Geriatric Medicine Goals and Objectives
PGY – 3

Rotation Description

PGY 3 residents on this 4 week rotation will develop the skills to evaluate, diagnose and manage a variety of Geriatric syndromes. The purpose of this rotation is to provide formal training in geriatric medicine to the UCR Family Medicine resident, and to introduce him/her to the skills needed to provide high quality acute, chronic, and preventive care to older adults. The resident will develop the necessary knowledge, skills and attitudes to ensure expertise as an internal medicine physician with responsibility for health care of an older person.

The depth of experience for each resident during this rotation is structured to meet their practice needs and will occur in the Geriatric Clinic, Dementia Clinic, Nursing home, patient’s Home, in the Hospital, and through Geriatric consultations. Residents will also obtain substantial additional Geriatric knowledge and experience through a longitudinal experience in the family medicine center, on their family medicine inpatient service, Nursing home, internal medicine rotations and weekly didactic lectures/workshops.

Goals:

1. Incorporate a basic working knowledge of aging physiology and pharmacotherapy to evaluate and manage syndromes or diseases unique to or more common in older persons.
2. Improve skills in taking sensitive and focused history and physical examinations in older patients, and learn how to use the observations of patients' families and significant others in patient care and management.
3. Develop an understanding of common geriatric assessment tools.
4. Recognize the importance of working collaboratively with an interdisciplinary health care team.
5. Develop physician skills in working effectively with other community resources dedicated to the care of older patients in all settings.
6. Practice the use of evidence-based medicine in the evaluation and management of complex older patients (see supplemental material).
   a. The residents will be able to develop a clinical problem into an answerable clinical question.
   b. The residents will understand the principles of applying evidence to the care of very old, medically complex, functionally disabled, and cognitively impaired patients.
Objectives:

**Patient Care**

1. Become proficient in the history and examination of geriatric patients in the inpatient, outpatient medical and nursing home settings.
2. Effectively manage a variety of common geriatric syndromes.
   a. Acquire effective exam skills targeted at the diagnosis and management of common geriatric syndromes.
   b. Evaluate and incorporate cognitive, psychosocial, and functional status into the overall assessment of the older patient.
   c. Understanding the role of functional assessment and use of standardized tools including Mini Mental State Exam, Montreal Cognitive Assessment, Patient Health Questionnaire-9, Index of Activities of Daily Living and Geriatrics Health Questionnaire.
   d. Evaluate mobility, gait and balance.
   e. Evaluation of the appropriate use of assistive devices.
3. Acquire the necessary skills to achieve proficiency in managing both acute and chronic conditions in the elderly.
4. Cares for patients with chronic conditions including geriatric syndromes seen in primary care setting:
   a. Identifies risk factors for common geriatric syndrome such as fall, osteoporosis and frailty.
   b. Identifies patient at high risk for abuse.
   c. Manages patients with dementia, parkinson’s, urinary incontinence appropriately.
   d. Recognize problems related to pharmacotherapy such as adverse drug reactions, polypharmacy, and non-compliance.
   e. Screen for depression, hearing and vision impairment
   f. Nutritional needs of older persons, including recognition and managing of malnutrition.
5. Effectively manage a variety of acute geriatric disease seen in inpatient setting:
   a. Identify patient at risk for delirium, also diagnosing and managing delirium.
   b. Manages patients with malnutrition and decubitus ulcer.
6. Cares for patients with chronic deconditioning including seen in long term care setting:
   a. Manages patients with PEG tube feeding, chronic foley, immobility and pressure ulcers appropriately.
   b. Acquire the skills to develop rehabilitation plan
   c. Adapt management techniques to the preferences and capabilities of older patients and their families.
7. Partners with patients, family’s, and community to improve health through disease prevention and health promotion
   a. Effectively communicates lifestyle changes that affect patients condition
b. Collaborates with the patient and family regarding the plan of care
c. Effectively communicates diagnosis and prognosis
8. Communicate with older patients and their families utilizing effective, compassionate, and respectful interpersonal skills.
a. Discuss goals of care, Code status, DPOA and POLST form.
b. Recognize the prevalence of caregiver stress and know the techniques/interventions necessary to manage this crucial aspect of geriatric care.
9. Utilize appropriate technology while encompassing an awareness of the limits of these interventions on light of individual patient values.
10. Collaborate with other health care team members in the assessment, implementation, and evaluation of care.
11. Make appropriate referrals to community resources.
12. Maintain effective communication with community resources on behalf of the patient and his/her family.

Medical Knowledge

1. Able to demonstrate understanding of age-related changes in epidemiology of diseases, presentation of illness, pharmacokinetics and pharmacodynamics.
2. Understand the normal anatomy and physiology of aging and to distinguish normal from pathological aging.
3. Able to conduct of comprehensive geriatric assessment.
4. Demonstrate an understanding of the diagnosis, treatment, rehabilitation and convalescence from common geriatric diseases and syndromes such as cognitive impairment, delirium, depression, urinary and fecal incontinence, syncope, balance disorders, falls, balance disorder, fractures, immobility, pressure ulcers, syncope, Parkinson’s disease and movement disorders, iatrogenesis and sensory impairment.
5. Interpret findings based on an understanding that disease presentation in older patients may differ from younger patients.
6. Recognize the need to modify the history and physical based on knowledge of sensory deficits and functional limitations
7. Understand the psychosocial impact of geriatric disorders on the patient, including advanced directive, assistive devices, driving, financing care and home health care.
8. Understand principles of biomedical ethics, including an understanding of capacity, autonomy and advance directives.
9. Understand the differential diagnosis, diagnostic approach (including history, physical exam, laboratory and imaging assessments, and clinical reasoning) and management of patients with common diagnosis in geriatric clinic, hospital and nursing home settings including: dementia, delirium, depression, fall, unsteady balance, urinary incontinence, frailty, deconditioning, weight loss, diabetes mellitus, hypertension, osteoporosis, syncope, Parkinson’s disease, pressure ulcers, sleep disturbances, visual and hearing impairment.
10. Understand the principles of fitness, exercises and rehabilitation as applied to older people.
11. Understand the principle of house calls and coordination of home care.
12. Appreciate the roles of all elements of an interdisciplinary team.
13. Distinguish the roles and responsibilities of other team members, e.g., nursing, social work, physical therapy, nutrition, pharmacy.
14. Understand the roles and responsibilities of resources available through community agencies such as visiting nurses, home health aides, home delivered meals, and adult day care.
15. Know cost/reimbursement issues.
16. Know health promotion and disease prevention strategies in older patients.

**Interpersonal and Communication Skills**

1. Develops meaningful, therapeutic relationships with patients and families.
   a. Creates a non-judgemental and safe environment for patients.
   b. Respects patients autonomy in their health care decisions.
2. Demonstrates effective communication with patients, families, and the healthcare team.
   a. Participates in goals of care and end of life care discussions.
   b. Participates in family meeting to discuss patients condition, prognosis and treatment plan.
   c. Engages patients perspective in shared decision making.
3. Effectively communicating and working collaboratively with all staff including resident physicians, attending physicians, specialists and hospital personnel in a way that fosters mutual respect and effective patient care.
   a. Maintain accurate medical records regarding patient encounters including procedures and consults.

**Practice-Based Learning and Improvement**

1. Locates, appraises, and assimilates evidence from scientific studies related to the patients’ health problems
   a. Utilizes the best evidence in caring for geriatric patients in the nursing home, hospital or outpatient settings.
   b. Critically evaluates information from others, including colleagues, experts, pharmacists, caregiver or family members.
   c. Formulates a searchable question from a clinical scenario.
   d. Learn how to critically evaluate literature about current geriatric condition.
2. Demonstrates self-directed learning
   a. Uses information technology to manage and retrieve information about geriatric medicine and support own education.
   b. Uses feedback to improve learning and performance
   c. Applies medical knowledge learned in geriatric clinic, home visit and inpatient setting to own continuity patients and disseminate the learned information to others to facilitate learning.
3. Improves systems in which the physician provides care
   a. Able to implement changes in patient care based on new information obtained from attending rounds, lectures, clinical experience, review of the literature, office experience and other sources.

**Professionalism**

1. Completes a process of professionalization
   a. Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity when dealing with patients.
   b. Dress appropriately and maintain good personal hygiene in accordance with hospital policy
2. Maintains emotional, physical, and mental health; and pursues continual personal and professional growth
   a. Maintain patient privacy adhering to standards set forth by HIPAA.
   b. Recognizes fatigue, sleep deprivation and impairment
3. Demonstrates professional conduct, accountability and good work habits
   a. Recognizes the importance of timeliness, efficiency, and punctuality.
4. Demonstrates humanism and cultural proficiency
   a. Recognizes impact of culture on health and health behaviors
   b. Consistently demonstrates compassion, respect and empathy.
   c. Shows sensitivity and responsiveness to patients’ and families’ culture, race, gender, sexual orientation, age, socioeconomic status and physical or mental disabilities.

**Systems-Based Practice**

1. Emphasizes patient safety for geriatric patients
   a. Verifies patient identification with at least 2 identifiers
   b. Recognizes the mechanisms that result in medical errors
2. Provides cost-conscious medical care
   a. Demonstrates an awareness of and responsiveness to the larger context and system of health care
   b. Gains an understanding of procedure coding and basic insurance reimbursement for common geriatric conditions and end-of-life care.
   c. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on resources to provide optimal care to geriatric and nursing home patients.
3. Coordinates team based care
   a. Appropriately utilizes consultation and referrals to specialists in the management and co-management of geriatric conditions or concerns.
   b. Is aware of the hand-off process for transitions of care
Syllabus

1. Normal underlying physiologic changes due to aging in the various body systems
   a. Diminished homeostatic abilities
   b. Altered metabolism and effects of drugs
   c. Physiology of aging in various organ systems
2. Normal psychological, social, and environmental changes of aging
   a. Reactions to common stresses such as retirement, bereavement, relocation, and ill health
   b. Changes in family relationships that affect health care of the elderly
3. Unique modes of presentation for care, including atypical presentations of specific diseases in elderly patients
4. Risks and adverse outcomes in geriatric care
   a. Polypharmacy
   b. Iatrogenic illness
   c. Immobilization and its consequences
   d. Over-dependency.
   e. Inappropriate institutionalization
   f. Non-recognition of treatable illness
   g. Over-treatment
   h. Inappropriate use of technology
   i. Unsupported family
   j. Nutrition and Peg Tube feeding
   k. Pre-/Peri-operative Assessment
5. Means for promoting health and health maintenance through screening for and assessment of risk factors
6. Services available to promote rehabilitation or maintenance of an independent lifestyle for elderly people, thus increasing their ability to function in their existing family, home, and social environments
7. Indications and benefits of the house call in the assessment and management of elderly patients
8. Characteristics of the various types of long-term care facilities and alternative housing available to the elderly
9. Specific regulations for patient care in long-term facilities
10. Financial aspects of health care of the elderly understanding local, state, and federal programs that assist the elderly to finance the cost of their health care
11. Means to actively promote health in the elderly through exercise, nutrition, and psychosocial counseling
12. Elder abuse and neglect
13. Community resources, including those used to help patients maintain independence
14. Evaluation of the functional status of the elderly patient
15. Problems that are characteristic of older patients or that differ significantly in presentation and / or management in order adults
   a. Special senses: hearing and vision loss, speech disorders, taste, vestibular, and proprioceptive.
b. Respiratory: pneumonia and other respiratory infections  
c. Cardiovascular: hypertension, atrial fibrillation, congestive heart failure, myocardial infarction, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, and postural hypotension  
d. Oral Conditions: caries, periodontal disease, tooth loss and denture care, oropharyngeal cancers, and oral-systemic linkages  
e. Gastrointestinal: dentition problems, acute abdomen, malnutrition, constipation, and fecal impaction  
f. Genitourinary: incontinence, urinary tract infections, bacteriuria, and sexual dysfunction  
g. Musculoskeletal: degenerative joint disease, fractures, contractures, osteopenia/osteoporosis, podiatric problems, falls, decubiti, and pressure ulcers  
h. Neurological: delirium, dementia (e.g. Alzheimer’s disease), altered mental status, dizziness, tremor, memory loss, gait disorders, and sleep disorders  
i. Metabolic: dehydration, diabetes, hypothyroidism, medication-induced illness, malnutrition, anemia, hypothermia, and malignancies  
j. Psychosocial: abuse (physical, financial, and psychological), alcoholism and other substance abuse, grief reactions, depression, psychological effects of illness, pain, terminal care, malnutrition, and failure to thrive  
k. Dermatologic: xerosis, cutaneous neoplasms, skin manifestations of internal illness, blistering diseases, and environmental and traumatic lesions  

Assessment:

1. Assessment by the Geriatrician on a daily basis through direct observation in clinic, nursing home and inpatient settings.  
2. Formal evaluation at the completion of the rotation by the Geriatrician.  

Resources:

7. AGS Geriatric care online
   http://geriatricscareonline.org
8. AGS and Journal of the American Geriatrics Society
   http://www.americangeriatrics.org
   http://www.aafp.org/afp/2013/0915/p388.html
12. AGS Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2012)
11. AGS Geriatric care online
   http://geriatricscareonline.org

**Block/Week Schedule:** PGY 3 residents.

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| **AM**| Continuity Clinic       | Adult Mental Health Services – Blaine Street Clinic
  Starts at 9:00am | **Dementia Clinic**          | Continuity Clinic      | **Geriatric Clinic** |
| **PM**| Continuity Clinic       | Geriatric Clinic             | Continuity Clinic    | FM Lectures          | Home Visit/
                              |                               |                      |                      | Practice Management/   |
                              |                               |                      |                      |                      | Phone Visits           |