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AGS Sets Sights on Better Care, More Responsive Policies for “Unbefriended” Older Adults

The AGS earlier this fall unveiled new guidance on care and decision-making for a unique and growing group of older adults: the “unbefriended.”

The unbefriended lack the capacity to provide informed consent to medical treatment, often due to declines in physical and/or mental well-being. But these individuals face added challenges because they have no written outline of their care preferences and also have no identified “surrogate,” such as a family member or friend, to assist in medical decision-making when needed.

“Health professionals have a special responsibility for the unbefriended, but we also face particularly challenging situations when it comes to their medical decisions,” notes Timothy W. Farrell, MD, AGSF, a member of the expert panel responsible for the position

statement. Added AGS President Ellen Flaherty, PhD, APRN, AGSF: “The AGS has outlined proactive steps we can take to help those at risk of becoming unbefriended. And for older adults who are already facing this reality, our guidance can help create standards and systems of support in more places and for more people.”

Across clinical practice, AGS experts have called for:

- Avoiding *ad hoc* approaches to decision-making to ensure fairness and respect;
- Identifying “non-traditional” surrogates—such as close friends, neighbors, or others who know a person well—wherever and whenever possible;
- Putting mechanisms in place to assess decision-making capacity in a systematic fashion;

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Tower of the Americas
San Antonio, TX.



At #AGS17 in San Antonio, We're Poised to Remember More Than Just the Alamo!

This year we were California Dreamin', but in 2017 we're moving deep in the heart of Texas as we prepare to welcome more than 2,000 AGS members and healthcare professionals to San Antonio for the AGS Annual Scientific Meeting (#AGS17; May 18-20, with pre-conference on May 17).

Already, hundreds of colleagues have submitted presentation abstracts in several

research categories ranging from case studies to explorations of health services and public policy. Our roster of award nominees is also jam-packed with some of the best and brightest from our field.

“This is a special year for the Annual Scientific Meeting: it's our AGS 75th anniversary,” notes Paul Mulhausen, MD, MHS, FACP, AGSF, the #AGS17 Program Chair. “This

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From the President ■ ELLEN FLAHERTY, PHD, APRN, AGSF



“Strange, isn't it? A person's life touches so many other lives. When someone isn't around, they leave an awful hole, don't they?”

With all due respect to this line from one of my favorite holiday classics, *It's a Wonderful Life*, I don't think it's strange at all! In fact, for the AGS, I think this is one of the central precepts that defines who we are—that

makes us passionate, compassionate, and connected to the responsibilities and rewards of caring for older adults! And the publication of our newest position statement on medical decision-making for unbefriended older adults is a perfect example.

“Unbefriended” elders are men and women who lack decisional capacity for medical treatment and have no designated surrogates and no advance directives. As Timothy W. Farrell, MD, AGSF—one of the lead architects of our new position statement—has eloquently stated, healthcare professionals like us “have a special responsibility for the unbefriended,” but we also face particular challenges when considering their care. The new AGS guidance developed by our Ethics Committee, our Clinical Practice and Models of Care Committee, and our Public Policy Committee represents a significant step not only toward acknowledging that challenge, but also toward meeting it head-on—with guidance that is respectful, responsive, and person-centered.

The nuanced clinical practice and public policy recommendations put forth by our experts are a clear indication that, for many older adults, we are the people who touch their lives—and we must do all we can to stay connected to their needs and preferences, and to build health systems supportive of the same.

Broad-based guidance for the field is such a quintessential reflection of who we are, but it also isn't the only example

of our coming together to advance care. Just last month, for example, I was honored to join with colleagues from across the Geriatrics Workforce Enhancement Program (GWEP) under the auspices of The John A. Hartford Foundation's GWEP Coordinating Center.

As many of you know, the GWEP is our country's newest avenue for developing a better healthcare workforce for older adults by integrating geriatrics with primary care, maximizing older adult and family engagement in health and care, and transforming the healthcare system. The GWEP Coordinating Center administered by the AGS plays a critical role in that mission by bringing together the 44 GWEP awardees from 29 states for national meetings, networking opportunities, mentoring, and consultations with geriatrics experts.

In the days before the annual meeting of the Gerontological Society of America this November, we hosted our second national meeting (the first was at #AGS16). It was a tremendous opportunity to learn more about where diverse solutions to the workforce shortage currently stand, and how we can better support one another across local communities, states, and the country as a whole. Together with my fellow Principal Investigators for the GWEP Coordinating Center—Jan Busby-Whitehead, MD, CMD, AGSF, and Jane F. Potter, MD, AGSF—I look forward to hearing and sharing more about the fruits of our meeting in the months to come.

So it really *isn't* strange, is it, that our lives can touch so many others around us? Whether that comes in the form of important new guidance for vulnerable groups or important new action to ensure we have the healthcare workforce we deserve, it's something I know we all welcome, especially as we approach the season for giving...and giving thanks! I wish you all a happy and healthy holiday—one that serves to remind you just how many lives we can touch when we work together as a Society. *

Ellen Flaherty, PhD, APRN, AGSF

President, American Geriatrics Society

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meeting will be a celebration not only of how far we've come in the field, but also of the research and innovations that will drive our future—the best care possible for older adults.”

Remember to Register

Register early and save with our early bird discount, available through April 7, 2017. Registration guarantees access to all sessions, exhibits, presentations, posters, and any food or beverage breaks during the meeting.

➤ Visit AmericanGeriatrics.org/Annual_Meeting to reserve your place at #AGS17 today!

Getting There

The Henry B. Gonzalez Convention Center in San Antonio, TX, will be headquarters for all #AGS17 events. Located in central Texas, San Antonio is a lively cultural hub. Enjoy fantastic dining and views along the famous River Walk, or venture to the area's diverse historic sites like the Alamo.

The San Antonio International Airport (SAT) is located eight miles from the heart of the city, and less than 20 minutes from the convention center.

➤ Visit AmericanGeriatrics.org/Annual_Meeting and click on “Hotel Information” to find a list of exclusive #AGS17 room rates at nearby hotels.

Spread the Word

Use #AGS17 to post all of your Annual Scientific Meeting updates and find out which group meetings, educational programs, and events your colleagues are attending. Keep an eye on the @AmerGeriatrics and @HealthinAging Twitter feeds to stay up-to-date on news from the road to Texas.

Remember, you also can join the #AGS17 conversation early on MyAGSOnline, the online community exclusively for AGS members. Visit MyAGSOnline.AmericanGeriatrics.org today to see what everyone is talking about when it comes to #AGS17! *



The Henry B. Gonzalez Convention Center in San Antonio



Mission San José

San Antonio



AGS 360° with Nancy Lundebjerg, MPA



A New Year should always start with well wishes—so that's where my letter will begin: wishing you all a happy and healthy 2017!

Here at AGS, aging and health in the New Year have been on a lot of our minds. From the nightly news to our social media feeds and even the individual inquiries we receive at the AGS, questions about health and health

policy in light of the 2016 election have our attention. For what it's worth, let me offer two observations.

First, this election has awakened in many—on all sides of the aisle—a sense of civic activism. That's a good thing. We need more committed colleagues who want to understand public policy, and who want to channel that understanding so they can leave a better world behind for future generations. That begins by getting—and staying—engaged.

And that brings me to my second point: the AGS will always be a resource to make that possible.

We're no strangers to the advocacy arena, and public policy has always played an important role in our history. Within 23 years of our founding, for example, we were celebrating one of our most significant advocacy milestones: the passage of Medicare in 1965. Fifty years later in 2015, we played a critical role in shaping the future of that same program by championing the repeal of the Sustainable Growth Rate (SGR) formula.

Progress like this doesn't come easy—and it doesn't come tied to a political party or ideology. It comes when we work together to ensure our voice is heard. That's something that most definitely will continue to remain a constant at the AGS, even as the White House changes hands.

As we look forward to working with a new administration and a new class of legislators, I think it's important to carve some space here to remind you of our policy priorities. We're working for a future when all older adults can receive high-quality, person-centered care. And we believe federal

and state policies have and will continue to play a critical role in that vision. They will allow us to:

- Address the nationwide shortage of geriatrics healthcare professionals, and ensure that other healthcare providers have the training they need to care for older people.
- Strengthen primary and preventive care and care coordination.
- Ensure that value-based purchasing and other quality initiatives take into account the unique healthcare needs of all older adults.
- Step-up research concerning healthy aging; the prevention, diagnosis, and treatment of age-related health concerns; cost-effective approaches to care; and the representation of older adults in clinical trials.
- Expand healthcare options for older men and women to include in-home and other care that supports living independently for as long as possible.
- Help older adults and their caregivers better understand their needs and their benefits, while also providing caregivers with resources and support to champion high-quality care on their own.

Whether it's advocating for Medicare or the repeal of the SGR formula, we have a proven track record of ensuring these priorities are heard on Capitol Hill and by the administration. But our work doesn't end there. Through AGS platforms like our Health in Aging Foundation, we're also reaching older adults and caregivers in communities across the country so that they, too, can understand and access the expertise we champion through our advocacy.

This year alone, for example, the Foundation has reached hundreds of thousands of older adults and caregivers through HealthinAging.org. We've published more than 30 public education summaries of research from our journal. We've supported nearly 100 students, residents, and rising fellows, and we're already working on an ambitious review of all our public education content. *That* progress knows no political party; it's just about diverse, interprofessional colleagues coming together to do what they know is needed. And *that* is the AGS story at its core.*

Wishing you a happy and healthy holiday season,

Nancy
Chief Executive Officer

Profiles in Leadership

William B. Applegate, MD, MPH, MACP, AGSF, recently returned to the Journal of the American Geriatrics Society (JAGS) as Editor-in-Chief, a position he held prior to the appointment of his now predecessor, Thomas T. Yoshikawa, MD, AGSF. Dr. Applegate is a veteran geriatrics clinician, academican, and author. AGS News caught up with him for an inside look at leadership and geriatrics.



AGS News: What first sparked your interest in geriatrics?

Dr. Applegate: Like many of my colleagues, I had a strong relationship with my grandparents, one that left me with warm feelings about older adults.

Even when I was a med student, I felt there was a way we could practice medicine in a more humanitarian way, combining social and psychological support with traditional care.

Today, I believe that the practice of medicine is becoming too focused on disease- and organ-specific issues. Geriatrics allows its practitioners to have more balance and a broader perspective that takes into account a person's family and social life and their psychological well-being.

AGS News: What specific areas of study do you think we need to expand upon in geriatrics?

Dr. Applegate: I think we need to have a broader definition of disease versus health when we look at older people. We should target our treatments toward what helps older adults improve functionally. We have so many treatments for the complex chronic problems that elders face, but we need to study which treatments actually improve function.

We also need to invest more in the care transitions that many older adults experience. We know that transitions—whether from home to hospital, rehab to extended care, or back to home—can mean worsening outcomes for our patients. We need to have better systems in place for supporting older adults through these transitions, and we also need to continue studying transitions so we can find workable, effective solutions.

AGS News: What piqued your interest in returning to the Editor-in-Chief spot for JAGS?

Dr. Applegate: When I first held this post some 15 years ago, I enjoyed it a great deal because it gave me the opportunity to participate in the development of geriatrics as a field. But along the way, I got an administrative promotion at Wake Forest School of Medicine. As a result, I had to give up the JAGS position because I felt I no longer had the time needed to devote to the journal. Now I find I still have that journalistic bug I caught when I was editor of my high school's newspaper.

AGS News: From your perspective at JAGS now, what's changed in geriatrics in the last 15 years?

Dr. Applegate: The changes are profound in terms of electronic and online access. I see a transition that not only encompasses monthly reporting in the journal, but also includes reports in ongoing, online forums. We will also be linking to social media, which is a much faster medium for connecting with a broader range of people.

AGS News: What has stayed the same over the 15 years?

Dr. Applegate: One thing that hasn't changed is that our core content is still clinical research and commentary on the science of clinical care and health policy. Though those issues haven't changed much, the way our readers access the content has, and it will continue to evolve.

AGS News: What do you see on the geriatrics horizon?

Dr. Applegate: We need to continue to train future geriatrics healthcare professionals whose mission is to continue the great work done in geriatrics on developing better models of health care for both older people and the system as a whole. At the same time, we need to continue to train geriatrics specialists to help health care from a system perspective while also serving as consulting clinical supra-specialists. *

Thank *You*, from the Health in Aging Foundation



“ Two generations ago, we chose to end an age when Americans in their golden years didn’t have the guarantee of healthcare. This generation, we chose to go even further... We need to recommit ourselves to finishing the work that earlier generations began—making sure that...no matter who you are or where you started off, you’re treated with dignity, your hard work is rewarded, your contributions are valued, you have a shot to achieve your dreams whatever your age. That’s the America we’re all working for. ”

—President Barack Obama
2015 White House Conference on Aging

Because of your generous support, we’ve raised more than \$100,000 for the AGS’s Health in Aging Foundation since the beginning of the year. That support has:

- Helped **provide reliable, expert health information to hundreds of thousands of older adults and caregivers.**
- Enabled us to **award travel stipends for educational opportunities to nearly 100 health professions students and residents** who have a better understanding of geriatrics thanks to you.
- Allowed us to **recognize distinguished achievements in our field with special awards** honoring leaders who advance the health and well-being of older people.

These milestones are tremendous—but we can’t lose sight of who helped make them possible: AGS members and committed healthcare professionals like you!

At the AGS’s Health in Aging Foundation, we’ve worked hard through your support to make those successes stretch farther, move faster, and delve deeper to support the millions of older adults and caregivers who look to us as leaders. With your support, we can reach even more people in the days, months, and years to come—through our public education efforts and our commitment to health professionals pursuing careers in geriatrics.

Visit HealthinAgingFoundation.org or call us at 800-563-4916 to pledge your support for “going even further” in our commitment to the health, independence, and quality of life of all older people. *

Unbefriended Adults / continued from page 1

- Standardizing approaches to caring for the unbefriended in urgent, life-threatening situations;
- Ensuring access to decision-making surrogates who are familiar not only with a person’s medical condition but also with his or her needs, preferences, and expectations; and
- Remaining sensitive to all available information—including cultural factors—when considering an unbefriended person’s best interests.

At the systemic level, AGS experts also recommend:

- Bringing national stakeholders together to create model legal standards that could be adopted by all states;

- Working with clinicians, healthcare organizations, and other stakeholders to prevent older adults from becoming unbefriended; and
- Developing innovative, efficient, and accessible approaches to protect decision-making for the unbefriended.

The Ethics Committee developed these new recommendations in collaboration with the Clinical Practice and Models of Care Committee and the Public Policy Committee. The final position statement was published online in the *Journal of the American Geriatrics Society*, and is available for free from GeriatricsCareOnline.org. *

Why I'm an AGS Member

CHRISTIAN BERGMAN, MD

Internal Medicine/Geriatrics Resident Physician
Eastern Virginia Medical School, Norfolk, VA

When I applied to medical school, one of my first tasks was to write a personal statement. Mine, like many others, was a version of "I want to help people." I soon discovered that helping people is the most meaningful part of my work. Geriatrics offers the opportunity to enjoy deep relationships with older adults. In geriatrics, we don't just ask about someone's symptoms, we dig a little deeper—asking folks about hobbies, families, what sports teams they like. We develop a complete picture of the person in our care.

Because so many older adults live with multiple chronic conditions, few randomized controlled research trials exist to guide our treatment strategies. That makes certain aspects of geriatrics care that much more important. We're often asking a person what their goals of care are and what "quality of life" really means to them. Creating personalized care becomes a reality in geriatric medicine.

And that's why my AGS membership is so valuable. The networking that members enjoy allows us to connect with experts in many fields and discuss our practices. We connect in person at the Annual Scientific Meeting, online through outlets like MyAGSOnline, and in print through our info-packed quarterly newsletter.

Another key way AGS membership has enhanced my practice is through its generous support. I get a free AGS e-membership as a resident, I've enjoyed travel stipends for my last two trips to the Annual Scientific Meeting, and I received reduced rates for meeting registration—essential support for an emerging geriatrician.

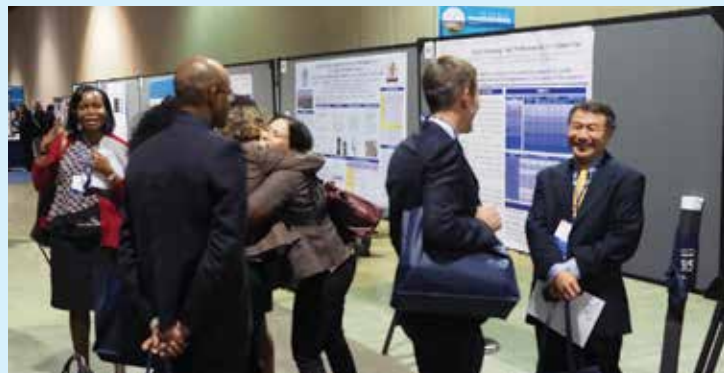
The Annual Scientific Meeting allows people early in their careers to have eye-opening experiences, meeting some of the leading experts in our field. At the 2015 meeting, for example, I presented a paper on gun violence, and the case triggered a fascinating dialogue about a hot and often ignored topic for our country and older adults. It was a tremendous opportunity to shed light on a topic that we don't often get to talk about!

More broadly, I've also volunteered as chair of the Resident Interest Group for AGS. Our goal is to help design events for the Annual Scientific Meeting geared specifically toward residents. We're planning to promote networking opportunities for fellows and residents during the Annual Scientific Meeting, and to connect resident and student chapters across the country.



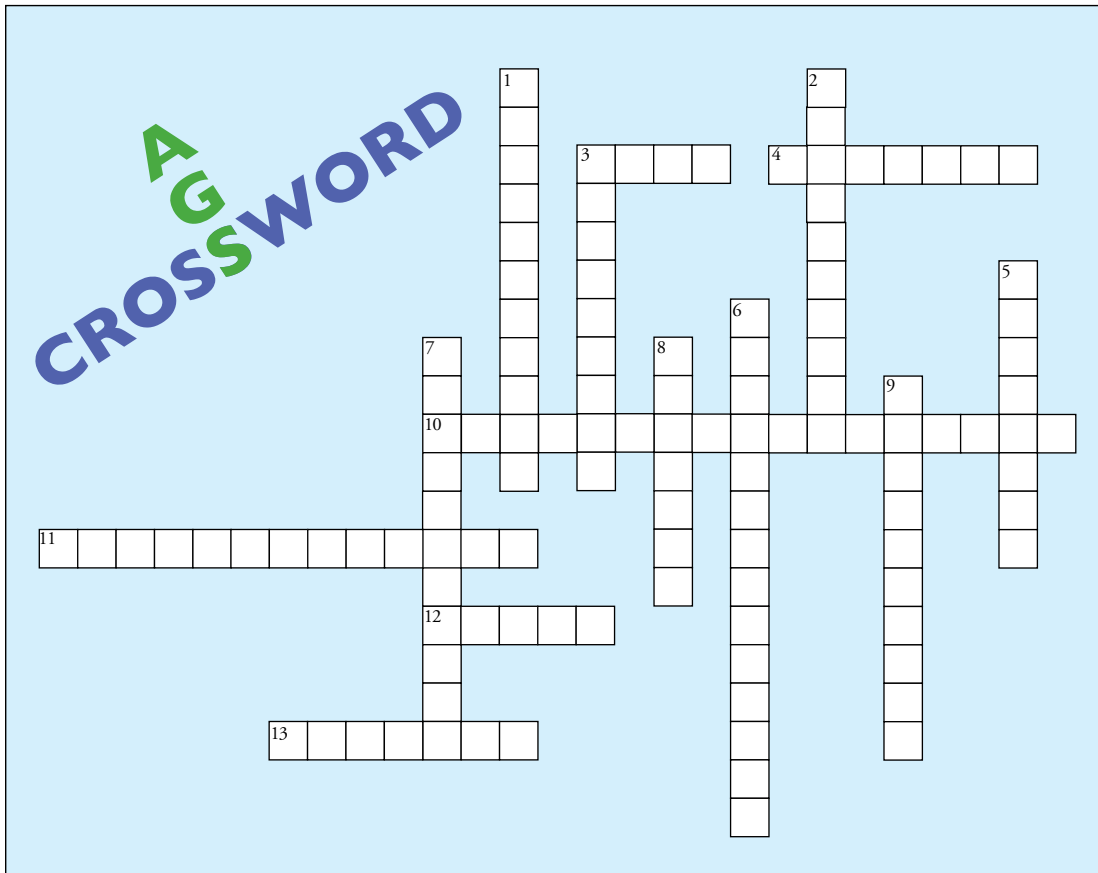
Beyond my residency and my work with AGS, the home life I share with my wife, Rebecca, is incredibly fulfilling. We have two sons—Zach was born last August and Eric is three. It's a roller coaster, balancing home and career, and I've had discussions with my peers about navigating residency while raising a family. My system: I block out family time when I come home. We enjoy dinner together and have our bedtime routines with the kids. As a family, we go the beach, the zoo, and the children's museum—things we can all enjoy. And, I just finished the *Game of Thrones* series. No spoilers! *

The AGS offers a free e-membership to students and residents. Visit <http://bit.ly/agstrainees> (case-sensitive) to learn more about trainee opportunities and ways to become involved in starting a student or resident chapter at your local institution.



Closing Out a Record Year on GeriatricsCareOnline.org

The AGS has seen much progress in 2016—from major policy breakthroughs to a record number of attendees at #AGS16. Following that momentum, GeriatricsCareOnline has kept apace of progress with several new releases of its own. Try your hand at our crossword puzzle to capture some of the highlights...



The year began with the launch of the *Clinician's Guide to Assessing and Counseling Older* [13 ACROSS], 3rd Edition. In this updated guide, the AGS worked through an agreement with the National [4 ACROSS] Traffic Safety Administration (NHTSA) to develop guidelines that reflect the [10 ACROSS] nature of the team caring for the older adult driver. The guide is available with continuing education credit for [2 DOWN], [1 DOWN], and [11 ACROSS]. To complete the package, we also unveiled the Older Adult Driver Safety [7 DOWN] of Certification (MOC) Module. All of these resources are available for [3 ACROSS].

We also updated two GeriatricsCareOnline staples: the 2016 edition of *Geriatrics at Your* [9 DOWN] and the 9th edition of the *Geriatrics Review* [5 DOWN] (GRS9). The GRS9

bundle package includes brand-new features like a mobile app and [3 DOWN] app, both designed for quick study sessions on-the-go. The GRS9 [12 ACROSS] Companion also now features in-depth interviews with chapter authors and contributors for an added layer of education.

More recently, we worked with our broad expert base to unveil the *Geriatrics* [8 DOWN] Review Syllabus, 5th Edition (GNRS5), replete with updates to the accompanying teaching slides. The GNRS5 is the penultimate authoritative source for nurses when it comes to information on caring for older adults, complete with a convenient [6 DOWN] platform. The 66 chapters of the GNRS5 cover the prevailing management strategies and recent research findings in various areas of geriatric care. *

Answer Key
 3 ACROSS—free; 4 ACROSS—Highway; 10 ACROSS—interprofessional; 11 ACROSS—socialworkers;
 12 ACROSS—Audio; 13 ACROSS—Drivers; 1 DOWN—pharmacists; 2 DOWN—clinicians; 3 DOWN—flashcard;
 5 DOWN—Syllabus; 6 DOWN—selfassessment; 7 DOWN—Maintenance; 8 DOWN—Nursing; 9 DOWN—Fingertips

Medicare to Cover Key Services Championed by AGS to Improve Care for Chronically Ill

Late this fall, the Centers for Medicare and Medicaid Services (CMS) released the Final 2017 Medicare Physician Fee Schedule Rule showing continued support for reimbursing services provided to Medicare beneficiaries with multiple chronic conditions.

As a result of ongoing advocacy from the AGS and our fellow stakeholders, these proposals—which will take effect at the beginning of 2017—recognize much of the cognitive work that geriatrics healthcare professionals, primary care providers, and other cognitive specialists currently and regularly provide—until now without reimbursement.

“We are delighted that CMS included these services in the 2017 Physician Fee Schedule. Their inclusion is a key component of better care,” said Nancy E. Lundebjerg, MPA, Chief Executive Officer of the AGS. “In recognizing these codes, CMS is standing behind the importance of supporting healthcare professionals who provide high-quality, person-centered care to older adults with complex health needs.”

Starting Jan. 1, 2017, CMS will recognize the following services for Medicare beneficiaries:

- Complex chronic care management, which comprises non-face-to-face care provided to the most severely ill Medicare beneficiaries. Importantly, CMS will also make changes to reduce the administrative burden of performing these procedures, which will greatly increase availability to those covered by Medicare.
- Comprehensive assessment and care planning for people with cognitive impairment (e.g., dementia). These services will allow individuals living with such conditions to be diagnosed as early as possible, offering family members and caregivers the chance to be involved in the care planning process sooner, if desired.
- Collaborative care between primary care providers and psychiatrists for those with psychiatric conditions like depression and anxiety.
- Additional non-face-to-face prolonged evaluation and management services

(e.g., review of medical records and other clinical information), which can be especially important for people who are chronically ill.

We commend CMS for recognizing the value and importance of these high-quality, person-centered services. Their inclusion in the Medicare Physician Fee Schedule in 2017 is a key component of better care and supports the healthcare professional community working to improve the health, independence, and quality of life of older people in the U.S. As we forge full-steam ahead with advocacy and policy initiatives for the next year, be sure to bookmark AmericanGeriatrics.org for more information on how you can support building better health and care for older adults. *

The Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing

5th Edition

The Geriatric Nursing Review Syllabus: A Core Curriculum in Advanced Practice Geriatric Nursing, 5th Edition (GNRS5) is a concise, and comprehensive text developed by the American Geriatrics Society. The GNRS5 is authored by more than 180 interprofessional experts in the care of older adults and is composed of:

- 66 chapters covering six broad areas of geriatric care: Current Issues in Aging, Approach to the Patient, Care Systems, Syndromes, Psychiatry, and Diseases and Disorders
- 130 case oriented, multiple-choice questions with answers and critiques
- References that allow the interested reader to pursue topics in greater depth



Order today and see for yourself why *The Geriatric Nursing Review Syllabus* is such a highly praised educational resource and clinical tool for advanced practice nurses.

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The *GNRS Teaching Slides* include fully customizable presentations in Microsoft PowerPoint on each of the 66 chapters found in the *Geriatric Nursing Review Syllabus, 5th Edition*.



Are You an AGS Member?

AGS members receive substantial discounts on the *GNRS5* and other AGS products. That is just one example of the many valuable AGS membership benefits that help you stay abreast of clinical innovations, research, and policy initiatives.

For more information on membership visit www.americangeriatrics.org.

Helping Healthcare Professionals Navigate Change, AGS Unveils New MACRA Toolkit

In April 2015, the Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law, permanently repealing an outdated, 18-year-old formula for reimbursing providers under Medicare. Year 1 of the program begins in 2017.

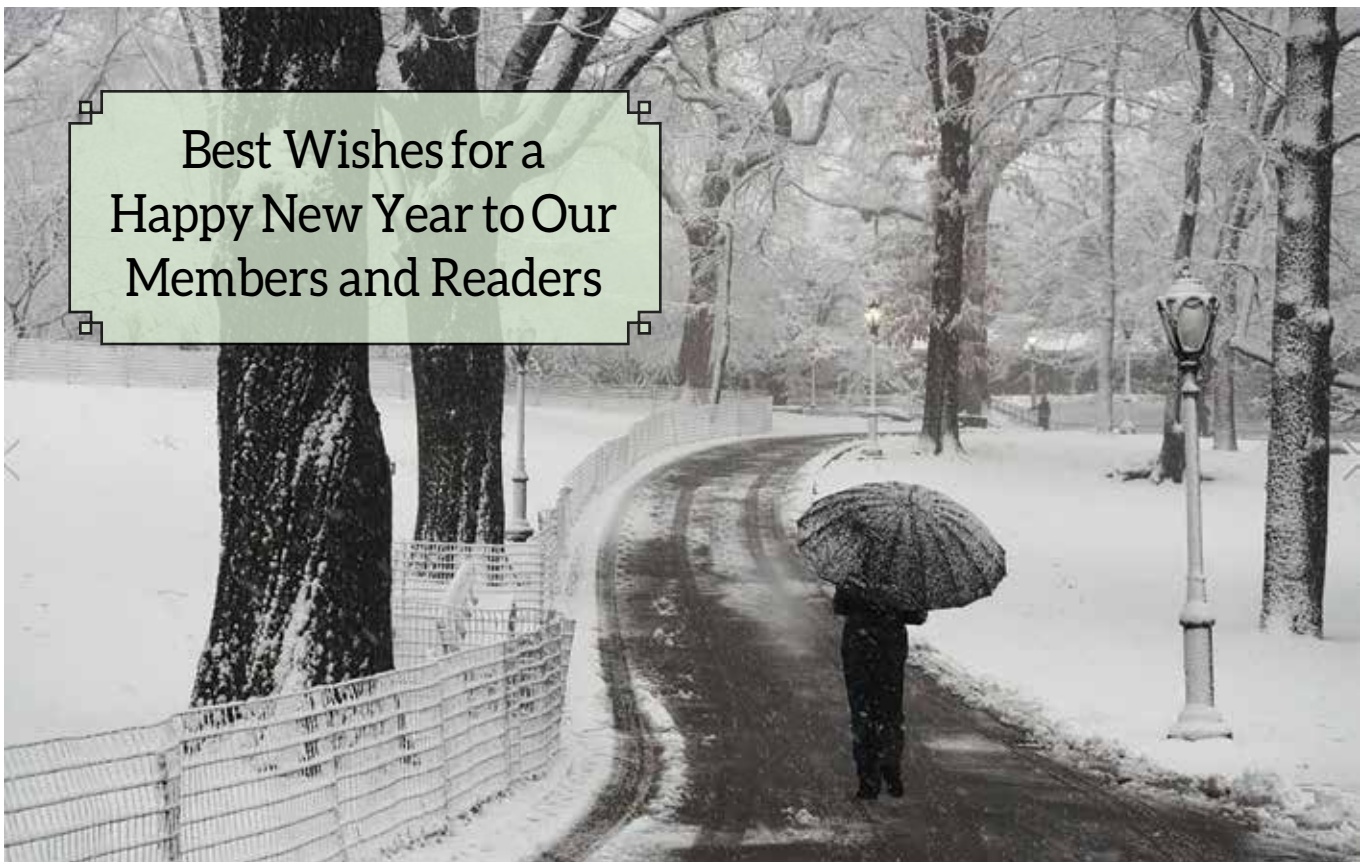
More specifically, MACRA is bipartisan legislation that repealed the sustainable growth rate formula and also will change the way that Medicare rewards healthcare professionals for value over volume. Importantly, MACRA establishes two payment pathways for linking payment to quality and value. The new Merit-based Incentive Payments System (MIPS) allows clinicians to earn a positive payment adjustment by reporting in the following categories: quality, improvement activities, advancing care information (replaces Meaningful Use), and cost. Clinicians may also participate in Advanced Alternative Payment Models (APMs), where practices can earn more for taking on some risk related to their patients' outcomes. MACRA itself reflects more than 10 years' worth of advocacy by the AGS, its members, and a diverse cadre of other stakeholders committed to affecting change to improve the health and care of older adults.



To help physicians, physician assistants, nurse practitioners, clinical nurse specialists, and registered nurse anesthetists navigate these changes, the AGS has produced an online toolkit complete with a summary of the Quality Payment Program, a schedule of upcoming webinars, and various resources for better understanding MACRA. Our first MACRA webinar, in fact, was held on Nov. 30 and included several hundred participants.

Be sure to bookmark the toolkit at <http://bit.ly/agsmacra> (case-sensitive) and check back often, as information will be updated on a rolling basis. *

Best Wishes for a
Happy New Year to Our
Members and Readers



How to Be the Best Caregiver You Can Be

Many of us know an older person with a serious illness or an ongoing health problem. In fact, half of all adult Americans have at least one chronic condition that may need them to need help from a caregiver, family member or friend.

If you've wondered how to show an older person that you care or how you can help them, here are some tips on how to be the best "care coach" or "care champion" you can be.

BUILD CONFIDENCE

Help the person you're caring for build their confidence that they can get through their treatment. Support them in believing that they'll benefit by undergoing the treatment, as difficult as it can be at times.

START WITH SMALL STEPS

Encourage someone dealing with chemotherapy to take just a few sips of water or soup so they get needed fluids, even when nausea or lack of appetite makes it difficult. If they have had a stroke or other mobility problem, help them take just a few steps, with the ultimate goal of getting to the bathroom, for example.

PROVIDE REPEATED ENCOURAGEMENT

Tell them that they can eat some soup or take that short walk to the bathroom, and continue to reinforce the idea. Your encouragement should be realistic and repetitive.

REMEMBER THEIR SUCCESSES

Even when they feel that it's impossible to eat any soup or take any steps today, remind them gently that they did it yesterday and can do it again today.

EXERCISE COMPASSION

When the person you're caring for is going through chemotherapy or other difficult treatment, sometimes the best way to help is to just sit and talk with them during their treatment—that helps take their mind off the process. Or take them out for a milkshake when that's all they can eat. For someone who has had a stroke, help them manage their fear of falling by supporting them when they get up from a wheelchair.

AVOID USELESS GESTURES

Try not to say things like "let me know if I can do anything" or "call me if there is anything I can do." When someone is sick, they're unlikely to ask for help. Take the initiative to provide concrete help.



DON'T HESITATE TO ACT

Never be afraid to just DO or SAY something. Don't avoid getting in touch with someone to let them know you've heard about their illness. Don't hesitate because you're afraid you're intruding on the person's privacy. If you heard about their illness, it is no secret. Never fear calling or sending an email or a card. Show you care in any and every way. You'll know by their response if it helps. Social support is critical to building their confidence and helping them get through their treatment or cope with an ongoing illness.

OFFER WORDS OF ENCOURAGEMENT

Think of things that may have helped you through difficult situations in the past and share them. This may be something as simple as sharing a favorite quote from a book that helped you put things in perspective or gave you hope in difficult times. Such words of encouragement can help the person you're caring for cope with their own challenges in treatment. You can also share your experiences about things that have helped you be resilient and bounce back during challenging times.

CHECK IN OFTEN TO SHOW YOU CARE

Check in repeatedly with the person you're caring for. Educate yourself about their illness and the course of treatment they face. Then call, email, or visit with them at times you know will be most difficult for them.

For example, with cancer treatment, the day of treatment may not be as hard as the days after, when the symptoms really hit. Find out their treatment schedule and check in with them then.

TAKE CARE OF YOURSELF

When you become a care coach, the first and most important step is for you to take care of yourself. You can't possibly give support to someone else unless you're strong yourself. Set limits if you need to and make sure to do the things that keep you happy and healthy.

This tip sheet is inspired by Barbara Resnick, PhD, RN, an advanced nurse practitioner, educator, and researcher with an interest in physical activity and functional performance, restorative care nursing programs, and innovations in long-term care. This is based on her personal experiences as both a caregiver and a care recipient.

