

GERIATRICS ROTATION 2008 – 2009

Overview

All PGY-3 residents in Internal Medicine and PGY-4 residents in Medicine/Pediatrics are assigned to a required Geriatrics rotation for one month. Typically, two residents are assigned in each month that the rotation is offered. This is an off-site rotation in which residents gain valuable insight into community practice, with patients and families from a wide socio-economic spectrum. Teaching/learning activities are scheduled Monday through Friday, with the exception of holidays observed by the attending physicians. There are no weekend duties.

The rotation is centered at Shreveport Geriatrics, the practice of Thomas Reilly, MD and Lawrence Drexler, MD. Their offices are located at 830 Margaret Place in Shreveport. Most of the residents' patient care experience occurs at long term care facilities in Shreveport-Bossier City area. Occasionally, patients may be admitted to Christus Schumpert Medical Center with Drs. Reilly and Drexler as the attending physician, and residents may participate in their care. The resident experience at Christus Schumpert is governed by a contract between that hospital and the Department of Medicine of LSU Health Sciences Center.

Learning Venues/ Activities

- *Inpatient Acute Care Service – Schumpert Medical Center:* Residents may spend up to two weeks on this service, depending on the availability of patients admitted under the care of the Geriatrics faculty. The range of activities will include, but not be limited to, histories and physical examinations on newly-admitted patients, daily rounds and progress notes on patients, observation/participation in physical therapy and rehabilitation services, and discharge planning.
- *Nursing Home Service:* Residents at least two weeks accompanying one of the attending physicians on rounds at various nursing homes. The range of activities will include, but not be limited to, rounds on patients; review of medical records, including required data bases; conferences with nursing home staffs, and family conferences.
- *Night Telephone Call:* Residents will be assigned to take telephone calls from nurses one night a week. A log of all calls and actions resulting from them will be maintained and discussed at the daily conference the next morning (see below). Supervision and back-up will be available from the on-call physician for the practice. The resident will be allowed the next afternoon off. This determination will be made at the time of the morning conference. If a resident is assigned to an afternoon continuity clinic (see below), he/she should not be scheduled for telephone call the previous evening. The resident on-call will be provided a personal digital assistant containing patient data bases to assist in managing the calls.

- Daily Resident/Faculty Conference: Each day will begin with a conference with all the attending physicians in their office. The time will be 8 a.m., or as designated by them. Activities may include review of residents' telephone logs; discussion of interesting patients and topics in geriatric medicine; discussion of recent medical literature in the field of Geriatric Medicine, and viewing videos on the following topics
 - Minimizing Drug Interactions
 - Diagnosis of Dementia
 - Treatment of Dementia
 - Alzheimer's Disease Management
 - Treatment of Difficult Behavior
 - Delirium
 - Mental Status Assessment
 - Stroke Prevention and Treatment
 - Swallowing and Feeding
 - Principles of Rehabilitation
 - Falls Assessment and Management
 - Orthopedic Disorders in the Elderly
 - Osteoporosis Management
 - Urinary Incontinence
 - Update on BPH and Prostate Cancer
 - Diabetes Type 2
 - Assessing Pressure Sores
 - Managing Pressure Sores
 - End-of-Life Issues in the Elderly
 - Hospice Care

- Resident Mini-lectures: Residents may be assigned to present mini-lectures on topics in Geriatric Medicine, both during the practice conferences and during the Geriatrics lecture series at LSUHSC in December (see below).

- Physical Medicine/Rehabilitation Experience: The Geriatrics rotation is an additional opportunity in the curriculum for resident experience in physical medicine and rehabilitation. Opportunities may be available in either the hospital or nursing home setting. The emphasis should included, but not be limited to, the following:
 - Muscle strength and gait evaluation
 - Post-stroke rehabilitation
 - Selection of assistive devices, including canes, walkers, wheelchairs, and orthoses

- Weekly Continuity Clinic – LSUHSC: Residents assigned to the Geriatrics rotation will attend their weekly half-day continuity clinics at LSUHSC, except when on leave.

- Daily Noon Conferences – LSUHSC: When possible, residents should attend noon conferences at LSUHSC. When working in nursing homes a significant distance from the Health Sciences Center, they will be excused from conferences. If they are

unable to take the monthly self-assessment examination on the scheduled day, arrangements should be made with the Residency Secretary or Coordinator to take it at a later time.

- *December Geriatric Conferences*: A series of lectures/conferences on Geriatric Medicine topics is presented each December, as a part of the noon conference series. The topics are on a three-year cycle. Residents may be asked to present a thirty minute “mini-lecture” as a part of this series.
- *Independent Reading/Study*: This is an important aspect of the Geriatrics rotation. As in all clinical rotations, reading should begin with topics derived from patient care experiences. Textbook chapters, key articles from the literature, and consensus reports may also be assigned by the attending physicians.

Learning Resources

- Standard medical textbooks
- Applicable sections of UpToDate, available through the LSUHSC-S library website.
- UCLA Geriatrics Review Tapes: See above topics; tapes on additional topics are available at Shreveport Geriatrics as time allows
- Selected articles distributed or referenced during the rotation

Evaluation

- *Global Faculty Evaluations*: The three physicians in the practice will submit a composite evaluation of each resident at the end of the rotation, using the on-line *MyEvaluations* software. Residents must also receive a verbal evaluation of their performance at the conclusion of the rotation.
- *Clinical Evaluation Exercises*: Because of the close interaction of faculty and residents on this rotation, it is an excellent opportunity to complete a number of clinical evaluation exercises. Residents should initiate the process using *MyEvaluations*.
- *Procedures*: Any procedures performed under supervision during the rotation should be entered in the Procedure Log in *MyEvaluations*.
- *December Monthly Self-Assessment Examination – LSUHSC*: All PGY-3 residents are expected to complete or review the monthly examination covering Geriatric Medicine.

Educational Goals

Specific goals, with the learning venues and evaluation methods, are listed below. These are intended for the PGY-3 or PGY-4 level, and address each of the six

general competencies of the Accreditation Council for Graduate Medical Education (ACGME): patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. In addition, this rotation is designed to give residents experience in:

- The practice of Internal Medicine/Geriatrics in both a community hospital and a long-term care setting.
- Physical medicine and rehabilitation
- The business management of a practice.

The use of an advanced electronic medical record system in the care of patients.

Patient Care

- Learn to perform a focused history and physical examination on an elderly patient.
- Learn to manage behavioral problems in the elderly appropriately.
- Learn to adjust medication dosages in the elderly.
- Understand the pharmacologic management of depression in the elderly.
- Learn to evaluate and order appropriate diagnostic studies for dizziness and syncope.
- Learn to manage tube feedings in the elderly.
- Learn to evaluate an elderly person with a history of falling.
- Learn to assess and manage dehydration in the elderly.
- Learn to manage urinary incontinence in the elderly.
- Learn to assess nutritional status in the elderly
- Learn the appropriate management of pain in the elderly.
- Learn the appropriate use of restraints in the elderly.
- Learn to order appropriate health screening tests in the elderly.
- Learn to order appropriate immunizations in the elderly.
- Learn the appropriate management of pressure ulcers in the elderly.
- Learn to order appropriate assistive devices in the elderly.

Medical Knowledge

- Understand the common theories of aging.
- Understand the changes in pharmacokinetics and pharmacodynamics in the elderly.
- Understand and differentiate the causes of visual and hearing impairment in the elderly.

Practice-Based Learning and Improvement

- Develop a systematic approach to the management of patients with multiple chronic medical problems.

Interpersonal and Communication Skills

- Learn to communicate effectively with elderly people who have visual, hearing, and cognitive problems.
- Learn to communicate effectively with the families of elderly patients.

- Learn to communicate effectively with nursing home personnel, both in person and by telephone.

Professionalism

- Understand “ageism;” evaluate personal attitudes toward the elderly.
- Show appropriate respect for all members of the health care team in both hospital and nursing home settings.
- Show appropriate empathy and concern for elderly patients and their families in the following circumstances:
 - Terminal illness
 - Cognitive decline
 - Deconditioning, frailty, “failure to thrive”
 - Behavioral disturbances

Systems-Based Practice

- Understand principles of financial management of a geriatric medical practice.
- Understand Medicare benefits:
 - Part A and B; Medicare Advantage
 - Prescription drugs (Part D)
 - Rehabilitation, long-term acute care (LTAC), skilled nursing
 - Durable medical equipment
- Understand the nursing home minimum data set (MDS)
- Become familiar with regulations governing nursing homes
 - Federal regulations
 - State Medicaid regulations
 - Role of the medical director
- Understand the principles of hospice care
 - Indications
 - Reimbursement
 - Limits of care
- Learn to make triage decisions by telephone