

Rotation Name: Geriatrics

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Goal:

The purpose of this educational unit is to prepare internal medicine residents to appropriately assess, provide evidence-based care for, and safely discharge hospitalized older adults.

Objectives:

By the end of this rotation, learners will be able to:

Patient Care

- Perform and interpret a comprehensive geriatric assessment including function, mobility, cognition, and fall risk
- Perform accurate medication reconciliation
- Use a validated tool to screen for delirium
- Manage urinary catheters appropriately
- Evaluate for pressure ulcers and institute appropriate preventive/corrective measures

Medical Knowledge

- Prescribe appropriate drugs and dosages for the older adult and reduce unnecessary and potentially inappropriate medications
- Recognize delirium as a medical urgency, evaluate and treat underlying problem, and manage symptoms with appropriate measures

Interpersonal and Communication Skills

- Develop a treatment plan that incorporates the patients' and family's goals of care, preserves function, and relieves symptoms

Professionalism

- Communicate the key components of a safe discharge plan from the hospital, including community resources and support services

Systems based practice

- In planning hospital discharge, work in conjunction with interdisciplinary team and primary care physician to recommend appropriate community-based services (e.g., home health, assisted living, nursing home, rehab, hospice, etc.)

Practice-based learning and improvement

- Engage with the FACETS curriculum and geriatrics resources to improve patient care and build one's own knowledge and expertise

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Independent study with FACETS booklet and videos	Mobility assessment, cognitive assessment, assessment of function, medication reconciliation, deprescribing, delirium prevention, assessment and management, wound evaluation and care, foley catheter management, code status discussions, discharge planning
Daily (M-F) FACETS peer-teaching sessions	As above
Application of FACETS skills on bedside rounds	As above
Interdisciplinary team discharge huddle	Work with multidisciplinary team to provide appropriate community resources and safe discharge

Required Reading/viewing:

- ACE Flix Youtube playlist
https://www.youtube.com/playlist?list=PLh9e5vXOp7UpHnPzw_LJzKzR1Mg_H1y0b
- FACETS Learners Guide
<https://vumc.app.box.com/s/0sbci4rec3ngtdlssjo697xxq7t9wqt1>

Suggested Reading and/or Resources:

- General Geriatrics Resources
www.americangeriatrics.org : American Geriatrics Society's website, many free clinical guidelines, requires registration (free)
www.healthinaging.org : Educational site of AGS, great for info for patients/caregivers
www.pogoe.org : Educational materials, requires registration (free)
<http://eprognosis.ucsf.edu> : Evidenced-based prognostic calculators for older adults
www.mskcc.org/nomograms : Prognosis calculators for cancer patients
http://www.med.unc.edu/aging/ace/ed_articles.htm : Online library of high yield articles in geriatrics
www.icudelirium.org : Vanderbilt website landmark studies, diagnostic instruments, videos. Also a great resource for patients and families.
www.geripal.org : Geriatrics & Palliative Care pearls from UCSF clinician educators
www.agilemd.com : download the Agile MD app, and add the high-yield Geriatrics Quick Reference
- Geriatric Assessment and code status
JE Morley et al. Rapid Geriatric Assessment: A Tool for Primary Care Physicians. JAMDA2017;18:195-199.
Vitaltalk.org for code status discussion videos
- Cognitive assessment
Inouye, Delirium in elderly people. Lancet 2014.3-D drugs
Clinical Practice Guideline for Postoperative Delirium in Older Adults. JAGS 2015.
- Deprescribing
Steinman JAMA 2010
Deprescribing.org
Medstopper.com –helps you taper medications
- Foleys & Urinary incontinence
Urinary incontinence in older adults. Vaughn Mt Sinai J Med 2011.

Evaluation:

(Ideally, the evaluation items below resemble the learning objectives above)

Assessment Form:

1. Please identify 3 skills you observed the resident do well? (Text Box)
2. Please identify 3 skills the resident needs to improve or should do differently. How should they do it differently? (Text Box)

(Ideally, limit to 8-10 skills that you ask your faculty to assess)

For the remaining items, please rate 1-5 (or did not observe):

1 = cannot do this skill

2 = can do this skill only with direct supervision (some needs to be there to supervise)

3 = can do this skill with indirect supervision (an attending or fellow is close by or available by phone)

4 = can do this skill unsupervised (they are ready to graduate for this skill)

5 = has achieved mastery of this skill (They can teach others how to do this skill well)

Patient Care

3. Perform and interpret a comprehensive geriatric assessment including function, mobility, cognition, and fall risk.
4. Perform accurate medication reconciliation
5. Use a validated tool to screen for delirium.
6. Manage urinary catheters appropriately
7. Evaluate for pressure ulcers and institute appropriate preventive/corrective measures

Medical Knowledge

8. Prescribe appropriate drugs and dosages for the older adult and reduce unnecessary and potentially inappropriate medications
9. Recognize delirium as a medical urgency, evaluate and treat underlying problem, and manage symptoms with appropriate measures.

Interpersonal and Communication Skills

10. Develop a treatment plan that incorporates the patients' and family's goals of care, preserves function, and relieves symptoms

Professionalism

11. Communicate the key components of a safe discharge plan from the hospital, including community resources and support services

Systems based practice

12. In planning hospital discharge, work in conjunction with interdisciplinary team and primary care physician to recommend appropriate community-based services (e.g., home health, assisted living, nursing home, rehab, hospice, etc)

Practice-based learning and improvement

13. Engage with the FACETS curriculum and recommended geriatrics resources to improve patient care and build one's own knowledge and expertise