hsc | Internal Medicine and Geriatrics

RESIDENT GERIATRICS ROTATION SYLLABUS

2022-2023

Resident Geriatrics Director
Sarah Ross, DO, MS, CMD (Sarah.E.Ross@unthsc.edu)

Center for Older Adults Senior Administrative Coordinator
Ashley Gomez (Ashley.Gomez@unthsc.edu)

TEXAS COLLEGE OF OSTEOPATHIC MEDICINE
Create solutions for a healthier community by preparing tomorrow's patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic health care.

Contents

Purpose and Description 2

Competencies and Objectives 3-4

Didactics and Reading 5

Evaluation and Grading 6

Faculty and Staff 7

General Guidelines and Responsibilities 8-9

- Attendance and Availability 8
- Professionalism and Ethics 9
- Problem Patients 9
- Equipment 9

Rotation Sites and Site-Specific Guidelines 10-11

Purpose and Description

PURPOSE

The geriatric rotation affiliated with the University of North Texas Health Science Center/Texas College of Osteopathic Medicine serves to provide supervised, high-quality opportunities for PGY1 Transitional and PGY2/3 Internal Medicine and Family Medicine Residents to apply and transform the medical knowledge and basic clinical skills that they have acquired into clinical competence in the care of older adults while functioning as learning members of interprofessional health care teams.

The geriatric rotation promotes and supports residents in developing clinical competence with emphasis on core competencies beyond medical knowledge. All participants are encouraged to seek opportunities to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and progressive improvement.

DESCRIPTION

The population of adults >65 years of age will continue to increase into the 21st Century. All physicians will be 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 the ambulatory setting, nursing home setting, and through didactic activities.

During the 4-week rotation, trainees will be exposed to a variety of geriatric care experiences including ambulatory practice, home visits, geriatric psychiatry, geriatric neurology, and skilled facility/rehab care.

Knowledge will be gained through self-study, case reviews, clinical case discussions, working in ambulatory care clinic, in-home care settings, skilled care, and participation in didactic opportunities. At the clinical sites, residents will examine their own attitudes toward aging, disability, and death; they are encouraged to provide empathy towards older adults and their caregivers and to appreciate the need for functional status assessments of individual patients rather than focusing on diseases alone.

Competencies and Objectives

GERIATRIC COMPETENCY OBJECTIVES

Residents must demonstrate competencies in these additional areas as required by the **Accreditation Council for Graduate Medical Education (ACGME)**. (Reference: *ACGME FM/IM Program Requirements for GME in Geriatric Medicine. 2014.*)

1. Patient Care and Procedural Skills
   - Perform an efficient, focused outpatient visit with an older patient, including appropriate interview, taking of medical history, and physical examination.
   - Ability to write concise, accurate, and informative history, physical examinations, and progress notes.
   - Formulate a management plan.
   - Clearly document patient management in the medical record.
   - Appropriately prescribe medications in elderly patients.
   - Lead discussions of both general management and end-of life issues with families.

2. Medical Knowledge
   - Recognize age-related changes in patient care.
   - Understand the concept of wellness and appreciate the importance of maintenance of function in elderly patients.
   - Testing for urgent and routine elder care.
   - Familiarity with special features of diagnosis, interpretation of tests, and management of illnesses in a geriatric population.
   - Manage patients in outpatient setting.

3. Interpersonal Skills and Communication
   - Communicate effectively and compassionately with elderly patients and their families.
   - Recognize and deal effectively with the communication challenges resulting from cognitive impairment in elderly patients.
   - Effectively communicate elderly patient's need to other providers, i.e., in transitions of care.
   - Facilitate the functioning of the multidisciplinary team.

4. Professionalism
   - Interact professionally towards patients, families, colleagues, and all members of the health care team.
   - Develop an appreciation of the social context of illness in the geriatric population.
   - Maintain patient confidentiality and HIPAA guidelines.

5. Practice Based Learning and Improvement
   - Identify deficiencies in knowledge base and develop independent means to address them.
   - Develop evidence-strategies for filling gaps in personal knowledge and skills in the care of elderly patients.
   - Facilitate the learning of other health care team members.

6. Systems-Based Practice
   - Mobilize resources to optimize elder health care delivery.
   - Work as an equal member of a multidisciplinary team.

- Collaborate with other members of the health care team to assure comprehensive care for elderly patients.
- Use evidence-based, cost-conscious strategies in the care of elderly patients.

CORE ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAs)

The curriculum is based on the Geriatric Entrustable Professional Activities (EPAs) to include essential tasks that geriatricians can be trusted to perform effectively and safely in all care settings and with different older adult populations. Experiences and encounters throughout the rotation provide residents opportunities to practice these activities.

By the end of their rotation, interns and residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health for older adults.

Geriatric Entrustable Professional Activities – see RM Leipzig, 2014. What Is a Geriatrician? American Geriatrics Society and Association of Directors of Geriatric Academic Programs End-of-Training Entrustable Professional Activities for Geriatric Medicine. Journal of the American Geriatrics Society, 62:924–929.

Didactics and Reading

DIDACTICS

Residents are to complete all available online learning modules during any down time/study time during their rotation:

1. Online Learning Modules found unthsc.edu/GeriCE. Create an account to access the content.
2. Telehealth 101 for Health Professionals & Trainees. To access, go to the resident rotation page (https://www.unthsc.edu/center-for-geriatrics/residents), and scroll to Didactic Activities.
3. Available to attend as your schedule permits: Geriatric ECHO Sessions. These Zoom sessions occur at different times throughout the year, usually from 12:00-1:00 pm. Please go to https://www.unthsc.edu/ECHO for more information and to register.

RECOMMENDED READING

- Tools
  - Geriatrics at Your Fingertips. American Geriatrics Society. Updated Annually. Available as a Free application for IPhones and Smart Phones. Search for "Geriatrics at Your Fingertips"
  - Story P., C.F. Knight, R.S. Schonwetter. Pocket Guide to Hospice/Palliative Medicine. American Academy of Hospice and Palliative Medicine. ISBN: 1-889296-35-X. http://www.aahpm.org/
  - Choosing wisely: www.choosingwisely.org, Cassel CK Guest JA Choosing wisely: helping physicians and patients make smart decisions about their care. JAMA 307 (2012): 1801-2.
  - Kobylarz, F.A., J.M. Heath, R.C. Like. "The ETHNIC(S) Mnemonic: A Clinical Tool for Ethnogeriatric Education." JAGS 50.9 (2002); 1582-9.

- Administrative
  - Making Home Care Work in Your Practice: A Brief Guide to Reimbursement and Regulations. American Academy of Home Care Physicians. Jan. 2004.
  - McCann, R. "Lack of Evidence about Tube Feeding—Food for Thought." JAMA 282.14 (1999):1380-81
  - Dunn, Hank. Hard Choices for Loving People: CPR, Artificial Feeding, Comfort Care and the Patient with a Life-Threatening Illness, Fifth Edition. Lansdowne, VA: A & A Publishers, Inc., 2009

- Other
  - Unwin B.K., A.F. Jerant. "The Home Visit." American Family Physician. 60.5 (1999): 1481-8.
  - U.S. Preventive Services Task Force Recommendations. United States Preventive Task Force. http://www.uspreventiveservicestaskforce.org/recommendations.htm
  - Association of American Medical Colleges / John A. Hartford Foundation, Inc. July 2007 Consensus Conference on Competencies in Geriatrics Education. Academic Medicine. 84(5):604-10, May 2009.

Evaluation and Grading

Evaluations are completed in New Innovations by the faculty with whom you are working. Please refer to the Competencies and Objective section on pages 2-4 to review how you will be evaluated.

Faculty and Staff

KEY PERSONNEL:

- **Janice A. Knebl, DO, MBA** 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
  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
- Kathlene Camp, PT, DPT, Assistant Professor, Kathlene.Camp@unthsc.edu
- Emily Clark, LCSW, LCDC, Instructor, Emily.Clark-Nimz@unthsc.edu
- Sandra Davis, MD, Assistant Professor, Sandra.Davis@unthsc.edu
- Tyson Garfield, DO, Assistant Professor, Tyson.Garield@unthsc.edu
- Lesca Hadley, MD, Associate Professor, Lesca.Hadley@unthsc.edu
- Barbara L. Harty, RN, GNP, Assistant Professor, Barbara.Harty@unthsc.edu
- Brittany Love, DO, Assistant Professor, Brittany.Love@unthsc.edu
- Susan Matthew, ANP, GNP-BC, Instructor, Susan.Matthew@unthsc.edu
- J. David Orr, DO, Associate Professor, John.Orr@unthsc.edu
- Sherry A. Reese, RN, FNP, Instructor, Sherry.Reese@unthsc.edu
- Bincy Samuel, APRN, Instructor, Bincy.Samuel@unthsc.edu
- Kate Taylor, DNP, Assistant Professor, Kate.Taylor@unthsc.edu
- Kristen Reuter, MSSW, LCSW, Instructor, Kristen.Reuter@unthsc.edu
- April Wiechmann, PhD, Associate Professor, April.Wiechmann@unthsc.edu

General Guidelines and Responsibilities

Clinical conditions and geriatric syndromes encountered during daily clinical activities with the faculty will direct a significant portion of the educational experience. Individual learning goals will be based on knowledge deficits identified during patient interactions and reading literature during free time to advance knowledge.

As with most clinical experiences, trainees will be responsible for the initial evaluation of patients by performing a careful interview and physical examination, reviewing pertinent laboratory and radiological studies, and formulating a preliminary diagnosis and plan for further diagnostic study and therapeutic intervention. In the ambulatory clinic, a more abbreviated, focused approach is appropriate with the depth of interview and examination directed by the attending physician prior to patient contact. The patient case will then be presented in concise fashion to the attending physician, relaying pertinent parameters, diagnostic assessment, differential diagnostic possibilities, and pathophysiologic justification for the diagnosis and proposed course of action.

Discussions will follow, with clarification and reinforcement of important geriatrics concepts. This should allow the individual learner to identify areas requiring further study in order to enhance understanding of the problems or diseases under consideration.

It is anticipated that there may be significant gaps in the geriatric content knowledge with limited clinical experience in the specialty of geriatrics. The purpose of probing questions by the faculty is to identify prior knowledge and direct the trainee to important areas of misunderstanding or new data that should be acquired to enhance the learner's conceptual knowledge of geriatric medicine.

After patient assessment and discussion, it is the responsibility of the resident to carefully document their findings and impressions in the progress notes. An initial assessment requires an in-depth progress note. All written and/or electronic notes will be reviewed and cosigned by the on-service faculty.

Frequent feedback will be provided, striving to help advance understanding as much as possible during the rotation. Any concerns, difficulties or problems should be discussed with the attending or the course director to find solutions that enhance the quality of learning and enjoyment of what the faculty hopes is an enjoyable as well as challenging experience.

ATTENDANCE and AVAILABILITY

The Center for Older Adults expects 100% attendance at all required clinics, rounds, meetings, and assigned functions. Residents are required to adhere to the standard attendance policies described in their respective performance handbooks.

You are expected to be available during clinic hours. If for any reason you need to leave the clinic, you must notify both the supervising attending physician and the geriatric rotation coordinator. Your contact phone number must be provided to the geriatric rotation coordinator.

An absence of 5 or more days during any 4-week rotation for any reason will result in an INCOMPLETE grade and remediating the rotation will be required. Faculty must be informed of any unanticipated absences.

Any Paid Time Off (PTO) arranged prior to the rotation must be provided to the residency rotation coordinator two weeks prior to rotation start date in order to complete scheduling.

Failure to notify the rotation supervisor of any absence will be considered neglect of duty and may impact evaluation. If you are ill, or otherwise cannot be in the clinic, you must notify your preceptor at the earliest possible time. You may also call the geriatric rotation coordinator.

PROFESSIONALISM AND ETHICS

The trainee is expected to act professionally and adhere to medical ethical principles and respect patient confidentiality. Appropriate badges identifying trainees as physicians should always be worn when seeing patients.

The physician should appear well groomed, neatly dressed, and provide a professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. The trainee's response will be judged as part of their self-management.

The maintenance of the highest standard of professionalism and ethical behavior is always expected. This includes your relationship with the clinic staff, community agencies, and other medical professionals.

PROBLEM PATIENTS

If you are having trouble with a patient, please notify the supervising attending physician. He/she will advise or assist you on handling the situation.

EQUIPMENT

During the rotation, all interns and residents are required to bring their stethoscope to the clinical site. If other medical equipment is needed, your attending will instruct you regarding what to bring.

Rotation Sites

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

(See next page for UNTHSC 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

UNTHSC CENTER FOR OLDER ADULTS SITE-SPECIFIC INFO

1. **New patient visit**
   - Arrive at the clinic 15 minutes prior to the start of clinic to follow the new patient.
   - The resident is responsible for tracking the new patient from start to finish.
   - New patient visits begin with a social service coordinator, then the patient is presented to the attending physician.
   - The resident will start the history and physical including social, family, medications, and review of systems.
   - The case will then be presented to the attending physician.
   - Please task your completed note to your attending. This is how you sign your note.

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.
   - Please task your completed note to your attending. This is how you sign your note.

3. **Roomed Patient**
   - When a patient is in a room and a black flag is exhibited, you may go in and examine the patient.
   - After you are done, present the case to the attending physician and input the clinical data into the electronic medical record (EMR).

4. **Progress notes**
   - Be sure to complete the EMR progress notes before leaving for the day.
   - Please task your completed note to your attending. This is how you sign your note.

EMR TIPS

1. Review the NextGen Training video available online. To access, go to the resident rotation page (https://www.unthsc.edu/center-for-geriatrics/residents), and scroll to Syllabus and Orientation.
2. Template-driven system; therefore, use the templates when possible.
3. Verify correct doctor, date, patient, encounter, and clinic.
4. Finish notes daily.
5. Complete notes include HPI, ROS as necessary, PE, assessment, and plan.
6. Annual Wellness Visits utilize a specific template.
7. Medication review and update done each encounter.
8. Utilize the “Preceptor” button at the bottom of the SOAP note on 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.