

Name of rotation: Clinical Geriatrics **Division:** Gerontology

Course Director: Conrad May, M.D. **Site(s):** Various

Duration of rotation: [] one month only
[x] 2 weeks possible

General description of the rotation including educational purpose, rationale or value:

As the population ages, physicians will need to appreciate the specific medical care needs of the elderly. The Clinical Geriatrics Elective will provide residents with an opportunity to participate in the care of older patients in model ambulatory clinics (Geriatric Evaluation/ Dementia Clinic at the Baltimore VAMC and Geriatrics Clinic at Union Memorial Hospital), inpatient units (Geriatric Evaluation and Management Unit at the Baltimore VAMC), home care (Home Based Primary Care) and long-term care (Baltimore Rehabilitation and Extended Care Center). The residents will be members of interdisciplinary teams, which provide care to the frail elderly in these settings. The educational purposes of this rotation are to introduce the residents to aspects of the physiology of aging, the atypical presentations of illness in the elderly, comprehensive geriatric evaluation and the evaluation of geriatric syndromes, the coordination of care involving multiple disciplines, some basic principles of geriatric rehabilitation with the goals of maximizing independence and improving functional outcomes.

Resident responsibilities, including interns and residents:

The residents will evaluate and manage age-prevalent conditions in the geriatric patients under the supervision of geriatricians and geriatric medicine fellows. The residents will (1) perform inpatient consultations on hospitalized patients, (2) participate in comprehensive geriatric evaluations of newly referred outpatients, (3) evaluate and manage patients in ambulatory, home and long-term care settings, (4) attend conferences in the Division of Gerontology.

Educational Objectives: An expanded version of the competencies is listed under Core Competencies in Internal Medicine. Those listed here are specific to this rotation. Since residents may choose this elective during any year of training, PGY-1 goals and objectives are distinct for those for upper level residents, and PGY-2 and 3 goals and objectives are similar.

During this rotation, the PGY-1 resident will:

Patient Care

1. Develop skills in interdisciplinary geriatric evaluation
2. Perform functional and mental status assessments
3. Manage specific geriatric syndromes, including dementia/delirium/depression, falling, osteoporosis, incontinence, failure to thrive
4. Develop understanding of and sensitivity to psychosocial aspect of aging
5. Recognize psychosocial issues in aging, including
Social isolation, dependency and bereavement
Economic issues
Ethical dilemmas in end-of-life
6. Recognize role of depression, anxiety and motivation in rehabilitation
7. Appreciate the role of family dynamics in planning for care

Medical Knowledge

1. Demonstrate familiarity with the physiologic changes that accompany aging.
2. Discuss theories of aging.
3. Distinguish between age-related physiologic changes and disease
4. Understand the epidemiology of age-prevalent conditions
5. Recognize atypical presentation of illnesses in the elderly
6. Discuss basic principles of geriatric rehabilitation

Practice-Based Learning - See Core Competencies

Interpersonal and Communication Skills – See Core Competencies

Professionalism – See Core Competencies

System-Based Practice

1. Work effectively in an interdisciplinary setting for coordinated patient care
2. Develop care plans, drawing upon expertise of other disciplines
3. Use community resources, including nursing services, senior centers, adult day care and respite care.

During this rotation, the PGY-2 or 3 resident will:

Patient Care

1. Solidify skills in interdisciplinary geriatric evaluation
2. Perform effective functional and mental status assessments
3. Evaluate and manage specific geriatric syndromes, including dementia/delirium/depression, falling, osteoporosis, incontinence, failure to thrive
4. Describe psychosocial aspect of aging
5. Recognize psychosocial issues in aging, including
 - Social isolation, dependency and bereavement
 - Economic issues
 - Ethical dilemmas in end-of-life
6. Assess role of depression, anxiety and motivation in rehabilitation
7. Appreciate the role of family dynamics in planning for care

Medical Knowledge

1. Describe physiologic changes that accompany aging.
2. Discuss theories of aging.
3. Distinguish between age-related physiologic changes and disease
4. Understand the epidemiology of age-prevalent conditions
5. Evaluate and initiate management of atypical presentation of illnesses in the elderly
6. Discuss basic principles of geriatric rehabilitation

Practice-Based Learning - See Core Competencies

Interpersonal and Communication Skills – See Core Competencies

Professionalism – See Core Competencies

System-Based Practice

1. Work effectively in an interdisciplinary setting for coordinated patient care
2. Develop care plans, drawing upon expertise of other disciplines
3. Use community resources, including nursing services, senior centers, adult day care and respite care.

Check all principle teaching methods used during this rotation:

<input checked="" type="checkbox"/>	Attending teaching rounds	<input checked="" type="checkbox"/>	Interdisciplinary rounds
<input checked="" type="checkbox"/>	Patient management discussions	<input checked="" type="checkbox"/>	Small group discussions
<input checked="" type="checkbox"/>	Conferences specific to rotation	<input checked="" type="checkbox"/>	Bedside clinical rounds
<input checked="" type="checkbox"/>	Individual instruction of procedures	<input checked="" type="checkbox"/>	Review of diagnostic studies, including radiology
<input checked="" type="checkbox"/>	Other: Geriatric Conferences		

Describe the most important educational content, including the mix of diseases, patient characteristics, types of clinical encounters, procedures and services:

The most important educational opportunities associated with this elective are to experience the continuum of care available for older, frail patients and to work closely with geriatric specialists from other health care disciplines. Patients are referred to geriatrics from all inpatient services (Medicine, Surgery, Neurology, Psychiatry) as well as from outpatient sites (Primary Care, Emergency Care Services). Inpatient consultations involve patients with recent functional decline secondary to acute medical illnesses such as stroke, pneumonia, congestive heart failure and myocardial infarction. Outpatients are most often referred for cognitive impairment, behavior problems, polypharmacy, non-compliance with medications, unexplained weight loss, falling and psychosocial problems. Clinical encounters include: bedside rounds with the interdisciplinary team; urgent care encounters in residential settings; ambulatory experiences with geriatricians, nurse practitioners, social workers, geropsychiatrists, clinical pharmacists, psychologists and home visits with nurse practitioners and social workers.

Check the principal ancillary education materials used:

<input checked="" type="checkbox"/>	Reading lists	<input type="checkbox"/>	Pathologic material
<input type="checkbox"/>	Radiologic studies	<input type="checkbox"/>	Other noninvasive studies
<input checked="" type="checkbox"/>	Handouts on relevant topics	<input checked="" type="checkbox"/>	Articles from the literature
<input checked="" type="checkbox"/>	Other: Geriatrics Conference, computer based instructional module in geriatrics	<input type="checkbox"/>	Case studies

Methods used to evaluate the resident and the rotation:

- Evaluation of residency performance and professionalism
- Evaluation of attending teaching skills and other attributes
- Rotation assessment by resident
- Observation of resident's clinical competency
- Observation of resident's leadership and teaching skills
- Review of the resident's history/physical exam, progress notes and documentation of procedures in the chart
- Resident's attendance of rounds and conferences monitored
- Other

Identify strengths and limitations specific to the resources of the sponsoring institution:

The rotation in clinical geriatrics will draw upon the University of Maryland Medical System including the University of Maryland Hospital, Kernan and Deaton Hospitals, Charlestown Continuing Care Retirement Community, and the Veterans Affairs Medical Center including the Home-Based Primary Care Program, the Geriatric Research, Education and Clinical Center (GRECC), and the Claude Pepper Older Americans Independence Center (OAIC). The resident will be provided with opportunities to learn to care for seniors from varying economic, social and educational backgrounds as well as in multiple sites for delivering clinical care to the frail older adult.

Conferences or Attending/Patient Care Rounds: (Journal club, division rounds, etc.)

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Geriatrics Psychiatry Grand Rounds	VA	Monday	12:30-1:30 pm
Attending Rounds	VA	M, W, F	9:00-10:30 am
Dementia Clinic Conference	VA	Tuesday	12:00-1:00 pm
Geriatrics Clinic Conference	Union Memorial	Wednesday	3:00-5:00 pm
Geriatric Medicine Board Review	VA	Thursday	1:00-2:00 pm
Gerontology Conference	VA	Thursday	3:00-4:00 pm

Clinics:

<u>Name</u>	<u>Location</u>	<u>Day</u>	<u>Time</u>
Evaluation/Dementia Clinic	VA	Tuesday	9:00 am - 12:00 noon
Geriatrics Clinic	VA	Tuesday	1:00 - 5:00 pm
Geriatrics Clinic	VA	Wednesday	8:30 am - 5:00 pm
Home Based Primary Care	Loch Raven	(By arrangement)	

The resident and faculty members of the Postgraduate Education Committee reviewed and edited the content of this curriculum at its meeting on 7/18/07.