

CURRICULUM: GERIATRIC MEDICINE

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I. GOALS

- A. To become competent in the six core areas as they are pertinent to the care of geriatric patients
- B. To develop knowledge, skills and attitudes which enable the medical resident to deliver competent, efficient and comprehensive health care to the elderly.
- C. To develop a philosophy toward aging and the older adult that enables the physician to provide compassionate care for the older individual.

II. Principal Teaching Methods

A. Supervised Direct Patient Care - Residents will follow and manage frail elderly patients in a teaching nursing home. There will be other patient interactions and care in outpatient clinics and the hospital. Case-based teaching will occur for a minimum of 4 1/2 hours weekly.

B. Didactics– Grand Rounds, Journal Club, geriatric conferences, Case Conferences

C. Required web-based Modules - Residents are required to complete modules regarding dementia and dementia from the University of Iowa GeriaFlix and GeriaSims cases.

III. GENERAL GERIATRIC CONTENT These topics are covered in the various didactic sessions of the program and in the course of patient care during rotations other than geriatrics, such as ward, ICU, subspecialty consultation, ambulatory primary care, resident continuity practice, Emergency Medicine as well as during the geriatric rotation.

The geriatric medicine rotation provides many unique opportunities to teach and evaluate

Core Competencies:

Acquiring knowledge and improving competence in patient care is obviously present in each patient encounter and didactic session.

Sensitivities to communication skills are challenged in dealing with patients often of a different generation, not to mention patients challenged by decreased auditory and visual acuity and diminished cognitive function.

Professionalism is developed by caring for the older patient whose values may be quite different from that of the physician.

Opportunities for problem based learning and improvement are readily provided as the resident needs to apply knowledge and skills already mastered to the multifaceted challenge of caring for the variety of co-morbid conditions often seen in different degrees in many of the chronically ill older patients.

The importance of different systems of resources as well as the different environmental systems where the resident finds the older patient provide many opportunities to teach and see different systems in operation.

A. Normal physiology of aging

1. Develop an appreciation of the general theories of aging
2. Understand how organ function changes in the elderly

B. How common diseases affect the elderly (different presentations and modified by the often present co-morbid conditions)

C. Pathophysiology, diagnosis and management of geriatric-specific diseases and syndromes (all provide opportunities to develop all core competencies):

1. Failure to thrive (frailty)
2. Weight loss & malnutrition
3. Immobility & decubiti
4. Falls & balance & gait disorders
5. Change of mental status (delirium)
6. Dementia
7. Depression
8. Behavioral disorders
9. Cerebrovascular accidents
10. Sensory impairments
11. Incontinence (urine & stool)
12. "Iatrogenesis"
13. Elderly abuse

D. Geropharmacotherapeutics (Medical knowledge competence):

1. Differentiation of a complaint and a disease – knowing when not to treat
2. "Forbidden drugs"
3. Basic principles of choosing drugs, including a general knowledge of side effect profiles
4. General principles for avoiding the polypharmacy
5. Changes in drug pharmacokinetics with age

E. Appreciate functional status (how does the older patient function in their environment system) in the evaluation and management of geriatric patients

1. Understand and use the assessment of "activities of daily living" and "independent activities of daily living" in the evaluation of patients

F. Skills in performing a sensitive and focused history and physical examination in older patients, to include the following elements:

1. Strong observational skills
2. Appropriate recognition of caregivers for historical information
3. Develop sensitivity to problems in obtaining the history (cognitive, auditory and visual limitations of the older patient)
4. Proper assessment of gait and balance
5. Thorough sensory evaluation
6. Functional screening
7. Cognitive screening

8. Understanding of the patient's support system, including spiritual support
- G. Preventive care (another challenge to learn and practice communication skills) as applied to geriatric patients, including:
 1. Preventable conditions
 - a. Traumatic fractures
 - b. Osteoporosis
 - c. Polypharmaceutical accidents
 - d. Mishaps due to sensory or cognitive impairment
 2. Nutrition
 3. Exercise
 4. Immunizations for DPT, influenza, pneumonia and hepatitis
 5. Disease screening with mammography, pap testing, prostate examination and PPD
- H. Multidisciplinary (system) approach to geriatric care, including:
 1. How best to use a team approach
 2. Use of physical medicine and rehabilitation approaches
 3. The importance of coordinators of care
 4. The importance of the family
- I. End of life issues including advance directives discussions and palliative care (special opportunity for developing communication competence)

IV. MIXTURE OF DISEASES AND TYPES OF PATIENTS

- A. Please see table for diseases and clinical problems covered
- B. Types of patients run the gauntlet from healthy community dwellers to frail elderly in nursing homes (opportunity to understand and use systems based practice). All socioeconomic groups are included.

V. ANCILLARY EDUCATIONAL MATERIALS

- A. Geriatrics at Your Fingertips. Reubens et al [latest edition] Blackwell Publishing for the American Geriatric Society.
- B. Individual primary literature will be assigned based on clinical experiences.
- D. Geriatric online learning is assigned through the University of Iowa Geriatric Education e-learning site, http://www.medicine.uiowa.edu/igec/e_learning/
Residents must complete module assignment by the end of week 3.

V. EVALUATION

A. EVALUATION OF THE RESIDENT

1. Faculty provide oral feedback and complete "MyEvaluations" resident evaluations at the end of the rotation. The evaluations fully assess core competency performance. The evaluation is verbally shared with the resident, is available for on-line review by the resident at their convenience, and is sent to the Program Director for review. The

evaluation is part of the resident file and is incorporated into semiannual performance reviews.

2. Residents are evaluated annually using the ABIM Interim examination performance on the geriatric focused questions. Results are reviewed by the teaching faculty.

3. Third year residents are assessed by their performance on the ABIM certifying examination regarding geriatric-based questions. Results are reviewed by the teaching faculty.

B. EVALUATION OF THE CURRICULUM & ATTENDING

1. The geriatrics curriculum and attendings are evaluated by the residents who have completed geriatrics rotations at the end of the rotation and at the annual program evaluation by residents.

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