

University of Colorado and Denver VA Medical Center
Goals and Objectives for Residents on Geriatric Medicine Rotation
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Overview: The University of Colorado/Denver VA Medical Center Geriatric Medicine program adheres to the American Geriatrics Society's Guidelines for educational content pertaining to training programs in Geriatric Medicine.

I. Educational Purpose

A. Goals of rotation

1. Impact resident attitudes regarding caring for older adults
 - a. Patient Care: View geriatric patient care as challenging and rewarding.
 - b. Education: Understand that expertise in geriatric medicine includes a distinct knowledge base that requires a commitment to systematic and focused study beyond conventional training in a primary care specialty.
2. Increase resident knowledge of geriatric syndromes and principles of geriatric care, and enhance ability to provide excellent and appropriate care to older adults.

B. Specific learning objectives include:

1. Expand Knowledge Base: Develop a comprehensive knowledge of common geriatric issues and syndromes: cognitive impairment, falls/gait disorders, incontinence, polypharmacy, depression, delirium, pressure ulcers, driving, nutrition/weight loss, osteoporosis, pain management, palliative/end of life care and other unique aspects of caring for a wide range of geriatric patients.
2. Physiology of aging: Acquire a broader knowledge of usual physiologic changes associated with aging.
3. Patient care skills: Demonstrate ability to manage frail elderly patients with complex problems emphasizing:
 - a. Proper role of geriatric assessment that includes evaluation of functional status and psychosocial issues;
 - b. Judicious use of medications;
 - c. Working effectively as a member of an interdisciplinary team;
 - d. Communicating effectively as a consultant, and;

- e. Managing elderly patients in various settings (eg, hospital, nursing home, hospice, clinic, homebound status, etc.)
- 4. Increase understanding of different systems/approaches involved in the care of the elderly.
 - a. Medicare/Medicaid
 - b. Assisted Living
 - c. Nursing Home Care
 - d. Alternative approaches (eg, Total Long Term Care)

II. Teaching Methods

A. Patient Based Education

1. Inpatient consultation (no more than 50% of clinical rotation time). Will include attending physician led team rounding on elderly hospitalized patients, multidisciplinary team meetings (occupational and physical therapists, RN, dietitians, pharmacists, MSW, mental health providers), and interaction with surgical and medical inpatient services.
2. Geriatric Evaluation and Management (GEM) Unit. Based at the Denver VA Medical Center, residents will oversee transfer and continued care of patients from acute inpatient setting to subacute skilled nursing GEM unit. Focus on GEM unit is continued efforts to optimize medical care combined with rehabilitation and psychosocial interventions to allow patient discharge to least restricted environment (ideally to home).
3. Ambulatory Clinics. Medicine residents will see patients at both University and VA Medical Center Geriatric Medicine clinics, staffed by board certified geriatricians. Residents will also have exposure to geriatric care in ambulatory setting with community providers and at the Denver City Hospital (Denver Health Medical Center)
4. Other settings. Residents will also see elderly patients, staffed by attending physicians, in the following settings:
 - a. Community nursing homes – both long term and skilled nursing home patients
 - b. Home setting – home visits will be made through the VA Medical Center Home Based Primary Care Program
 - c. Hospice – visit to inpatient hospice
 - d. Total Long Term Care Program (PACE site) visit

B. Didactics

1. Daily core topic lectures (please see sample monthly schedule for topics covered)

2. Geriatric Grand Rounds. Residents will attend these sessions offered every other Thursday.
3. Geriatric Journal Club – residents will attend 2nd Thursday of the month
4. Geriatric Research Conference – residents will attend 4th Thursday of the month
5. Resident led didactic – residents give a talk on a topic of their choice to the team during their month on service.

III. Clinical Experiences

- A. Mix of diseases. Conditions seen will include common primary care problems in older adults (e.g., diabetes, hypertension, cardiac and pulmonary disease) and common geriatric syndromes (e.g., cognitive impairment, delirium, falls, incontinence, depression, behavioral problems, functional decline/failure to thrive).
- B. Patient characteristics/types of clinical encounters. Patients will be seen in diverse settings as described above. Medicine residents will have exposure to older patients with health status ranging from robust to frail to end of life.
- C. Procedures/services – geriatric clinics are staffed by multidisciplinary care team members that include pharmacists, MSW, psychologists, and RNs.

IV. Learning Resources

- A. Reading list and collection of articles pertaining to care of older adults is provided to all residents on the 1st day of the rotation.
- B. “Geriatrics at Your Fingertips” reference book is provided to all residents

V. Method of Evaluation of Resident Competence

- A. Residents – objectives are reviewed and residents complete a pre-rotation test of geriatric medicine knowledge (based on learning objectives) on 1st day of rotation. A post-rotation test (again based on learning objectives) is administered at the end of the rotation. A geriatric medicine faculty member reviews this patient case-centered test with the residents.
- B. Faculty/Rotation – residents complete evaluations after each morning didactic session as well as completing an evaluation of the rotation as a whole at the end of the month. Attending faculty reviews resident performance with verbal and written evaluations.

VI. Rotation Specific Competency Objectives

- A. Patient Care
 1. Diagnose and understand the management of common problems in older adults.

2. Develop and prioritize differential diagnosis and appropriate evaluation of medically complex and/or frail elderly patients.
3. Conduct appropriate history and physical exams in medically complex/frail elderly patients.
4. Understand role of, and perform, geriatric assessments.
5. Develop treatment plans that include patient and/or family preferences.

B. Medical Knowledge

1. Residents will be expected to demonstrate satisfactory understanding of the content areas listed under I. B. 1 above.

C. Practice-Based Learning and Improvement

1. Understand and use evidence-based medicine pertaining to care of the elderly
2. Demonstrate independent self-learning and self-evaluation by showing progressive improvement in geriatric patient care skills

D. Interpersonal and Communication Skills

1. Communicate effectively with members of IDT (RN, MSW, Therapy, Pharmacy, RD, mental health providers, Geriatric attending and physician colleagues).
2. Communicate well with elderly patients, including discussing diagnoses and providing appropriate and effective counseling to patients (and their families)
3. Demonstrate listening and ability to pick-up verbal and non-verbal clues from patients (and members of IDT).

E. Professionalism

1. Demonstrate appropriate professional behavior in all clinical and academic settings, aspects of which include: dress, punctuality, honesty, courtesy, responsibility and timeliness of discharge summaries.
2. Demonstrate adherence to professionalism and learning objectives of the rotation through on time and consistent attendance at educational activities.

F. System-Based Learning

1. Integrate office and facility protocols and systems to optimize patient care
2. Understand and effectively utilize other disciplines in patient care
3. Facilitate curricular development by providing feedback and assisting problem solving in constructive fashion.