

OVERALL OUTLINE OF LEARNING OBJECTIVES

Part A

Welcome to your Geriatrics rotation. The goal is not to make the resident a Geriatrician in one month, but to impact the basic concept of aging care. It is therefore designed to familiarize the resident with medical and social issues that are peculiar to the **Geriatrics** population.

Means of achieving the objectives will include, but not limited to: Interaction with members of multidisciplinary team at the various sites, reading assignments, lectures, besides discussions, demonstrations, patient contacts, case presentations, audiovisuals and journal club.

Learning objectives of residents rotating through Geriatric service shall include, but not limited to the following:

1st Week

- [01.] Understand the demographic features of the aging population including trends. Attuned to knowledge of the: past, present and future projection
- [02.] Better appreciate the role of demographic forces:
 - (a) In shaping the health care needs of this population.
 - (b) In implications for geriatric health care planning and practice.
- [03.] Understand the basic concept of biology of aging. [Aging Theories]
- [04.] Understand the peculiarity of the physiological changes that occur with aging and their effects on pharmacodynamics / pharmacokinetics.
 - (a) Gastrointestinal tract
 - (b) Volume of distribution
 - (c) Fat muscle ratio
 - (d) Liver metabolism
 - (e) Renal excretion
 - (f) Blood brain barrier etc

[Understand the concept of reserve capacity and its implications for drug prescription in the elderly]
- [05.] Learn the rubrics of assessment instruments.
 - (a) Mini-Mental State Examination [Folstein].
 - (b) Geriatrics Depression Scale [Yesavage].
 - (c) Gait and Balance Assessment [Tinetti].
 - (d) Activity of Daily Living (ADLs) [Katz]
 - (e) Instrumental Activity of Daily Living (IADL) [Lawton]
 - (f) Pressure sore Risk Assessment [Braden Scale]
 - (g) Nutritional Risk Index
 - (h) Environmental Assessment Tool
 - (i) Michigan Alcoholism Screening Test (MAST)

Part B

2nd To 4th Week

- [06.] Basic knowledge of Geriatric syndromes including, but not limited to:
- (a) Functional impairment
 - (b) Dementia
 - (c) Incontinence
 - (d) Recurrent urinary tract infection
 - (e) Confusion and delirium
 - (f) Falls and gait/movement disorders and hip fracture
 - (g) Pressure ulcer {especially risk factors and prevention}
 - (h) Dizziness and syncope
 - (i) Failure to thrive including nutritional issues
 - (j) Common skin problems
 - (k) Polypharmacy, general drug use, the concept of pharmacogenetics
psychotropics drug use
 - (l) Pain management, difficult behavior management
 - (m) Depression
 - (n) Others include: anemia, arthritis, osteoporosis, constipation, sleep disorder,
cerebrovascular accident and thyroid disease
- (7) Become familiar with (a) Multidisciplinary approach to patient care
(b) Caregiver issues
(c) Advanced directives
(d) Durable power of attorney / surrogate decision makers
- (8) Ethics: understand the basis for peculiar ethical issues and dilemma
(a) Competence and incompetence
(b) To treat or not to treat e.g.
I] Gastronomy tube placement?
II] Appropriateness of surgical intervention?
III] Intensity of investigation, treatment option,
expected outcome and goal of care.
- (9) Awareness of discharge options and appropriateness of these options.
[Types of living arrangements]
- (10) Rehabilitation: assistive devices and environmental modification
- (11) Become familiar with nursing home care [Washington Center for Aging Services]
- (12) Iatrogenic causes of increased morbidity and mortality associated with hospitalization.
- (13) How to review literature and basic epidemiological terms
- (14) Preventive screening and health promotion
- (15) Understands the fundamental concept of hospice care and pain management
- (16) Rudiments of health care financing and public policy issues
- (17) Others: issues surrounding driving, home care and home visit etc.
- (18) Pet project if interested

**Developed by Thomas Obisesan, MD, MPH
Chief, Section of Geriatrics**

GERIATRICS CURRICULUM OVERVIEW

MAJOR EDUCATIONAL COMPONENTS	SITES	LEARNERS GOALS	LEARNERS OBJECTIVES
Nursing Home:	<ul style="list-style-type: none"> • Washington Center For Aging Services 	<p>Learners will participate in and or perform the following:</p> <ul style="list-style-type: none"> • Direct patient care: Disease interactions Polypharmacy and drug interactions. Preservation of function. • Physical therapy • Occupational therapy • Speech evaluation and care plan • Dietary evaluation and care plan • Decubitus ulcer care • Fall Rounds • Multidisciplinary meetings. • Bioethics • Dementia • Urinary incontinence • Depression and behavioral issues 	<p>Learners will understand and be able to perform:</p> <p>Global Geriatric assessment understand and manage complex disease-disease interaction and prescription in the elderly. Understand that, the corner stone of aging is preservation of function and compression of morbidity. Through multidisciplinary meetings, learners will appreciate the physical, medical, social and psychological dynamics of aging care. They will also learn to resolve ethical and legal issues that are involved in aging care. Will learn to appreciate the different causes and management of falls, skin care, bioethics, dementia, incontinence, depression and agitation. {See attached pages 5 & 6}</p>
Acute Hospital Care:	<ul style="list-style-type: none"> • Howard University Hospital 	<ul style="list-style-type: none"> • Global patient assessment of older adults in-patients. • Consultation service 	<p>Assessment of polypharmacy and drug prescription, preservation of function, prevention of iatrogenic problems. Others will include identifying and managing complex and multiple medical problems, coordination as well as formulating discharge plan.</p>
Outpatient Clinical Care:	<ul style="list-style-type: none"> • Howard University Hospital • Downtown cluster Adult Daycare Center. 	<ul style="list-style-type: none"> • Comprehensive Geriatric Assessment. 	<p>Global assessment of multiple medical Problems, Polypharmacy, Gait (Katz), Cognition (MMSE) assessment, Nutritional risk index, Depression scale, and Michigan alcoholism screening test. Others include: assessment of ADL and IADL and preventive checklist.</p>
Home Care:	<ul style="list-style-type: none"> • Patients from Howard University Hospital and Geriatrics Clinic. 	<ul style="list-style-type: none"> • Comprehensive Geriatric assessment • Environmental assessment 	<p>All the above, in addition to fall prevention, environmental assessment and its interaction with disease.</p>

MAJOR EDUCATIONAL COMPONENTS	SITES	LEARNERS GOALS	LEARNERS OBJECTIVES
Hospice Care:	<ul style="list-style-type: none"> • Northern Virginia Hospice 	<ul style="list-style-type: none"> • Care of the dying 	Pain management at the end of life and in cancer patients, interaction with the families of dying patients and legal issues.
Didactic:	<ul style="list-style-type: none"> • Howard University Hospital 	<ul style="list-style-type: none"> • Geriatric journal club • Ground round presentation by Geriatric Section • Geriatric MKSAP • Formal teaching 	Literature interpretations, simple statistical interpretation, understanding of advances in Aging Research and clinical concepts in Aging Care. Stimulate interest and identify potential areas of aging research.
Sub-Acute Care:	<ul style="list-style-type: none"> • Howard University Hospital sub-acute care center. 	<ul style="list-style-type: none"> • Different levels of care • Restoration of lost function and preservation of residual function. • Reimbursement issues • Bioethics and others as spelt out in the nursing home curriculum 	<p>Learners will understand and be able to perform:</p> <p>Understanding of the different levels of care available, restoration of lost function and preservation of residual function.</p>

DETAILED RESIDENT'S CURRICULUM FOR NURSING HOME CARE

The Goals of the Nursing home component is to:

1. Provide formal training in nursing home care to all internal medicine and family practice residents as a component of the geriatrics curriculum, which also includes experience in hospital, ambulatory, and home care sites.
2. Provide residents with specific learner objectives that will prepare them for the provision of quality patient care in the nursing home.

Curriculum Content:

The nursing home setting is particularly suited to developing the following geriatric medicine learner's attitudes, knowledge and skills.

Goals for Learners Attitudes:

1. Respect and compassion for older persons, specifically of their autonomy and dignity.
2. Appreciation of the importance of maintaining and restoring function and quality of life in older adults, especially in those with chronic and incurable conditions.
3. Realization of the importance of family and the entire social network, including nursing home staff in-patient care.
4. Appreciation of the value of an interdisciplinary team approach to aging care.

Learners will develop the following knowledge base:

1. Adjustments in history taking and physical examination.
2. Standardization instruments for assessing physical function, cognition, affect, and gait.
3. Assessment of nutritional needs and treatment of malnutrition, including appropriate use of oral supplements and parenteral feeding.
4. Evaluation and management of infections common to the nursing home setting.

5. Evaluation and management of the following geriatric syndromes: dementia, depression, urinary incontinence, polypharmacy, falls, immobility, and pressures sores.
6. Evaluation and management of disruptive behaviors.
7. Nursing home regulations (e.g., physical restraints and psychotropic medication use).
8. Principles of rehabilitation and the concept of excess disability
9. Function of interdisciplinary teams.
10. Therapeutic capabilities of the nursing home.
11. Strategies to minimize hospitalization and improve the transition to and from the hospital when hospitalization is necessary.
12. Role of the nursing home medical director.
13. Spectrum and financing of long-term care.

Learners will develop the following skills:

1. Administration and interpretation of standardized assessment instruments.
2. Diagnosis and management of patients and multiple chronic illnesses and functional disabilities.
3. Medical decision-making and goal-setting that incorporate the patient's values and preferences.
4. Determination of decision-making and goal-setting capacity, and assistance in establishing advance directives.
5. Effective participation in interdisciplinary teams.
6. Telephone management of patient-care problems.
7. Coordination of care between settings, especially between acute care and nursing home.

<p style="text-align: center;">WASHINGTON CENTER FOR AGING SERVICES {WCAS} MEDICAL RESIDENT PATIENT CARE POLICY</p>
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Howard University medical and family practice residents will:

- Howard University Medical and Family Practice Residents will be the primary contact with the nursing staff of WCAS.
- All clinical occurrences shall be discussed with Howard University hospital attending.
- Review charts, examine Nursing Home Residents under the direct supervision of Howard University Hospital attending physician.
- Medical resident findings will be documented in the Nursing home Resident's chart after review and discussion with attending physician.
- Howard University Hospital Medical and Family Practice Residents can write orders in WCAS residents charts after discussion with the attending physician.
- Supervising attending physicians will sign such orders within 72 hours, but usually on the same day.

**SECTION OF GERIATRICS
OUTLINE OF ROTATION**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00am	Morning Report	Morning Report	Morning Report	Morning Report	WCAS
9:15-11:45 am	HUH Consult/Round 10:15-11:45am Academic/ Research Time	WCAS Fall Round Skin round	WCAS Resident Rounds Chart audit for quality assurance Resident Physical	HUH Consult/Round Downtown Cluster Daycare Center {Comprehensive Geriatric Assessment and Preventive Health}	Geropsychiatry {Walter Bland, MD} {Office: 865-6611} {Page: 865-7243}
12:00-1:00pm	Grand Round and other NOON CONFERENCES				
1:30-5:30pm	WCAS Patient Chart Review and Comprehensive Geriatric Assessment Multi-D Meeting	HUH Consult/Round 2:30-5:30pm Academic/ Research Time	1:30 – 4:00 PM Journal Club Didactic Geriatrics MKSAP	WCAS PT / OT including {Assistive Devices} Speech Therapy Pharmacy	HUH Consult / Round 2:00 – 3:00pm GCRC Research Conf 2:30 – 5:30pm Academic / Research Time

Note: The 3rd week is a block rotation at Virginia Nursing hospice. {Preceptor: **Jean Harrold, MD**, Director of hospice, Virginia Hospice/ The George Washington University [**Page: 301-4093864**]}. Learners will spend the full day there for the entire week except for his or her clinic day. HUH means Howard University Hospital and WCAS means Washington Center for Aging Services.

Developed by Thomas Obisesan, MD, MPH Page: {301} 369-5762 Tel:- {202} 865-3397

Developed by **Thomas Obisesan, MD, MPH**
Chief, Section of Geriatrics

GERIATRIC EDUCATION FACULTY

Thomas Obisesan MD, MPH

Chief, Section of Geriatrics. Medical Director Washington Center for Aging Services. Assistant Professor of Medicine, Community Health and Family Practice, Howard University College of Medicine.

Lester Smith, Ph.D.

Gerontologist, Director of Research Washington Center for Aging Services. Associate Professor Medicine Howard University College of Medicine.

Elliott Perlin MD

Geriatrician and Oncologist / Hematologist, Chief Division of Hematology Oncology. Professor Medicine, Howard University College of Medicine.

Shelley McDonald Pinkett, MD

Chief, Division of General Internal Medicine. Instructor in Medicine, Howard University College of Medicine Attending Physician Washington Center for Aging Services.

Wayne Davis, MD

Division of Pulmonary Medicine. Assistant Professor of Medicine, Howard University Hospital and Attending Physician Washington Center for Aging Services.

Walter Band, MD

Chief, Department of Psychiatry. Associate Professor of Medicine, Howard University College Medicine and Geropsychiatrist Washington Center for Aging Services.

DIVISION OF GERIATRICS HOSPITAL CONSULTATION SERVICE

GUIDELINES FOR GERIATRIC CONSULTATION

The areas listed below will provide some guidelines for hospital and outpatient consultation service. The division will not take over the management of these patients, but will provide advice and direction for care.

Multidisciplinary approach is an essential component of a successful Aging Care. Assessment and care plan will therefore be done by a Multidisciplinary Team. This will be expanded from time to time based on the specific needs of each patient.

Indications shall include but not limited to:

Individuals that are age 65 years and above with the following:-

[01.] Multiple medical problems requiring multidisciplinary approach.

[02.] Polypharmacy [A compounding problem of Aging Physiological Changes]

[03.] Need for complete Geriatric Assessment and formulation of care plan.

[04.] Geriatrics Syndrome that frequently require multidisciplinary care:-

Dementia

Delirium and Confusion

Functional Decline and or Impairment

Falls or at Risk for Falls

Decubitus Ulcer

Dysmobility and Gait Problems

Incontinence and or Recurrent Urinary Tract Infection

Failure to Thrive

Nutritional Issues: Malnutrition, Feeding option, Recurrent Aspiration

Depression

Cerebrovascular Accident

[05.] Recurrent Admissions

[0.6.] Ethical Dilemmas: [A] Competence and Incompetence issues

[B] To Treat or not to Treat e.g.

{1} Gastronomy tube placement

{2} Appropriateness of Surgical Intervention

{3} Intensity of investigation, treatment options, expected outcome and goal of care.

[8.] Pre and post-operative assessment and care plan

[9.] Need for evaluation for appropriate placement options

{Appropriate living arrangement options}

There is a resident rotating through Geriatrics each month, who will serve as the contact person. Beeper number and name will be provided on monthly basis. If the resident can not be reached, consult can be dropped in my office at "5C-13". I can also be reached on my beeper [301-369-5762].

[For Further Information, Please call Ext. 3397]

{Thomas Obisesan, M.D}

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