

Curriculum on Geriatrics

Danbury Hospital Internal Medicine Residency Program

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A. Educational Purpose and Goals

The geriatric rotation is the introduction to outpatient geriatric care and geriatric care within the nursing home. Principles learned in this rotation can be applied to inpatient care. The medical resident is expected to become knowledgeable in significant geriatric problems and syndromes.

B. Teaching Methods

The medical resident will see patients in the office setting as well as at the nursing home independently. They will obtain a history, do physical examinations, assimilate laboratory data/medical information, formulate treatment plan/strategy and be able to present the case to the attending physician for review.

C. Educational Content

1. Mix of Diseases

The medical resident will be presented with a variety of medical problems and syndromes seen in the geriatric population. This will include dementia/delirium, neuropsychological testing, hypertension, congestive heart failure, falls, urinary incontinence, stroke, abnormalities in posture/movement, depression/anxiety, pressure sores, nutrition and end-of-life issues.

2. Patient characteristics

Patients are culturally diverse, geriatric elderly from various ethnic backgrounds. They often have multiple medical problems and require the services of multiple consultants. Thus, issues concerning chronic disease management, polypharmacy and coordination of care come into play. There are functional limitations, high fall risk and cognitive deficits that need to be considered.

3. Types of clinical encounters

Patients will be seen in the outpatient setting (Dr. Thomas' office and various extended care facilities). Patients will also be seen when they are admitted to the inpatient service. Thus resident learners will be able to participate in a continuity experience.

4. Procedures and services

Residents will learn to work with the multiple services offered to our geriatric patient population including skilled nursing facility staff, case management, social services, pastoral care, end-of-life care specialists (hospice) as well as PT/OT.

5. Reading lists, other educational resources

The medical resident is referred to medical references within the Horblit library and online medical reference. The following references are suggested:

- AGS Journal
- Brocklehurst's Textbook of Geriatric Medicine and Gerontology
- Geriatric Medicine. Christine Cassel et al
- Principles of Geriatric Medicine and Gerontology. William Hazard
- Online Resource at the Horblit Health Library, Danbury Hospital
- Medical Care of the Nursing Home Resident. Richard W. Besdine
- Various important journal articles presented by the medical attending

D. Method of Evaluation of Resident Competence

1. Resident and Faculty Performance

Evaluation of residency performance will be completed at the end of the rotation on Evaluate. This will be competency based. The resident will have the opportunity to evaluate the attending (teaching skills and other attributes) and quality of the rotation. Observation of resident's clinical competency and teaching skills (when more than one resident or student is on rotation) will be done. Included in the evaluatory process will be a review of the resident's history, physical exam, and consultation notes and the resident attendance of rounds and conferences

E. Rotation Specific Competency Objectives

Please refer to the Core Curriculum for the expected General Medicine Curriculum core competency objectives and graded responsibilities.

1. Patient Care

- Learn to perform a focused H & P concerning the elderly geriatric patient's issues
- Diagnose and understand common geriatric problems
- Be able to generate a differential diagnosis of common problems encountered by the elderly
- Learn to coordinate the care of elderly patients with various agencies such as case management, hospice, etc.
- Learn to work with families and consider their needs in planning

2. Medical Knowledge

- Learn to diagnose and treat the specific disorders listed above (section C, number 1, mix of diseases)

3. Interpersonal and Communication Skills

- Communicate in a patient and compassionate way when dealing with the frail and elderly patient
- Learn to recognize cognitive deficits and listen carefully to the needs of the elderly to obtain an accurate history
- Communicate with the multiple agencies involved with the care of the elderly to ensure smooth transitions between inpatient and outpatient facilities.
- Perform accurate W-10 forms
- Perform accurate medication reconciliation assessments to avoid errors

4. Professionalism

- Refer to the core competencies

5. Practice Based Learning

- Refer to the core competencies

6. Systems Based Practice

- Learn to work with the various agencies listed above (section C, number 4, Procedures and services to coordinate patient care
- Learn to integrate the needs of the office based practice and skilled nursing care facilities