CURRICULUM: GERIATRIC MEDICINE

I. GOALS
   A. To develop knowledge, skills and attitudes that enable the medical resident to deliver competent, efficient and comprehensive health care to the elderly.
   B. To develop a philosophy toward aging and the older adult which will enable the physician to provide compassionate care to the older individual.

II. GENERAL GERIATRIC CONTENT (See appendix I for specific content and teaching methods during geriatric rotation)
   These topics are covered in the various didactic sessions of the program (Grand Rounds, Journal Club, geriatric conferences, Case Conferences). In the course of their other rotations (ward, ICU, subspecialty consultation, ambulatory primary care, resident continuity practice, Emergency Medicine) clinical situations occur which provide opportunities for geriatric education.

   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

   C. Pathophysiology, diagnosis and management of geriatric-specific diseases and syndromes, including the following:
      1. Dementia
      2. Decubiti
      3. Balance disorders & falls
      4. Malnutrition
      5. Failure to thrive (frailty)
      6. Change of mental status (delirium)
      7. Cerebrovascular accident
      8. Elderly abuse
      9. Depression
      10. “Iatrogenesis”
      11. Sensory impairment
      12. Incontinence
      13. Behavioral disorders

   D. Geropharmacotherapeutics, including:
      1. Changes in drug pharmacokinetics with age
      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. Differentiation of a complaint and a disease – knowing when not to treat

   E. Appreciate functional status in the evaluation and management of geriatric patients
      1. Understand and use the assessment of "activities of daily living” and of “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
   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 religious support

G. Preventive care 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 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 a coordinator of care
   4. The importance of the family

I. End of life issues including advance directives discussions and palliative care

III. 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. All socioeconomic groups are included.

IV. SUGGESTED READINGS (SEE ATTACHED)

V. EVALUATION
   A. EVALUATION OF THE RESIDENT
      1. Individual resident performance will be evaluated at the end of the one-month geriatric rotation by the attending geriatrician on that service that month.
      2. Residents will be evaluated annually using the ABIM Interim examination performance on geriatric focused questions
      3. Third year residents will be assessed by their performance on the ABIM certifying examination regarding geriatric-based questions.

   B. EVALUATION OF THE CURRICULUM
      1. The geriatrics curriculum will be evaluated annually by those residents who have completed geriatrics rotations at the annual program evaluation by residents.
      2. A pre and post-test will be given to the residents to assess the realization of the program’s goals. See Appendix II.