



Geriatric Surgery Verification  
American College of Surgeons

## GSV Insight: Geriatric Education of Surgeons, APPs, and Nurses

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### INTRODUCTION

**Michael Bencur** [00:00:10] Hello and welcome to GSV Insight. Today let's talk about geriatric education of surgeons, APPs, and nurses. My name is Michael Bencur and I am the GSV Project Manager. Today I am joined by Lynne O'Mara and Amy Bulger from Brigham and Women's Hospital in Boston. Welcome, Lynne and Amy.

**Lynne O'Mara** [00:00:30] Nice to be here.

**Amy Bulger** [00:00:32] Thank you.

**Michael Bencur** [00:00:33] Could you tell us a little bit about yourselves and your backgrounds?

**Lynne O'Mara** [00:00:37] Sure. My name is Lynne O'Mara. I'm the Clinical Program Manager and the GSV Co-coordinator alongside Amy for Brigham and Women's Hospital Center for Geriatric Surgery.

**Amy Bulger** [00:00:49] Hi everyone. I'm Amy Bulger. I'm the Director of Geriatrics Operations. And as Lynne mentioned, I'm the GSV Co-coordinator in the Center for Geriatric Surgery as well.

**Michael Bencur** [00:00:59] Great, thank you. And can you tell us a little bit about Brigham and Women's Hospital in Boston?

**Lynne O'Mara** [00:01:06] Yeah. Brigham and Women's Hospital is a large academic medical center providing tertiary quaternary care with our 800 plus licensed beds in Boston, Massachusetts. We're a teaching hospital, and our GSV Program is a Level 2 program.

**Michael Bencur** [00:01:23] Great.

### QUESTION #1

**Michael Bencur** [00:01:25] Moving on to our questions for GSV Standards, 8.2 and 8.3. Can you describe how your hospital began implementing these standards and the key steps taken?

**Lynne O'Mara** [00:01:34] Yeah, thanks Mike. I'm going to start. So I was a frontline champion actually as a PA on the trauma service when some of this work began back in 2013. At that time, we had provided a lot of peer education during the implementation of standard 5.13 even before the GSV Program really existed, we were trying hard to incorporate a pathway of care for our trauma patients and therefore through that work we had done a lot of education of our inpatient APPs, our resident staff, and it all started from a practical lens really to support education and geriatric pathway workflows, but it really kind of transitioned

into doing more work with education and geriatric principles as well. So we started by requesting just 10-minute workflow education sessions into key recurring time slots in the residency, kind of, educational curriculum as well as key PA meetings. Throughout the year we integrated into intern orientation and then into new APP hiring orientation. And knowing key stakeholders in those areas was really critical in order to get some of this underway. Another great resource that we had in our department was our trauma geriatrician. He was a really big and strong supporter of this work and provided a lot of just-in-time education to the trauma APPs and residents and continues to do so. We had gained a lot of buy-in from the utility of geriatrics from those positive interactions with our geriatrician. And I think that our staff really saw those improved patient outcomes as something that piqued their interest in geriatric care for our trauma patients.

As we expanded though to different service lines and as we grew, I had moved into a new role as the Clinical Program Manager here in our new Center for Geriatric Surgery, and we eventually expanded our education offerings pretty broadly to provide more of an overview of the 4Ms of age-friendly geriatric care and our step workflows to all the surgical APPs, residents and fellows in surgery as well as our intensive care units. And we coordinate still pretty closely with our nursing staff and our PCA education. That's a key piece to making sure that all of the education that we're providing is aligned and that the messaging coming from all those educational offerings is accepted and bought in from all angles, which I think has been a key to our success. And I'm looking forward to hearing Amy share more about how we work really closely together to ensure all that education comes from, from the same source with the same information. But one last thing I would say from a provider lens is that geriatric education and workflows now have truly become part of the culture on our ward in our units. And I think a lot of it has to do with the deep educational resources that we have, the buy-in from our all of our staff. It's been really fun to see it grow from just a pathway to kind of more of a comprehensive educational opportunity for a lot of our staff that's just routinely built into the way that we practice.

**Amy Bulger [00:05:02]** Thanks, Lynne. So I can speak a bit to Standard 8.3 from the nursing perspective, and as Lynne mentioned, a lot of this work has been going on since before I joined the Center for Geriatric Surgery, and around the time of 2013 and on, CGS, nursing leadership, clinical educators, and staff were key stakeholders in transforming the care of older adults provided on our orthopedic and trauma units in collaboration with Dr. Zara Cooper, Lynne, and our geriatrician colleagues. And this has really resulted in a culture change on our units. When I joined the Center for Geriatric Surgery in 2019, I had a background in surgical trauma nursing, quality and safety, and professional development and education. And it is important to note this was around the same time that the GSV Standards were released. So a lot of our work was really geared towards implementation. And within one month of joining the team, we were collaborating with local surgeon champions, nursing leadership, and others to expand the step pathway, our geriatric pathway, and geriatric surgery coverage into new service lines, all with Standards 8.2 and 8.3 in mind.

As Lynne mentioned, these rollouts really included aligned provider and nursing education around the 4Ms in geriatric surgery best practice. And in partnership with nursing leadership, we identified nurses with a strong interest in geriatric nursing to become geriatric nurse champions to lead education and quality improvement in their areas in accordance with Standard 4.1. In addition to SSTEP and 4Ms training, I began working with our nurse executive board at the Brigham to re-enroll our hospital as a NICHE member organization. NICHE, which stands for Nurses Improving the Care of Healthsystem Elders, is an educational platform based out of the NYU Meyer School of Nursing, and it really helps ensure nurses and PCAs, our patient care associates, have evidence-based resources available to them. In addition, I partnered with a

nurse leader colleague, Jill Osborne, to create a geriatrics care improvement committee to be a venue for nurse champions and clinical nurse educators to come together and learn and share best practices. And this committee has now grown and includes interprofessional staff.

## QUESTION #2

**Michael Bencur** [00:07:31] Great. Can you describe what resources were used and what skills were needed to put these standards in place at your hospital?

**Lynne O'Mara** [00:07:40] Happy to. So, I'm a dedicated resource to geriatric surgery, but I'm a 0.5 FTE, so 20 hours of my time is dedicated alongside Amy. Part of that work is GSV coordination, but a huge part of my role is to manage the clinical pathways and medical education for our clinicians. And so part of this rolls up into that role. As I kind of mentioned before, when we first kind of got this program off the ground, though I just did this as part of my other kind of work. So I just had it embedded in terms of just being on service and feeling like it was something I believed in. And I think that we, Amy and myself, and our whole department, all of our geriatricians are always seeking those champions that can really bring this work to the front line and be allies and kind of extend the resources that we have. So, while I manage all the education for our new surgical residents, we do this every June. We coordinate with our interprofessional staff to make sure that the educational content is updated. We have an internal app that everyone can reference, and I continue to do different educational offerings to the surgery PAs and different physician groups.

I think our champions have truly been the crux of this work. One of the things that I think our department is really proud of is the way that we've been able to leverage our champions. We started a champion program for PAs, which is the first really PA focused geriatric champion program nationally. This had been done as part of my Tideswell fellowship through the American Geriatrics Society back in 2020-2021 time. We developed a geriatric champion program for our APPs. Currently we're in the second cohort, and we had been really using those champions to help in each of our departments in terms of spreading education and quality improvement training. So our geriatric champion program runs about a year, and our PAs get six months of geriatric education, and then they implemented geriatric QI project in their home department. And what's been great to see is that the hospital has supported this from the highest level and it's now embedded in our departmental operational budgets and our PAs are able to have the skill sets needed to not only care for our geriatric patients, but also have the skill sets needed to implement that QI. So that really helps us, myself and Amy, kind of extend our limited availability across the institution.

**Amy Bulger** [00:10:31] Yeah, I couldn't agree more with Lynne. And really for a hospital of our size, it's critical to have some dedicated resources. Myself, I am also a dedicated nurse leader with time in my role allocated for nursing education and geriatric surgery program development and collaboration with our interdisciplinary interprofessional team. And this has really been beneficial at the hospital level and at the local level. As part of my role, as I mentioned, I serve as the GSV Co-coordinator with Lynne and also as the NICHE site coordinator. And this allows me to have a broader perspective and to share these resources with our nursing staff, our PCAs, and other interprofessional colleagues. For us, the NICHE Program membership and education resources have been key to educating our nurse champions in supporting gerontologic nursing board certification through the American Nurses Credentialing Center. And from a skills perspective, I really think it is critical to have strong organizational skills, program development experience, and a clear vision. And it's crucial to create alignment with other internal and external hospital programs to secure buy-in and ensure sustainability.

### QUESTION #3

**Michael Bencur** [00:11:50] Fantastic. Do you have any educational resources available for your hospital staff pertaining to these standards, and if so, what are those?

**Lynne O'Mara** [00:12:00] We sure do, Mike. We have a lot. So I have a, I have a little bit of a list prepared, but also excited to hear if you have any other questions about our educational resources, but our overview, kind of, of the offerings that we provide to our providers at least, is that we're embedded in our yearly intern orientation for all covered service lines for our surgical residents. So every June, as you may imagine, I get to do a little road show throughout the surgery departments and present a lot of the work that we've done geriatric 4Ms. And so it's usually a 30-minute presentation that walks through the highlights of geriatric focused care as well as pathway education for all of the incoming interns as well as the returning residents. And this has been really important to us as a residency program in the institution because we have a lot of residents coming back from research years that really benefit from that early refresher in the year, and it's really helped us maintain our compliance as well as keeping geriatric focus surgical care at the front of their practice. We also do a yearly intern bootcamp on all of our service lines, which is more of an hour long presentation to all incoming interns.

A few months though after they've started, we found that doing it too early in the year didn't land super well. And so we've moved it to more of a September/October time frame after they start in June, and that's been really useful. I've done a few APP grand rounds for the department of surgery. We've done about three or four now, which has been really great to be able to embed some of this work into the department of surgery in general. A lot of the PA staff don't rotate onto different services, and it's been great to have that constant resource available to our staff. We've also done, Amy and myself, we've done a lot of grand rounds and ad hoc guest lectures. We've gone from different departments at the local and system level to speak about our geriatric work and kind of get that education available to a lot of people. As I briefly mentioned earlier, we have a SSTEP app is what it's called, our SSTEP pathway is our Superior Surgical for Treatment of Elders Pathway, and it's a website we've actually had built for us through our innovation hub here at the Brigham, which was a great resource. It has all of the things that we use and during these educational sessions as well as some resources like the Beers Criteria for medication management, we have articles on how to work up a palliative care patient, how to have a serious illness conversation. We have a big kind of resource. It's interprofessional, it's available to all staff behind the firewall at the institution. And it's been a really great resource available to a lot of our teams.

We've also done a lot of work around serious illness conversation training with our PAs and seasoned staff. So one of our geriatric surgery physicians, who's a geriatrician and palliative care physician, Dr. Rachelle Bernacki, has been helpful in training a lot of the PAs and how to have a really good serious illness conversation, how to find goals of care for patients and make sure that what matters is at the forefront of the care that we're giving. And we've trained countless PAs at this point, I think over 50 through that program, and through all of these programs we've actually trained over 700 APPs, residents, and physicians through all of this work. And as we mentioned too, we do have that geriatric champion program for PAs and we have the geriatric care collaborative, which Amy mentioned that's that interprofessional group. We have some really great people thinking about frontline QI in that space, and our NICHE Program that I'm sure Amy will share. And finally, we're developing a CME course right now for surgical interprofessional staff that we're hoping will be available in the spring. What did I miss, Amy?

**Amy Bulger** [00:16:27] Thanks, Lynne. You covered a lot. And the nice part is that we work interprofessionally, so we are very aware of what each of the groups is receiving, and we align it to the best of our ability so that we know that the interprofessional staff that are working together at the local level, taking care of patients day in and day out, are aware of what their colleagues have been educated on and they can have conversations about geriatric care that's meaningful from each role group. I would say I'd like to highlight again our staff nurse champions and clinical educators. And they really are at the elbow with their colleagues reinforcing geriatric best practices. They've developed electronic education. They participate in face-to-face and peer education unit orientation. Many of our champions orient their peers and new nurses to practice. Several nurses have provided or reinforced educational resources and teachings to their peers as part of their annual QI projects in accordance with Standard 4.1.

We also offer geriatric surgery pathway rollout trainings. So when we roll out our SSTEP pathway to different areas, we train the staff on the units. We also provide just in time and at the elbow support. We've also built geriatric education into our nurse residency program, so those are our newly licensed nurses. And these are not just nurses going into surgical areas. We've brought this process so that we can share geriatric education with nurses all over the institution. We worked really closely with Mary Anne Kenyon from the Center for Nursing Excellence in regards to the nurse residency program. And we were able to embed education for nurse residents in accordance with our geriatricians and our nursing staff. We've also built in education into our orientation symposium for nurses who are new to the intensive care unit, in particular in our surgical and neuroscience ICUs. We've also supported nurses and PCA staff to attend the NICHE conference. And so this past April, we had a really great trip. We supported 12 nurses and PCAs attending the conference and presenting posters, showcasing their quality improvement work. And the clinical staff really found this to be extremely helpful. They brought back best practices and project ideas to the Brigham and we're actually working through some of those project ideas now and bringing them back here, which is wonderful.

As Lynne mentioned, our geriatric care improvement committee has added interprofessional staff, our PA group, and we also have added recently an interprofessional speaker series to add to the education of the champions in addition to the NICHE curriculum. We featured a geriatrician lecture on loneliness. Geriatric certified physical therapists have presented on safety ambulation and fall prevention. And next week we'll welcome our executive director of our ethics service to discuss pertinent topics related to the care of older adults. The nice part about that committee is that it also spans the medicine units, the emergency department, the float pool, oncology, as well as surgery and the critical care areas really to align processes and geriatric best practice across the institution, which has been really great to see. We also have some upcoming grand rounds. Lynne mentioned a few. We'll also participate in nursing, quality, and safety grand rounds. And we're presenting at other hospital-wide committees.

## FOLLOW-UP QUESTION

**Michael Bencur** [00:20:21] That's amazing work. If I had to follow up with one question, I would ask what or which resources do you think have the most positive engagement, or not even just resources, but which formats of education would you say has the best kind of engagement that you've seen so far?

**Amy Bulger** [00:20:38] I can start. I would say that for our newly licensed nurses, our nurse residency program has been really well received. And the piece that's really important is that it has a nursing component. So, I teach along with Jill Osborne the first hour of geriatric care principles from a nursing perspective. And then a geriatrician or a geriatric PA like Lynne will teach the second hour, which allows for a lot of interesting conversation, case study discussion where the nurses have the opportunity to ask the geriatricians about their perspectives and how best to address care opportunities for older adults, which has been really helpful.

**Lynne O'Mara** [00:21:33] Thanks, Amy. I couldn't agree more about the nursing piece. That group has been phenomenal to see kind of get off the ground and the engagement there has been really high, which is awesome. For the provider side, I think that from our standpoint, making sure that there's regularity to the lectures slash information is really key to keep it front of mind. So, I've been really trying hard to embed us annually or bi-annually to make sure that it's not just a one and done kind of presentation, that they're kind of keeping this information fresh. The grand rounds for us is fairly informal for the PA groups. And that has been a really great forum because it gives us a lot of time for questions and it's a smaller group. And the residency, getting them every year in some hands-on case-based education has been really helpful. We've used some real-time cases about how a patient would move through the pathway and through some of the standards of care through GSV, and they really responded well to that. And I'll probably end with our geriatricians and our geriatric staff have just been phenomenal to provide interprofessional education and just-in-time scenarios. So, as we find specific things on our pathway of care that would be better or more beneficial to our geriatric patients, they've been great to try to provide education as to why we do X, Y, and Z in real time, which has been just a phenomenal resource that we're really, we're really privileged to have.

## CLOSING REMARKS

**Michael Bencur** [00:23:16] Absolutely. Really awesome work, you guys. Thank you so much for sharing that today.

**Lynne O'Mara** [00:23:22] Thank you.

**Amy Bulger** [00:23:23] You're welcome.

**Michael Bencur** [00:23:24] Lynne and Amy's contact information is up on the screen if you would like to contact them with any follow-up questions. And then I hope you all have learned as much as I have today. If you would like to share your GSV implementation strategies, please don't hesitate to reach out to me at [mbencur@fas.org](mailto:mbencur@fas.org). Thank you.