



Internal Medicine  
and Geriatrics

# Geriatrics Elective Syllabus

## 2022-2023

*for*

- HSC TCOM students
- HSC PA Studies students
- NP Students (external to HSC)
- MD/DO students (external to HSC)

### Elective Contacts

- **Elective Director:** Sarah Ross, DO, MS, CMD ([SarahE.Ross@unthsc.edu](mailto:SarahE.Ross@unthsc.edu))
- **Center for Older Adults Senior Administrative Coordinator:** Ashley Gomez ([Ashley.Gomez@unthsc.edu](mailto:Ashley.Gomez@unthsc.edu))
- **TCOM Contact:** Brittni Brown ([brittni.Lamoreux@unthsc.edu](mailto:brittni.Lamoreux@unthsc.edu))
- **PASC Contact:** Claudia Garcia ([claudia.garcia@unthsc.edu](mailto:claudia.garcia@unthsc.edu))

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## **GERIATRICS ELECTIVE DESCRIPTION**

**Welcome to Geriatrics!** The population of older adults >65 years of age will continue to rise in the 21<sup>st</sup> Century. Health care professionals are expected to be knowledgeable in geriatric care. The goal of this geriatric curriculum is to provide a foundation for competent and compassionate care of older patients. This includes attitudes, knowledge, and skills required to care for older adults. Education will occur in various clinical settings, self-study, and didactic activities. Please note that due to the individualized student and faculty schedules, not all students in the rotation will have the same location exposure and site experiences during their Geriatric Elective.

Our goal is for students to be exposed to a variety of experiences including ambulatory practice, nursing facilities, assisted living centers, home visits, palliative care, and hospice. Knowledge will be gained through self-study, case reviews, clinical case discussions, didactic session, and working in different sites of care. At the clinical sites, students will examine their own attitudes toward aging, disability, and death; they will be compassionate to caregivers and appreciate the need for functional status assessments of individual patients rather than focusing on diseases alone. Students will also be exposed to an interprofessional team environment in the context of patient care with older adults and will be expected to maintain a professional demeanor in all their clinical interactions.

### **ELECTIVE PURPOSE**

This clinical elective serves to provide supervised, high-quality opportunities for health professions students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical electives promote and support health professions students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Electives are encouraged to provide opportunities for students to provide health and wellness counseling, develop improved interpersonal and communication skills, display professionalism, and demonstrate practice-based learning and improvement.

### **EVALUATION & GRADING**

Final grades will be determined as follows:

Clinical Competence & Professional Conduct	Upon completion of this elective, students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical elective evaluation. The AACOM Osteopathic Core Competencies are used for Osteopathic Medical Students. Student evaluations with ratings of below expected for any competency may result in failure or need for remediation.
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- Please note that evaluations on competencies that are rated as "Below Expected" or "Beyond Expected" require comments to be made in that section explaining the specific reasoning for the rating.
- Non-professional student conduct (issues with attitude, absenteeism, survey participation, etc.) will be reported to the Elective Director and appropriate action will be taken.

Additional rotation info, resources, and instructions available at [unthsc.edu/GeriRotation](http://unthsc.edu/GeriRotation)

## **POLICIES and PROCEDURES**

All students are expected to observe UNTHSC policies while in the Geriatric elective. Students are expected to be familiar with the policies as presented in their respective college/university programs. Links to policies can be found below:

- <https://www.unthsc.edu/administrative/institutional-compliance-office/unt-health-science-center-policies/>

### **GENERAL COMPETENCIES for the ELECTIVE – IPE and Geriatrics**

#### **Interprofessional Education and Practice Competencies (using the Interprofessional Education Collaborative 2016 Core Competencies for Interprofessional Collaborative Practice.)**

##### **Competency Domain 1: Values/Ethics for Interprofessional Service**

- Students will work with individuals of other professions to maintain a climate of mutual respect and shared values.

##### **Competency Domain 2: Roles/Responsibilities**

- Students will use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.

##### **Competency Domain 3: Interprofessional Communication**

- Students will communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.

##### **Competency Domain 4: Teams and Teamwork**

- Students will apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

#### **American Geriatrics Society Minimum Competencies in Geriatrics for Medical Students (using the 5Ms Framework of caring for older adults through the aging process and at the end of life.)**

##### **MIND**

- Cognitive concerns: In an older patient for whom there are concerns about cognition or mood, obtain a detailed history from the patient and/or caregiver as appropriate, perform a physical exam, and use validated screening tools to differentiate among normal aging, delirium, dementia, or depression.
- Capacity: Identify the abilities an older patient must demonstrate to determine capacity for making a medical decision.
- Delirium diagnosis: Identify delirium as a medical emergency and urgently initiate a diagnostic work-up for precipitating factors.
- Agitation management: In an agitated patient with delirium or dementia with behavioral symptoms, attempt to determine underlying causes, and identify treatment strategies that avoid pharmacological and physical restraints, unless the patient poses a risk to themselves or others.

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## MOBILITY

- Functional assessment: Perform and interpret a functional assessment in an older patient that includes basic and instrumental activities of daily living. Collaborate with appropriate interprofessional team members to optimize the patient's functional status.
- Fall risk screening: Screen older patients for fall and fracture risks, identify intrinsic and extrinsic risk factors, including environmental hazards and the improper use of assistive devices, and perform and interpret a gait and balance assessment using a validated screening tool.
- Fall risk management: In an older patient at increased risk of falls or fractures, collaborate with interprofessional team members, such as pharmacists, physical therapists, and occupational therapists, to develop a plan to mitigate fall risk.

## MEDICATIONS

- Medication reconciliation: For each medication on an older patient's complete medication list (prescribed, over-the-counter, supplements, vitamins, and herbals), accurately document the dose, frequency, and indication, and identify barriers to adherence, and collaborate with pharmacists when appropriate.
- Geriatric pharmacology: When reviewing or prescribing medications, justify drug selection and dosing based on how age-related physiologic changes may impact drug pharmacokinetics and pharmacodynamics.
- Prescribing cascades: In an older patient with new symptoms, review the medication list to determine if a medication adverse effect, drug-drug interaction, and/or drug-disease interaction may be contributing, and demonstrate how the treatment plan can be modified to avoid a prescribing cascade.
- Deprescribing: When evaluating an older patient's medication list, describe strategies for optimizing medication regimens, and deprescribing those medications which are potentially inappropriate, high risk, or lack a current indication.

## MULTICOMPLEXITY

- Health equity: Identify how structural and social determinants of health, including systemic racism, ageism, and sexism, impact health outcomes and healthcare access for older adults and those who care for them, and take steps to overcome one's own biases when addressing issues of health equity.
- Transitions of care: Describe a transition of care plan for an older patient based on the level of care needed at discharge, functional status, and available community resources. Communicate care course, ongoing care needs, and an accurate and reconciled medication list to the receiving clinician.
- Hazards of hospitalization: Describe the hazards of hospitalization for an older patient, including loss of mobility, falls, malnutrition, delirium, pressure injuries, infection, potentially inappropriate medications, incontinence, procedural risks, and risks during transitions of care, and utilize strategies for prevention of these hazards.
- Atypical presentations: Demonstrate consideration of conditions that may present uniquely in older adults when constructing a differential diagnosis for an older patient with an acute concern. These conditions include infections, surgical emergencies, cardiac conditions and fluid and electrolyte abnormalities.
- Aging physiology: Identify changes of normal aging within each organ system and how these contribute to homeostenosis (the age-related narrowing of homeostatic reserve mechanisms) by impacting function, physiologic reserve, diagnosis and treatment.
- Frailty: Recognize the heterogeneity of aging by identifying an older patient's current status along the spectrum of fit to frail, using a validated screening tool.
- Prognosis: Use validated disease-specific or multimorbidity-based prognostic tools for estimating life expectancy in older adults and informing clinical decision making. Recognize the role of social and structural determinants of health in prognosis for older adults.

Additional rotation info, resources, and instructions available at [unthsc.edu/GeriRotation](https://unthsc.edu/GeriRotation)

- Individualized recommendations: Demonstrate inclusion of prognostic information, frailty status and patient preference in recommendations for screening, diagnosis, treatment and end of life care.
- Sensory impairment: Screen for hearing, vision, and oral health concerns that may impact cognition, function, social isolation, and health outcomes. Collaborate with interprofessional team members, such as audiologists, optometrists, and dentists, to recommend appropriate assistive devices.
- Pressure injuries: Identify an older patient's risk for skin breakdown, routinely examine high risk pressure injury areas, and involve appropriate interprofessional team members, such as nurses and wound care specialists, to mitigate risk.
- Urinary incontinence: Screen for urinary incontinence, elicit precipitating factors, and identify which type of urinary incontinence is most likely.

## MATTERS MOST

- Communication: For older patients who may have caregivers present, and particularly for those with cognitive, sensory, or functional impairment, use communication techniques to demonstrate cultural sensitivity and respect, including appropriate body language and thoughtful seating arrangements to avoid marginalization.
- Psychosocial and spiritual needs: Identify the psychological, social, and spiritual needs of an older patient and/or caregiver, recognize signs of caregiver stress, elder neglect, and elder abuse, and collaborate with interprofessional team members, such as social workers and chaplains, to identify appropriate resources.
- Symptom assessment: Assess non-pain and pain symptoms in an older patient, and collaborate with interprofessional team members, including those from nursing, pharmacy, and palliative care, to reduce suffering through non-pharmacologic and pharmacologic treatments, based on the patient's goals of care and safe prescribing principles.
- Patient priorities: Elicit what matters most to an older adult, and work with the patient and team to honor these priorities.
- Advance care planning: Distinguish among healthcare proxies, advance directives, and life sustaining treatment orders, in the context of the laws of the state in which one is training.

<p><b>MULTICOMPLEXITY</b></p> <p>...describes the whole person, typically an older adult, living with multiple chronic conditions, advanced illness, and/or with complicated biopsychosocial needs</p> 	<b>MIND</b>	<ul style="list-style-type: none"> <li>■ Mentation</li> <li>■ Dementia</li> <li>■ Delirium</li> <li>■ Depression</li> </ul>
	<b>MOBILITY</b>	<ul style="list-style-type: none"> <li>■ Amount of mobility; function</li> <li>■ Impaired gait and balance</li> <li>■ Fall injury prevention</li> </ul>
	<b>MEDICATIONS</b>	<ul style="list-style-type: none"> <li>■ Polypharmacy, deprescribing</li> <li>■ Optimal prescribing</li> <li>■ Adverse medication effects and medication burden</li> </ul>
	<b>WHAT MATTERS MOST</b>	<ul style="list-style-type: none"> <li>■ Each individual's own meaningful health outcome goals and care preferences</li> </ul>

## **REQUIRED LEARNING ACTIVITIES**

### **ORIENTATION**

If you do not receive Orientation information, contact [Ashley.Gomez@unthsc.edu](mailto:Ashley.Gomez@unthsc.edu)

- **Review Orientation information sent in email**
- **Watch EMR Orientation online (link in footer of this document)**

### **CLINICAL ACTIVITIES**

If you have not received your Clinic Schedule and/or Preceptor information by the Thursday before your rotation, please email [Ashley.Gomez@unthsc.edu](mailto:Ashley.Gomez@unthsc.edu).

- **Clinic** Additional Clinic Guidelines found in **Appendix A on page 10 of this document**  
Clinic starts at 8am or at 1pm. Please arrive on time and participate in the 8:10 am huddle if you are available. On the first day of the rotation, ensure that you have access to NextGen and call the EMR team if you do not ([emr@unthsc.edu](mailto:emr@unthsc.edu) or 817-735-0665).
- **LTC (Long Term Care)** Be prepared to show your COVID-19 vaccination card if requested  
As a group, we visit 6 different long-term care facilities in Fort Worth. Contact your preceptor by text or email the day before you are scheduled with them to receive instruction on where and when to meet them. Orientation to the LTC facility will be provided onsite.

### **DIDACTIC ACTIVITIES**

Students are expected to participate in all available online and live didactic activities

- **Live Activities** These activities are noted online (**link in footer of this document**) with details on how to participate
  - **Geriatric Didactic Session with JPS Geriatric Fellow(s)**  
2<sup>nd</sup> Monday of every month from 9:30-11:30 a.m.
  - **JPS Geriatric Grand Rounds**  
2<sup>nd</sup> Monday of every month from 12:00-1:00 p.m.
  - **JPS Geriatric Didactics**  
Most Fridays from 1:00-2:00 p.m.
  - **Geriatric ECHO Sessions**  
Typically Wednesdays from 12:00-1:00 p.m. (schedule varies)
- **Online/Self-Guided Study** Students should complete all available online learning modules during any down time during the rotation. (**Link in footer of this document.**)
  - **Watch Telemedicine Presentation**
  - **Complete the Geriatric learning modules**

Additional rotation info, resources, and instructions available at [unthsc.edu/GeriRotation](http://unthsc.edu/GeriRotation)

## **Center for Older Adults FACULTY and STAFF**

### Key Personnel:

- Janice A. Knebl, DO, MBA [Janice.Knebl@unthsc.edu](mailto:Janice.Knebl@unthsc.edu)  
Interim Chief Medical Officer, HSC Health Clinical Practice  
Interim Chair, Dept of Internal Medicine and Geriatrics  
Chief, Center for Geriatrics  
Regents Professor, UNT System  
DSWOP Endowed Chair and Tenured Professor in Clinical Geriatrics
- Sarah Ross, DO, MS, CMD [SarahE.Ross@unthsc.edu](mailto:SarahE.Ross@unthsc.edu)  
Assistant Chief, Center for Geriatrics  
Medical Director, HSC Health Center for Older Adults  
Course Director, Geriatrics Elective  
Associate Professor of Medicine

### Other Geriatrics Faculty:

- Adenike Atanda, PharmD, Assistant Professor  
[Adenike.Atanda@unthsc.edu](mailto:Adenike.Atanda@unthsc.edu)
- Kathlene Camp, PT, DPT, Assistant Professor  
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- April Wiechmann, PhD, Associate Professor  
[April.Wiechmann@unthsc.edu](mailto:April.Wiechmann@unthsc.edu)



## **ROTATION SITES**

You should receive a detailed schedule with accompanying instructions on where to present for your clinical assignment and who your preceptor is. Facility information is listed below. You must bring your stethoscope to all sites. Check with your preceptor to see if you need to bring additional diagnostic equipment (blood pressure cuffs, otoscope, etc.)

### **ASSISTED LIVING FACILITIES**

The Ridglea

4109 Westridge Ave, Fort Worth, TX 76116  
817-386-8351

Auberge at Benbrook Lake

7001 Bryant Irving Rd, Fort Worth, TX 76132  
817-292-2662

### **CONTINUING CARE RETIREMENT FACILITIES**

The Stayton

2501 Museum Way, Fort Worth, TX 76107  
817-632-3654

Trinity Terrace

1600 Texas Street, Fort Worth, TX 76102  
817-338-2423

The Watermark at Broadway City View

5301 Bryant Irvin Road, Fort Worth, TX 76132  
817-294-2280

### **MEMORY CARE LONG TERM CARE FACILITY**

James L. West Dementia Center

1111 Summit Avenue, Fort Worth, TX 76102  
817-877-1199

### **UNTHSC CENTER FOR OLDER ADULTS – UNTHSC Health Pavilion**

(Refer to **Appendix A** for Center for Older Adults-specific processes)

Center for Older Adults

855 Montgomery Street, 4th Floor North, Fort Worth, TX 76107  
817-735-2200

Geriatric Psychiatry and Neuropsychology

855 Montgomery Street, 4th Floor South, Fort Worth, TX 76107  
817-735-2400

HSC Health WellMed Clinic

855 Montgomery Street, 4th Floor South, Fort Worth, TX 76107  
817-735-2200

## **APPENDIX A: HSC Health Center for Older Adults - Clinic Guidelines**

### 1. New patient visit

- After intake, a new patient sees the medical social worker. The medical student will go in with the social worker to both observe and assist with their assessment.
- Next the student will start the history and physical including social, family, medications, and review of systems.
- The student will then present the case to the attending physician.

### 2. Established patient visit

- Visit with the patient and complete progress note.
- You may present the patient to the attending physician before or after the progress note is completed depending on time availability.
- Patients may or may not have complaints. Many of our patients come regularly for chronic disease management and monitoring, if the patient does not know why they have come to the office, they are there for management of chronic medical conditions.

### 3. Flag System

- Please utilize the flags outside of each exam room.
- The flags are labeled and the student/resident/fellow flag should be up while you are in the room.

### 4. Progress notes

- Be sure to complete the EMR progress notes (including assessment and plan) before leaving for the day.
- Please utilize the "Preceptor" tab to sign your note and send the note to your preceptor electronically for review and sign off.

### 5. EMR Tips for Students

- Verify correct doctor, date, patient, encounter, clinic.
- Finish notes daily.
- Complete notes include HPI, ROS as necessary, PE, assessment, and plan.
- Medication review and update done each encounter.
- Template driven system therefore use the templates when possible.
- Document encounters in the adult office visit template as this allows for your electronic signature to be affixed to the note and then sent to the attending for review and sign off.

### 6. Interprofessional Interactions

- Consultation with Clinical PharmD is available, speak to your attending if you feel your patient could benefit from a Pharmacist appointment for medication review, education, or chronic disease management.
- Consultation with a Physical Therapy is available, speak to your attending if you feel your patient could benefit from a Physical Therapy evaluation for gait, balance, or other musculoskeletal or functional concern.