

**UNIVERSITY OF OKLAHOMA
COLLEGE OF MEDICINE
DEPARTMENT OF INTERNAL MEDICINE
SECTION OF GERIATRICS**

RESIDENT EDUCATIONAL CURRICULUM IN GERIATRICS

GERIATRICS

Overview



Geriatrics is offered in the PGY-2 and PGY-3 year of training and is required for all categorical residents. Residents have the opportunity to attain competency in geriatric medicine through various venues including in-patient care, the outpatient geriatric clinic, hospice/palliative care, and the long term care setting.

Competency in clinical geriatrics involves recognizing the difference in presentation of illness and assessing functional outcomes. It is important to focus on functional independence in elderly patients as a target goal. With increasing age, presentations of disease become less typical. Timely recognition of changes in the health of aging patient requires attentiveness to these subtle signs.

Appropriate management of the elderly patient requires a balance of patient observation, judicious diagnostic intervention, and acceptance of limits as defined by the patient and their family. Effective management of problems may be complex and necessitates an interdisciplinary approach to health care. The Geriatrics Team consists of an attending Geriatrician, Resident Physician, Nurse Practitioner, and Medical Students working in conjunction with the hospital Social Services, Pharmacy, and Case Management personnel assigned to the patient.

Goals

PGY-2 and PGY-3

-  To provide residents with a comprehensive experience in working with elderly patients.
-  To develop knowledge, skills and attitudes that enable the Medical Resident to deliver competent, compassionate, efficient, and comprehensive health care to the elderly.

Overall Course Objectives

PGY-2 and PGY-3

Patient Care

- ✚ Interview and perform complete history and physical examinations of elderly patients to include cognitive, functional, psychological, and social assessments.
- ✚ Understand the general principles of geriatric functional rehabilitation of patients with orthopedic, cardiac, neurological and other medical conditions.
- ✚ Recognize, evaluate, and develop treatment plans for common geriatric syndromes.
- ✚ Recognize the key features of delirium and differentiate them from dementia.
- ✚ Learn to interview/counsel patients and patient's families regarding diagnosis and appropriate management of advanced dementia.
- ✚ Identify the role of palliative and hospice care in geriatrics.
- ✚ Be familiar with planning disposition of older patients.
- ✚ Understand funding sources for long term care, in-patient care, out-patient care, home health, and hospice as well as reimbursement for medications.

Medical Knowledge

- ✚ Broaden knowledge in the evaluation and management of common problems related to the elderly as described in the Major Topics for Review:
- ✚ Recognize the need and eligibility for and arrange for:
 - Restorative nursing care (skilled nursing, rehabilitation)
 - Home health nursing care
 - Long term acute care
 - Long term nursing home care
 - Assisted living care

Major Topic for Review	Objectives
Managing a Patient with Delirium	<ol style="list-style-type: none">1. Recognize the key features of delirium2. Be able to differentiate delirium from dementia3. Know common causes of delirium4. Identify the risk factors for delirium especially in the acute hospital setting5. Be familiar with the prevention and management of delirium6. Learn the pharmacologic as well as non-pharmacological treatment options

Managing a Patient with Dementia	<ol style="list-style-type: none"> 1. Be familiar with the different types of dementia 2. Be familiar with the screening tools available 3. Be familiar with the staging of Alzheimer’s disease (AD) 4. Learn the pharmacological as well as non-pharmacological treatment options for AD 5. Be able to discuss the work-up of dementia including recognition of key clinical features, laboratory studies, and neuroimaging 6. Be familiar with the management options for cognitive, functional and behavioral problems of Alzheimer’s disease and other related dementias 7. Understand the indications for referral to neurologist, psychiatrist and/or neuropsychologist 8. Recognize the importance of including the caregivers in counseling, education and ethical decision-making in the care of the demented patient
Managing a Patient with Urinary Incontinence	<ol style="list-style-type: none"> 1. Be able to screen and discuss urinary incontinence with patients 2. Be able to differentiate various types of urinary incontinence 3. Discuss the prevalence of urinary incontinence in the elderly population and describe some of the medical, social, and economic consequences 4. Know common reasons of worsening or urinary incontinence 5. Identify patients who need urology consultation and urodynamic study 6. Learn pharmacological as well as non-pharmacological treatment options: <ul style="list-style-type: none"> ✚ Physical rehabilitation techniques ✚ Behavioral techniques ✚ Pharmacological options ✚ Surgical options
Managing Depression in Aging	<ol style="list-style-type: none"> 1. Recognize the subtle signs of depression in the elderly and how they differ from younger adults 2. Be familiar with different pharmacologic and non-pharmacologic treatment options 3. Be able to discuss selection between different SSRI’s dependent on specific features accompanying depression 4. Know when Provigil or Ritalin are indicated 5. Be familiar with intervention options for Major Depression associated with psychotic features 6. Be familiar with treatment of refractory patients
Identify and Avoid Polypharmacy in the Elderly	<ol style="list-style-type: none"> 1. Become familiar with the Beers guideline or potentially harmful drugs in the elderly 2. Study specific agents such as anticholinergics, digoxin, Demerol, sedative-hypnotics 3. Understand the pharmacokinetics and drug-drug interactions with aging 4. Be familiar with common symptoms that signal adverse drug effects such as confusion, anorexia, instability 5. Be aware of financial burden of medication coverage

Managing a Patient with Osteoporosis	<ol style="list-style-type: none"> 1. Understand the frequency of this disease and the long term sequela of unaddressed problems 2. Recognize risk factors for osteoporosis 3. Be able to discuss results of the dexa scan and make treatment recommendations 4. Be familiar with the currently available treatment modalities including non-pharmacological options 5. Understand the challenges of managing hip fractures and be able to discuss anti-coagulation options
Learn the Basics of Pressure Ulcer Management	<ol style="list-style-type: none"> 1. Identify the staging system for pressure ulcers 2. Be able to discuss the risk factors predisposing to and impairing the healing of open ulcers 3. Be familiar with the interventions currently available 4. Understand the significance of pressure ulcers as quality indicators in long term care
Health Maintenance with Aging	<ol style="list-style-type: none"> 1. Understand the important screening tools in the elderly 2. Be familiar with current recommendations for screening for: <ul style="list-style-type: none"> ✚ Glaucoma ✚ cancers of the skin, breast, prostate, colon, cervix ✚ osteoporosis ✚ cognitive problems ✚ gait and balance ✚ mood disorders
End of Life Issues	<ol style="list-style-type: none"> 1. Identify individuals (and families) who would be appropriate candidates for hospice services 2. Identify individuals who are appropriate candidates for inpatient AND outpatient hospice services 3. Conduce or attend a family conference in which advanced directives or end of life issues are discussed 4. define “quality of life” and “futility” 5. Explain and identify actions that would be futile and deleterious to quality of life 6. Provide compassionate end of life care 7. Identify “legally appropriate” individuals who are able to make decisions on behalf of a patient 8. Describe the difference between Advanced Directives (Living Will) and a DNR 9. Speak with a family member (via telephone or in person) regarding issues surrounding a dying/failing patient 10. Display and verbalize empathy when having conversations with patients and/or families regarding prognosis, death or need for hospice.

Practice-Based Learning and Improvement

- ✚ Identify deficiencies in one's knowledge, skills and attitudes in the care of the elderly.
- ✚ Observe physical and occupational therapy sessions.
- ✚ Observe the wound care team to better understand the process of wound healing.
- ✚ Observe and follow the Palliative Care Team to better understand the utilization and practice of Palliative and Hospice care.

Interpersonal Skills and Communication

- ✚ Communicate in a sensitive and effective manner with patients and families with diverse ethnic and socioeconomic backgrounds.
- ✚ Communicate in an effective manner with other members of the health care team.
- ✚ Communicate clearly with sub-specialists regarding reason for consultation.
- ✚ Address the patient's chief complaint.
- ✚ Ensure that all patients' concerns have been satisfactorily addressed.
- ✚ Dictate a complete and concise discharge summary.

Professionalism

- ✚ Be professional in all interactions with patients, families, colleagues and all members of the health care team.
- ✚ Ensure patient understanding of their disease and their consent to treatment plans.
- ✚ Effectively educate student and resident colleagues.
- ✚ Demonstrate respect for alternative, but appropriate treatment plans other than those recommended by resident and faculty colleagues.
- ✚ Be sensitive and respectful when expressing concerns about alternative and inappropriate treatment plans that are being considered by the patient's primary team.

Systems-Based Practice

- ✚ Understand and coordinate the provision of multi-disciplinary resources for the optimal care of geriatric in-patients, restorative care, and nursing home patients.
- ✚ Use evidence-based, cost-conscious strategies in the medical care of the elderly.
- ✚ Recognize how Medicare, Medicaid, Community Care and different insurance types affect hospital reimbursement and services available outside the hospital setting.
- ✚ Be a patient advocate.

Methods of Achieving Objectives

- ✚ Direct patient care under the supervision of Geriatric Faculty in hospital and restorative care environment.
- ✚ Didactics with Geriatric Faculty.
- ✚ Independent Study based upon assigned readings from the Geriatric Resident Syllabus. (Geriatric Section Resident Syllabus)
- ✚ Direct Patient Care under the supervision of Geriatrics Faculty in the outpatient clinic setting.
- ✚ Direct Patient Care under the supervision of Geriatrics Faculty in the nursing home, assisted-living, and independent-living setting.
- ✚ Electronic databases and computerized resources. (i.e. Up-to-Date)
- ✚ Critical review of relevant journal and text publications. (i.e. Geriatric Resident Syllabus, MKSAP)
- ✚ Interactive Learning with Geriatrics Faculty utilizing questions from the Geriatric Review Syllabus.

Assessment Tools

- ✚ Geriatrics Faculty will directly observe Resident's history and physical examination of random patients.
- ✚ Geriatrics Faculty will monitor Resident's interaction with patients and other health care team members.
- ✚ Geriatric Faculty will critique Resident's assessment and plan regarding the patient's acute and chronic complaints/illnesses.
- ✚ Geriatrics Faculty will monitor the Resident's self-directed learning efforts.
- ✚ Geriatrics Faculty will determine if the Resident has met the objectives as described.

Evaluation Process

- ✚ Faculty and Resident will review the goals and objectives at the beginning of the rotation.
- ✚ Verbal feedback throughout and at the end of the course rotation will be given by the Geriatric Faculty Attending.
- ✚ Formal evaluation of each objective as well as the resident's performance will be done on-line via myevaluation.com
- ✚ Resident will sign attestation verifying review of the evaluation.

Patient Encounters

Mix of Diseases	Patient Characteristics	Types of Encounters	Procedures	Services
Delirium Dementia Depression Urinary incontinence Osteoporosis Gait abnormality Failure to thrive Iatrogenesis Parkinson's disease Malnutrition/vitamin deficiencies Constipation Falls Anticoagulation therapy Recurrent UTI Asymptomatic bacteriuria Hearing loss Pain Pressure Ulcers HTN Atrial Fibrillation Congestive Heart Failure Diabetes Mellitus Prostate disorders CLL/Multiple Myeloma Herpes Zoster Polymyalgia Rheumatica C-Diff Influenza Pneumonia Syncope Dizziness Atrophic vaginitis Dysphagia Hip fracture DVT COPD Seizures Osteo/rheumatoid arthritis Gout Hyponatremia Anemia	Elderly patients (insured and uninsured) over age 65 of various ethnic and socio-economic backgrounds	In-patient Clinic Nursing Home Assisted Living Skilled Nursing Hospice Palliative Care Restorative Care Critical Care	MMSE Tinneti/Gait Geriatric Depression Scale ADL's IADL's Pain Scale AUA for BPH TILT test (orthostatics)	Case Management Pain Management Consultation for Medication Management Long Term Care Placement Long Term Acute Care Preventative Geriatrics Pre/Post-op Management Palliative Care & End of Life Care/Hospice Nursing Home Management Family Conferences APS Notification Dysphagia Management (PEG Vs No PEG)

Reading List/Resources

All readings and articles are available on the Geriatric Resident Syllabus in PDF version on CD-ROM.