



Long-Term Care Facilitator's Guide for Educational Resources

Attaining Competency in Assessing Pain

Developed by

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and the Advisory Board of the Teaching Nursing Home

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FACILITATOR GUIDE

“ATTAINING COMPETENCY IN ASSESSING PAIN”

OVERVIEW

The current DVD-based curriculum has evolved from a series of educational efforts (supported by the Agency for Health Care Administration) to improve pain assessment and management in nursing homes. These efforts have drawn on experts from several universities, state agencies, and care associations. The leadership, staff, and residents at the Miami Jewish Home and Hospital for the Aged, River Garden in Jacksonville, and Morse Geriatric Center in West Palm Beach have provided invaluable support and guidance for this curriculum.

The curriculum centers on competent assessment of pain in nursing home residents, including those with moderate to severe dementia; the focus is on recognizing, measuring, and reporting pain, including recording the pain location and severity in the MDS system. The learning objectives are: (1) the learner will ask about pain, (2) the learner will use consoling language (sympathy/empathy), and the learner will correctly choose (3) and use (4) the appropriate pain assessment tool. The curriculum also addresses the correct entry of pain assessment data into the MDS system.

The curriculum integrates DVD multimedia technology into a series of trainer-guided learning experiences. Learners can view instructional material in advance of trainer/instructor and resident encounters and for independent review and remediation. Such integration of technology-based multimedia training with in-person training has been shown to be more effective when it is combined with a focus on the trainer’s direct observation for assessing and documenting learner progress and achievement of competency.

This curriculum relies on a multimedia DVD entitled “Attaining Competency in Assessing Pain” and on the trainer’s ability to blend this multimedia material with standardized trainer-led simulations modeled in the DVD scenarios. The DVD provides both a general overview of the pain assessment process and specific scenarios that open the way for a series of objective-directed interactive simulations and evaluations of learner performance. The learning objectives and their evaluation are specified in the checklist used to evaluate and document professional staff competency in assessing pain as well as recording pain location and severity into the MDS system.

The DVD-based blended-learning curriculum provides a series of objective-linked simulations and assessment tools directed at a set of specific competency-related objectives. This highly structured approach to instruction and evaluation of a critical competency — pain assessment — is also a model for developing competency-based blended-learning curricula in other critical LTC proficiencies across the spectrum of LTC providers.

DVD DESIGN AND FEATURES

The DVD is intended to support a variety of independent and trainer-led activities aimed at documented staff competency with three common pain assessment instruments: the 0 to 10, the Wong-Baker faces, and the mild-moderate-severe pain-assessment scales. We have not included training on the pain in advanced dementia (Pain AD) scale, since that scale does not depend on the communication skills developed in our DVD-based curriculum, but requires more professional experience and focuses on a different set of observational skills.

The DVD, comprising a number of separate scenes, runs only about 32 minutes. It permits scene selection for continuous play (initial viewing by individuals) or scene selection in any desired sequence (matching the immediate training session or remediation need). Because the scene selection process is the same as that used on commercial DVD movies, the user interface should be familiar to any DVD user. The final screen of the DVD gives the Web address for *GeriuU* (<http://ltc.geriu.org>), where any instructor or learner can get assistance with the curriculum or provide specific feedback. This same feedback form, “Feedback

Questionnaire for *Attaining Competency in Assessing Pain DVD*,” can be printed from the DVD or from the accompanying CD-ROM.

The DVD presents a range of content that imparts information, guides instructor and learner behavior, and provides, through the various multimedia scenarios, resources for learning and remediation. These flexible applications of a single DVD derive from one’s ability to display any sequence of multiple scenarios, each aimed at a specific learning objective. In continuous sequential viewing, these scenes impart a sense of the learning goals and attitudes needed for optimal use and learning of the curriculum, as the learners progress through the various learning objectives in an interactive mode with the instructor. As separate components, the scenarios provide specific guidance for the recognition and assessment of pain intensity across the range of LTC residents.

The scenario format and multimedia design support the flexible use of the DVD content. The DVD can be viewed continuously to introduce the overall curriculum goal, or individual scenes can be reviewed in any sequence and as often as needed for particular training or remediation sessions directed at specific learning objectives. The DVD scenarios not only impart specific knowledge and skills; they reinforce key attitudes and communication approaches and concepts that are conducive to competency-based learning. The different “learners” in the DVD cast of characters represent learners who are assessed, meet competency, and allowed to proceed and others who do not meet competency, receive formative feedback, and undergo retraining. A printable full script of the DVD is provided on the CD-ROM so the instructor can prepare for the role-playing. The final section of the DVD addresses the entry of data into the MDS system. That scenario provides a narrated animation with specific instructions on how to proceed from a pain-intensity score obtained on any of the three pain assessment tools to entry of pain intensity and location data into the MDS system. A printable list of the 10 common sites of pain is provided.

CURRICULUM IMPLEMENTATION

Once the importance of competence in pain assessment is understood by all the curriculum participants, the first step in implementing the curriculum is for the instructor and learners to view the entire DVD individually or as a group; viewing the entire DVD takes about 30 minutes. The initial viewing helps to clarify learning goals and process while introducing learners and trainers to a behavioral model of training that draws heavily on simulation and evaluation. The initial viewing also introduces learners to attitudes that will enhance their comfort with simulations and evaluations that they will be conducting with their instructor/ preceptor. Thus learners gain a clear understanding about what will happen in the upcoming training and a clear picture of what they will be expected to do, both during the training session and during the bedside assessment of their competency. After this initial viewing the same DVD scenarios are used by the instructor and by the learners to address specific training aspects, including role-playing practice of pain assessment, preparing for bedside evaluation of learners, and entry of pain data into the MDS system.

The heart of the DVD instructional training is the role-playing sessions, where the DVD’s actor-instructor simulates various types of residents with or without pain. The role-playing simulation scenes on the DVD include discussions of each pain assessment tool (0-10, Wong-Baker, mild-moderate-severe) and depictions of learners choosing and using each of these tools. Sometimes the DVD’s learner-actors choose and use scales correctly; other times they do not. The DVD’s actor-instructor provides immediate formative feedback.

The trainer in charge of this curriculum must study and replicate these role-playing sessions that will be offered to each learner. The role-playing sessions are highly linked with the four learning objectives: (1) the learner will ask about pain, (2) the learner will use consoling language (sympathy/empathy), and the learner will correctly choose (3) and use (4) the appropriate pain assessment tool. LTC trainers/ instructors should view these DVD sessions with the goal of reproducing them in the setting of their own organization, with the instructor(s) playing the role demonstrated by the actor/ instructor. In order to assure that students can choose and use the correct pain assessment tool, each learner requires training in each scenario. The role-playing simulations were designed as two-minute exercises so that all the training sessions with three to five learners can be accomplished within a one-hour instructor-led session. *As*

demonstrated on the DVD, learners should perform the entire role-playing exercise with the trainer until it is done correctly. This approach reinforces the correct behavior and skills in the proper performance of the training. And as demonstrated on the DVD, all the trainees/learners should receive positive formative feedback during simulation exercises with the instructor, and the feedback should specifically address learner errors. Learners continue with training until they perform all the sessions correctly.

Simulation training sessions should be done separately from bedside competency-assessment sessions (see below). Although many learners (and instructors) have never before been involved with simulation training, we have found it to be one of our most appreciated and highly rated training approaches. Instructor emphasis should be on the concept that errors are expected in training and that no patients or residents will suffer from these errors during the simulations.

Once the instructor/trainer is satisfied with the learner performance during role-playing simulations, NH staff should be ready to demonstrate their competency at the bedside with their very own patients or residents in pain. Their instructor/supervisor assesses the learner's performance related to the four major learning objectives and records it on the Competency Assessment Checklist. The checklist and instructions on its use are addressed in the DVD; a printable checklist file for the instructors is provided in the disc set. Each instructor/supervisor should assess each of the learners at the bedside by selecting three different residents in pain: one who understands the 0 – 10 scale, one who does not understand the 0 – 10 scale and requires the Wong-Baker, and one who cannot understand either of those two scales and requires the mild-moderate-severe scale. After the bedside assessment witnessed by the trainer/supervisor, the learner is given specific feedback on performance and whether they demonstrated competency or need further training.

The last section of the curriculum addresses data entry into the MDS system. The DVD provides a series of MDS-entry animations. This section provides instruction on how staff can convert the pain-assessment score obtained from any of the three pain assessment tools into an entry on the Minimum Data Set (MDS). Although the pain-assessment training mainly addresses quantitating the intensity of pain, the animated instructions include how to complete the "frequency," "intensity," and "site" entries for the MDS. This portion of the module takes only a few minutes and constitutes a distinct unit that can be viewed and reviewed separately as a single learning element. The DVD and CD-ROM set of printable files include a table of MDS information and a listing of the common sites of pain described in the MDS.

CURRICULUM MATERIALS AND SUPPORT

The curriculum is based on a two-disc set consisting of the multimedia DVD and a CD-ROM with printable computer files. These files provide this facilitator guide and additional materials for the instructor's use, including the DVD's script and a learner evaluation checklist. Note that the DVD also contains these files, but they may not be printable from a stand-alone DVD that is not computer-based. Together the two discs provide all the tools needed for a trainer to deliver a curriculum consisting of consensus-derived learning objectives, instructional content, trainer-led simulations for learners to practice, and methodology for the trainer to make an formative evaluation using a specific checklist. This evaluation approach documents competency and/or identifies specific remediation targets for each learner.

The DVD-based curriculum was designed, developed, and produced by a team led by the chair of the TNH Steering Committee, Michael J. Mintzer, MD, an expert in geriatrics, dementia, and long-term care. Questions regarding the implementation of the DVD-based curriculum should be referred to Marilyn Cheung (305-762-1465), administrative coordinator for the Teaching Nursing Home program, which is supported through a contract from Florida's Agency for Health Care Administration.

TIPS FOR TRAINERS

“ATTAINING COMPETENCY IN ASSESSING PAIN”

The primary purpose of this DVD is to help the supervisor/educator use role-playing simulations to train staff to effectively assess pain using three common pain assessment tools: the 0–10 scale, the Wong-Baker faces scale, and the none-mild-moderate-severe scale. In addition, the supervisor/trainer on the DVD demonstrates how to give feedback. These scenes can be used alone to demonstrate effective feedback techniques. Finally, the DVD contains an animation that demonstrates, for nursing home staff, how to complete the pain section of the minimum data set. This animation can also be used as a standalone training resource. The following items will help prepare you to use this material at your institution.

Preparation

1. View the DVD in its entirety (approximately 27 minutes). You will become familiar with the terminology used in the DVD and the techniques of role-playing simulation. It would be useful to view it with any supervisors/educators who will be involved in implementation.
2. Before you begin to use this DVD for training, practice using the scene selection option. This option functions in the same way as any commercially available DVD. The scenes are labeled to indicate their content. Once familiar with the scene selection option, you will be able to review specific content. This allows you to “customize” training based on the needs of the group.
3. Review all the “additional material” files on DVD or companion CD-ROM. In addition to this Tips for Trainers, the entire script (with minor differences required during filming), the curriculum guide, the supervisor’s assessment checklist and other supportive material are included. These materials will allow you to institute this training at your organization immediately.

Providing the Training

4. The training on this DVD need not be delivered in a single session. It is designed for flexibility. The training can occur over a series of sessions if such a schedule best meets the needs of your organization.
5. The supervisor/trainer on the DVD is the role you will play during sessions you develop at your organization.
6. Although this DVD is intended as a tool for supervisors and educators, there is no prohibition against showing it to learners. Learners will see the technique and begin to hear the terminology before they are expected to participate in, what for many of them, is a new learning method. Viewing the DVD before training will allow the learners to see what is expected of them: to correctly perform new skills based on a known set of standards (the learning objectives) every time they assess pain in the people they care for.

Role-Playing

7. The first two role-playing simulations (0–10 scale and Wong-Baker faces scale) demonstrate learners making errors in administration.
8. The last role-playing simulation demonstrates a learner who demonstrates the correct choice and use of the appropriate pain assessment tool.
9. After each role-playing simulation, the supervisor/educator demonstrates formative feedback: she describes what the learner did well and what the learner needs to improve. Feedback is given in a positive manner and the supervisor/educator reminds the learner that mistakes are expected when role-playing simulation is used as a training method. (Formative feedback is given to learners during training in order to help them “form” their skills.)
10. When learners make an error in role-playing, they start again from the beginning. This reinforces the fact that learners need to perform the skill correctly from beginning to end, each time.

Assessment of Learner Performance

11. Before learners are assessed at the bedside, they must demonstrate they can perform all four learning objectives: (1) ask about pain, (2) use consoling language (empathy), (3) correctly choose and (4) use the appropriate pain assessment tool.
12. The DVD demonstrates skills that you or a unit supervisor will ultimately assess at the bedside. As an educator, your goal is to move your organization’s training towards “assessing competency,” as the title of the DVD suggests. This is a gradual change for staff and educators. Emphasizing that everyone is expected to make errors during simulation training is an important element in building acceptance of the technique.
13. The supervisor’s assessment sheet, shown on the clipboard in the video, is available for printing from this DVD or companion CD-ROM.
14. When learners have demonstrated competency in all four learning objectives they are ready to demonstrate their skills at the bedside. You or the unit supervisor will assess their performance and give summative feedback. The feedback is provided in a positive manner. If learners’ performance at the bedside falls short of the competency they demonstrated after training, they must attend further training sessions. (Summative feedback is given at the end of training. It is a “summary” of the learners’ performance of their newly acquired skills at the bedside with an actual person in pain.)

MDS Section

15. Note that the DVD contains an animation that describes how to complete pain sections in the minimum data set for nursing home residents.

Ten Common Sites of Pain Described in the MDS

CMS's RAI Version 2.0 Manual Revised--December 2002

J3. Pain Site (7-day look-back)

Intent: To record the location of physical pain as described by the resident or discerned from objective physical and laboratory tests. Sometimes it is difficult to pinpoint the exact site of pain, particularly if the resident is unable to describe the quality and location of pain in detail. Likewise, it will be difficult to pinpoint the exact site if the resident has not had physical or laboratory tests to evaluate the pain. In order to begin to develop a responsive care plan for promoting comfort, the intent of this item is to help residents and caregivers begin a pain evaluation by attempting to target the site of pain.

Definition:

- a. Back Pain - Localized or generalized pain in any part of the neck or back.
- b. Bone Pain - Commonly occurs in metastatic disease. Pain is usually worse during movement but can be present at rest. May be localized and tender but may also be quite vague.
- c. Chest Pain While Doing Usual Activities - The resident experiences any type of pain in the chest area, which may be described as burning, pressure, stabbing, vague discomfort, etc. "Usual activities" are those that the resident engages in normally. For example, the resident's usual activities may be limited to minor participation in dressing and grooming, short walks from chair to toilet room.
- d. Headache - The resident complains or shows evidence (clutching or rubbing the head) of headache.
- e. Hip Pain - Pain localized to the hip area. May occur at rest or with physical movement.
- f. Incisional Pain - The resident complains or shows evidence of pain at the site of a recent surgical incision.
- g. Joint Pain (Other Than Hip) - The resident complains or shows evidence of discomfort in one or more joints either at rest or with physical movement.
- h. Soft Tissue Pain - Superficial or deep pain in any muscle or non-bony tissue. Examples include abdominal cramping, rectal discomfort, calf pain, and wound pain.
- i. Stomach Pain - The resident complains or shows evidence of pain or discomfort in the left upper quadrant of the abdomen.
- j. Other – Includes either localized or diffuse pain of any other part of the body. Examples include general "aches and pains," etc.

Pain Scales Competency Assessment

PART 1: ASSESSES THE PRESENCE OF PAIN AND DISPLAYS SYMPATHY		
1. Did the learner ask the resident if she or he was having pain?	YES	NO SEE COMMENT Remind the learner to ask the resident about pain; allow the learner to ask again.
2. Did the learner use language to show sympathy for the resident? (For example, "I am sorry you are having pain today," or "Let me try to help you with your pain.")	YES	NO SEE COMMENT Remind the learner to be sympathetic to resident's who have pain; allow the learner to use one of the example questions listed to demonstrate sympathy.
PART 2: THE 0-10 PAIN SCALE		
3. Did the learner accurately determine that this scale was appropriate for the resident?	YES	NO SEE COMMENT If the learner does not perform this correctly, she or he needs remedial training on this scale.
4. Did the learner explain to the resident that "0" means no pain?	YES	NO SEE COMMENT If the learner does not explain this correctly, she or he needs remedial training on this scale.
5. Did the learner explain to the resident that "10" was the worst pain she or he could imagine?	YES	NO SEE COMMENT If the learner does not explain this correctly, she or he needs remedial training on this scale.
6. Did the learner score the resident's answer accurately?	YES	NO SEE COMMENT If the learner does not record the score given by the resident, she or he needs remedial training on this scale.
PART 3: THE WONG-BAKER FACES SCALE		
7. Did the learner use this scale ONLY after the resident could not cooperate with the 0–10 scale?	YES	NO SEE COMMENT If the learner used the Wong-Baker scale without trying to use the 0 to 10 scale first, she or he needs remedial training on the use of <u>all 3 pain scales</u> .
8. Did the learner accurately determine that this scale was appropriate for the resident?	YES	NO SEE COMMENT If the learner does not perform this correctly, she or he needs remedial training on this scale.
9. Did the learner point to EACH face and explain it as shown on the form?	YES	NO SEE COMMENT If the learner does not perform this correctly, she or he needs remedial training on this scale.
10. Did the learner allow the resident to choose the face?	YES	NO SEE COMMENT If the learner does not perform this correctly, she or he needs remedial training on this scale.
11. Did the learner score the resident's answer accurately?	YES	NO SEE COMMENT If the learner does not perform this correctly, she or he needs remedial training on this scale.
PART 4: THE NONE-MILD-MODERATE-SEVERE PAIN SCALE		
12. Did the learner use this scale ONLY after the resident could not cooperate with the 0–10 scale or the Wong-Baker scale?	YES	NO SEE COMMENT If the learner used the none-mild-moderate-severe scale without trying to use the other scales first, she or he needs remedial training on the use of <u>all 3 pain scales</u> .
13. Did the learner correctly ask the resident if she or he had mild (or a little bit) – moderate (or a medium amount) – or severe (a lot of) pain?	YES	NO SEE COMMENT If the learner asks the questions incorrectly, she or he needs remedial training on this scale.
14. Did the learner record the resident's answer accurately?	YES	NO SEE COMMENT If the learner does not record the resident's response correctly, she or he needs remedial training on this scale.
SUPERVISOR/TEACHER SCORE		
The learner demonstrated competency in:	Part 1: <input type="checkbox"/> Check if competency met Part 2: <input type="checkbox"/> Check if competency met Part 3: <input type="checkbox"/> Check if competency met Part 4: <input type="checkbox"/> Check if competency met	

Date: _____

Learner Name: _____ Supervisor/Teacher Name: _____

Supervisor/Teacher Comments and Recommendations (use space below):

Attaining Competency in Assessing Pain PRE-TEST Learner Self-Assessment of Knowledge

Please respond to the following questions using the scale from 1-5, with 1 = Strongly disagree and 5 = Strongly agree. Please circle the number that best response to each question.

1. Residents with dementia often need me to use a pain scale that is different from the one I use for residents without dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

2. Pain is a significant problem in nursing home residents.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

3. In residents with dementia pain is not recognized and not treated.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

4. I can describe three barriers to successfully treating residents with pain.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

5. I can list the characteristics of pain required by the MDS.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

6. I can identify common verbal and nonverbal (behavioral) expressions of pain displayed by residents with dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

7. I can name three assessment tools for rating pain in residents with dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

8. I can recognize the side effects of pain-treatment interventions.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

9. I can select the appropriate pain assessment tool for my residents with dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

10. I can correctly score pain intensity in the MDS for nursing home residents.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

11. I can classify pain as mild, moderate or severe based on interpreting the result obtained on the pain scale

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

Alternatively, you may visit <http://ltc.geri.u.org>, and fill out the questionnaire online. Thank you for your input!

Attaining Competency in Assessing Pain POST-TEST Learner Self-Assessment of Knowledge

Please respond to the following questions using the scale from 1-5, with 1 = Strongly disagree and 5 = Strongly agree. Please circle the number that best response to each question.

1. Residents with dementia often need me to use a pain scale that is different from the one I use for residents without dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

2. Pain is a significant problem in nursing home residents.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

3. In residents with dementia pain is not recognized and not treated.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

4. I can describe three barriers to successfully treating residents with pain.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

5. I can list the characteristics of pain required by the MDS.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

6. I can identify common verbal and nonverbal (behavioral) expressions of pain displayed by residents with dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

7. I can name three assessment tools for rating pain in residents with dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

8. I can recognize the side effects of pain-treatment interventions.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

9. I can select the appropriate pain assessment tool for my residents with dementia.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

10. I can correctly score pain intensity in the MDS for nursing home residents.

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

11. I can classify pain as mild, moderate or severe based on interpreting the result obtained on the pain scale

Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

Alternatively, you may visit <http://ltc.geri.u.org>, and fill out the questionnaire online. Thank you for your input!

FEEDBACK QUESTIONNAIRE for "Training for Competency in Pain Assessment" DVD

FACILITATOR VERSION

1. How was your overall experience with the training material?

Excellent	Good	Fair	Inadequate	Bad
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2. How appropriate was the level of the content?

Much too advanced	Too Advanced	At the Right Level	Too Basic	Much too Basic
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3. Do you feel the materials were effective at enabling you to meet the learning objectives specified?

Very Effective	Effective	Neither Effective nor Ineffective	Ineffective	Very Ineffective
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4. Does the product meet a need? ___ yes ___ no

5. How easy or difficult was it to use the training material?

- Very easy
- Easy
- Neither easy nor difficult
- Difficult
- Very difficult

6. Did you have any technical problems when viewing the material on your computer or DVD player? Yes No

If Yes, please specify: _____

7. Please indicate which best describes your use of the material:

- I am using the material as part of self-directed learning to improve my care-providing skills.
- I am using the material to help teach others better care-providing skills.
- Other (please specify): _____

8. Do you have any other comments about this training material?

9. Have we provided a good quality product? Does the module set reflect experience/competency/quality? ___ yes ___ no

10. Does it provide a value for education in-service? ___ yes ___ no

11. Will this product reflect well on you the trainer? ___ yes ___ no

Please complete this questionnaire and fax it to (305) 762-1472 or mail it to:

PICs Training Coordinator
Stein Gerontological Institute
5200 NE 2nd Ave
Miami, FL 33137

Alternatively, you may visit <http://ltc.geri.u.org>, and fill out the questionnaire online. Thank you for your input!

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