

## Geriatric Curriculum

### Educational Goals

1. To understand the normal changes that occurs with aging.
2. To learn the elements of and be able to perform a Comprehensive Geriatric Assessment
3. To learn how to assess functional status in inpatient and outpatient settings and identify strategies to maintain it during a hospitalization
4. To understand the atypical presentation of disease in elderly patients.
5. To understand how to diagnose and manage the common geriatric syndromes of incontinence, dementia, falls, delirium, depression, and pressure ulcers.
6. To understand the financing, coverage and costs of health care and social support for elderly patients.
7. To learn the members of a typical geriatric interdisciplinary team and how to work with a team to address medical, social and functional issues.
8. To understand the impact of age related changes in pharmacokinetics and its impact on medication use in the elderly as well as medications that should be used with caution in the elderly
9. To understand the importance of advance care planning and be able to discuss these issues with patients and/or their decision makers.
10. To learn to apply basic principles of geriatric medicine and use these to take optimal medical care of elderly patients in a hospital setting and outpatient setting
11. To learn to define and distinguish among the clinical presentations of dementia, delirium and depression
12. To understand the role of palliative care in patients with chronic diseases and criteria for hospice in common non-cancer diagnoses.

### Core topic areas:

1. Dementia
2. Delirium
3. Immobility

4. Pressure Ulcers
5. Incontinence
6. Falls
7. Sensory Impairment
8. Osteoporosis (Hip/Vertebral Fracture management)
9. Dangers of Hospitalization
10. Systems/Sites of Care
11. Medicare/Medicaid/AAA
12. Depression
13. Medication Management/Polypharmacy/Beers List
14. Advance Care Planning
15. Hospice/Hospice Criteria for Non-Hospice Diagnosis
16. Palliative Care/Symptom Management
  - a. Pain
  - b. Dyspnea
17. Comprehensive Geriatric Assessment
18. Functional Assessment
19. Members of the Interdisciplinary Team
20. Driving

#### Teaching Methods

Two junior and senior residents will spend one month with the geriatric service. Each resident will spend up to two weeks on the inpatient consult service and in the outpatient clinic.

- A. Inpatient consult service: The inpatient consult service provides consultative service to multiple disciplines within Temple University Hospital. The resident will be responsible for the initial evaluation of consults, obtaining history from pertinent informants and developing initial recommendations. The attending rounds will start at 1 pm daily 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.
- B. Outpatient clinic: The outpatient clinic includes primary care and consult services for outpatients. The resident will have the opportunity to perform initial geriatric assessments on initial consults and new patients. The resident will be responsible for the initial evaluation and each patient will be discussed and seen by the attending. Particular aspects of the geriatric assessment and outpatient management will be taught during discussion of the patients. Time allowing, a short didactic session will occur during the clinic session.

#### Content Areas Covered

The inpatient consultation service provides consultative services to medical and

surgical services at Temple University Hospital. A number of common acute geriatric issues are frequently addressed on consults. The following topic areas will be discussed either in the context of a particular consult or in didactic session during the course of the block:

- Geriatric syndromes
  - Delirium
  - Dementia
  - Pressure Ulcers
  - Fecal Impaction
- Threats to and maintaining of functional status during hospitalization
- Atypical presentation of disease
- Palliative Care
  - Breaking Bad News
  - Family Meetings
  - Symptom Management
    - Pain
    - Dyspnea
- Advance Care Planning
- Peri-operative Management
- Medication management
  - Adverse drug events
  - Medications to avoid

The outpatient clinics provides consultative and continuity experience of geriatric patients. The following topic areas will be discussed either in the context of a particular encounter or in didactic session during the course of the block:

- Geriatric assessment
- Functional assessment
- Geriatric Syndromes
  - Dementia
  - Depression
  - Falls
  - Incontinence
  - Osteoporosis
- Medication management
  - Poly-pharmacy

Methods of Evaluation

Direct Observation (primarily outpatient)

**Geriatric 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**

1. Evaluate and manage common medical problems in relation to functional outcomes, quality of life, and conflicting priorities in patients with co-morbid illnesses and age-related physiologic changes that alter response to treatment.
2. Assess and manage immobility, falls, urinary incontinence, urinary catheter use and changes in cognition or mood.
3. Evaluate decision making capacity.

### **MEDICAL KNOWLEDGE**

1. Identify ways to prevent or reduce hazards of hospitalization (delirium, restraint use, falls, pressure ulcers, urinary incontinence, malnutrition, deconditioning and loss of activities of daily living)
2. Distinguish between normal and age-related physiologic changes

### **PRACTICE BASED LEARNING AND IMPROVEMENT**

1. Individualize medication prescription to older adults to maximize efficacy and adherence to treatment while minimizing toxicity
2. Identify high-quality print, web-based, and personal digital assistant resources for answers to questions about geriatric care.

### **INTERPERSONAL AND COMMUNICATION SKILLS**

1. Address older adults in the context of their unique situations (i.e. considering family, religion, finances, values, cognitive status and living arrangement) and incorporate this into medical decision making.
2. Communicate sensitively and clearly with patients from other cultures or with sensory-impairment.
3. Communicate effectively with patient's family, caregivers, and members of the interdisciplinary team

### **PROFESSIONALISM**

1. Respect the diversity within the older population, including differences in physiologic function, health status, belief systems, cultural and ethnic backgrounds, values and personal preferences.

### **SYSTEMS BASED PRACTICE**

1. Explain therapeutic capabilities and financing of care at different sites.
2. Work with interdisciplinary teams to improve quality of life of patients living in the community.