

# Geriatrics

## Legend for Educational Activities

FR – Faculty Rounds DSP – Directly Supervised Procedures FS – Faculty Supervision MR – Morning Report DPC – Direct Patient Care BRL --Board Review Lectures MJ – Medical Jeopardy	RR – Radiology Rounds EBM - Evidence Based Medicine M&M-Morbidity & Mortality DL- Didactic Lectures GR – Grand Rounds JC – Journal Club PC–Professionalism Curriculum
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## Legend for Evaluations

FE - Faculty Evaluations DSP – Directly Supervised Procedures ITE – In-Training Exam PDR–Program Director’s Review (twice annually) PR – Peer Review
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**Geriatrics is a 4 week rotation for PGY2 residents, offering experience both in the inpatient and sub-specialty clinic. The residents will be supervised by a board certified Physician on this rotation while providing consultative care to adult patients on General medicine wards, critical care units, including Oasis unit and hospice care and nursing home/rehab experience. One half day a week will be protected time for resident’s continuity clinic and one half day would be protected for Weekly Didactic lecture series where attendance is mandatory. The educational goals for this rotation are indicated for each of the six ACGME competencies.**

**A. Patient Care**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Perform an efficient, focused inpatient visit with an older patient, including appropriate interview, taking of medical history, and physical examination.	DPC	FE
2.	Ability to write concise, accurate and informative histories, physical examinations and progress notes.	DPC	FE
3.	Recognize, evaluate and initiate appropriate treatment for geriatric syndromes.	DPC, DL ,FR,	FE, ITE

4.	Promote wellness and maintenance of function in elderly patients, including direction of patients to community resources related to wellness.	DPC, FR	FE
6.	Appropriately prescribe medications in elderly patients.	DPC, FR, DL	FE, ITE
7.	Lead discussions of both general management and end-of-life issues with families.	DPC, FR	FE

### **B. Medical Knowledge**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of elderly patients.	DPC, FR, DL	FE, ITE
2.	Understand the concept of wellness and appreciate the important of maintenance of function in elderly patients.	DPC, FR, DL	FE, ITE
3.	Understand the important alterations in pharmacokinetics and pharmacological effect of medications in commonly prescribed for elderly patients.	DPC, DL	FE, ITE
4.	Familiarity with special features of diagnosis, interpretation of tests and management of illnesses in a geriatric population.	DPC, FR, DL	FE, ITE

### **C. Interpersonal Skills and Communication**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Communicate effectively with elderly patients and their families.	DPC, FR	FE
2.	Recognize and deal effectively with the communication challenges resulting from cognitive impairment in elderly patients.	DPC, FR	FE
3.	Communicate effectively with physician colleagues and other health care professionals to assure timely, comprehensive care for elderly patients at various levels of care.	DPC, FR	FE
4.	Present information concisely and clearly both verbally and in writing on patients.	DPC, FR	FE

### **D. Professionalism**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Interact professionally toward towards patients, families, colleagues, and all members of the health care team.	DPC, FR	FE
2.	Develop an appreciation of the social context of illness in the geriatric population.	DPC, FR	FE
3.	Know when and how to request ethics consultations, and how best to utilize the advice provided.	DPC, FR	FE

4.	Understand ethical concepts of confidentiality, consent, autonomy and justice regarding the elderly patient.	DPC, FR	FE
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**E. Practice-Based Learning and Improvement**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Identify and acknowledge gaps in personal knowledge and skills in the care of elderly patients.	DPC, FR	FE
2.	Develop evidence-strategies for filling gaps in personal knowledge and skills in the care of elderly patients.	DPC, FR	FE
3.	Commitment to professional scholarship, including systematic and critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information in light of the principles of evidence-based medicine.	DPC, FR	FE

**F. Systems-Based Practice**

	Educational Goals	Educational Activities	Evaluation Tools
1.	Understand and utilize the multidisciplinary resources necessary to care optimally for elderly patients.	DPC, FR	FE
2.	Collaborate with other members of the health care team to assure comprehensive care for elderly patients.	DPC	FE
3.	Use evidence-based, cost-conscious strategies in the care of elderly patients.	DPC, FR,DL, JC	FE
4.	Understand the full range of living options for elderly persons and the cognitive and functional abilities required for successful living in these various settings.	DPC, FR	FE
5.	Know when and how to request medical subspecialists regarding care of the elderly patient, and how best to utilize the advice provided.	DPC, FR	FE

<b>PGY2 Detailed Objectives</b>		
	Category	Subcategory
<b>I. Common Clinical Presentations</b>		Extensive understanding of full differential. Knowledge of the full w/u and ability to carry out a prioritized, cost effective w/u.
	Falls	
	Fever/Sepsis	Pneumonia
		UTI
	Altered mental status	
	Syncope	
	Failure to Thrive	Weight loss

		Functional decline
	Sudden Neurologic Deficit	Transient
		Persistent
<b>II. Physical Diagnosis (and History Taking)</b>		
	Mental Status	
		Cognitive Function
		Depression
	Social history	
		Living situation
		Social support
	Functional assessment	
		Basic ADLs
		Intermediate ADLs
		Advance directives
	Functional assessment	
	Gait and Balance Assessment	
	Healthcare maintenance	
		Screening
		Immunization history
	Orthostatic blood pressure and pulse	
	Skin evaluation	
		Pressure ulcer staging
	Dentition examination	
<b>III. Procedure Skills</b>		
<b>IV. Primary Interpretation of Tests</b>		
	Post-void residual	
	Bone density	
<b>VI. Clinical Conditions</b>		
	Delirium	
	Dementia	
	Depression	
	Agitation	
	Gait Impairment	
	Pneumonia	
		Community-acquired
		Aspiration
		Nosocomial
	Urinary tract infections and urosepsis	
	Chronic Wound Care	
		Vascular ulcers
		Pressure ulcers
	Hearing impairment	
	Vision impairment	
	Malnutrition	
	Orthostatic hypotension	
	Stroke	
		Transient
		Chronic Sequelae
	Anemia	
		Acute
		Chronic
	Renal Insufficiency	Acute

		Chronic
	Constipation	
	Diarrhea	
	Hip fracture	
	Osteoporosis	
	Urinary incontinence	
	Pneumonia	
	Weight loss	
	Pain	
	Cancer	Breast
		Prostate
		Lung
		GI
	<b>Miscellaneous</b>	
	Pain management	
	Rehabilitation	
		Physical therapy
		Occupational therapy
		Speech therapy
		Assistive devices
	Discharge Planning	
		Home Care
		Assisted Living
		Sub-acute care
		Long-term care
	Pharmacotherapy for the older patient	
	Pain management	
		Chronic
	Feeding Tubes	
		Temporary
		Permanent
	End of Life Care	
		Palliative Care
		Hospice Care

	Category	Subcategory
	<b>Geriatrics Additional Objectives:</b>	
	Diagnose apathetic hyperthyroidism.	
	Diagnose dementia with Lewy bodies.	
	Diagnose medication-related syncope.	
	Diagnose mild cognitive impairment.	
	Diagnose sensory impairment as a cause of dizziness and falls.	
	Identify decisional capacity.	
	Manage agitation in a hospitalized patient with dementia.	
	Manage dysphagia in an older patient.	
	Prevent dementia.	
	Reduce the risk of motor vehicle collisions in older drivers.	
	Screen for breast cancer.	
	Select an appropriate fall risk assessment tool.	

Treat footdrop.	
Treat atrial fibrillation with anticoagulation.	
Treat depression and associated weight loss.	
Treat insomnia.**	
Treat osteoarthritis.	
Treat urinary incontinence.**	