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[key: UMC = University Medical Center; LTC = Garrison Geriatric Education and Care Center (long-term care); MDC = Memory Disorders Clinic; OPC = TTUHSC Physicians’ Pavilion (Geriatric Medicine Clinics); ALF = The Carillon (Assisted Living facility Ambulatory Care); PACE = Program of All-Inclusive Care of the Elderly (interdisciplinary comprehensive and palliative care for frail elders)]

Dentino 08.11.11
A. University Medical Center (acute care hospital):

Busy in-patient geriatric and palliative medicine consult service. Faculty board certified in both geriatric medicine, and hospice and palliative medicine. Interdisciplinary team approach with nurse coordinator, social work and chaplain in addition to medical team.

AAMC Geriatrics Competencies addressed:

#22: Hospital Care for Elders: Identify potential hazards of hospitalization for all older adult patients (including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, peri- and post-operative periods, and hospital acquired infections) and identify potential prevention strategies.

#23: Hospital Care for Elders: Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in the older adult patient.

#24: Hospital Care for Elders: Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.

#25: Hospital Care for Elders: Communicate the key components of a safe discharge plan (e.g., accurate medication list, plan for follow-up), including comparing/contrasting potential sites for discharge.

#26: Hospital Care for Elders: Conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers

B. Garrison Geriatric Education and Care Center (long-term care):

Interdisciplinary long-term care. Employs a team approach to geriatric patients, not uncommonly with a number of chronic diseases, and not infrequently with cognitive challenges. The Garrison Center is the first on-site, teaching nursing home of any medical school in the U.S. As its name describes, it is a Center for Education and Care. Dignity and excellence in care are overriding principles for its residents and their families.

AAMC Geriatrics Competencies addressed:

#6: Cognitive and behavioral Disorders: Urgently initiate a diagnostic work-up to determine the root cause (etiology) of delirium in an older patient

#8: Cognitive and behavioral Disorders: Develop an evaluation and non-pharmacologic management plan for agitated demented or delirious patients

#10: Self-Care Capacity: Develop a preliminary management plan for patients presenting with functional deficits, including adaptive interventions and involvement of interdisciplinary team members from appropriate disciplines, such as social work, nursing, rehabilitation, nutrition, and pharmacy.

c. Memory Disorders Clinic:

Complex and challenging diagnostic and treatment formulations of elders with cognitive impairments and interactions of these memory problems with patients’ medical statuses. Multiple specialists from a number of allied health disciplines present and involved in case discussions.
AAMC Geriatrics Competencies addressed:

#4: Cognitive and Behavioral Disorders: Define and distinguish among the clinical presentations of delirium, dementia, and depression.


#7: Cognitive and Behavioral Disorders: Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.

D. TTUHSC Physicians’ Pavilion (Geriatric Medicine Clinics):

Outpatient ambulatory geriatric medical care of generally healthy elders for whom general or cardiologic geriatric consultative assessment has been requested, or continuity care patients seen for routine outpatient issues.

AAMC Geriatrics Competencies addressed:

#1: Medication Management: Explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and Central Nervous System sensitivity.

#2: Medication Management: Identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults and explain the potential problems associated with each.

#17: Atypical Presentation of Disease: Identify at least 3 physiologic changes of aging for each organ system and their impact on the patient, including their contribution to homeostenosis (the age-related narrowing of homeostatic reserve mechanisms).

#18: Atypical Presentation of Disease: Generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults, including acute coronary syndrome, dehydration, urinary tract infection, acute abdomen, and pneumonia.

E. The Carillon (Assisted Living facility Ambulatory Care):

Delightful outpatient ambulatory learning activity where resident of this Assisted Living facility present for clinic-based medical care. Goal is of independence and autonomy in the home care setting.

AAMC Geriatrics Competencies addressed:

#12: Falls, Balance, Gait disorders: Ask all patients > 65 y.o., or their caregivers, about falls in the last year, watch the patient rise from a chair and walk (or transfer), then record and interpret the findings.

#13: Falls, Balance, Gait disorders: In a patient who has fallen, construct a differential diagnosis and evaluation plan that addresses the multiple etiologies identified by history, physical examination and functional assessment.

F. PACE (Program of All-Inclusive Care of the Elderly (interdisciplinary comprehensive and palliative care for frail elders)):

Extraordinary and enlightening learning activity involving the care of frail elderly. This program is a community alternative to long-term care. Many patients are at the end of life, with palliative care as its emphasis. Holistic interdisciplinary team care where aggressive symptom management and alleviation of pain and
suffering are the goals of primacy over that of curative modalities. Home visits with PACE program staff possible.

AAMC Geriatrics Competencies addressed:

**#3: Medication Management:** Document a patient’s complete medication list, including prescribed, herbal and over-the-counter medications, and for each medication provide the dose, frequency, indication, benefit, side effects, and an assessment of adherence.

**#9: Self-Care Capacity:** Assess and describe baseline and current functional abilities (instrumental activities of daily living, activities of daily living, and special senses) in an older patient by collecting historical data from multiple sources and performing a confirmatory physical examination.

**#11: Self-Care Capacity:** Identify and assess safety risks in the home environment, and make recommendations to mitigate these.

**#14: Health Care Promotion and Planning:** Define and differentiate among types of code status, health care proxies, and advanced directives in the state where one is training.

**#15: Health Care Promotion and Planning:** Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening tests in older adults.

**#16: Health Care Promotion and Planning:** Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for treatment in older adults.

**#19: Palliative Care:** Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care.

**#20: Palliative Care:** Identify the psychological, social, and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members.

**#21: Palliative Care:** Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.

**G. On-Line Resources:** The University of Iowa Geriatric Education Center series: On-line learning materials, cross-referenced to AAMC Geriatrics Competencies, to complement the on-site learning activities of this rotation. All learning products located at: [www.healthcare.uiowa.edu/igec/e-learn_lfic/geriasims/acadMenu.asp](http://www.healthcare.uiowa.edu/igec/e-learn_lfic/geriasims/acadMenu.asp)

AAMC Geriatrics Competencies addressed:

**#1: Medication Management:** “Polypharmacy in Older Adults,” Kelly, M (University of Iowa Dept. of Family Medicine) and Ness, J (University of Iowa Dept. of Internal Medicine).

**#5: Cognitive and Behavioral Disorders:** “Dementia in the Elderly Patient,” Lanternier, M (University of Iowa Dept. of Family Medicine).

**#6: Cognitive and Behavioral Disorders:** “Delirium,” Ness, J (University of Iowa Dept. of Internal Medicine).


**#12: Falls, Balance, Gait Disorders:** “falls in Older Adults,” Mulhausen, P ((University of Iowa Dept. of Internal Medicine).

**#15: Health Care Promotion and Planning:** “Failure to Thrive,” Shilling, M (University of Iowa Dept. of Internal Medicine).

**#18: Atypical Presentations of Disease:** “Ischemic Stroke in the Elderly,” Davis, P (University of Iowa Dept. of Neurology).
#20: Palliative Care: “Palliative Care,” Speiss, J (University of Iowa Dept. of Family Medicine) and Dobyns, R University of Iowa Dept. of Internal Medicine).

#23: Hospital Care for Elders: “Urinary Incontinence,” Wolfe, S (University of Iowa Dept. of Family Medicine).

H. Readings: recommend one topic reading to be completed daily:


1. Pharmacotherapy
   Readings: Hazzard 6th Ed. Ch. 8, 30, 63; GRS 7th Ed. Ch.10-11

2. Assessment
   Readings: Hazzard 6th Ed. Ch. 10-13 and 33; GRS 7th Ed. Ch. 6

3. Physiology of Aging
   Readings: Hazzard 6th Ed. Ch. 1-5; GRS 7th Ed. Ch. 1-2

4. Clinical Approach to the Older Patient
   Readings: Hazzard 6th Ed. Ch. 16 and 26; GRS 7th Ed. Ch. 20

5. Falls
   Readings: Hazzard 6th Ed. 54; GRS 7th Ed. Ch. 30

6. Depression, Dementia, and Delirium
   Depression: Readings: Hazzard 6th Ed. 70; GRS 7th Ed. Ch. 37
   Dementia: Readings: Hazzard 6th Ed. 61-62, 65, 67-68, 73; GRS 7th Ed. Ch.32-33
   Delirium: Readings: Hazzard 6th Ed. 53, 73; GRS 7th Ed. Ch. 34

7. Hospital Care
   Readings: Hazzard 6th Ed. Ch. 17-19 and 35-37; GRS 7th Ed. 13

8. Guide to Advance Directives
   Reading: Hazzard 6th Ed. Ch. 32 and Ch. 34; GRS 7th Ed. Ch. 4

9. Prevention;
   Reading: Hazzard 6th Ed. Ch. 9, 14, 28, 38-39, 42 and 114; GRS 7th Ed. Ch. 9

10. Palliative Care.
    Reading: Hazzard 6th Ed. Ch. 31; GRS 7th Ed. Ch. 14
I. **Didactics** (Orientation; Learning Experience Project Presentation; and Wrap-Up sessions):

   **Pre-Test:** first morning will include a “Pre-Test,” whose score will NOT be counted in the final grade.

   **Daily Noon Didactics:** daily TTUHSC SOM-Lubbock Geriatric Medicine Fellowship lecture series is available for F-MAT students’ participation

   **Learning Experience Project:** Practical learning activity wherein students identify a USMLE Step 2 Clinical Knowledge (‘CK’) Question relevant to geriatrics; research and create a document stating why each stated possible answer to the question is either correct or incorrect, with reference supporting their conclusions; and present their work in the form of a “Podcast” or “Xtranormal” presentation at the end of the learning experience.

   **Wrap-Up:** on final day of learning experience: includes review of examination results; processing of affective learning as to the rotation itself; and applications/explorations of this rotation to students’ future specialty choice.