

## Internal Medicine Residency Program Rotation Curriculum

**I. Rotation Sites and Supervision**Rotation Name: [Geriatrics](#) : R 1's

Site	Faculty Supervisor	Administrator	Phone
UCIMC	Sonia Sehgal, M.D.		714-456-7007

Detailed schedules are provided at the time of orientation for each block. Contact Taleen Arslanian at (714) 456-5530 if direction is needed.

**II. The educational rationale for this rotation including Goals and Objectives:****A. Goals:**

- Residents will have basic understanding regarding the unique medical and concomitant need of elderly patients and their families/loved ones.
- Residents will have increased understanding about the role of the geriatrician and geriatrics as a specialty to meet older patient's unique needs.
- Residents will have increased understanding about the roles of various interdisciplinary team members in meeting the needs of elderly patients.
- Residents will have increased knowledge regarding options for long term care of the frail older patient including home care with caregivers; board and cares and assisted living; and skilled nursing long-term care

**B. Competency-based Objectives for the PGY1 Geriatrics Rotation:**

- Resident will assess and document elderly clients' medical and concomitant needs. This would include social problems and/or declining function pertinent to autonomy and independent living.
- Resident will participate in multidisciplinary assessments and treatment planning.
- Residents will observe and participate in treatment planning for typical problems encountered by elderly patients such as osteoporosis, dementia, urinary incontinence, polypharmacy, falls/gait disorders.
- Resident will have basic skills to assess for, recognize, document, and refer for elder abuse.
- Resident will be able to identify community agencies which serve elderly clients and will know how to access them

**Competency-based Objectives for the Geriatrics Rotation for PGY1 Residents**

**With regard to the following objectives, the PGY1 resident will demonstrate the following level of accomplishment, knowledge, skills, attitudes and attributes.**

Patient Care	PGY1
Complete medical data base (H&P) relevant to general internal medicine ward patients and good patient care overall	Manager. Able to competently and comprehensively gather data on geriatrics patients and put that data into a disease context Able to process data at a sophisticated level with diagnostic paradigms which take into account the nuances of patient history.
Diagnostic decision making based upon the best evidence	Understands the importance of a comprehensive differential diagnosis and lists the most important diagnostic possibilities or those which are life-threatening and must not be missed.

Involving patients in decisions about their care	All of the time, utilizing the feedback methods and teaching methods appropriate to the skills of the PGY1 resident
Working with other health care professionals to ensure the best care	All of the time
Teaching patients and families	All of the time including utilization of the health literacy assessment.
Patient triage and evaluation of severity	Manager: Able to use data gathered to make decisions about appropriate placement and consultation.
Response to emergencies	Reporter & Interpreter: Able to identify the need for emergency response and competently seek appropriate assistance
Commitment to wellness, screening & prevention.	All of the time, including assuring the completion of protocols in care pathways for diseases and medications of the elderly, including management of poly-pharmacy.
Identification & intervention in psycho-social issues, including domestic violence & depression	All of the time. Monitors for signs of stress and fatigue in team members. Knows resources and reports problems when necessary to attendings or program administration. Considers diagnoses of depression or intimate partner violence or care giver violence in the context of geriatric care.

<b>Medical Knowledge</b>	PGY1
Medical illnesses	Manager with particular respect to issues relevant to the geriatric population including dementia, gait, incontinence, atrial fibrillation, management of medications and poly-pharmacy, prevention, depression, and wellness.
Complete differential diagnoses	Manager
Epidemiology & biostatistics	Manager
Ambulatory medicine	Manager
Recognizing own limitations	All of the time

<b>Practice-based Learning</b>	PGY1
Take advantage of patient care to read & learn	Consistently demonstrates this commitment and encourages this behavior in peers through modeling and leadership
Use of medical information resources & search tools	Consistently accesses appropriate resources.
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding
Applying critical appraisal techniques consistently to patient resources I use for patient care	Basic understanding

<b>Interpersonal &amp; Communication Skills</b>	PGY1
Create personal relationships with each patient by appropriately engaging them at each encounter by appropriate physical techniques, addressing each patient as an individual, tending to the patient's agenda, and tending to the patient's comfort and person-hood	All of the time by taking time and committing to knowing their patients
Use of verbal & non-verbal facilitation	Pays attention to verbal and non-verbal cues. Understands the importance of the pace of the interview in geriatrics patients and allows time appropriate to the patient and the circumstances.
Consistently demonstrate appropriate empathy & <b>good listening skills</b>	All of the time Consistently and compassionately and explicitly serves as a role model for this behavior
Respectful communication with colleagues &	Careful and respectful communication with colleagues and other

other professionals	medical professionals. Formulates excellent consultation questions and asks for explicit feedback on issues of consultation. Communicates effectively with other medical professionals to coordinate care and ensure the accountability of care.
Involve patients & families in discussions about care. Patient education.	All of the time and demonstrates independently raising family issues and the importance of patient and family education Understands the teach-back method. Demonstrates the importance of assessing health literacy levels of patients. Supervises junior residents in information gathering and strategizing about appropriate information techniques. Uses ancillary services and educators to ensure the broadest possible
Can say: I go out of my way to ensure the best possible care.	All of the time Encourages others in this behavior and takes responsibility for the behavior of junior members of the team. Sets an explicit example for others by addressing this concern
Enlist patients & families in health care decisions, including their feedback	Most of the time identifies the need for family participation. Gathers information and understands family dynamics. Conducts family meetings according to the protocols defined for competence. Assesses health literacy. Engages all stakeholders in the discussions
Demonstrates the ability to accept & integrate feedback from faculty & peers	Most of the time at the manager level.
I always sit down at the bedside to speak with my patients.	All of the time

<b>Professionalism</b>	PGY1
Altruism: patients needs above their own	Most of the time is able to distinguish and prioritize patient needs
Confidentiality (including HIPAA)	All of the time maintains confidentiality in all communication and in all media
Ethical behavior	All of the time
Commitment to excellence	All of the time Inspires excellence in others.
Sensitivity to age, gender, gender-preference, ethnicity, culture & disability	All of the time
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances	All of the time
Commitment to education & to learning	All of the time
Personal insight & self-reflection	Most of the time
Completion of assignments	All of the time
Timely response to pages	All of the time
Timely completion of medical records	All of the time
Conference attendance	Meets requirements
Hand-offs and sign-outs	Consistently well presented
Leadership skills	Developing, especially with respect to the multidisciplinary ambulatory team and in the context of both the general clinic and the health assessment clinic (HAPS).

<b>Systems-based Practice</b>	PGY1
Cost-effectiveness	Integrates into all plans
Use of outside resources	Integrates into all plans. Knowledgeable of resources and systems for discharge, DME, home health care
Use of case-management	Integrates into all plans. Manages the team and assigns tasks appropriately
Attention to quality, safety, and process	Integrates into all plans

improvement	Makes these a top priority in all areas. Identifies areas for improvement and communicates these to team members and authorities. Implements plans to solve problems
Identification of systems issues that affect patient care	Consistently
Use of the incident reporting systems to identify systems issues	Developing
Understanding of the business of medicine, health care systems, & public policy	Developing

<b>Teaching Skills</b>	PGY1
Commitment to teaching and patient education	Demonstrates the importance of teaching patients and families. Understands the importance of health literacy assessment. Uses the teach-back method to assure understanding. Uses written materials to ensure ongoing understanding. Arranges for follow-up and utilizes allied medical personnel for more in-depth understanding and commitment of time.

<b>Organization Skills</b>	PGY1
Patient care organization systems & practice	Understands systems issues within the patient care setting. Able to utilize the multi-disciplinary team to assure the best patient outcomes. Utilizes the EMR for effective communication and interaction

### C. Specific Skills

At the completion of this rotation the resident will be able to:

- Administer a “get up and go” assessment.
- Administer a Tinetti Gait and Balance assessment.
- Administer a Geriatric Depression Scale.
- Review a patient’s medications to ascertain which ones might be discontinued or adjusted.
- Identify medications that are contra-indicated for older patients.
- Complete an elder abuse reporting form.
- Identify different types of incontinence and be able to explain behavioral interventions for each type.
- Identify when and how to screen for osteoporosis and differentiate treatment indications.

### D. Reference

<http://www.ucihs.uci.edu/som/geriatrics/internal.shtml>.

### III. The principal teaching methods for this rotation

- Patient care based discussions
- Participation in multidisciplinary meetings
- Interactive didactic sessions and demonstrations.

### IV. The responsibilities for PGY1 residents (interns) attendings on this rotation

- PGY1 resident:
  - Interview, examine and participate in the care planning for patients assigned to them
  - Attend teaching rounds and didactic sessions
  - Attend multidisciplinary team meetings
- Attending:
  - Supervise the resident’s activities in patient care and interactions with other disciplines

- Participate in the teaching of the resident and coordinate the teaching of the resident by others
- Give verbal and written feedback to the resident

## V. Core primary resources

- a. Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at:  
<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at:

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Chapters of specific relevance for this rotation are

Chapter 4 **Geriatric Disorders**

Chapter 5 **Palliative Care & Pain Management** [Revised April 2009]

- b. The Program in Geriatrics especially utilizes the internet site “Portal of Geriatric Online education (POGOe)”: <http://www.pogoe.org/front2>

1. POGOe: Item #20020 “For Young Physicians – An Aging Mandate,” John Burton, MD.
2. “Freda Sandrich,” a DVD created by David Reuben, MD.
3. POGOe: Item #20225
4. POGOe: Item #20281 “Dementia, Elder Abuse, Driving,” Harvard-Reynolds Geriatric Virtual Patient Modules.
5. POGOe: Item #20482 “Delirium in the Older Patient.
6. POGOe: Item #18454 “Common Causes of Dizziness in the Older Patient”

## VI. Key physical diagnosis skills:

- Functional assessment – ADLs and IADLs
- Recognize depression
- Identify dementia
- Identify gait and balance problems
- Recognize suspicious physical signs of abuse or neglect

## VII. Key procedures that the resident should be able to *perform*

- Tinetti Gait and Balance assessment
- Geriatric Depression Scale

**VIII. Key procedures that the resident should be able to *understand the indications* for and to *interpret***

- Geriatric Depression scale
- Folstein Mini-mental status exam
- Tinetti Gait and Balance
- Katz and Lawton ADLs and IADLs

**IX. Key topics (no more than 10 topics): At the end of the rotation the resident will be able to**

- Recognize the importance of including family in geriatric care.
- Make a basic diagnosis of dementia and know basic communication skills for informing the patient and family.
- Recognize polypharmacy and identify medications that could be reduced or discontinued.
- Perform a basic fall assessment and make initial recommendations to reduce fall risk
- Order immunizations and appropriate health screening for seniors
- Recognize the different forms of elder abuse and know how to report it.
- Recognize depression and know when to refer for psychiatry.

**X. Evaluation Methods**

**a.** Professional competencies will be evaluated by (check all that apply)

Evaluation Method	Direct Observation & Feedback	Journal Club	Written Exam	Report or Presentation	Other (specify)
<b>Competency</b>					
<b>Patient Care</b>	X	X		X	
<b>Medical Knowledge</b>	X	X		X	
<b>Practice-based Learning</b>	X	X		X	
<b>Communication Skills</b>	X				
<b>Professionalism</b>	X				
<b>Systems-based Practice</b>	x				

**b. Evaluation Methods**

Faculty will evaluate each resident’s performance using the Competencies Evaluation Form and any special documents developed for the rotation. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation.

Evaluation forms will be submitted to the Program Director for review by the Residency Oversight Committee (ROC; competency committee).

Residents will evaluate the rotation, their faculty attending and their peers on the rotation. Rotation Evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.