

Geriatrics Rotation
Inova Fairfax Medical Campus
Internal Medicine Residency Program
PGY3 level

Course Directors:

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1. Educational Purpose and Goals

- a. All internists should be able to care for an increasingly elderly population and be aware of health maintenance and medical care of complex geriatric patients.
- b. To understand the aging process and how it influences disease, medication use, and quality of life
- c. To understand the necessity of working with a team of providers to optimize care for the elderly
- d. All PGY3 residents will rotate in a two week Geriatrics rotation to achieve the educational goals above. This will be supplemented with an additional two week rotation on the palliative care service as these courses have significant overlap.

2. Principal Teaching/Learning Methods

- a. *Supervised patient care:* On the geriatrics service, residents will encounter patients through the Inova Primary Care Service Line geriatric team and an assisted living facility or rotate at Inova Fairfax Medical Campus.
 - i. Geriatric Team House-Calls visits: the resident will accompany a geriatric provider to patient's residence and work alongside the Geriatrics team. The resident will assist in obtaining a history and physical exam and formulate a hypothesis and a treatment plan. In the assisted-living setting, the resident may have opportunity to independently obtain a history and physical as well as formulate a hypothesis and treatment plan prior to presenting it to the attending geriatrician. In the assisted living facility, residents will follow and manage elderly patients and will direct the management of the patients' medical needs under the supervision of the attending physician.
 - ii. Inova Fairfax Medical Campus Geriatric Consult Service: The resident will perform initial geriatric consultation and follow-ups on inpatients, working alongside the Geriatrics team. The resident will obtain a history and physical exam and formulate a hypothesis and a treatment plan and present it to the attending geriatrician.
 - iii. In both scenarios, both the resident and attending will examine the patient and discuss the plan of care after synthesizing all data.
- b. *Didactics/Small group sessions*
 - i. Faculty will provide lectures and clinical pearls on core geriatric medicine topics
 - ii. Attend weekly geriatric team conference (Wednesday mornings except when geriatric grand rounds is scheduled)

- iii. Attend geriatric grand rounds (4th Wednesday of each month)
- iv. Attend resident reports, grand rounds and noon conferences when in the hospital
- c. *Brief (30 minutes) lecture/case presentation* on a geriatrics topic – once during the rotation to the geriatrics team.
- d. *Independent reading* – all residents are expected to read about patients they see while on rotation (suggested resources below and on <https://www.inova.org/authenticate/default.aspx?sid=1&PageID=5575&ssIRedirect=true>).

3. Educational Content

- a. Patient/Disease mix – Patients in the Inova Health System provide an ethnically diverse patient population with a broad array of common and rare diseases. The geriatric home bound population may be in a private residence or in an assisted-living scenario. These patients have a large chronic illness burden. Residents will see patients and learn to manage geriatric related conditions and issues including: falls, behavioral disturbances, pressure ulcers, dementia/delirium, complications related to poly-pharmacy and inappropriate use of medications in the geriatric population. Residents will also be exposed to primary palliative care, determination of decision-making capacity, goals of care discussions with patients and their family and learn appropriate drug-prescribing in the elderly. In the assisted living facility, the focus will be toward training the resident how to manage geriatric conditions in the outpatient setting by health maintenance, prevention of infections and other complications of bedrest/immobility, transitions of care, and chronic care of medical problems.
- b. Learning venues
 - i. Home visits
 - ii. Assisted Living Facility – Brandywine (Tuesdays/Thursdays)
 - iii. Inova Fairfax Medical Campus
 - iv. Inova Advanced Illness and Geriatrics Clinic (2740 Prosperity Ave STE 200, Fairfax, VA 22031)
- c. Structure – The rotation is a two week block, however, for residents interested in geriatrics, an individualized rotation can be created beyond this experience. Residents will not be on call for this service, although they may be on disaster call for the program during this rotation. There are no weekend duties. Residents will continue to attend their continuity clinic during this rotation. The geriatrics program manager will orient the resident to the rotation at the beginning of the block and will review the specific schedule at that time. The geriatrics team will be composed of an attending geriatrician, geriatrics midlevel providers, a social worker and a pharmacy team. Residents will never work more than 14 hours in a day and typically will work for approximately 10 hours per day, five days per week.
 - i. Residents will attend weekly geriatric team meetings on Wednesdays during this rotation and will provide one lecture to the geriatric team in the second week of the block in this setting

- ii. Residents will spend one half-day during the rotation with geriatric team pharmacy

4. Principal Educational Materials

- a. At the beginning of the rotation, the geriatrics program manager will provide materials, including this curriculum, and the resource webpage.

5. Methods of Evaluation

- a. At the end of the rotation, a core faculty geriatrician will complete a web-based evaluation (MedHub) . Information may be a composite of feedback received from other geriatric team members.
- b. The residents will also evaluate faculty and the rotation in an anonymous fashion (summarized annually in a composite form).
- c. In-training examination aggregate results as well as Internal Medicine Board examination results for the program.
- d. A geriatrics nurse practitioner from the geriatrics team will be chosen to evaluate the resident (360 degree component)
- e. Lectures will be evaluated by the supervising faculty immediately after the session, and will be included in overall rotational evaluation.

6. Resource List

- a. Mayo Clinic Proceedings Website – Symposium on Geriatrics (series of articles)
- b. Geriatrics at your fingertips Website – supported by the American Geriatrics Society
- c. Annals of Internal Medicine – Update in Geriatrics

Learning Venues

- 1. Supervised patient care/Attending rounds
- 2. Small group and Didactic sessions
- 3. Lecture to geriatrics team
- 4. Independent reading

Methods of Evaluation

- A. Attending evaluation
- B. Geriatrics nurse practitioner evaluation
- C. Direct observation with feedback
- D. Lecture evaluation
- E. In-training exam for Geriatrics component for the program level evaluation of the rotation

Competency: Patient Care	Learning Venues	Evaluation methods
Inpatient: Work with the attending geriatrician and provide complete and effective consultations to services that request them.	1	AC

Outpatient: Work with the attending geriatrician and other members of multidisciplinary team provide complete and effective primary care services to patients outside of the hospital or clinic setting	1,5	ACs
Obtain a geriatrics-focused history and physical exam, and utilize family and alternate information sources for history and be able to perform a practical functional assessment of an elderly person	1,2	AC
Effectively evaluate and manage geriatric patients, including the creation and implementation of a comprehensive treatment plan	“	“
Create and implement a comprehensive treatment plan that is also consistent with patient’s goals of care	“	“
Competency: Medical Knowledge	Learning Venues	Evaluation Methods
Understand concepts relating to care of elderly patients including health maintenance, wound care, drug therapy, depression, dementia, delirium, cardiovascular disease, fecal and urinary incontinence, behavioral disturbances, and pressure ulcers	1-5	ACDE
Choose appropriate therapy in the home setting for both acute and chronic complaints	1,5	ACDE
Competency: Interpersonal and Communication Skills	Learning Venues	Evaluation Methods
Interact in an effective way with physicians, nurses, and allied health professionals participating in the care of elderly patients	1	ABC

Be able to explain disease processes and rationale for medical therapy to an elderly patient	1-5	AC
Show understanding of differing patient preferences in diagnostic evaluation and management of medical problems	1	AC
Be able to determine a patient's decision-making capacity	1	AC
Competency: Professionalism	Learning Venues	Evaluation Methods
Treat team members, primary care givers, and patients with respect	1	ABC
Actively engage in the academic process	1, 2	ACD
Attend and participate in all scheduled conferences	2,3	ACD
Competency: Practice Based Learning	Learning Venues	Evaluation Methods
Identify limitations of medical knowledge in evaluation and management of elderly patients and use the medical literature, colleagues, ancillary staff, and attendings to address these gaps	1-5	ACD
Competency: Systems-Based Practice	Learning Venues	Evaluation Methods
Understand the necessity for efficient coordination of care when treating an elderly patient	1-5	AC