

CURRICULUM for GERIATRICS

Geriatrics will be comprised of two two – week rotations. The first block will ideally occur during the PGY-1 year and the 2nd block in the PGY-2 or PGY-3 year.

Geriatrics I :

Purpose: Introduces the resident to the principles of subspecialty geriatrics and the role of the Geriatrician as a consultant.

Objectives:

1. Demonstrates proficiency in a complete History and Physical including elements specific to the elderly patient. (*patient care and medical knowledge*)
2. Recognizes Delirium (*medical knowledge*)
3. Lists the types of dementia and states 2-3 distinguishing characteristics of each type (*medical knowledge*)
4. Identifies various geriatric syndromes when they are present (*medical knowledge*)

Topics covered:

| | |
|------------|----------------------------------|
| Delirium | Principles of Geriatric Medicine |
| Dementia | Systems of Care |
| Syncope | Geriatric Assessment |
| Falls | Wound Care |
| Frailty | |
| Depression | |

Structure: The resident will work with attending Geriatricians performing consults in both the inpatient and outpatient setting.

During **week 1** the resident will spend one day observing consults from start to finish as preformed by a geriatric specialist.

The resident will, under the direct observation of the Geriatrician, learn the skills needed to complete a full Geriatric History and Physical. The resident will complete a mini-CEX in each of the following areas: History taking; Physical Exam; Cognitive testing; and Geriatric Review of Systems (*patient care, medical knowledge, interpersonal communication, professionalism*)

In **week 2**, the resident will perform H&Ps independently and will be asked to write up and present a consult including their Assessment and Plan. They are required to begin to identify geriatric syndromes and formulate recommendations to address these syndromes. (*patient care, medical knowledge*)

A sample schedule:

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------------|-------------------------------------|------------------------------------|-----------------------------|--------------------------|---|
| GERI 1 (INTERN) | CONSULTS GAP | CONSULTS GAP | CONSULTS GAP | GAP CONSULTS | READING CONSULTS |
| GERI 2 | ECF- MITHIL/VIVIAN HV-BEA | ALF-VIVIAN HV/WOUNDS- MARINA | HV-MITHIL ECF-MARINA | HV-VIVIAN READING | ALF- VIVIAN/MITHIL ECF-MARINA |

Additional assignments

Reading: The resident is expected to read a minimum of 3 articles during each week of the rotation. There will be one half day set aside for reading. By the completion of this rotation, the resident will have read at least **6 articles**. These articles are contained in an on-line Geriatric Syllabus. Additional reading pertinent to cases is encouraged but not required. (*medical knowledge, practice based learning*)

Didactics: There are weekly lectures on either Wednesday or Thursday as part of the on-going lecture series for the Geriatric Fellowship. Residents are expected to attend the schedule didactic sessions that are being held when they are on the rotation. Any residents may join us for lectures at any time during the year.

Journal Club: The section of Geriatric Medicine holds a monthly Journal Club. If this falls during the resident's rotation, they will be asked to prepare and participate in the journal presentations. (*medical knowledge, practice based learning*)

Cases: The resident is asked to present **2 cases** based on patients they evaluated. They are to use the case to identify a geriatric syndrome from the list provided below, and using the case as a starting part, they will discuss with the attending 3-5 learning points or "Geriatric Pearls" that will help them care for elderly patients in the future. (see attached page for case example) (*patient care, medical knowledge, practice based learning*)

Geriatric Syndromes/ Topics for Geriatrics I:

- Delirium
- Dementia
- Syncope
- Falls
- Fraility
- Depression

Portfolio: At the end of the rotation, the resident will present a completed portfolio to the evaluating MD. This portfolio will contain:

- 2 completed cases**
- 5 Mini-CEX**
- Checklist of 6 completed required readings**

Evaluation: Each rotation will have an attending assigned to the task of evaluation and rotation review. This attending will review the portfolio and complete the evaluation. During this exit interview, residents will receive a formative evaluation of their skills and areas for improvement. The E-value evaluation will be reviewed and the resident will be given their final grade. On going feedback will be given at the end of each session during the rotation and each mini-CEX will be reviewed with the fellow at the time of observation.

Geriatrics II:

Purpose: Designed for the resident who has already completed Geriatrics I, this rotation introduces the resident to the principles of primary care geriatrics and alternate sites of care. Residents in this rotation will have the opportunity for more independent practice under the supervision of a Geriatrician

Objectives:

1. Recognizes the challenges of transitions of care between various sites (*systems based care, medical knowledge, patient care*)
2. Identifies various alternate sites of long term care (*systems based care, medical knowledge, patient care*)
3. Discusses payer sources for care in various sites of long term care (*systems based care, medical knowledge, patient care*)
4. Identifies various geriatric syndromes when they present (*medical knowledge, patient care*)

Topics covered:

| | |
|--------------------------|----------------------------|
| Transitions of care | Systems of care |
| Urinary Incontinence | Osteoporosis |
| Constipation | Depression |
| Frailty/FTT | Wound Care |
| Screening and Prevention | Palliative Care |
| Dementia | Functional loss/disability |

A sample schedule:

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------------------|---------------------------------|------------------------------------|-------------------------|----------------------|-------------------------------------|
| GERI 1 (INTERN) | CONSULTS GAP | CONSULTS GAP | CONSULTS GAP | GAP CONSULTS | READING CONSULTS |
| GERI 2 | ECF- MITHIL/VIVIAN HV-BEA | ALF-VIVIAN HV/WOUNDS- MARINA | HV-MITHIL ECF-MARINA | HV-VIVIAN READING | ALF- VIVIAN/MITHIL ECF-MARINA |

Additional assignments:

Reading: The resident is expected read a minimum of 3 articles a week during the rotation. There will be one half day set aside for reading. By the completion of this rotation, the resident will have read **6 articles**. These articles are contained in an on-line Geriatric Syllabus. Additional reading pertinent to cases is encouraged but not required. (*medical knowledge, practice based learning*)

Cases: The resident is asked to present **2 cases** based on patients they evaluated. They are to use the case to identify a geriatric syndrome from the list provided below, and using the case as a starting part, they will discuss with the attending 3-5 learning points or "Geriatric Pearls" that will help them care for elderly patients in the future. (see attached page for case example) (*patient care, medical knowledge, practice based learning*)

Geriatric Syndromes/ Topics for Geriatrics II:

| | |
|--------------------------|----------------------------|
| Urinary Incontinence | Osteoporosis |
| Constipation | Depression |
| Frailty/FTT | Wound Care |
| Screening and Prevention | Palliative Care/Hospice |
| Dementia | Functional loss/disability |

Morning Report:

Based on an interesting case, the resident will present a 1 hour long morning report presentation to their fellow residents. The presentation should be centered around a case, and discuss a topic of interest to the resident. The presentation should be designed to be informative and interactive. The purpose of this assignment is to give the resident an opportunity to learn about speaking to a larger audience. **The presentation must be submitted to the supervising Geriatrician 2 days prior to the presentation for review and feedback.** Additional feedback will be provided to the resident in private at the completion of the presentation (*medical knowledge, interpersonal communication*).

Portfolio: At the end of the rotation, the resident will present a completed portfolio to the evaluating MD. This portfolio will contain:

2 completed cases
Checklist of 6 completed readings
Copy of slides from morning report

Evaluation: Each rotation will have an attending assigned to the task of evaluation and rotation review. This attending will review the portfolio for completeness and will complete the evaluation. During this exit interview, residents will receive a formative evaluation of their skills and areas for improvement. The E-value, evaluation will be reviewed and the resident will be given their final grade.

SAMPLE PORTFOLIO CASE:

Geriatric Syndrome: Weight Loss

Case: 87 year old gentleman presented to the hospital with severe Aortic Stenosis and rapid atrial fibrillation. Geriatrics was asked to provide a consult addressing depression. The patient had lost his wife 6 years prior and became increasingly depressed. He stopped all his medications hoping to die. In the past 2 months he started to feel like he should start his medications again, however he started getting sicker and eventually came to the hospital. He had lost about 50 pounds in the past 2 years. When asked about his appetite, he responded that food just didn't taste very good anymore and he had no desire to eat. He was no longer driving but his family was bringing him meals and groceries but they were not eating with him. Physical Exam revealed a blood pressure of 98/60, HR 110. MMSE 30/30, GDS 9/15. He had temporal muscle wasting. His O/P and palate were coated with white adherent patches, his abdomen was soft. Albumin 2.3, prealbumin 13.8, low iron and B12 levels and anemia.

Plan:

Weight loss multi-factorial. We started Lexapro 10 mg to treat depression, Diflucan pill and Nystatin Swish and Spit for the thrush, and recommended screening for cancer including colonoscopy and PSA. We started him on Iron and B12 and rec. Ensure supplements.

Learning Points:

- 1) Most weight loss in the elderly is related to psychosocial factors rather than organic causes. Although it is important to complete a full medical evaluation and screening for routine cancers, a good social and functional history including finances and access to food is crucial.
- 2) An oral exam is especially important in the older person with weight loss to evaluate for thrush, dental abscesses, oral ulcers, poorly fitting dentures, or other oral pathology.
- 3) Weight-loss leading to malnutrition has a high morbidity and mortality; low albumin levels have an independent association with increased mortality.

Discussion with attending about vitamin deficiencies and malnutrition might occur.

Grading for Portfolio Cases:

Unsatisfactory: not completed or very vague. Includes blanket statements with little meaningful content such as “weight loss is common in the elderly” or “The Differential Diagnosis for weight loss is broad”

Satisfactory: completed with 3 meaningful learning points but struggles to discuss topics in further depth. Exhibits reading of basic syllabus only.

Excellent: completed with 3 meaningful learning points and is able to have a more detailed discussion with the attending. Displays additional reading outside of the required syllabus.