

Geriatrics Curriculum

Goal

Competency in clinical geriatrics involves recognizing the difference in presentation of disease and the importance of maintaining functional independence in elderly patients. With increasing age, presentations of disease become less classic and are often muted, and timely recognition requires attentiveness to subtle signs. Appropriate management requires a balance of patient observation, judicious diagnostic intervention, and acceptance of limits as defined by the patient. Effective management of problems may be complex and may necessitate an interdisciplinary approach that takes social support into account. Medical and psychological problems, acute and chronic, frequently co-exist.

Rotation on the medical ward service, in general medical clinic and on the geriatrics rotation will provide training for the resident to develop the unique competencies necessary to diagnose and manage common clinical problems in the elderly. He or she should be able to (1) communicate effectively with older adults, (2) rapidly and accurately assess the functional, cognitive and affective status of elder adults, (3) recognize risk factors for functional decline, including undiagnosed medical comorbidities, cognitive and affective problems, and social issues, (4) become proficient in the multidisciplinary approach to managing elderly patients with multiple medical problems, (5) gain experience in providing care in the nursing home and home care settings, and (6) recognize when not to treat.

Objectives

Patient Care

- I. Provide patient care that is compassionate, appropriate and effective for the treatment of geriatric patients.

Medical Knowledge

- I. Develop the knowledge and skills to obtain an appropriate history on elderly patients with sensory deficits and a wide variety of chief complaints.
 - a. Perform a comprehensive geriatric assessment using standardized questionnaires to evaluate activities of daily living (ADL's and IADL's), cognitive function (MMSE), psychosocial health (geriatric depression scale), and fall risk.
 - b. Obtain additional history from caregivers.
- II. Develop the knowledge and skills for performing and interpreting a focused, efficient physical exam on elderly patients with systemic illness.
- III. Develop an approach to elderly patients that present with the following common complaints:
 - change in affect (depression, mania)
 - change in cognition

- dizziness
- failure to thrive
- falls, postural instability or gait disorders
- fecal obstipation or incontinence
- immobility
- inability to feed or take care of oneself
- inadequate home support
- loss of hearing or vision
- lower extremity edema
- neurobehavioral disorders (agitation, psychosis, anxiety)
- pain
- polypharmacy
- pressure sores
- sleep disorders
- suspicion of elder mistreatment
- syncope
- urinary retention or incontinence
- weight loss

- IV. In addition to the wide variety of acute and chronic illnesses seen in the general inpatient medicine population, the resident should recognize risk factors, symptoms and signs, differential diagnosis and management of the following diseases:
- a. age-related macular degeneration
 - b. cataracts
 - c. coronary artery disease
 - d. dementia
 - e. glaucoma
 - f. osteoarthritis
 - g. osteoporosis
 - h. Parkinson's disease
 - i. sensorineural hearing loss
 - j. stroke and transient ischemic attack
 - k. temporal arteritis
 - l. urinary tract infection
- V. Understand the physiological changes associated with normal aging.
- a. Recognize the differences between recommended preventive care practices in older patients and younger adults.
 - b. Understand the alterations in pharmacokinetics, bioavailability and drug-drug interactions in medications commonly prescribed for older patients.
- VI. Recognize the importance of multidisciplinary daily discharge rounds.
- a. Identify risk factors for readmission, such as poor home support, lack of ability to care for self, lack of assist devices at home, dementia, and multiple medical or psychiatric comorbidities, and work with social services, case managers and home

- services to address these needs.
 - b. Recognize alternative options to an acute hospital stay, including home infusion therapy, home care with support of VNA; assisted living, subacute nursing facility, acute rehabilitation unit, chronic care facility, or hospice.
 - c. Ensure patients have necessary home equipment, prescriptions and follow-up appointments at discharge.
- VII. Become competent in the care of the dying patient.
- VIII. Understand appropriate use and interpretation of diagnostic studies, including:
- a. complete blood count with indices
 - b. chemistries
 - c. westergren sedimentation rate
 - d. thyroid function tests
 - e. urodynamic testing and cystometry
 - f. measurement of intraocular pressure
 - g. audiology
 - h. neuropsychiatric testing
 - i. videofluoroscopy for swallowing problems
 - j. arterial brachial index
 - k. temporal artery biopsy
- IX. Develop competence in the following procedures:
- a. cognitive assessment
 - b. evaluation of decision-making capacity
 - c. functional assessment
 - d. gait assessment
 - e. home safety assessment
 - f. motor vehicle driving assessment
 - g. discharge needs assessment
 - h. rectal disimpaction

Practice-Based Learning and Improvement

- I. Be able to access clinical practice guidelines to help improve patient care.
 - a. American Geriatrics Society - www.americangeriatrics.org/products/positionpapers/
- II. Perform independent research for evidence-based practice to answer specific clinical questions arising from patient care.
- III. Review patient care errors with attention to changes in systems to prevent recurrence
- IV. Recognize the differences among living wills, advanced directives and durable power of attorney for health care.
- V. Utilize information technology to enhance patient education.

Interpersonal and Communication Skills

- I. Communicate with older patients with sensory impairment or dementia and their caregivers in an effective, compassionate manner to improve understanding and compliance.
- II. Identify advance directives and when unavailable, work with primary care physician, patient and family to clarify patient's wishes.
- III. Understand the significance of medical power of attorney.
- IV. Ensure charting is legible, thoughtful, complete and timely to facilitate communication within the health care team.

Professionalism

- I. Act as a team leader to address multiple facets of care in the elderly patient.
- II. Understand impact of progressive loss of independence on patient and family
- III. Understand how to inform patients regarding the natural history of their disease and risks and benefits of proposed therapies.
- IV. Understand appropriate indications for "comfort care" and "DNR" code status and meaning of medical futility.
- V. Provide meaningful feedback to colleagues and students regarding performance and behavior.

Systems-Based Practice

- I. Communicate with primary care physician to effectively transition patient care to the outpatient setting.
- II. Interact with home nursing, social workers, public health nurses, psychiatric case workers, and billing coordinators to optimize care.
- III. Develop skills in identifying opportunities for quality improvement, risk management and cost-effectiveness within the hospital.
- IV. Recognize the differences among Medicare and Medicaid entitlements for older patients.
- V. Become familiar with hospice benefits.
- VI. Understand the impact of the physical environment on the health of older patients.

Teaching Methods

- I. Attending supervision of resident activities in patient care
- II. Teaching rounds
- III. Conferences
 - a. morning report
 - b. noon conference
 - c. morbidity and mortality conference
 - d. monthly subspecialty conferences
 - e. journal club
- IV. Recommended reading

Resident Evaluation

- I. Attending feedback to residents on strengths and weaknesses throughout the rotation
- II. Attending written evaluation of residents at the end of the rotation
- III. Mini-CEX bedside evaluation tool
- IV. Completion of 100 questions from Case Based Geriatrics Review (below)

Resources

MKSAP

Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine

American Geriatric Society's Geriatrics at Your Fingertips

American College of Physician's Medical Care of the Nursing Home Resident – What Physicians Need To Know

Case Based Geriatrics Review: 500 Questions and Critiques from the Geriatrics Review Syllabus

On-line Resources

- UptoDate
- MDConsult
- American Geriatrics Society -
www.americangeriatrics.org/products/positionpapers/

Residents should review Annals of Internal Medicine for recent Updates in Geriatrics section as well as ACP journal club for pertinent articles.