University of Michigan Health System
Internal Medicine Residency

Geriatrics: Consultation Rotation Curriculum (Elective)

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Rotation Goals and Educational Purpose

Internists must provide medical care for complex geriatric patients. As the population ages, internists are increasingly asked to respond to the special clinical needs of the older adult. During this rotation, residents will be introduced to the care and management of the frail elderly patient. Faculty geriatricians will assist residents in understanding the aging process as it influences health and quality of life. The rotation provides experience in caring for both biomedical syndromes and psychosocial concerns that commonly affect the elderly patient.

This rotation is elective for residents at all levels. It is available during selected months by prior arrangement with the Subspecialty Education Coordinator(s). *The rotation requires advance finger printing due to training duties at the Heartland Health Care Center of Ann Arbor human resources department*. Finger printing must be completed prior to starting the rotation. Please plan ahead! See the First Day Protocol under the Schedule, below.

Rotation Competency Objectives

In supplement to the University of Michigan Longitudinal Learning Objectives, the following provide an overview of the knowledge, skills, and behaviors promoted in this rotation.

I. Patient Care and Medical Knowledge

a. Core Knowledge – By completion of the rotation, residents should

i. Understand normal changes of aging.

ii. Reflect awareness of common clinical measures of physical, cognitive and psychosocial functioning.

iii. Describe assessment methods and treatments for common geriatric clinical syndromes – incontinence; falls, gait and balance problems; behavioral disturbances; immobility and pressure ulcers; memory loss and dementia; delirium; alteration of hearing and vision.

iv. Describe and recognize principles of medication prescribing for elderly patients with common medical disorders (e.g. heart failure, osteoporosis, stroke, Parkinson's disease, osteoarthritis, renal failure.)

v. Reflect knowledge of common infections and infection control policies for residential geriatric facilities.

vi. Describe assessment methods for psychosocial challenges seen in aging – changes of location and type of residence; elder abuse and neglect; depression and suicidality; home safety; changes of sexuality; substance abuse.
vii. Understand indications and eligibility guidelines for hospice care.

b. History, Physical Examination, and Medical Management
   i. Perform a patient-centered medical interview and physical, gathering data from multiple sources as necessary for assessment of functional status and focused care needs.
   ii. Write an appropriately focused geriatric consultative care note, including relevant psychosocial needs and goal setting.
   iii. Develop, prioritize, and justify differential diagnoses in the frail elderly patient.
   iv. Under supervision, construct an appropriate geriatric care plan for the common geriatric clinical syndromes noted above.
   v. Conduct incremental geriatric assessment.
   vi. Under supervision, provide symptomatic palliative care consistent with patient-centered goals.

c. Procedures
   i. Place urinary catheters when medically indicated.
   ii. Under supervision, provide basic wound care.

II. Interpersonal and Communication Skills

a. Establish rapport with elderly patients and their families or surrogates, using patient-centered communication to enhance the physician-patient relationship.
b. Adapt history-taking skills to the mental status, demeanor, and psychosocial presentation of the patient and family.
c. Engage patients and their families or advocates in shared decision making, utilizing family group discussions as needed; under supervision, determine decision making capacity and engage in discussion regarding advance care directives.
d. Under supervision, successfully negotiate appropriate communication for most "difficult" encounters, such as the despondent or confused patient or family.
e. Effectively and considerately communicate within an interdisciplinary team to promote care coordination.
f. Generate written documentation that clearly articulates principles of geriatric assessment.
g. When functioning as a consultant, communicate with referring physicians in a manner that supports the primary care relationship.

III. Professionalism

a. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all elderly patients and their families.
b. Recognize the importance of psychological and spiritual support for elderly patients and their families.
c. Reflect awareness of common ethical issues related to end of life care facing elderly patients, their families and caregivers.

d. Sensitively respond to patient and family questions and decisions regarding advance directives, DNR status, futility, and withholding/withdrawing therapy.

IV. Practice-Based Learning and Improvement

a. Exhibit self-directed learning through patient-centered learning and independent use of recommended resources.
b. Use information technology to access and retrieve materials for self-education. Utilize clinical practice guidelines and current literature to generate appropriate geriatric and palliative care plans.
c. Demonstrate improvement in clinical management of elderly patients by continually improving knowledge and skills during the rotation.

V. Systems-Based Practice

a. Demonstrate understanding of the spectrum of care delivery systems available to the frail elderly patient, including residential facilities and home care resources.
b. Coordinate bio-psychosocial care within multidisciplinary teams, including nurses, social workers, physical therapists and other providers in team settings.
c. Coordinate transitions of care between inpatient and outpatient settings, maximizing quality of care and cost effectiveness by identifying and utilizing appropriate non-hospital care services.

Teaching Methods

I. Supervised Patient Care - The emphasis of this rotation is on experiential learning through supervised management of frail elderly patients. Patient care venues include the inpatient geriatrics consultation service of University Hospital and the Heartland Health Care Center of Ann Arbor (4701 E Huron River Dr, http://www.hcr-manorcare.com/ 734-975-2600). Geriatrician faculty lead patient-centered, case-based discussions for each patient at each training site. Three days weekly are spent on the inpatient consultation service. Two half-days weekly are spent at Heartland Health Care Center, and these half-days are paired with two half-days spent in the resident's continuity care general medicine clinic. Residents perform initial evaluations and daily follow-up care under the supervision of a faculty geriatrician. Residents interact with referring physicians, nurses, geriatrics fellows, chaplains, social workers, and medical students while providing patient care; residents should consider all such interactions as opportunities for education. Patients present from a broad range of socioeconomic backgrounds.

II. Structured Didactics and Small Group Learning

a. Geriatrics Grand Rounds – Mandatory for all rotating HO2/3 residents, weekly at noon on Tuesdays. Conference occurs at the East Ann Arbor Geriatrics Center conference room. HO1 learners are excused due to conflict with Intern Report.
b. Geriatrics fellowship conferences on Friday mornings – residents may attend when their schedule allows.

III. Special projects - Residents interested in formulating a clinical review, brief report, or other manuscript for publication should contact the supervising attending or a Subspecialty Educational Coordinator (as above) ASAP during the rotation.

IV. Independent study (including reading lists and other educational resources)

a. Textbooks and manuals, available through the Taubman Medical Library
   i. Principles of Geriatric Medicine and Gerontology. William R. Hazzard et. al, eds. New York: McGraw-Hill Professional, latest edition. [Note in particular the chapters on subacute care and nursing home care.]
   ii. Geriatrics Review Syllabus: a core curriculum in geriatric medicine. Peter Pompei et al, eds. New York: American Geriatrics Society, latest edition. Access available at: http://www.lib.umich.edu/hsl/resources/medicine/
   iii. Principles of Geriatric Medicine. Reubin Andres et al, eds. New York:McGraw-Hill, latest edition

b. Clinical practice guidelines
   i. American Geriatrics Society guidelines: http://www.americangeriatrics.org/education/cp_index.shtml
   ii. University of Michigan Clinical Care Guidelines on osteoporosis, depression, and multiple chronic conditions are available at: http://www.med.umich.edu/i/oca/practiceguides/
   iii. The Society for Healthcare Epidemiology of America (SHEA) guideline on Infection Prevention and Control in the Long-Term Care Facility is available at: http://www.journals.uchicago.edu/doi/pdf/10.1086/592416?cookieSet=1 Further SHEA guidelines regarding long term care are available at: http://www.shea-online.org/evidence-based-guidelines.cfm

c. General websites
   i. The University of Michigan Geriatrics Center online education site has assessment tools, learning resources, and clinical content summaries: http://www.med.umich.edu/i/geriatrics_center/UMGeriatricsCare/index.htm
   ii. American Geriatrics Society: http://www.americangeriatrics.org/

d. Core clinical journals (free access available through the Taubman Medical Library)
   i. Journal of the American Geriatrics Society
   ii. Clinical Geriatrics
   iii. Annals of Long Term Care

e. Other online resources
   i. Society of General Internal Medicine core geriatric modules (including falls, memory assessment, and urinary incontinence): http://www.sgim.org/impak/members_online/members/login.asp?non=Y&tp=cmeexam/start.asp&param=
   ii. The US Veterans Administration and Summit, Stanford University Medical School overview of End of Life Care: http://endoflife.stanford.edu/
   iii. The University of Maryland School of Medicine online course for medical residents in End-of-Life and Palliative Care. Register at: http://134.192.120.12/canRes/htdocs/login.asp
   iv. Death and dying is approached in a thought-provoking documentary produced by Bailey Barash, a freelance television producer and journalist. The video, “203 Days” chronicles the death of Sarah, age 89. The video demonstrates roles of hospice providers and family in Sarah’s care, and highlights common end-of-life care decisions. Consider the associated discussion questions on the

website before and after viewing the 27 minute long video (which can be started and stopped as needed.) http://fitsweb.uchc.edu/Days/days.html

v. Johns Hopkins Internet Learning Center geriatrics modules, available to all Michigan residents using their ambulatory care login and selecting the Internal Medicine Curriculum. On the home page, link to the list of "Available Modules": http://www.hopkinsilc.org/ Recommended modules include: Dementia; Home visits: elder abuse; Home visits: Medicare; Osteoporosis; Palliative Care.

Evaluation Methods

Formative face-to-face feedback to residents by attendings occurs at mid-month. Each month, attendings complete online competency-based evaluations of each resident. The evaluation is shared with the resident, is available for on-line review by the resident at his/her convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into semiannual performance reviews for directed resident feedback. Residents also complete a service evaluation of the rotation faculty monthly.

Rotation Schedule

The rotation requires advance finger printing due to training duties at the Heartland Health Care Center of Ann Arbor human resources department. Finger printing must be completed prior to starting the rotation. Plan ahead! Contact Dr. Darius Joshi (U of M email or page) to arrange finger printing through the Heartland Health Care Center of Ann Arbor human resources department.

First day protocol: Page the geriatrics fellow on call by 9 AM to arrange to meet and obtain patient care assignments for the University Hospital geriatrics consultation service. If your first day will include your continuity clinic, contact Dr. Joshi to notify him which half day you will be in clinic, and to decide to whom you will report at Heartland HCC during the rest of that day.

Continuity Clinic: General medicine continuity clinic takes place two half-days weekly during this rotation. Residents present to Heartland Health Center on the half-days opposite their continuity clinic. On the other 3 days, residents present for inpatient consultation duties. Discuss your continuity clinic schedule with your attending and fellow in advance to plan your weekly schedule.

Call duty: none Weekend duty: none

Sample Weekly Schedule, based on a Tues/Friday continuity clinic assignment (Heartland duties are paired with twice weekly continuity clinic)

	Monday	Tuesday	Wednesday	Thursday	Friday	Sa/Sun
AM	9 AM: inpatient consultation care (new and follow up) 10:30 Morning Report	Continuity Clinic	9 AM: inpatient consultation care (new and follow up) 10:30 Morning Report	9 AM: inpatient consultation care (new and follow up) 10:30 Morning Report	Heartland Health Care Center of Ann Arbor	No formal patient care duties (self directed learning continues)
PM	12:00 Noon Conference 1:00 Attending Rounds	12:00 Noon Geriatrics Grand Rounds (EAA Geriatrics Center) [or for interns only: 12:30 Intern Report] Heartland Health Center	12:00 Noon Conference 1:00 Attending Rounds	12:00 Noon Conference 1:00 Attending Rounds	12:00 Grand Rounds Continuity Clinic	