

**University of Michigan Health System
Internal Medicine Residency**

Geriatrics: Ambulatory Rotation Curriculum

Version date: 8/2010

Subspecialty Education Coordinators: Jocelyn Wiggins, MD and Alan Denigz, MD

Subspecialty Administrative Lead: Renea Price

Faculty curriculum authors: Davoren Chick, MD, Jocelyn Wiggins, MD, and Karen Hall, MD

Rotation Goals and Educational Purpose

Internists, including both subspecialists and generalists, must provide medical care for complex geriatric patients. As the population ages, internists are increasingly asked to respond to the special needs of the older adult. Therefore, multiple subspecialty medical societies now require training in geriatrics. During this rotation, residents will be introduced to the care and management of the elderly patient. Faculty geriatricians will assist residents in understanding the aging process as it influences health and function. The rotation provides experience in caring for both biomedical syndromes and psychosocial concerns that commonly affect the elderly patient.

This ½ month rotation is mandatory for senior residents. Residents may electively request a full month of ambulatory geriatrics, and may also elect the geriatrics consultation/subacute care rotation.

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. By completion of the rotation, residents should:

- I.** Patient Care and Medical Knowledge
 - a. History and Physical Examination
 - 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. Administer and assess common clinical measures of physical, cognitive and psychosocial functioning, including:
 - 1. Gait and balance [falls in past year, timed up and go testing, Tinetti gait and balance]
 - 2. Activities of daily living [eating, transferring from bed to chair, going to the toilet, bathing, dressing, grooming oneself]

3. Instrumental activities of daily living [administering own medications, using the telephone, preparing meals, grocery shopping, driving/transport, handling own finances]
 4. Cognitive assessment [problems with memory, mini-cog test, mini-mental status exam]
 5. Assessment of affect [geriatric depression screen test, 2 question depression screening]
- iii. Assess 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.
- b. Core Knowledge and Medical Management
- i. Describe and identify normal changes of aging.
 - ii. Develop, prioritize, and justify differential diagnoses in the frail elderly patient.
 - iii. Initiate diagnostic evaluation for common geriatric clinical syndromes:
 1. Dementia and memory loss
 2. Delirium
 3. Depression
 4. Falls, gait and balance problems
 5. Incontinence, urine and fecal
 6. Constipation
 7. Dysphagia
 8. Immobility and pressure ulcers
 9. Alteration of hearing and vision.
 10. Alteration of nutrition
 - iv. Under supervision, construct an appropriate geriatric care plan for the common geriatric clinical syndromes noted above.
 - v. Adapt medication prescribing for elderly patients with common medical disorders and seek to minimize medication side effects
 1. Heart failure
 2. Hypothyroidism
 3. Kidney failure
 4. Osteoarthritis (spine, hips, knees)
 5. Osteoporosis
 6. Parkinson's disease
 7. Stroke
 - vi. Minimize polypharmacy.
 - vii. Counsel patients regarding geriatric health maintenance and screening: osteoporosis, breast cancer, colon cancer, prostate cancer, influenza immunization, pneumococcal pneumonia immunization, hearing, vision, diabetes, kidney disease, hypothyroidism, social concerns (e.g. abuse, housing, supports)
 - viii. Under supervision, provide individualized care plans and symptomatic palliative care consistent with patient-centered goals.

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 appropriately focused documentation that clearly articulates principles of geriatric assessment, including relevant psychosocial issues and goal setting.
- 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 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. In developing care plans, incorporate the spectrum of care delivery systems available to the frail elderly patient, including residential facilities and home care resources.
- b. Function within a multidisciplinary geriatric care team, including nurses, social workers, physical therapists and other providers, to facilitate coordinated care.
- c. Facilitate transitions of care to and from inpatient and residential settings as necessary, maximizing quality of care and cost effectiveness by identifying active bio-psychosocial issues, goals of transfer, and patient-centered goals of care.

Teaching Methods

- I.** Supervised Patient Care - The emphasis of this rotation is on experiential learning through supervised management of ambulatory elderly patients. The patient care venue is the University of Michigan Geriatrics Center (<http://www.med.umich.edu/geriatrics> , 4260 Plymouth Road, 734-764-6831.) Residents perform evaluations under the supervision of a faculty geriatrician. Geriatrician faculty lead patient-centered, case-based discussions for each patient. Residents interact with referring physicians, nurses, geriatrics fellows, social workers, pharmacists, 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. [Residents are excused from residency program noon conferences due to location.]
 - b. 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 residents enrolled in the rotation as an elective are excused due to conflict with mandatory Intern Report.
 - c. Journal Club – Optional, as clinical assignments allow. 8 AM on the 4th Friday morning of the month. Check with the fellows for current location.

- 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
 - a. Textbooks and manuals, available through the Taubman Medical Library
 - i. Geriatrics at Your Fingertips: <http://www.geriatricsatyourfingertips.org>
Handbook-sized compendium of information on assessment and treatment of older adults, updated regularly.
 - ii. Principles of Geriatric Medicine and Gerontology. William R. Hazzard et. al, eds. New York: McGraw-Hill Professional, latest edition.
 - iii. 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/>
 - iv. 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/>
 - 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.sгим.org/impak/members_online/members/login.asp?non=Y&tp=cmeexam/start.asp¶m=
 - ii. American Society of Nephrology Online Geriatric Nephrology Curriculum includes multiple chapter modules on caring for aging patients with kidney disease: http://www.asn-online.org/education_and_meetings/geriatrics/
 - iii. Infectious Diseases Society of America and partner organizations present the Infections in Older Adults website: <http://idaging.org/>
 - iv. The US Veterans Administration and Summit, Stanford University Medical School overview of End of Life Care: <http://endoflife.stanford.edu/>
 - v. 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>
 - vi. Johns Hopkins Internet Learning Center geriatrics modules, available using your standard login and selecting Internal Medicine Curriculum. On the home page, link to “Available Modules”: <http://www.hopkinsilc.org/>
Recommended modules include: Dementia; Home visits: elder abuse; Home visits: Medicare; Osteoporosis; Palliative Care.

Evaluation Methods

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

First day protocol: Present to the University of Michigan Geriatrics Center, 4260 Plymouth Road, 734-764-6831 (<http://www.med.umich.edu/geriatrics>) by 8 AM to meet the geriatrics faculty and obtain patient care assignments (assigned as resident A or resident B). Ms Renea Price will have your assignments in the geriatrics office. If you have continuity clinic on the first morning of your rotation, contact Ms. Price in advance to determine your afternoon and weekly assignments.

Continuity Clinic: General medicine continuity clinic continues weekly during this rotation.

Call duty: none Weekend duty: none

Residents rotate as an “A” resident or a “B” resident. “A” residents use the Resident A weekly schedule. “B” residents use the Resident B weekly schedule.

Resident A Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Sa/Sun
AM	Geriatrics (primary care)	Neurology (movement)	Geriatrics (primary care/transcare)	Foot Care	Geriatrics (primary care/transcare)	No formal patient care duties (self directed learning continues)
PM	12:00 Noon Conference	12:00 Noon Geriatrics Grand Rounds (EAA Geriatrics Center)	12:00 Noon Conference	12:00 Board Review (Spring only)	12:00 Noon Medical Grand Rounds (Simulcast)	
	Neurology (cognitive)	Geriatrics (primary care)	Transcare	Psychiatry	Rheumatology (Dr. Yung)	

Resident B Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Sa/Sun
AM	Geriatrics (primary care)	Geriatrics (primary care)	Geriatrics (primary care with Dr. Min)	Neurology (movement)	Incontinence and transcare	No formal patient care duties (self directed learning continues)
PM	12:00 Noon Conference	12:00 Noon Geriatrics Grand Rounds (EAA Geriatrics Center)	12:00 Noon Conference	12:00 Board Review (Spring only)	12:00 Noon Medical Grand Rounds (Simulcast)	
	Endocrinology	Neurology (cognitive)	Geriatrics transcare	Psychiatry	Rheumatology (Dr. Yung)	