



University of Central Florida College of Medicine Internal Medicine Residency

Geriatrics & Palliative Care Curriculum

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Rotation Goals and Educational Purpose

Physicians other than those board-certified in Geriatric Medicine or Hospice and Palliative Medicine will be responsible for most of the health care needs of older adults (*IOM. Retooling for an Aging America: Building the HealthCare Workforce. 2008*) and those with advanced or life-threatening illnesses. Our residents will acquire the set of knowledge, skills, and attitudes needed to assess and manage frail elderly patients and those with terminal illnesses. The College of Medicine's geriatric and palliative care rotation utilizes the Orlando VA's outpatient and long-term care venues.

This rotation is mandatory for residents at the PGY-1 level.

Rotation Competency Objectives

Below is an overview of the knowledge, skills, and behaviors promoted during this rotation. The competencies are based in part on the recommended essential geriatric competencies for Internal Medicine and Family Medicine Residents (*Williams BC, et al. J Grad Med Educ 2010;2:373-383*). PGY-1 residents are expected to:

I. Patient Care

- Identify older persons at high safety risk, including unsafe driving or elder abuse/neglect, and develop a plan for assessment or referral.
- Individualize standard recommendations for screening tests and chemoprophylaxis in older patients based on life expectancy, functional status, patient preference, and goals of care.
- Assess whether an older patient has sufficient capacity to give an accurate history, make decisions, and participate in developing the plan of care.
- Appropriately administer and interpret the results of at least one validated screening tool for each of the following: delirium, dementia, depression, and substance abuse.

II. Medical Knowledge

- Identify, assess, and manage common clinical conditions in geriatric patients in the outpatient, and long-term care settings:
 1. The clinical manifestations and behavioral abnormalities of dementia
 2. Nursing home acquired infections
 3. Urinary incontinence
 4. Falls and fall-related injuries
 5. Malnutrition
 6. Pressure ulcers
 7. Chronic pain

- Demonstrate understanding of the impact of major age-related changes on physical and laboratory findings.
- Consider adverse reactions to medication in the differential diagnosis of new symptoms or geriatric syndromes (e.g. cognitive impairment, constipation, falls, incontinence).

III. Interpersonal and Communication Skills

- Discuss and document advance care planning and goals of care with patients with chronic or complex illness, and/or their surrogates.
- Develop a treatment plan that incorporates the patient's and family's goals of care, preserves function, and relieves symptoms.
- In patients with life-limiting or severe chronic illness, identify with the patient, family, and care team when goals of care and management should transition to primarily comfort care.
- In patients with life-limiting or severe chronic illness, assess pain and distressing non-pain symptoms (dyspnea, nausea, vomiting, fatigue) at regular intervals and institute appropriate treatment based on their goals of care.
- Identify and assess barriers to communication, such as hearing and/or sight impairments, speech difficulties, aphasia, limited health literacy, and cognitive disorders.

IV. Professionalism

- Respond in a timely manner to patient care needs.
- Understand and promote confidentiality, informed consent and ethical business practices
- Be honest, reliable, cooperative and accepts responsibility
- Demonstrate sensitivity to patient culture, gender, age, preferences and disabilities

V. Practice-Based Learning and Improvement

- Demonstrate the use of evidence-based, cost effective care for older adults receiving acute, outpatient and long-term care
- Review patient's medications (including medications prescribed by other physicians, over-the-counter and complementary and alternative medicines) with the patient and/or caregiver to assess adherence; eliminate ineffective, duplicate, and unnecessary medications; and ensure that all medically indicated pharmacotherapy is prescribed.
- Assess the efficacy of current psychotropic medication use in patients with a diagnosis of dementia

VI. Systems-Based Practice

- In planning hospital discharge, work in conjunction with other health care providers (eg, social work, case management, nursing, physical therapy) to recommend appropriate services based on: (1) the clinical needs, personal values, and social and financial resources of the patients and their families (eg, symptom and functional goals in the context of prognosis, care directives, home circumstances, and financial resources); and (2) the patient's eligibility for community-based services (eg, home health care, day care, assisted living, nursing home, rehabilitation, or hospice).
- In transfers between the hospital and skilled nursing or extended-care facilities, ensure that: (1) for transfers to the hospital, the caretaking team has correct information on the acute events necessitating transfer, goals of transfer, medical history, medications, allergies, baseline cognitive and functional status, advance care plan, and responsible primary care physician; and (2) for transfers from the hospital, a written summary of hospital course be completed and transmitted to the patient and/or family caregivers as well as the receiving health care providers that accurately and concisely communicates evaluation and management, clinical status, discharge medications, current cognitive and functional status,

advance directives, plan of care, scheduled or needed follow-up, and hospital physician contact information.

- Identify the most common causes of medical legal risk involved in the care of older adults in the outpatient and long-term care settings.

Teaching Methods

Supervised Direct Patient Care Activities: A faculty geriatrician will supervise residents allowing them to exercise autonomy in their clinical care commensurate with their documented and demonstrated ability.

Residents will participate in the evaluation and management of patients in the following settings:

- Palliative care consultative service
- Long-term care setting that provides skilled nursing, hospice/palliative care, dementia, and long-term intermediate care
- Home-based medical home model (home-based primary care)

Presentations: Residents will be required to perform 2 comprehensive geriatric evaluations on VA long-term care or home-based primary care patients prior to their discharge from an acute care center. The residents will use a modified version of the UCF Medical Student Comprehensive Geriatric Assessment (www.mededportal.org/publication/9251). Cases will be presented and discussed with a faculty geriatrician. Residents will also be required to do an educational presentation for the interprofessional Geriatrics & Extended Care staff. The presentation can focus on a literature review of a clinical topic, a case report/case series, or a quality improvement project.

Independent Learning: The residents will be encouraged to seek outside sources of information on all patients for whom they have primary responsibility. This will include identifying appropriate evidence-based sources and also readings about geriatric topics from a selection of journal articles and textbook chapters.

Structured Didactic Case-Based Sessions: (*adapted from Golden AG, et al. J Am Geriatr Soc 2010;58:746-750.*)

- Geriatric Assessment
- The Facts of Life (Part 1): Health Care Delivery in an Aging Society
- The Facts of Life (Part 2): The Economic Impact of an Aging Society
- An Evidenced-Based Approach to Falls and Fall-Related Injuries
- An Evidence-Based Approach to Pressure Ulcers
- Taking Care of the Malnourished Elderly Patient: Separating What Works From Myth and Legend
- Fountain of Youth 1: An Evidence-Based Approach to Healthy Aging
- Fountain of Youth 2: An Evidence-Based Approach to Health Screening for Older Adult Patients
- The Care of the Dying Patient
- The Assessment and Treatment of Cognitive Dysfunction
- The Clinical Manifestations of End-Stage Dementia
- The Management of Behavioral Abnormalities in Patients with Dementia
- Medication Management in Older Adults
- The Treatment of Pain in Frail Elderly Patients
- The Identification of Abuse and Neglect
- The Assessment and Management of Urinary Incontinence

Evaluation Methods

Resident Performance

- **Formative Evaluation/Direct Observation** – residents will receive *immediate feedback* on case presentations as well as on specifics of management for each patient. Ongoing feedback will also be

given to residents in areas of professionalism, patient communications, and interaction with other health care workers.

- **Global Evaluation** – *the end of rotation evaluation* to be completed by the attending will be written and also discussed with the resident. The final evaluation will be based on overall performance in both cognitive and non-cognitive areas as well as receptiveness to feedback and improvement over time.
- **In-Training Examination:** Mini-CEX
- **Record Review**
- **Multisource Evaluation Form:** completed by nurses and allied health professionals

Faculty Performance

- Upon completion of rotation, the resident will complete a service evaluation form for the attending faculty.

Principal Ancillary Educational Materials

- Golden A, Berry A, Cannarozzi M, Dangiolo M. UCF Medical Student Comprehensive Geriatric Assessment. MedEdPORTAL; 2012. Available at: www.mededportal.org/publication/9251.
- Kane RL, Ouslander JG, Abrass IB, Resnick B. *Essentials of clinical geriatrics* (7th ed.). New York: McGraw-Hill. 2013.
- Rueben DB, Herr KA, Pacala JT, Pollock BG, Potter JF, Selma TP. *Geriatrics at Your Fingertips 2012* (14th ed.) New York: American Geriatrics Society. 2012.
- Quill TE, Holloway RG, Shah MS, Caprio TV, Olden AM, Storey CP. *Primer of Palliative Care*. (5th ed.) Glenview, IL: American Academy of Hospice and Palliative Medicine. 2010.