



**Specialty: Family Medicine – Post-Acute/NSA Transitional Care of the Elderly**

**Contact Information**

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**Site(s)**

McGill University Health Center (MUHC)

Montreal General Hospital (MGH) - NSA (Niveau de soins alternatifs) Unit on 14 East/West

**Elective Description**

Hospital-based rotation. Adult in-patient ward. Supervised by family physicians working in collaboration with multidisciplinary team. Two (senior) students per period. The NSA/Post-Acute unit is comprised of 24 beds, regrouping primarily (but not exclusively) older adults with continuing complex care needs following an acute admission to Internal Medicine or Surgical Clinical Teaching Units at the Glen/RVH or MGH sites. The goal of the NSA/Post-Acute Service is to optimize care transitions to the community by delivering patient-centered, whole person, restorative transitional care, anchored in an elder-friendly, multidisciplinary team approach.

**Frequently seen diagnoses:** Dementia; Diabetes; Cardiovascular disease; COPD; Dysphagia; Pain; Urinary Incontinence; Affective Disorder; Polypharmacy; Complex Psychosocial Issues; Behavioral Problems secondary to Neuro-Cognitive Disorders; Mobility Impairment; Others.

**Attending MDs:** Family physician-hospitalists working in multiple (hospital and community) settings.



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**Interdisciplinary Team:** Nurse Manager: Pouneh Mohanna; Assistant Nurse Manager: Danielle White; Primary Nurses; PABs; Physiotherapist/Technician; Occupational Therapist; Speech & Language Pathologist/Therapist; Clinical Nutritionist; Pharmacist; Social Worker, as needed.

**Case Load:** Total 4 to 5 patients (including 1 awaiting Rehab + 1 awaiting Long-Term Care/LTC).

**Hours of individual supervision:** 5 to 10 / week

**Consultants:** • General Internist • Geriatrician • Psychiatrist • Other FMSQ specialists, as needed.

### **Elective Duration**

2, 3, or 4 weeks (ideally 4 weeks)

### **Educational Objectives**

1. To acquire knowledge, skills and attitudes relevant to optimization of care transitions for older adults with continuing complex care needs who may require rehabilitation, long-term or other alternate level (post-acute) care.
2. To recognize that patient-physician relationship and continuity of care are central to Family Medicine by: (i) Respecting differences in beliefs & backgrounds; (ii) Treating patients as a whole person in a non-judgmental manner; (iii) Establishing professional relationships with patients, families, communities, and colleagues; (iv) Demonstrating how to obtain informed consent from a patient or family/ caregiver.
3. Demonstrate effective communication skills in conducting patient centered interviews exploring patient's illness experience, personal history and social context, and in medical record documentation.
4. Perform a physical examination that is accurate and appropriate to the presenting complaint, sensitive to patient's comfort, with appropriate interpretation and management of the findings.
5. Understand the expertise of interdisciplinary team members.
6. To recognize the pertinent procedure for patients who categorically refuse LTC/placement and for whom home discharge would be unsafe.
7. To describe the range of services offered by alternate level care resources in the community
8. Identify key elements of a safe discharge plan.
9. Conduct medication reconciliation.
10. Identify ethical issues frequently encountered in transitional care.

### **Scope of Work**

- Direct supervision by Family Physician Clinician-Teacher on the NSA unit
- Feedback from Multi-disciplinary Team Members
- Teaching & Mentoring Sessions animated by the NSA/TC Elective Course Director and/or Clinical Supervisor twice per week or more frequently.
- Ten-minute PPT presentation focusing on student's choice of several themes encountered during the first 2 weeks of this rotation, demonstrating critical appraisal skills & utilizing evidence-based resources.