

Department of Medicine**Internal Medicine Residency Program Rotation Curriculum****I. Rotation Sites and Supervision**Rotation Name: [Geriatrics](#) : R 3's

Site	Faculty Supervisor	Administrator	Phone
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Detailed schedules are provided at the time of orientation for each block. Contact VA Chief Residents for details about where to meet at the beginning of the block, if not already notified by email.

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

- Residents will demonstrate basic skills in assessing and treating the unique medical and concomitant need of elderly patients and their families/loved ones.
- Residents will recognize poly-pharmacy and know specific medications that might be adjusted or discontinued.
- Residents will recognize depression, initiate treatment or refer as appropriate.
- Residents will be able to identify when the internist or subspecialist should refer or consult with a geriatrician to meet the patient's needs.
- Residents will be able to identify the roles of various interdisciplinary team members for meeting the needs of elderly patients.
- Residents will be able to identify 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 PGY3 Geriatrics Rotation

- Resident will participate in multidisciplinary assessments and treatment planning.
- 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.
- Residents will observe and participate in treatment planning for typical problems encountered by elderly patients such as osteoporosis, dementia, urinary incontinence, poly-pharmacy, 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 PGY3 Residents

With regard to the following objectives, the PGY3 resident will demonstrate the following level of accomplishment, knowledge, skills, attitudes and attributes.

Patient Care	PGY3
Complete medical data base (H&P) relevant to general internal medicine ward patients and	Educator. Able to competently and comprehensively gather data on geriatric patients and put that data into a patient centered plan of care.

good patient care overall	Able to process data at a sophisticated level with diagnostic paradigms which take into account the nuances of patient goals. Able to supervise learners in this activity.
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. Able to supervise PGY1 residents and coordinate data gathered by the PGY1 resident into a comprehensive decision and differential diagnostic strategy, under the supervision of a faculty attending.
Involving patients in decisions about their care	All of the time, utilizing the feedback methods and teaching methods appropriate to the skills of the PGY3 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. Demonstrates a sophisticated and consistent commitment to teaching patients and families. Able to role model for students and junior residents
Patient triage and evaluation of severity	Educator: Able to use data gathered to make decisions about appropriate placement and consultation.
Response to emergencies	Manager: 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. Knows resources and reports problems when necessary to attendings or program administration. Considers diagnoses of depression or intimate partner abuse/neglect , or care giver abuse/neglect in the context of geriatric care.

Medical Knowledge	PGY3
Medical illnesses	Manager with particular respect to issues relevant to the geriatric population including dementia, depression, mobility, incontinence, atrial fibrillation, management of medications and poly-pharmacy, prevention, and wellness.
Complete differential diagnoses	Manager
Epidemiology & biostatistics	Manager
Ambulatory medicine	Manager
Recognizing own limitations	All of the time

Practice-based Learning	PGY1
Take advantage of patient care to read & learn	Consistently demonstrates this commitment and encourages this behavior in peers through modeling and leadership. When available, works with junior residents and students as a role model and teacher
Use of medical information resources & search tools	Consistently accesses appropriate resources.
Inspiring others to use Evidence-based resources and make EBM-based decisions	Sophisticated and consistent use of the literature
Applying critical appraisal techniques consistently to patient resources I use for patient care	Sophisticated and consistent assessment of the literature, able to apply appropriate findings to patient care of the geriatric patient and to recognize the limitations of available data to the geriatric population. Understands the limitations of population based data and studies not including the geriatric population.

Interpersonal & Communication Skills	PGY3
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 & good listening skills	All of the time Consistently and compassionately and explicitly serves as a role model for this behavior
Respectful communication with colleagues & other professionals	Careful and respectful communication with colleagues and other 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. Role model and teacher for these skills. Recognizes shortcomings in students and junior colleagues. Consistently respectful to other health professionals and to other services.
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	Always 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	All of the time at the manager level.
Can say: I always sit down to speak with my patients.	All of the time

Professionalism	PGY3
Altruism: patients needs above their own	All of the time is able to distinguish and prioritize patient needs. Always consider the well-being of patients and assures the highest level of care and commitment.
Confidentiality (including HIPAA)	Always considers confidentiality in all communications and settings. Aware of and abides by the regulations governing electronic communication and electronic medical records.
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. Inspires excellence in others
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including	All of the time

substance abuse & finances	
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	Advanced, especially with respect to the multidisciplinary ambulatory team and in the context of both the general clinic and the health assessment clinic (HAPS).

Systems-based Practice	PGY3
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 improvement	Integrates into all plans 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

Teaching Skills	PGY3
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.

Organization Skills	PGY3
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:

1. Function

- a. Successfully administer the following screening tools: Geriatric Depression scale, Montreal Cognitive Assessment, Tinetti gait and balance, Katz and Lawton ADLs and IADLs.
- b. Perform a successful history and physical on a patient with significant sensory impairment and/or cognitive or physical disability
- c. Recommend an appropriate level of care for a senior

2. Geriatric Syndromes

- a. Make a basic diagnosis of common dementias and initiate initial management.
 - b. Recognize markers of atypical dementia and appropriately refer
 - c. Recognize, evaluate and manage delirium
 - d. Make recommendations on how to reduce polypharmacy and increase compliance
 - e. Perform a basic fall assessment and make initial recommendations to reduce fall risk
 - f. Diagnose osteoporosis and recommend appropriate interventions
 - g. Assess simple wounds and implement basic wound care
 - h. Start a basic work-up for weight loss or “failure-to-thrive” and appropriate initial interventions
 - i. Make a preliminary identification as to the type of urinary incontinence and initiate a intervention trial
- 3. Age related Changes**
- a. Demonstrate appropriate adjustments in pharmacokinetics and sensitivity to side-effects when prescribing for an elderly patient
 - b. Order immunizations and appropriate health screening for seniors
- 4. Multidisciplinary Resources**
- a. Recognize the different forms of elder abuse and know how to report it.
 - b. Discuss with a patient or family advance directives appropriate for the setting of care along with the goals of treatment and type of care (curative, supportive, or palliative)
 - c. Lead an interdisciplinary team meeting
 - d. Perform a basic assessment of a patient’s capacity to make medical decisions
 - e. Recommend to a patient/family at least 2 community resources for a patient with cognitive, functional or sensory impairment

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
- Case base presentation by residents in conferences
- Interactions with community resources

IV. The responsibilities for PGY3 residents and attendings on this rotation

- PGY3 resident:
 - Interview, examine and participate in the care planning for patients assigned to them
 - Attend teaching rounds and didactic sessions
 - Attend multidisciplinary team meetings
 - Interact with community resources
- 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 resource readings

To be provided

VI. Key physical diagnosis skills

- Stage a pressure ulcer

- Recognize delirium
- Maneuvers to elicit stress incontinence
- Recognize suspicious physical signs of abuse or neglect
- Determine capacity to make decisions

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

- Simple bedside urodynamics
- Pap smear and pelvic exam for a disabled woman

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

- Geriatric Depression scale
- Montreal Cognitive Assessment 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

- Recommend an appropriate level of care for a senior
- Make a basic diagnosis of common dementias and initiate initial management and recognize markers of atypical dementia and appropriately refer
- Make recommendations on how to reduce polypharmacy and increase compliance
- Perform a basic fall assessment and make initial recommendations to reduce fall risk
- Diagnose osteoporosis and recommend appropriate interventions
- Assess simple wounds and implement basic wound care
- Start a basic work-up for weight loss or “failure-to-thrive” and appropriate initial interventions
- Demonstrate appropriate adjustments in pharmacokinetics and sensitivity to side-effects when prescribing for an elderly patient
- Order immunizations and appropriate health screening for seniors
- Recognize the different forms of elder abuse and know how to report it.

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)
Competency					
Patient Care	X	X		X	
Medical Knowledge	X	X		X	
Practice-based Learning	X	X		X	
Communication Skills	X				
Professionalism	X				
Systems-based Practice	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.

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