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Education

A MULTIDISCIPLINARY BOOTCAMP AS AN EDUCATIONAL LAUNCH TO A GERIATRIC EMERGENCY DEPARTMENT

Allyson A. Kreshak, MD, Sean X. Neath, MD, PHD, Vaishal M. Tolia, MD, MPH, Edward M. Castillo, PHD, MPH, and Thoedore C. Chan, MD

Department of Emergency Medicine, University of California San Diego, San Diego, California
Corresponding Address: Allyson A. Kreshak, MD, Department of Emergency Medicine, University of California San Diego, 200 West Arbort Drive, MC 8676, San Diego, CA 92103

☐ **Abstract—Background: Emergency department (ED) visits are increasing among patients ≥65 years of age. Geriatric EDs (GED) provide specialized emergency care for this older population. Interdisciplinary education of GED staff and providers is needed as part of the development of a GED. Objectives: We sought to describe the effective use of a GED bootcamp as an educational mechanism for the introduction of a GED to a health system. Methods: An all-day, in-person GED bootcamp was held on the campus of our health system's medical school campus and was led by experts in geriatric emergency care. Participants in the bootcamp were professionals from a variety of health care fields and medical specialties as well as health care administrators and health policy professionals. Bootcamp attendees were administered a survey at the completion of the bootcamp. The survey asked about knowledge and interest in concepts relating to GEDs that the participants had both before and after attending the bootcamp. Results: A total of 100 participants from a range of health care fields and medical specialties were present for the GED bootcamp. Fifty percent of bootcamp participants completed both before and after bootcamp survey questions. Among these, there was a significant increase in the level of high knowledge and interest in concepts relating to GEDs when comparing pre- and postbootcamp survey results ($p < 0.001$). Conclusions: An all-day, in-person GED bootcamp was an effective forum to bring together an interdisciplinary health care group and provide meaningful emergency geriatric care education.** © 2018 Elsevier Inc. All rights reserved.

☐ **Keywords—bootcamp; education; emergency department; geriatrics**

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INTRODUCTION

A quarter of the U.S. population is estimated to be ≥ 65 years of age by 2060 (1). Emergency department (ED) visits among this population are increasing (2). The growth of this geriatric population in the United States and their increased ED visits has spurred the development of geriatric emergency departments (GEDs) (3). As part of this specialized care, GEDs are equipped to deliver emergency care to meet the needs of this older population. Specifically, GEDs address the medical, physical, social, and psychological needs of older adults, because these needs may be different from those of the younger population (3–5).

The operational implementation of a GED is complex and involves new workflows. As part of the development of a GED, new operational processes are established, physician and nurse education is needed, new collaborative and consultant relationships are developed, and specialized social work and care management needs are required. Interdisciplinary geriatric education is essential

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to this process; however, education for providers' care of seniors is limited (4,6).

In response to the growing senior population and their acute care needs, we recently implemented a GED as part of our ED. Before the operational functioning of our GED, we hosted an interdisciplinary educational GED bootcamp. The bootcamp was led by national leaders in emergency geriatric care along with our ED faculty and was designed to introduce our health campus professionals to the specialized emergency care offered through the GED. The goals of the bootcamp were 1) to infuse best practices in geriatric emergency care to those members of our health care system involved in the care and treatment of geriatric patients, and 2) to facilitate the integration of a multidisciplinary team at our health care system that would be empowered to move forward in implementing GED practices. We describe the effective use of a bootcamp as an interdisciplinary educational mechanism and venue to introduce a GED to a health care system.

MATERIALS AND METHODS

In 2015, our ED began planning for the development of a GED. Part of this planning involved the University of California San Diego hosting a GED educational bootcamp. The bootcamp was a full-day, in-person event held in September 2016 and was located on the university's medical school campus associated with our health care system. The physical space was a modern, medical education building that housed a large conference room and several smaller classrooms.

Participants involved in leading the bootcamp were physician faculty members in the Department of Emergency Medicine at our institution and 7 national and international faculty members of the GED Collaborative (GEDC). The GEDC is an innovative collaborative on the future of geriatric emergency care that brings together professionals, professional organizations, hospitals, and hospital systems (7). Members of the GEDC faculty had experience with leading previous GED bootcamps as an educational introduction to a GED.

The bootcamp agenda was determined by the GEDC faculty members' experience with previous bootcamps along with input from the University of California San Diego Emergency Medicine faculty regarding the needs of the anticipated multidisciplinary audience. The agenda was designed to be interactive, experiential, and informative (Appendix A). The bootcamp began with an individual's personal account of her older, ill father's experience visiting multiple EDs during his illness. This personal account highlighted the need for geriatric-focused acute care and created a situation with which most of the bootcamp participants could empathize. The agenda was then followed by a combination of large group lectures and small group breakout sessions. The small group breakout sessions involved geriatric case discussion and dissemination of practical geriatric care resources in small classrooms through which each small group rotated. Examples of these focused geriatric resource education sessions included screening for delirium, physical therapy services, and community resources for seniors. The small groups included participants from different disciplines to facilitate interdisciplinary discussions. The large group lectures included GED clinical operations (experiences of previous GEDs and the operational plan for our own), process improvement in the GED, and patient satisfaction. Planning for the bootcamp occurred over the course of 9 months via conference calls and emails.

Participants invited to the bootcamp represented the broad multidisciplinary focus of the GED. All of our institution's emergency medicine attending physicians, residents, and nurses were invited to attend. In addition, physicians, nurses, social workers, and researchers from neurology, psychiatry, geriatrics, and palliative care were invited. Case managers, social workers, pharmacists, and physical, occupational, and speech therapists who were anticipated to participate in the care of GED patients were also invited. In addition, local health policy professionals were invited. The bootcamp coordinators made individual requests for participation to invited participants in order to relate the educational value of attending the bootcamp. Participation in the bootcamp was voluntary, and participants were asked to sign up before the conference day. Continuing medical education and continuing nursing education credits were available for participation.

As part of quality assurance for the bootcamp, participants were given a voluntary survey at the end of the bootcamp. The survey contained a series of questions about their knowledge and interest in geriatric emergency care before and after participation in the bootcamp. Participants were also asked for suggestions regarding improvement in educational strategies of the bootcamp. Our institutional review board granted exempt status for analysis of the survey results. A description of bootcamp participants by specialty or field is reported. The difference in participant knowledge and interest in concepts relating to GEDs before and after the bootcamp were compared using a chi-squared test. Participants' top suggestions for bootcamp improvement are also summarized.

RESULTS

A total of 100 attendees were present for the bootcamp. A broad range of health care professionals were represented at the bootcamp. The breakdown of participating specialties or professional fields are represented is in