

Thinking About a Career in Post-Acute and Long-Term Care? Consider this Advice

We asked the *Caring for the Ages* Editorial Advisory Board to answer this question:

Imagine you've just met a student in an elevator, and they tell you that they are thinking of going into post-acute and long-term care (PALTC) medicine in whatever field you practice in. They then ask for your advice on what they should consider. You have only a few minutes to give them your response — what would you tell them?

Barbara Resnick, PhD, CRNP

Sonya Ziporkin Gershowitz Chair in Gerontology at the University of Maryland School of Nursing.

I am going to give you 10 good reasons to consider going into PALTC:

1. There is nothing more fun than working with the older adults who live in these settings; they share amazing stories from their lives and quite simply say and do the funniest things!
2. You will see and learn about diseases and diagnoses you have only read about in textbooks.
3. There are an amazing number of

job opportunities available and opportunities to grow in leadership if so desired.

4. You will have the opportunity to engage with patients over time and see recovery or help facilitate a peaceful and beautiful dying process.
5. You will have the opportunity to work in an interdisciplinary team and learn from the skills of others across multiple disciplines.
6. You will learn about medication management including prescribing, the critically important role that side effects have on the residents in PALTC, and deprescribing and the value of eliminating medications.
7. You will gain skills in sharing bad news with patients and families.
8. You will gain skills in providing advanced care planning.
9. You will learn how to deal with difficult family situations.
10. You will be rewarded with amazing thank you notes, well-thought-out gifts, or just sincere appreciation for helping individuals living

in these settings and their families cope with the normal changes of aging and the common diseases that go with it.

Daniel Haimowitz, MD, FACP, CMD

Board-certified internist and geriatrician and a multifacility medical director in Levittown, PA.

I'd say, "Wow! That's so great! Welcome to the family!" I usually get so excited about this that I have to calm myself down for a moment or two. Then I'd tell them what a great choice they've made — how geriatrics, and long-term care (LTC) specifically, is so important; that it's definitely a growth field with many opportunities; how it's so flexible with lifestyle choices; how wonderful it is to work with older adults; and how in my experience my colleagues in geriatrics and LTC are the nicest people I have ever met and are, indeed, my best friends in the world. My initial advice would be to join AMDA — The Society for Post-Acute and Long-Term Care Medicine and their state's affiliate. Then I'd probably give them my email address to contact me if I can help them with anything, because that's just how I roll.

Elizabeth Galik, PhD, CRNP

Nurse practitioner in long-term care and professor at the University of Maryland School of Nursing and editor in chief of Caring for the Ages.

Professional opportunities abound in PALTC. Many individuals new to the field really enjoy the flexibility in scheduling that comes with PALTC. Other enjoyable things about a career in PALTC include getting to really know your patients, not having to limit yourself to 10- to 15-minute visits, working with an interdisciplinary team, and really getting a great opportunity to practice person-centered care.

Of course, I would introduce them to professional organizations, such as the Society and the Gerontological Advanced Practice Nurses Association, which can serve as "professional homes" and sources of support and mentorship for those new to PALTC. Geriatrics health care providers are a small community but mighty in what they can provide to patients and staff. The sky is the limit with building clinical and leadership skills.

Lastly, you get to learn not just from your peers but also from the amazing older adults you will care for. Those relationships that get built and strengthen over time are priceless and give true meaning to a career in health care.

Jeanne Manzi, PharmD, BCGP, FASCP

Director of LTC Clinical Services, Managed Health Care Associates, Inc., and president-elect of the American Society of Consultant Pharmacists.

I would encourage students to get involved in geriatric pharmacy and LTC because of the baby boomers!

There is a very large geriatric population now who will be around for a few more decades. They have specific medication needs that are different from any other generation, and their LTC will extend beyond the traditional nursing home. More people will age in place, and the traditional LTC landscape will evolve because there are not enough nursing homes in the United States for this population.

Specializing in geriatrics is so rewarding, and older adults are very appreciative of your service to them as a health care professional.

And it will assist you with caring for your own aging grandparents and parents so you can live what you've learned, which is *the* most amazing experience!

Karl Steinberg, MD, CMD, HMDC

Geriatrician, 2021–2022 president of AMDA – The Society for Post-Acute and Long-Term Care Medicine, and editor emeritus of Caring for the Ages.

In December 2021, Dr. Steinberg was a featured physician in the American Medical Association's "Shadow Me" Specialty Series. Here's some of his advice from that series about the skills physicians need in geriatrics:

"The ability to ask yourself, 'What are the reasons to do this test or prescribe this drug, versus choosing not to recommend them?' Learning to talk about death, dying, fears, hopes and what is truly important. Listening skills, leadership skills, conflict resolution, nonviolent communication and self-care."

Read more in the full article: <https://bit.ly/3slwDfw>.

Paige Hector, LMSW

Clinical educator, national speaker, and associate editor of Caring for the Ages.

PALTC is not just a practice setting, it's an experience that will catch you by surprise with its complexity that involves every aspect of your social work training. The social work values of advocacy, person-centered care, systems and strengths perspectives, and the right to self-determination are the essence of what it means to work in a nursing home. Every day there will be opportunities to infuse these values into your work with individuals and families with a comprehensive biopsychosocial-spiritual assessment and with the broader health care system. You can choose to step into a leadership role as you shift between the different levels of micro, mezzo, and macro social work practice.

The PALTC setting will call upon you to show up with deep humility to witness first steps in a rehabilitative journey and last breaths at the end of life. You will be

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Long COVID

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[ICD-10] condition code,” she told *Caring*.

Such attention is important, she says, for driving anticipatory care planning and conversations with families, collaborating with other care team members, pushing for coverage from payors of needed care, and advocating for future research.

Ultimately, Dr. Sanders-Cepeda says, teams need management guidance that offers “steps for looking at this condition and for being proactive in our engagement of individuals who may have this condition.”

Early Assessments After COVID

A few published studies have quantified the risk of PASC or long COVID in mainly community-based people aged 65 and older. A Centers for Disease Control and Prevention study of electronic medical records for almost 2 million people with a COVID-19 diagnosis in the first 18 months of the pandemic found that 45.4% of those aged 65 and older had one or more of 26 conditions often attributable to post-COVID, compared with 19% of uninfected individuals. This translates to one in four older survivors having potential post-COVID conditions. (One in five of younger patients experienced such incident conditions.)

“Implementation of COVID-19 prevention strategies as well as routine assessment for post-COVID conditions among persons who survive COVID-19 is critical to reducing the incidence and impact of post-COVID, particularly among adults aged ≥ 65 years,” wrote Lara Bull-Otterson, PhD, and colleagues in the May 27, 2022, issue of the CDC’s *Morbidity and Mortality Weekly Report* (2022;71:713–717).

Investigators of a retrospective cohort study of almost 90,000 adults aged 65 and older, published in the *British Medical Journal* in February 2022, reported that 32% sought medical attention up to four months after infection for one or more new or persistent clinical sequelae — 11% higher than a comparison group without a history of COVID-19 (*BMJ* 2022;376:e068414).

The study also found that when these patients were matched with a historical comparison group with viral lower respiratory tract illness, only three sequelae — respiratory failure, dementia,

and post-viral fatigue — had increased risk differences.

Dr. Sanders-Cepeda said her experience does not at all echo this second finding of the *BMJ* study, but she shares the data and praises the CDC’s recommendation for routine assessment after COVID infection.

“We should be at the point where [skilled nursing facility] teams are proactively looking for [post-COVID] symptoms,” she said. “We need early assessments, and they need to be interdisciplinary. The pharmacists, the nurses on the floor, the nursing administration, and the physical and occupational therapists — we need them all at the table ... And our health systems need to understand that [SARS-CoV-2] is something different.”

Dr. Sanders-Cepeda advises using the ICD-10 code U09.9 for Post COVID-19 Condition, Unspecific, whenever residents/patients “have any symptoms consistent with the World Health Organization’s [WHO] definition of PASC.” WHO defines a “post-COVID condition” as one that occurs in individuals “with a history of probable or confirmed infection, usually 3 months from the onset of COVID-19, with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.” One should bill first for the conditions seen, such as fatigue, then use the new code, she said. (The code became effective in October 2021.)

For Ozioma Erond, DNP, CRNP, AGNP-C, who specializes in PALTC, more frequent visits and closer monitoring, with more frequent laboratory tests that include a look at electrolytes and albumin, have become routine after COVID-19.

Her experiential picture of long COVID in nursing homes has been one of “worsening, decompensated lungs,” suboptimal oxygen saturation, dementia that progresses more rapidly than in those without a history of COVID-19, chronically poor appetite and weight loss, worsening heart problems, and a more rapid progression of cognitive decline in those without previously diagnosed dementia.

Months out from COVID-19, “we’re seeing more dyspnea on exertion, and those [without a history] of murmurs now having murmurs,” said Dr. Erond, who works for Personal Physicians Care in Columbia, MD, and until recently worked with Personalized

Health Partners. “Also more wheezing and coughing, shortness of breath ... and [persistent] pleural effusion without cough in patients who never had asthma, never smoked or had a diagnosis of chronic obstructive pulmonary disease.” Anecdotally, clotting issues and deep vein thrombosis, which she saw with the delta variant, have not been significant issues more recently, she noted.

Regarding management, Dr. Erond notes, “in [residents] who are [approaching] cachexia, we are treating immediately, with more use of medications and more nutritional supplements.”

At Johns Hopkins Bayview Medical Center in Baltimore, the post-COVID approach is “what the approach should be for any significant condition, which is following up on how the illness has impacted the functional status, cognitive status, and quality of life” of the individual, said Michele Bellantoni, MD, CMD, the center’s associate director of PALTC. “Good geriatric care serves us well,” she said.

In her population, the worsening of heart failure, emphysema, and other chronic conditions — worsening that “might not have occurred otherwise” — is the main challenge. “The chronic conditions become more difficult to manage,” she said.

Rehabilitation Needs

Research underway in Canada is expected to document how long COVID “presents differently” in long-term care than it does in younger populations in the community, said Akber Mithani, MD, regional medical director of long-term care/assisted living for the Fraser Health Authority in Surrey, BC.

Dr. Mithani is the principal investigator of a multipronged retrospective cohort study there on long-term sequelae of COVID-19 in long-term care residents. The Fraser Health Authority has more than 9,800 long-term care beds.

In a letter to the editor published in May 2022 in *the Journal of the American Geriatrics Society*, Dr. Mithani and colleagues appealed to the research community to “rapidly address the dearth of research about long COVID among residents in LTC homes” in order to inform guidelines for long COVID management [May 14, 2022, doi: 10.1111/jgs.17889]. “COVID-19 survivors in LTC have been found to have poorer outcomes related to malnutrition, weight loss, and frailty compared to the non-infected,” they wrote.

And in an interview in June, Dr. Mithani, who is also on the faculty of the University of British Columbia’s

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granted permission to share in the joy, grief, hope, and sometimes the despair at poignant times of people’s lives. You’ll work with a team of people who are some of the most humble, kind, and hard-working individuals whose purpose is to contribute to a team that cares for vulnerable people in our community.

There will be days when you are so exhausted, frustrated, and even baffled

to the point that you think you can’t take another step, do one more assessment, or facilitate one more family meeting. On other days, you’ll be filled with optimism, astonishment, and gratitude as you bear witness to the breadth and depth of what it means to be human. Each day will present opportunities to ease suffering and infuse joy in the most delightful of ways. 



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