CVMC’s 2015 Age Specific Competency Training Program
Any staff member, volunteer or contractor who comes in contact with patients and visitors needs to be prepared to communicate correctly with people in various stages of growth and development.

- **GROWTH** is the physical change that occurs over time
- **DEVELOPMENT** relates to psychological and social functioning
A basic understanding of the stages of human growth and development will help to provide better care and assistance to all our patients and visitors.

However, growth and development varies among individuals and it can be hard to see clearly defined beginnings and endings of the stages.
Infant (Birth to One Year)

- Explain the procedure to parents/guardian if possible.
- Maintain safe environment for the infant.
- Ensure use of accessories/equipment is appropriate for infant’s size and mobility.
- Do not leave the infant unattended.
- If possible, allow infant to be held while treating.
- Infants need stimulation.
- They can often have anxiety toward strangers.
- Need security of established routines, love and attention.
- Express themselves through non-verbal means.
- Patient education is aimed at parents or guardian.
Toddler (1 Year to 3 Years)

- Explain your actions before starting.
- Involve parents/guardian in procedure and education as appropriate.
- Speak in a calm, clear, slow voice in language the child can understand.
- Use distraction techniques.
- Give the child one direction at a time.
- Use equipment specific to age and size of the child.
- Encourage use of comfort objects such as blankets and stuffed toys.
- They tend to imitate language and frequently say “no”.
- Are egocentric (“Me” oriented).
- They have a short attention span and ritualistic behaviors.
- They are curious and like to explore an environment.
- Should be allowed choices when possible.
- Do not fully understand treatments being given to them but need to become familiar with medical equipment.
- Use play as a means of preparation and explanation.
Explain procedures to parents/guardian prior to beginning, if possible.

- Allow the child to handle the equipment.
- Use distraction techniques.
- Use equipment specific to age and size of the child.
- Do not leave the child unattended.
- Are commonly regressive and ask why questions frequently.
- Have increasing motor, language and personal-social skills.
- Begin to develop peer relationships.
- Able to verbalize physical needs.
- Imaginary play is very important; child acts out feelings and experiences.
- Loss and death are difficult concepts for them to understand.
- Explain what the child will taste, hear, see, smell, feel and touch during the procedure.
School Age (6 years to 12 years)

- Educate parents/guardian prior to the exam/procedure.
- Explain procedure to the child using correct terminology prior to the procedure.
- Allow time for questions and answers before the exam.
- Allow the child to exercise some control and have choices.
- If appropriate, give the child the choice of having parent present.
- Use equipment specific to age, size, and mobility of the child.
- Maintain a safe environment.
- Have greater attention span.
- Know names of body parts; greatest fear tends to be body mutilation.
- They are beginning to use logical thinking.
- Peer relationships increase in importance.
Explain the procedure using the correct terminology.
If appropriate, give the adolescent the choice of having a parent present.
Explain purpose of equipment and assessments/procedures.
Need to be recognized as individuals, with respect for privacy.
Plan for a safe/comfortable environment.
Use equipment appropriate for the size/mobility of the patient.
Do not give advice or make the patient feel as if you are treating them as a child.
Usually do not respond to authoritarian approach.
May not verbalize concerns due to fears.
Chronological age may not always correspond to developmental stage of the adolescent.
Are able to understand more detailed information and abstract concepts.
Young Adult (18 Years to 30 Years) and Middle-Aged (30 Years to 64 Years)

- Provide education regarding the procedure to patient and/or significant other. Consider role of significant other in the care and patient education.
- Explain in correct understandable terminology.
- Consider role of cultural and lifestyle patterns.
- Involve the patient in the procedure and planning.
- Maintain privacy.
- Provide accessories/equipment appropriate to the patient’s size and mobility.
Elderly (65 Years and Up)

- Provide education regarding the procedure.
- Address the patient using their last name.
- Speak distinctly. Do not raise the voice unless the patient is hard of hearing.
- Provide adequate lighting.
- Slow pace if necessary.
- Ensure patient warmth due to decreased heat regulation.
- This age group does not experience changes in thought process with normal aging.
- They may have unique physical limitations, psychological needs and age-associated illnesses.
- Patient may be psychosocially dealing with loss.
- Maintain privacy.
- Interact frequently with patient.
### Age-Specific Care

#### Key words for each developmental stage:

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Improving Transitions of Care and Reducing Avoidable Re-admissions through Team Communication Collaboration and Coordination of Care
“Evidence suggests the rate of avoidable rehospitalization can be reduced by improving core discharge planning and transition processes out of the hospital; improving transitions and care coordination at the interfaces between care settings; and enhancing coaching, education, and support for patient self-management.”

http://www.ihi.org/resources/Pages/Publications/EffectiveInterventionsReduceRehospitalizationsASurveyPublishedEvidence.aspx
5 Key Discharge Processes

- Patient and family involvement in early assessment for post-discharge needs
- Patient teach back
- Patient friendly post hospital care plan
- Post hospital care follow up
- Timely handover communication
Patient and Family Involvement in Early Assessment for Post-Discharge Needs

Family is defined by the patient and includes any individual(s) who provide support – Family caregivers is the phrase used to represent those family members who are directly involved in care of the patient outside hospital or other community institutions.

Consider asking patients and families a set of open-ended questions:

- How do you think you became sick enough to come to the hospital?
- How do you take your medicines and set up your pills each day?
- Describe your typical meals at home.
- What are your biggest concerns for the post-hospital period?
Patient Teach Back

*Teach back is a an educational technique where the learner is able to demonstrate understanding by “teaching back” to the clinician the vital elements of the discharge instructions, medications and self care needs.*

- Assess the effectiveness of your teaching and your content design by tracking which elements patients can teach back.

- Success is defined as patients who can teach back 75% or more of what they are taught when content is broken into easy-to-learn segments.
Patients should receive a customized post-hospital care plan written in patient-friendly language at the time of discharge.

- Written in primary language of the patient
- 8th grade education level
- No medical jargon or abbreviations
- Include visuals appropriate to the instructions
Post Hospital Care Follow Up

Patients discharged should have a follow-up visit scheduled 3-10 days after discharge in accordance with their risk assessment.

Guidelines:

- High risk patients within 72 hours
- Moderate risk patients within 3-5 days
- Low risk patients within 7-10 days
Timely Handover Communication

Critical information should be transmitted at the time of discharge to the next site of care with validation that the receiver has all the information needed to take care of the patient.

- Physician office
- Home Health Agency
- Long-term Care facility
- Rehabilitation facility
Essential elements:

- Principle diagnosis and problem list
- Medication list (reconciliation) including over-the-counter medications/herbals, allergies, and drug interactions
- Clear identification of the medical home/transferring coordinating physician/institution and the contact information
- Patient’s cognitive status
- Test results/pending results
Congratulations,
you have completed your review of the 2015 Age Specific Competency Presentation!

You now need to complete the 2015 Age Specific Training Exam to demonstrate competency on the material that you just covered. In order to successfully pass, you must receive a score of 80% or greater.