, how would it impact your life? Would you still be able to engage in this activity?

Option 2: Review a patient's medical record (progress notes as well as medication list). Are there mobility limitations? What safety precautions can be taken during your time with the patient to help minimize risk? What can be done upon discharge or at transitions of care to minimize risk? Are there any medications that affect mobility? Can high-risk medications be reviewed for substitutes to minimize impact on Mobility?

Mind:

Option 1: Develop a plan to address non-pharmacological supports that can improve sleep quality for older adults at risk for delirium on an inpatient unit or in a long-term care facility.

Option 2: Use this practical guide to aid in your conversations with a patient or someone in your life who is living with dementia Ten_Tips_Communicating_Dementia.pdf

Medication:

Option 1: Choose an older adult patient that you are working with in a healthcare setting. Review their medication list. Are there high-risk medications for older adults on the list (see the Beers Criteria https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.15767)? What are the risks? What signs do you see that an adverse reaction to What Matters, Mobility, or Mind could be taking place? How can you bring questions to the attention of the interdisciplinary team?

Option 2: Perform a medication reconciliation for someone who takes multiple medications, which includes assessing how consistently the older adult takes each medication on their list as prescribed, asking about any deviations from prescribed protocols, assessing the 4Ms and social determinants of health that may impact medication usage.

Suggested Reading/Websites:

1. Administration for Community Living, Minority Aging, https://acl.gov/aging-and-disability-in-america/data-and-research/minority-aging
2. Age-Friendly Health Systems, IHI, http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
3. CATCH-ON, a Geriatric Workforce Enhancement Program, brief educational videos about aging and health for older adults and families https://catch-on.org/oaf-home/oaf-online-education/online-modules/menu-of-video-modules/
4. CATCH-ON, a Geriatric Workforce Enhancement Program, brief educational videos about aging and health for health professionals https://www.catch-onlearn.com/lms/_portal/account/index.php?ca=admin
5. Centers for Disease Control and Prevention, Promoting Health for Older Adults, https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm
6. Chaplaincy Innovation Lab, https://chaplaincyinnovation.org/
7. Family Caregiver Alliance, https://www.caregiver.org/
8. National Council on Aging, https://www.ncoa.org/age-well-planner
9. SAGE Advocacy & Services for LGBT Elders, https://www.sageusa.org/
10. Stanford Medicine Letter Project: https://med.stanford.edu/letter.html

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10. Institute for Healthcare Improvement. (2020, July). *Age-friendly health systems: Guide to using the 4Ms in the care of older adults.* http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf

11. Institute for Healthcare Improvement. (2022). https://theconversationproject.org/

12. Institute for Healthcare Improvement. (2019). *"What matters" to older adults? A toolkit for health systems to design better care with older adults.* http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf

13. Lima, S., et al. (2020). *Spirituality and quality of life in older adults: a path analysis model.* BMC Geriatrics, 20 (259). https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-020-01646-0

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