Geriatrics Curriculum

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I. **Introduction**
   Geriatrics is a one month elective available in the first year of residency. In addition, longitudinal experience is acquired through ongoing geriatric lectures, conferences, and care of nursing home patients.

II. **ACGME General Competencies**
   The ACGME has endorsed general competencies for residents in the area of: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice. Please refer to your Resident Manual for details regarding these competencies.

   General competency areas emphasized in this rotation will be *italicized* in the Objectives section of the curriculum.

III. **Purpose**
   The purpose of this rotation is to provide experiences which will equip the resident in addressing the needs of the geriatric population. This rotation will also assist the resident in developing an awareness of his/her own attitudes toward aging, disability, and death. The importance of cost containment in health care will also be stressed. The resident will also become aware of the range of services available to promote rehabilitation and reacquisition or maintenance of an independent lifestyle for the elderly. These measures should enhance the patient's ability to function as long as possible in their existing family, home and social environments.

   The resident will be encouraged to develop an attitude of compassion and humanism toward the elderly, balancing realism and practicality about the inevitability of decline and loss. The resident will be encouraged to accept input from others, often less highly trained individuals who have intimate and valuable knowledge about aging, health, and practical management of the aging patient. These individuals would include: speech therapists, physical, occupational and recreational therapists. The importance of continuing access and accountability to the patient is also emphasized.

IV. **Goals**
   A. Recognize the importance of family and home in overall life and health of the patient.
   B. Provide minimal interference in the life of the patient, with appropriate limitation of investigation and treatment to that which would benefit the patient.
   C. Develop the attitude of a life-long learner and of a contributor, by research, to the body of knowledge about aging, health and local management of the ageing patient.
   D. Discourage the undesirable dependence by the patient on the physician, family, or other provider and the promotion of dignity through self-care and self-determination.
V. **Objectives** The resident should (*patient care, medical knowledge, professionalism, systems-based practice, interpersonal and communication skills)*:

A. Know the underlying physiological “normal aging” changes in the various body systems, including their diminished homeostatic abilities and changes directly relating to the assessment and treatment of the elderly patients; this includes the interrelationships because of concurrent changes in multiple systems and altered metabolism and effects of drugs.

B. Understand the normal psychological, social and environmental changes of aging, including the reaction to common stresses and changes such as retirement, bereavement, relocation and ill health, and the changes in family relationships that will affect elderly health care.

C. Understand the uniqueness of the modes of presentation of elderly patients for care, including the altered and non-specific presentations for specific diseases.

D. Understand the tendency of elderly patients toward:
   1. Iatrogenic Disease
   2. Dependency
   3. Long-term institutionalization while receiving medical care
   4. Immobilization and its consequences.

E. Promote health and health care maintenance through screening, preventive care and early diagnosis, and the assessment for risk factors.

F. Understand the pitfalls of geriatric care such as polypharmacy, iatrogenic illness, over treatment, inappropriate use of high technology, the unsupportive family, etc.

G. Understand the means to actively promote health care in the elderly through exercise, nutrition, and psychosocial counseling.

H. Understand the financial aspects of health care of the elderly and the way these influence health care patterns and decisions.

I. Understand the place of the house call, its indications, and benefits in the assessment and management of the patient.

J. Understand and develop the means to actively promote health in the elderly through exercise, nutrition, and psychological counseling.

The resident will develop skills in:

A. Obtaining a comprehensive history, utilizing all available resources of information.

B. Comprehensively conducting an efficient physical examination in the office, hospital and nursing home settings, mindful of the patient’s modesty and nobility, yet balancing the need for a full examination.

C. The selection and interpretation of diagnostic procedures.

D. The selection and conduction of house calls.

E. The development of problem lists in practical, clinical, functional, psychological, and social terms.

F. The setting of appropriate priorities for investigation and treatment.

G. Communication to the patient and/or caregivers of the proposed investigation and treatment plans in such a way as to promote understanding, compliance and appropriate attitude.

H. The ability to communicate hope and empathy, and to balance objectivity with human involvement.
I. Counseling regarding the psychological, social and physical stresses and changes of increasing age, dying and death.
J. The coordination of the range of services available with the patient’s support systems and needs.
K. The integration of factors in the patient’s family, home and general lifestyle into the diagnostic and therapeutic process.
L. Consultation with physicians and other health professionals, including the critical evaluation and selective use of continuation of consultant advice in critical care situations.
M. The evaluation and care of the following within the elderly patient by:
   1. Providing proper care after fractures.
   2. Providing rehabilitation of the stroke patient.
   3. Providing rehabilitation of the patient with neurological disabilities.
   4. Understanding exercises necessary for different muscle groups.
   5. Understanding exercises necessary for disabilities in upper and lower extremities and the back.
   6. Understanding the use of physiotherapy in rehabilitation.
   7. Using West Texas Rehabilitation Services
N. Understanding the use of the following in the treatment of elderly patients:
   1. Infrared
   2. Hydrocollator packs
   3. Whirlpool
   4. Diathermy
   5. Microtherm
   6. Ultrasound
   7. Ultraviolet
   8. Massage
   9. Postural drainage
   10. Traction
   11. Gait training
   12. Electrical stimulation
   13. Therapeutic exercises

VI. Rotation Specific Competency Objectives
1. Patient Care – By the end of the rotation the resident must be able to complete a comprehensive geriatric history with particular focus paid to polypharmacy, depression, and substance abuse.  The resident will be able to interpret laboratory tests as they pertain to aging.  The resident will demonstrate skills in clinical documentation in the medical record.
2. Medical Knowledge – By the end of the rotation the resident must be able to evaluate common problems seen in the aging population.  The resident will be able to safely prescribe medications and be aware of drug-drug interactions.
3. Interpersonal and Communication Skills – The resident will actively work with the nursing staff and demonstrate the ability to work in a team setting. The resident will develop and sustain a therapeutic and ethically sound relationship with patients and their families. The resident will demonstrate the ability to
communicate effectively and demonstrate a caring, compassionate, and respectful behavior.

4. Professionalism – The resident will demonstrate respect, compassion, and integrity. The resident will be committed to excellence and continuous professional development. The resident will be respectful regardless of sex, ethnicity, and religious preference.

5. Practice Based Learning and Improvement – The resident will be able to locate, critically appraise, assimilate evidence from scientific studies to apply to patients’ health problems. The resident will be able to use information technology to manage information, access on-line medical resources to support self-education, patient care decisions, and patient education.

6. System Based Practice – The resident will be able to practice cost-effective health care and resource allocation while advocating for quality. The resident will be able to assess, coordinate, and improve health care and system performance.

VII. Recommended Reading
2. Textbook of Primary Care Medicine, J. Noble, ch. 6.
5. Primary Care Psychiatry, ch. 12 224-249.
6. AAFP Geriatric monograph and audio tapes.
7. As recommended by rotation attending.