

Curriculum on Geriatrics Danbury Hospital Primary Care Residency Program

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Contact Information:

Please note; both facilities noted below are where the majority of your time will be spent, they are within walking distance of one another;

Hancock Hall (HH) 31 Staples Street, Danbury, CT 06810; (203) 794-9466

Filosa (F) 13 Hakim Street, Danbury, CT 06810; (203) 794-9466

Daniel Wollman MD

Sharon Frietas, MSN, APRN, GNP-BC

A. Educational Purpose and Goals

The goal of this program is to ensure residents graduate with the knowledge, skills, and attitudes necessary to provide high quality medical care to older patients. Geriatric medicine includes the understanding of normal aging and its influence on the evaluation, management, and therapeutic responses to disease in older adults; common geriatrics syndromes; appropriate use of medical interventions according to the values and wishes of older patients; and methods of health care across a wide array of care settings. Numerous groups, including the Internal Medicine Residency Review Committee and Institute of Medicine, have stressed the importance of geriatrics education for Internal medicine residents.

Goals for the program:

1. Provide educational experiences in caring for older persons in ambulatory, inpatient, home and institutional settings as part of a patient centered medical home
2. Provide residents with specific knowledge and skills necessary for high quality of care to elders across the continuum of care
3. Increase the number of physicians confident and interested in providing care to older persons
4. Provide a journal club experience to educate the intern and staff about new topics of concern to the field of geriatrics

B. Teaching Methods.

Intern block, Introduction to Geriatric Medicine

Patient care: interns provide primary care to patients at Filosa and Hancock Hall, both are skilled nursing facilities. There will be exposure to skilled nursing home services with long-term care, hospice, and rehabilitation as well. Residents will round with the

geriatrician and interdisciplinary team discussing patient care issues. Participation in admissions, discharges and daily care will be expected. Interns admit a small number of new patients as well as care for a panel of patients already present in the facility, under attending geriatrician physician supervision. Interns attend team meetings, family meetings, and conferences on site. Interns round with attending physicians and the APRN daily.

These are the specific interdisciplinary team rounds held in both Hancock Hall (HH) and Filosa (F) – which is just across the street.

Outside of these rounds which typically last from 30 – 60mins, the intern participating in supervised clinical care performed by both the APRN and MD will typically be involved with the following:

1. STR Admissions
 - a. H&P
 - b. Inbound Medication Reconciliation w/ resolution of discrepancies
 - c. Orders
2. STR Discharge
 - a. Discharge Summary
 - b. Outbound Medication Reconciliation
 - c. Post Discharge F/U Telephone Call
3. Change in Condition (CIC)
 - a. Assessment
 - b. Note
 - c. Orders
 - d. Communication w/ Nursing
 - e. Communication w/ Family
4. Routine Evaluation (on 3-4 LTC residents) and Rehab Pts they have admitted
 - a. Assessment
 - b. Note
 - c. Communication w/ Nursing
5. Rehab Observation
 - a. PT/OT/ST
6. Family Meeting
 - a. D/C Planning/POC Discussion
 - b. GOC/Palliative Care

C. Educational Content

Patient characteristics: at the extended care site the patients are predominantly 65 years and older. Patients at the long-term care sites reflect the socioeconomic and ethnic diversity of the cohort of elders living in the greater Danbury area, and also reflect the increased numbers of women surviving to old age. Illnesses reflect the most common serious diseases of this age group, in addition to multiple chronic conditions and disabilities. Some of the patients will be discharged to home or a lower level of care

(e.g., assisted living facility) and others will remain in institutional long term care permanently.

Types of clinical encounters:

The primary training sites, Hancock Hall, and Fiolsa are skilled nursing facilities. In addition Fiolsa has a rehabilitation facility. Interns provide primary care under the supervision of an APRN-MD team. Patients in the home care program are seen at home with Dr. Wollman or an interdisciplinary team member. Important clinical issues for these patients include: management of multiple acute and chronic conditions, maximizing cognitive and functional capacities, management of geriatric syndromes, medication decisions, appropriate use of other health professionals and community-based services, and appropriate health promotion activities.

Sample Block Schedule

First Day; Orientation with Dr. Wollman. Review of expectation and organization.
 Last day, please meet with Dr. Wollman to discuss and review the block experience.

	Monday	Tuesday	Wed	Thurs	Fri
AM	Safety/Rehab Rounds	Rehab/Nutrition Or Wound Rounds	Rehab Rounds	Rehab Rounds/Nursing Ed Lecture	Research
*PM	Independent Study, Boards Questions	Nutrition Rounds	GeriPsych rounds/ Small Group Sessions	Torrington Group Home Visits	Research Journal Club

*Continuity Clinic, attend your assigned fixed day clinic
Hancock Hall; Safety/Nutrition Rounds
Filosa: Rehab Rounds

Interns attend continuity clinic as usually scheduled. In addition, the main site has other weekly conferences (e.g., morning report/team meeting, geriatrics topics, Ethics rounds, skin care rounds, etc.).

Small Group Sessions/Modules

A series of small group sessions devoted to Geriatric Medicine will be given by the staff at the University of Connecticut. Core Topics include: Patient Integration of Care, Falls, Dizziness, Incontinence, Dementia, Home Care.

D. Method of Evaluation of Resident and Faculty Competence

At the beginning of each rotation the preceptors will review the goals and objectives of the rotation with the resident. A meeting at the end of the rotation to review the resident's progress will also take place. It will be the resident's responsibility to schedule the final review with the MD preceptor

Both faculty and resident will provide a review of the resident's competency based performance electronically on [New Innovations](#). In turn the resident will also be asked to review the rotational experience.

Preceptors will evaluate the Resident's performance using competency based milestones. Formal electronic evaluations will be completed and are incorporated into the semiannual performance reviews for each trainee.

E. Rotation Specific Competency Objectives

Patient Care

PGY1 Block Rotation

1. Perform a history and physical exam appropriate to older adults
2. Perform functional assessment, both physical and mental, and recognize need for assessment of decision-making capacity
3. Prescribe medications safely for older persons
4. Evaluate the likely cause of falls in institutionalized older persons

PGY1-3 Experiences

5. Incorporate patient values into medical decision-making, including for end Of life care
6. Determine decision-making capacity
7. Evaluate and manage urinary incontinence
8. Evaluate and manage falls and gait instability
9. Evaluate and manage cognitive decline in the outpatient setting
10. Evaluate and manage osteopenia and osteoporosis in older persons
11. Manage hypertension, diabetes mellitus, and CHF in the very old (>85 years)

Medical Knowledge

PGY1 Block Rotation

1. Approach to the older patient: changes in presentation of disease, history and physical exam, and health promotion in older persons
2. Geriatric assessment: use and scoring of valid instruments to assess function and mental status
3. Pharmacology: pharmacokinetics, pharmacodynamics, and polypharmacy in older persons
4. Geriatric syndromes: dementia, delirium, pressure ulcers, falls, urinary incontinence
5. Ethical issues in caring for older persons: autonomy, advance care plans, living will, DNR, decisional capacity
6. Understand the importance of maintaining and restoring function in older adults

PGY1-3 Experiences

7. Elements of a comprehensive geriatric assessment in the ambulatory care Setting (e.g., enhanced history and physical exam, physical and mental function assessment, sensory exam, social supports)
8. Detection and management of the following geriatric syndromes: dementia, depression in late life, urinary incontinence, falls and gait instability, osteoporosis, and sensory impairment (vision, hearing)
9. Appropriate disease prevention and health promotion strategies for targeted older adults: immunizations (influenza, pneumococcal, tetanus), osteoporosis, cancer (breast, prostate, colorectal, skin), alcohol use, tobacco use, and exercise
10. Management of common outpatient medical problems in the very old: hypertension, diabetes mellitus, and CHF
11. Ethical issues encountered in ambulatory care of older adults: patient autonomy, advance directives, driving safety, elder abuse and neglect
12. Strategies than minimize complications of transitions of care from one site to another (e.g., minimize re-hospitalization, ER visits)

Interpersonal and Communication Skills

PGY1 Block Rotation

1. Demonstrate understanding of the roles of other health professionals and the interdisciplinary team in caring for older patients
2. Demonstrate understanding of the importance of the family and caregivers in caring for older patients

PGY1-3 Experiences

3. Demonstrate ability to incorporate family and care givers in patient evaluation and treatment plan decisions
4. Demonstrate respect for patient autonomy and dignity
5. Demonstrate understanding of the central importance of maintaining function and quality of life in older adults

Professionalism

PGY1 Block Rotation

1. Demonstrate sensitivity towards the diverse values and preferences of older patients
2. Show compassion and respect for older persons

PGY1-3 Experiences

3. Demonstrate respect for the patient and caregivers
4. Obtain and use the patient's own values in formulating clinical care plans, including advance care plans

Practice-Based Learning

PGY1 Block Rotation

1. Use interdisciplinary team feedback to develop care plans for the patient

PGY1-3 Experiences

2. Use feedback loops, teams, and computer based medical records to improve continuity of care
3. Know and use evidence-based strategies to reduce complications from transitions of care in older patients

Systems Based Practice

PGY1 Block Rotation

1. Identify and use nursing home/rehabilitation hospital key resources for patients: therapy; geropsychiatry; family meetings; subacute care

PGY1-3 Experiences

2. Identify and refer appropriately to area community resources – community nursing, adult day health care, care management, rehabilitations, Medicaid/CHCPE

F. IV. Evaluation

A. Baseline

Interns on the geriatrics rotation

Uconn directed: All interns will take the 40-item intern knowledge pre-test at the start of their geriatrics rotation and the intern post-test at the completion of the rotation. They will also take the confidential rotation assessment which includes a retrospective/post-rotation assessment of their skills and confidence in geriatrics clinical skills.

All residents and faculty

In the summer of 2011, all current Danbury residents and faculty will take the general medicine knowledge multiple-choice geriatrics test, which is based on topics from the ITE and ABIM certifying exam blueprints for geriatrics, and the consensus competencies developed by the Society of General Internal Medicine Task Force on Geriatric Medicine/American Geriatrics Society Education Committee, for internal medicine residents.

B. Interval

Interns on geriatrics rotation

Interns will be evaluated by their attending physicians using the Danbury Hospital residency evaluation forms. They will additionally be evaluated by the interdisciplinary team (360 degree evaluation). Verbal feedback on performance, both formative and summative, will be given by the sites director/preceptor of the main clinical site.

Residents

Additional evaluations will be developed, to include team 360 degree evaluations and either a clinic chart abstraction checklist (audit/feedback) or standardized patients (OSCE) behavior/skills assessment, during the development of the Danbury Hospital-based geriatrics educational components.

C. Final

All residents and faculty

At the completion of the program or at 3 years, third year residents and faculty will take the general medicine knowledge multiple-choice geriatrics test, which is based on topics from the ITE and ABIM certifying exam blueprints for geriatrics.

Personnel

UConn Faculty and Staff

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A. Western Connecticut Health Center Staff

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