



Geriatrics Curriculum

NGMC- Family Medicine Residency Program- Gainesville, Ga

PGY-3

Description of Rotation:

This is a four-week block Geriatric experience with the attendings that are doing geriatric medicine based on the disciplines of family medicine, behavioral medicine and pharmacy. Residents will see geriatric patients in long term care, outpatient, home, and inpatient settings. The resident will be preparing a geriatric case study during this rotation. This rotation will occur during the PGY 3 year.

Goals:

At the completion of the Geriatrics rotation, a family medicine resident will:

- Care for the elderly patient by performing comprehensive examinations, properly assessing and devising treatment plans that are coordinated and involve patients and families, and communicating effectively with the patient, family, and care team.

PATIENT CARE OBJECTIVES AND COMPETENCIES

During this rotation the resident will:

- Perform comprehensive, standardized geriatric assessments and develop patient-specific treatment plans that incorporate the patient's goals of care, optimize function, and alleviate symptoms
- Diagnose and understand the management of common problems in older adults. **(PC-2)**
- Develop and prioritize differential diagnosis and appropriate evaluation of medically complex and/or frail elderly patients. **(PC-1)**
- Understand role of, and perform, geriatric assessments. **(PC-5)**
- Develop treatment plans that include patient and/or family preferences. **(PC-3)**

MEDICAL KNOWLEDGE OBJECTIVES AND COMPETENCIES

The resident should demonstrate the ability to apply knowledge of **(MK-1)**:

- Normal physiologic changes that are associated with aging
 - Diminished homeostatic abilities
 - Altered metabolism and effects of drugs
 - Physiology of aging in various organ systems
- Normal psychological, social, and environmental changes of aging
 - Reactions to common stressors, including retirement, bereavement, relocation, illness, and natural decline in physical and cognitive abilities
 - Changes in family and socioeconomic parameters that affect health
- Unique modes of presentation for care, including atypical presentations of specific diseases in older adult patients
- Risks points and adverse outcomes in geriatric care **(MK-2)**
 - Polypharmacy
 - Transitions of care
 - Nonrecognition of treatable illness



- Iatrogenic illness
 - Treatment that does not take into consideration goals of care
 - Functional impairment, immobilization, and associated consequences
 - Cognitive impairment and associated consequences
 - Inappropriate institutionalization
 - Unsupported family/caregivers
- Promotion of health maintenance through patient- and age-appropriate screening and risk factor assessment
 - Promotion of health in older adults through exercise, nutrition, and behavioral or lifestyle counseling
 - Services available to promote rehabilitation or maintenance of physical independence of older adults, thus increasing their ability to function in their existing family, home, and social environments
 - Community resources, including those used to help patients maintain independence
 - Indications for and benefits of the house call in the assessment and management of older adults
 - Characteristics of various types of housing alternatives and long-term carespaces available to the older adults, including independent living, personal care homes, assisted living, skilled nursing home care, and custodial nursing homes
 - Financial aspects of health care, with understanding of Medicare, Medicaid, and how various types of housing and long-term care housing options are financed
 - Recognition and management of elder abuse and neglect
 - Evaluation of the functional status of older adults
 - Evaluation of the cognitive status of older adults
 - Care of conditions that are common in older adults, can impose significant burden, or differ in presentation and/or management in older adults
 - Sensory: hearing and vision loss, speech disorders, changes in taste, vestibular dysfunction, altered proprioception
 - Respiratory: chronic obstructive pulmonary disorder (COPD), pneumonia (infectious or aspiration), other respiratory infections, obstructive sleepapnea (OSA)
 - Cardiovascular: hypertension, congestive heart failure, myocardial infarction, valvular heart disease, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, syncope, postural hypotension
 - Oral conditions: caries, periodontal disease, tooth loss and denture care, xerostomia, oral-pharyngeal cancers, oral-systemic linkages
 - Gastrointestinal: dentition problems, dysphagia, abdominal pain, constipation, fecal impaction
 - Genitourinary: incontinence, urinary tract infections, bacteriuria, sexual dysfunction, prostate disease
 - Musculoskeletal: degenerative joint disease, osteopenia/osteoporosis, fractures, contractures,



rheumatologic disease, podiatric problems, falls

- Neurological: pain, mild cognitive impairment, memory loss, delirium, dementia, altered mental status, dizziness, tremor, gait dysfunction, sleep disturbance
- Metabolic: dehydration, diabetes, hypothyroidism, medication-induced illness, malnutrition, anemia, hypothermia, malignancies, failure to thrive
- Psychosocial: anxiety, depression, psychological effects of illness, alcoholism and other substance abuse, grief reactions, abuse (physical, financial, and psychological), end-of-life care
- Dermatologic: xerosis, cutaneous neoplasms, environmental and traumatic lesions including skin tears and pressure ulcers, wounds, skin manifestations of systemic illness.

SYSTEM BASED LEARNING OBJECTIVES AND COMPETENCIES

- Integrate office and facility protocols and systems to optimize patient care.
- Understand and effectively utilize other disciplines in patient care to minimize cost and improve efficiency of care to the elderly. **(SBP-1, SBP-4)**
- Lead coordination of care for older adults across ambulatory, inpatient, and institutional care settings and across health care providers, institutions, and governmental agencies. **(SBP-3)**
- Attendance to patient safety concerns (e.g., fall risk, hydration, nutrition, bladder and bowel function, skin integrity, inappropriate medications) in the assessment and management of older adults across care settings. **(SBP-2)**

PRACTICE BASED LEARNING OBJECTIVES AND COMPETENCIES

Residents should:

- Understand and use evidence-based medicine pertaining to care of the elderly. **(PBLI-1)**
- Demonstrate independent self-learning and self-evaluation by showing progressive improvement in geriatric patient care skills. **(PBLI-2)**

PROFESSIONALISM OBJECTIVES AND COMPETENCIES

Residents should demonstrate:

- Appropriate professional behavior in all clinical and academic settings, aspects of which include: dress, punctuality, honesty, courtesy, responsibility and timeliness of visits and notes. **(PROF-1)**
- Awareness of the effects that attitudes and stereotypes related to aging, disability, and death can have on the care of older adults. **(PROF-3)**
- Empathy and compassion for older adults and their families/caregivers when helping them cope with inevitable decline and loss. **(PROF-3)**
- An attitude promoting patient's dignity through self-care and self-determination reflecting humanism and respect for culture. **(PROF-3)**

INTERPERSONAL AND COMMUNICATION SKILLS OBJECTIVES AND COMPETENCIES

- Communicate effectively with members of care team (RN, MSW, Therapy, Pharmacy, RD, mental health providers, Geriatric attending and physician colleagues). **(C-3)**



- Demonstrate the ability to communicate effectively with the patient, as well as the patient's family and caregivers, to ensure the treatment plan is developed collaboratively and is clearly understood. (C-1)
- Demonstrate listening and ability to pick-up verbal and non-verbal clues from patients, families and team members. (C-2)