

## **Geriatrics Rotation Educational Goals & Objectives**

The Geriatrics rotation will provide the resident with an opportunity to become skilled in the prevention, evaluation, and management of conditions unique to the elderly. This rotation is based in the nursing home, with a focus on experiential learning through the supervised management of patients residing in a geriatric facility. Residents will learn to recognize how disease manifests differently in the elderly and become familiar with a subset of issues in cardiovascular medicine, geropsychiatry, neurology, nutrition, and general internal medicine pertinent to the care of geriatric patients. While the nursing home does not offer a venue for experiencing all issues addressed in geriatric medicine, it provides exposure to many common conditions and a starting point to facilitate discussion and learning on other pertinent topics. Depth of exposure should be such that residents can develop competency in disease prevention, management of common diseases, addressing obstacles to maintaining functional independence, and appropriate indications for referral to a geriatrician.

Faculty will facilitate learning in the 6 core competencies as follows:

### **Patient Care and Procedural Skills**

- I. All residents must be able to provide compassionate, culturally-sensitive care for geriatric patients.
  - PGY2s should seek directed and appropriate specialty consultation when necessary to further patient care.
  - PGY3s should be able to coordinate input from multiple consultants and manage conflicting recommendations.
  
- II. PGY1s will demonstrate the ability to take a complete medical history, with particular attention to functional status, social history, immunizations, and medications.
  - PGY2s should be able to collect additional historical information from electronic and/or outside records, elicit a more thorough history, and recognize evidence of physical abuse or neglect.
  - PGY3s should be able to independently obtain the above details for patients with multiple comorbid conditions, with a focus on cognitive and psychosocial issues.
  
- III. Residents should be able to perform a complete physical exam with attention to changes with aging.
  - PGY1s should be able to perform a routine physical exam with an understanding of normal physiologic changes with aging.
  - PGY2s should be able to assess vision, hearing, cognition, mobility, and frailty.
  - PGY3s should be able to independently perform a complete exam and understand the sensitivity and specificity of physical findings as well as the impact of exam findings on patient autonomy.
  
- IV. Residents will understand the indications, contraindications, complications, limitations, and interpretation of the following procedures, and become competent in their safe and effective use:
  - rectal disimpaction

- urinary catheter placement

In addition, residents will demonstrate knowledge of and be able to counsel patients and/or families regarding the indications and contraindications for the following procedures:

- PGY1s: acute hemodialysis, mechanical ventilation, PEG placement, and transfusion
- PGY2s: withdrawal of care
- PGY3s will be able to independently counsel patients on the above issues in the setting of complex socio-medical circumstances, such as the issue of PEG placement in demented patients, or mechanical ventilation in the setting of end-stage systemic illness.

## **Medical Knowledge**

- I. PGY1s will recognize normal changes associated with aging and develop a basic understanding of the pathophysiology of and approach to common conditions seen in geriatric patients, such as:
  - Acid reflux
  - Alcohol use
  - Altered mental status and delirium
  - Anemia
  - Anxiety, agitation and psychosis
  - Aspiration, acute and chronic
  - Cerumen impaction
  - Changes in sexual function
  - Constipation and fecal impaction
  - Depression and suicidal ideation
  - Drug toxicity and interaction and polypharmacy
  - Easy bruising
  - Elder abuse
  - Failure to thrive/frailty
  - Falls, gait, and balance problems
  - Fever
  - Hip fracture
  - HTN
  - Immobility
  - Impaired vision or hearing
  - Inability to care for self
  - Inadequate home support
  - Incontinence of urine or stool
  - Insomnia
  - Lower extremity edema

- Malnutrition
- Memory loss
- Orthostatic hypotension
- Pain
- Social isolation
- Ulcers: decubitus, ischemic, pressure, and stasis
- Urinary retention
- Urinary tract infection
- Venous insufficiency
- Weight loss
- Xerosis

PGY2s will also develop an understanding of the pathophysiology, clinical presentation, and therapy for the following conditions:

- Aortic stenosis
- Atrial fibrillation
- Atrophic vaginitis
- Autonomic insufficiency
- Benign prostatic hypertrophy
- Cataracts
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Congestive heart failure
- Coronary artery disease
- Dementia
- Diabetes mellitus
- Diverticulosis/diverticulitis
- Glaucoma
- Herpes zoster
- Hypothyroidism
- Influenza
- Macular degeneration
- Mesenteric ischemia
- Obstructive sleep apnea
- Osteoarthritis
- Osteoporosis
- Parkinson's disease and parkinsonism
- Pneumonia, community-acquired and health care associated
- Senile purpura
- Stroke and TIA
- Temporal arteritis

PGY3s will develop an understanding of

- pathophysiology, clinical presentation, and therapy for the above conditions, with attention to differences in geriatric versus younger adult patients
- principles of wound care, including knowledge of debridement and dressings
- principles of medication use in the elderly
- criteria for palliative care and/or hospice
- medicolegal issues, such as patient autonomy, ability to participate in shared decision-making, informed consent, DMV notification, power of attorney for financial affairs and/or health care, and decision making at the end of life

II. Residents will gain experience in counseling geriatric patients on following issues:

- Appropriate cancer screening
- Immunizations
- Nutrition
- Loss of independence, e.g. stopping driving
- Transitioning to increasing levels of care

III. Residents will become familiar with the concepts of home geriatric assessment and (in hospital) comprehensive geriatric assessment. They will learn to effectively use and interpret validated tools, such as those listed below, to evaluate cognition, decision-making capacity, driving, function, gait, home safety, and nutritional status.

- Confusion Assessment Method
- Geriatric Depression Rating Scale
- Get Up and Go test
- Mini Mental Status Exam
- Neuropsychiatric testing
- Patient Health Questionnaire-9 (PHQ-9)
- Performance Oriented Mobility Assessment tool (POMA or Tinetti Assessment Tool)
- Vulnerable Elders Survey (VES) 13 scale

IV. Residents will be able to understand the indications for ordering and interpretation of results from laboratory and diagnostic studies, including:

- Arterial brachial index
- Audiology
- Blood work, including CBC, complete metabolic panel, TSH, VDRL, B12, folate, methylmalonic acid, homocysteine
- DEXA scan
- Imaging, including radiography (abdomen, chest, hip), head CT and MRI, and mammography
- Measurement of intraocular pressure
- Urinalysis
- Videofluoroscopy for swallowing problems

Upper level residents should be able to independently plan further diagnostic evaluation and appropriate therapeutic interventions based on test results.

### **Practice-Based Learning and Improvement**

- I. Residents should be able to access current clinical practice guidelines from journals, the American Geriatrics Society, and other sources to apply evidence-based strategies to patient care.
- II. PGY2s should develop skills in evaluating studies in published literature, through Journal Club and independent study.
- III. All residents should learn to function as part of a team, including the geriatrician, nurse, dietician, physical and occupational therapist, pharmacist, social worker, clergy, and other contributing providers to optimize patient care, and PGY3s should take a leadership role.
- IV. All residents should respond with positive changes to feedback from members of the health care team.

### **Interpersonal and Communication Skills**

- I. PGY1s must write timely, organized, and articulate notes that contain a needs assessment, including physical and psychosocial needs, and goals of and plans for care.
- II. PGY1s must develop verbal communication skills that build rapport with patients and families and convey information to other health care professionals, particularly with transfers of care.
- III. PGY2s must also develop interpersonal skills that facilitate collaboration with patients, their families, and other health professionals.
- IV. PGY3s should demonstrate leadership skills to build consensus and coordinate a multidisciplinary approach to patient care.
- V. PGY3s must be able to elicit information or agreement in situations with complex social dynamics, for example, dealing with a “difficult” patient, identifying power of attorney or a surrogate decision maker, making health care decisions for unbefriended elders, and resolving conflict among family members with disparate wishes.

### **Professionalism**

- I. All residents must demonstrate strong commitment to carrying out professional responsibilities as reflected in their conduct, ethical behavior, attire, interactions with colleagues and community, and devotion to patient care.
- II. All residents should be able to educate patients and their families in a manner respectful of gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation on choices regarding their care.
- III. PGY2s should be able to use time efficiently to see patients and chart information.
- IV. PGY3s should be able to provide constructive criticism and feedback to more junior members of the team.

## Systems-Based Practice

- I. Residents must be aware of protocols in residential geriatric facilities to triage patients to an appropriate level of care (rehab, skilled need, assisted living, geropsych), to address patient-related behavioral concerns, and to address systems issues such as infection control.
- II. PGY1s must have a basic understanding that their diagnostic and treatment decisions involve cost and risk and affect quality of care.
- III. PGY2s must be aware of current quality issues in Geriatrics and of how insurance coverage influences care.
- IV. PGY3s must demonstrate an awareness of and responsiveness to established quality measures, risk management strategies, and cost of care within the facility.

## Teaching Methods

- I. Supervised patient care in the nursing home
  - Residents will initially be directly observed with patients, to facilitate the acquisition of excellent history taking, physical exam, and procedural skills.
  - As residents become more proficient, they will interact independently with patients and present cases to faculty.
    - For PGY1s, initial emphasis will be on diagnosis and basic management.
    - For more senior residents, focus will be on medical decision-making, and residents will work with supervising physicians to finalize a care plan.
- II. Conferences
  - Specialty-specific didactics
- III. Independent study
  - Journal and Textbook reading
    - Smith PW, et al. SHEA/APIC Guideline: Infection Prevention and Control in the Long-term Care Facility  
[http://www.apic.org/Resource\\_/TinyMceFileManager/Practice\\_Guidance/id\\_APIC-SHEA\\_GuidelineforICinLTCFs.pdf](http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf)
    - Unwin BK, Porvaznik M, Spoelhof GD. Nursing home care: Part I. Principles and Pitfalls of Practice. *Am Fam Physician*. 2010;81(10):1219–1227.
    - Unwin BK, Porvaznik M, Spoelhof GD. Nursing home care: Part II. Clinical Aspects. *Am Fam Physician*. 2010;81(10):1229–1237.
    - Other sources as recommended by the attending physician
  - Online educational resources
    - American Geriatrics Society – guidelines, resources, apps  
<http://www.americangeriatrics.org/publications-tools>
    - National Institute on Aging Alzheimer’s Disease Education and Referral Center <http://www.nia.nih.gov/alzheimers>

- Stanford End of Life Curriculum <http://endoflife.stanford.edu/>
- University of Maryland Geri-Ed Programs – excellent comprehensive peer-reviewed list of web sites and assessment tools sponsored by educational institutions, agencies, and professional societies [http://www.umaryland.edu/geri-ed/assess\\_tools.html](http://www.umaryland.edu/geri-ed/assess_tools.html)
- Dementia and Diversity in Primary Care- Latino Population: <https://stanford.cloud-cme.com/default.aspx?EID=20687&P=3000&CaseID=25>
- Up To Date
- Clinical Key

## Evaluation

- I. Attending written evaluation of resident at the end of the 2 week period based on rotation observations and chart review.

## Rotation Structure

- I. The rotation occurs at Ventura Post Acute (VPA) and Coastal View in Ventura and Continuing Care Center in Ojai. Residents will see selected skilled and custodial patients and within this context, work toward the above educational goals.
  - Additional educational experiences, such as home visits, adult day care visits, and in-hospital geriatrics consultation, may be arranged on an individual basis with the Program Director.
- II. Residents should contact the supervising physician the day prior to determine start time and location.
- III. Residents see patients assigned to Pacific Inpatient Physicians (PIP) in the context of multidisciplinary teams. Medical students will be supervised by the Resident, when present, and PIP Faculty, performing responsibilities below as assigned.
- IV. Responsibilities:
  - Provide care to selected patients under the supervision of PIP faculty.
  - Collaborate with facility nurses and staff, write notes, communicate with families, coordinate with consultants and complete POLST forms for all patients.
  - Assess patients with valid instruments, such as mini-mental status examination, geriatric depression scale, and activities of daily living.
  - Provide a complete medication reconciliation with emphasis on:
    - Differentiation of a complaint and a disease – knowing when not to treat
    - Drugs to avoid in the elderly
    - Basic principles of choosing drugs, including a general knowledge of side effect profiles
    - General principles for avoiding the polypharmacy
    - Changes in drug pharmacokinetics with age
  - Focus on risk points and adverse outcomes in geriatric care, including:
    - Polypharmacy, to include homeopathic and over-the-counter medications
    - Transitions of care
    - Non-recognition of treatable illness
    - Iatrogenic illness

- Improper medication reconciliations
- Treatment that does not take goals of care into account
- Functional impairment, immobilization, and associated consequences
- Cognitive impairment and associated consequences
- Inappropriate institutionalization
- Unsupported family/caregivers
- Malnutrition causes and associated consequences
- Pressure ulcers and wound care considerations
- Differentiating delirium from dementia with agitation and treatment modalities

V. Workload

- Residents work Monday through Friday 8am to 5pm. Residents see new admissions, perform follow-up visits, evaluate change of conditions, and coordinate discharges with an average of ten encounters per day. When possible, residents should follow the same patients during the rotation.
- Residents will follow-up on all lab work and other studies ordered for all patients followed by PIP.
- Residents will attend weekly multidisciplinary rounds at VPA and Coastal View.
- Residents will provide an education morning report on a topic focused on the Geriatric population. Residents may also be asked to do focused literature searches or additional short presentations during the course of the rotation.
- Case-based learning is most effective. Nightly reading/study should be based on patients seen during the day.

VI. Call is home call as assigned by PIP faculty. Weekend responsibilities TBD by the attending physician.

- Hours worked must be consistent with ACGME requirements and are subject to approval by the Program Director.

VII. Residents have specialty-specific didactics and should be excused in a timely fashion to attend.