

Geriatric Inpatient Service Curriculum Temple University Internal Medicine Residency Program

Educational Goals:

During this rotation, the resident will:

- 1) Learn to apply basic principles of geriatric medicine and use these to take optimal medical care of elderly patients in a hospital setting
- 2) Understand the normal changes that occur with aging.
- 3) Understand the atypical presentation of disease in elderly patients, and how to diagnose and manage the common geriatric syndromes of incontinence, immobility, falls, delirium, depression, and pressure ulcers
- 4) Understand the financing, coverage and costs of health care and social support for elderly patients.
- 5) Learn the importance of functional status assessment and maintenance during hospitalization.
- 6) Evaluate the drug regimen of all elderly patients for appropriateness.
- 7) Work as part of an interdisciplinary team to address all medical, social and functional issues.
- 8) Learn to discuss goals of care and advance directives with patients and their caregivers.
- 9) Learn to evaluate cognitive status and how to decide if a patient is capable of decision making.

Principal Teaching Methods:

One PGY-1 and one PGY-3 resident will be attached to the Geriatric Inpatient service for each block, taking primary responsibility for the primary Geriatric Service. They will work in close affiliation with the Geriatric Nurse Practitioner and the fellow if there is one on ward service. Residents are expected to have evaluated all patients before rounds. Teaching Rounds will occur daily, usually 10am-12noon, with each patient being discussed and then seen by the attending. Bedside teaching will occur on selected cases, and there will be didactic teaching on geriatric topics during teaching rounds.

Supervision is provided by the geriatric attendings, and by fellows when there is one on ward attachment.

Residents are invited to the Geriatric Core Curriculum lectures which occur at noon on Thursdays, 3rd Floor Conference Room, Jones Hall. Residents are expected to attend all Dept of Medicine conferences and clinics while on this rotation.

Handouts on specific geriatric topics will be provided by the Geriatric attending on service.

Methods of Evaluation:

Each resident is evaluated by each teaching attending who works with him for more than one week. For time spent together exceeding two weeks, additional feedback at the mid-point of the time together is expected. The evaluation is communicated both verbally in a face-to-face meeting between the attending and resident and on a written, competency-based form developed along internal medicine RRC guidelines.

Geriatric Floor Rotation: Tiered Competency Objectives:

Where tiered objectives are listed, residents at each level are expected to have mastered the competencies outlined for previous years of training.

PATIENT CARE

History Taking

PGY1 residents will:

- a) Take a comprehensive history from patient or from family member, caregiver or long term care facility.
- b) Take a full functional and social history from patient and/or their care provider describing activities of daily living and social support systems.
- c) Determine if patient has an advance directive or other living will.

PGY2/3 residents will:

Obtain all above elements more efficiently without compromise of accuracy or completeness.

Physical Examination

PGY1/2/3 residents will:

- a) Perform a comprehensive examination including assessment of gait and cognition, and be able to report the normal and abnormal findings.
- b) Perform a MMSE and GDS

Charting

PGY1 residents will:

- a) Record their history, physical and all subsequent information in the chart in a systematic, legible manner, reflecting the reasoning underlying their decision making.
- b) Supplement history and decision making by obtaining information from old records, discussion with primary physician, nursing facility or other health care institution where the patient has received care.

PGY2/3 residents will:

Record all above elements more efficiently, without compromise of accuracy or completeness.

Medical Decision Making and Management

PGY1 residents will:

- a) correlate findings and disease process to develop a prioritized problem list, and suggest a diagnostic and therapeutic plan of care, which is congruent with the patient's goals of care.
- b) use evidence based medicine and practice guidelines where applicable.
- c) understand the risks and benefits of all proposed studies and treatments, and communicate these effectively to the patient or their family member.
- d) Evaluate the success of therapeutic interventions and recognize complications.

PGY2/3 residents will:

- a) be able to identify a wider differential diagnosis list and identify alternate management plans to the one proposed together with the risks and benefits of all plans.
- b) identify when a patient's overall goals for care make a practice guideline inapplicable for this patient.
- c) anticipate the transition to non hospital care and organize the resources for this.

MEDICAL KNOWLEDGE

PGY1 residents will:

- a) be able to generate a differential diagnosis for each item on the problem list prioritizing those that need immediate or urgent attention.
- b) Recall the approach to assessment and treatment for common diagnoses, including the information necessary to guide clinical decision making
- c) Know the typical presentations of disease in elderly patients
- d) Supplement their medical knowledge with information from other sources, and learn to apply this information to their clinical practice.

PGY2/3 residents will:

- a) be able to generate a wide differential diagnosis for each item on the patient's problem list.
- b) recall the approach to assessment and treatment of a wider range of diagnoses, and the complications and contraindications of each.
- c) know the atypical presentation of disease in elderly patients and how this affects the differential diagnosis
- d) recognize the indications for hospitalization of elderly patients and when they need transfer to a different level of care.
- e) critically evaluate their diagnosis and management plan using current medical literature.

PRACTICE BASED LEARNING AND IMPROVEMENT

PGY1 residents will:

- a) be receptive and responsive to constructive criticism and seek to improve their medical knowledge and patient management skills.
- b) Use medical literature, textbooks, and online resources to improve their practice.
- c) identify gaps in personal knowledge, skills and attitudes and develop strategies to overcome them.

- d) review their clinical practice when unexpected outcomes occur.

PGY2/3 residents will:

- a) review unexpected outcomes and mistakes in management searching for common themes and ways to overcome them.
- b) Understand how their personal beliefs and stressors may impact on the care that they deliver.

INTERPERSONAL AND COMMUNICATION SKILLS

PGY1 residents will:

- a) learn to communicate effectively with elderly patients who have hearing disorders or cognitive impairment
- b) develop effective and respectful relationships with patients, caregivers, the geriatric nurse practitioner and all other members of the interdisciplinary team.
- c) be effective listeners and communicate respect and empathy in all encounters
- d) coordinate the transfer of detailed information when patients are transferred to non-hospital settings, communicating with the primary care physician and long term care facility.
- e) write legibly in the chart and provide comprehensive signout to covering physicians.
- f) Develop skills to deal with difficult patients or colleagues, and unprofessional conduct by other health care providers.

PGY2/3 residents will:

- a) be able to direct goals of care discussions with patients or their caregivers, including the delivery of bad news, resuscitation status, and end of life discussions.
- b) manage and direct the PGY1 resident in all aspects of patient care.
- c) model effective communication with elderly patients, caregivers, and all other members of the health care team.
- d) provide education to the PGY1 resident and other members of the health care team to improve their medical knowledge and patient care skills.

PROFESSIONALISM

PGY1 residents will:

- a) take ownership of the well being of the patients assigned to their care, being always quickly available by beeper when on call and responding to any issues that may arise in a timely fashion.
- b) Demonstrate a commitment to excellence in all work activities
- c) Comply with all standards for professional behavior
- d) Behave professionally toward patients, colleagues and all members of the health care team, with understanding and sensitivity to diversity.
- e) Ensure adequate attention to their own needs so that they may be in an optimal position to provide exemplary care to their patients.

- f) Respond to unpleasant patient or professional interactions with calmness and restraint, realizing when they need assistance from other members of the team to resolve these issues.
- g) Reflect on their own behavior after difficult or unpleasant interactions.

PGY2/3 residents will:

- a) provide help and constructive feedback to the PGY1 residents that they supervise.
- b) Be willing to challenge the current plan of care if their professional judgment differs from other members of the team.
- c) Act as a role model for other residents

SYSTEMS BASED PRACTICE

PGY1 residents will:

- a) utilize the interdisciplinary team and hospital resources to deliver high quality medical care.
- b) Know how types of medical practice and delivery systems differ from one another and how this affects care of elderly patients.
- c) use evidence based medicine and practice guidelines in a cost conscious fashion and whenever applicable
- d) take part in performance improvement initiatives developed by the hospital administration.

PGY2/3 residents will:

- a) understand the funding of health care and support services for elderly patients so that they can arrange appropriate cost effective services for patients.
- b) identify when a patient's overall goals for care make a practice guideline inapplicable for this patient.
- c) identify areas where the process of care can be improved.