1. Rotation Sites and Supervision

Rotation Name: Geriatrics : R 1’s

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<thead>
<tr>
<th>Site</th>
<th>Faculty Supervisor</th>
<th>Administrator</th>
<th>Phone</th>
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<tbody>
<tr>
<td>UCIMC</td>
<td>Lisa Gibbs, M.D.</td>
<td>Taleen Arslanian</td>
<td>714-456-5530</td>
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<td></td>
<td>Ann Abrams, LCSW</td>
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Detailed schedules are provided at the time of orientation for each block. Contact Taleen Arslanian at (714) 456-5530 if direction is needed.

2. The educational rationale for this rotation including Goals and Objectives:

Goals:
1) Residents will have basic understanding regarding the unique medical and concomitant need of elderly patients and their families/loved ones.
2) Residents will have increased understanding about the role of the geriatrician and geriatrics as a specialty to meet older patient’s unique needs.
3) Residents will have increased understanding about the roles of various interdisciplinary team members in meeting the needs of elderly patients.
4) Residents will have increased knowledge regarding options for long term care of the frail older patient including home care with caregivers; board and cares and assisted living; and skilled nursing long-term care.

Objectives:
1) Resident will assess and document elderly clients’ medical and concomitant needs. This would include social problems and/or declining function pertinent to autonomy and independent living.
2) Resident will participate in multidisciplinary assessments and treatment planning.
3) Residents will observe and participate in treatment planning for typical problems encountered by elderly patients such as osteoporosis, dementia, urinary incontinence, polypharmacy, falls/gait disorders.
4) Resident will have basic skills to assess for, recognize, document, and refer for elder abuse.
5) Resident will be able to identify community agencies which serve elderly clients and will know how to access them.

Specific Skills: At the completion of this rotation the resident will be able to:
1) Administer a “get up and go” assessment.
2) Administer a Tinetti Gait and Balance assessment.
3) Administer a Geriatric Depression Scale.
4) Review a patient’s medications to ascertain which ones might be discontinued or adjusted.
5) Identify medications that are contra-indicated for older patients.
6) Complete an elder abuse reporting form.
7) Identify different types of incontinence and be able to explain behavioral interventions for each type.
8) Identify when and how to screen for osteoporosis and differentiate treatment indications.

Reference

3. The principal teaching methods for this rotation:
   - Patient care based discussions
   - Participation in multidisciplinary meetings
   - Interactive didactic sessions and demonstrations

4. The responsibilities for PGY1 residents (interns) attendings on this rotation
   - PGY1 resident:
     - Interview, examine and participate in the care planning for patients assigned to them
     - Attend teaching rounds and didactic sessions
     - Attend multidisciplinary team meetings
   - Attending:
     - Supervise the resident’s activities in patient care and interactions with other disciplines
     - Participate in the teaching of the resident and coordinate the teaching of the resident by others
     - Give verbal and written feedback to the resident

5. Core primary resources
   The Program in Geriatrics especially utilizes the internet site “Portal of Geriatric Online education (POGOe)”: http://www.pogoe.org/front2

   1. POGOe: Item #20020 “For Young Physicians – An Aging Mandate,” John Burton, M.D.

   2. “Freda Sandrich” a DVD created by David Reuben, M.D.

   3. POGOe: Item #20225


   5. POGOe: Item #20482 “Delirium in the Older Patient”

   6. POGOe: Item #18454 “Common Causes of Dizziness in the Older Patient”

6. Key physical diagnosis skills:
   - Functional assessment – ADLs and IADLs
   - Recognize depression
   - Identify dementia
   - Identify gait and balance problems
   - Recognize suspicious physical signs of abuse or neglect
7. **Key procedures that the resident should be able to perform**
   - Tinetti Gait and Balance assessment
   - Geriatric Depression Scale

8. **Key procedures that the resident should be able to understand the indications for and to interpret**
   - Geriatric Depression scale
   - Folstein Mini-mental status exam
   - Tinnetti Gait and Balance
   - Katz and Lawton ADLs and IADLs

9. **Key topics (no more than 10 topics): At the end of the rotation the resident will be able to**
   - Recognize the importance of including family in geriatric care.
   - Make a basic diagnosis of dementia and know basic communication skills for informing the patient and family.
   - Recognize polypharmacy and identify medications that could be reduced or discontinued.
   - Perform a basic fall assessment and make initial recommendations to reduce fall risk.
   - Order immunizations and appropriate health screening for seniors.
   - Recognize the different forms of elder abuse and know how to report it.
   - Recognize depression and know when to refer for psychiatry.
10. Evaluation Methods

a. Professional competencies will be evaluated by (check all that apply)

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<thead>
<tr>
<th>Evaluation Method</th>
<th>Direct Observation &amp; Feedback</th>
<th>Journal Club</th>
<th>Written Exam</th>
<th>Report or Presentation</th>
<th>Other (specify)</th>
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<tbody>
<tr>
<td>Competency</td>
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<tr>
<td>Systems-based Practice</td>
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b. Evaluation Methods

Faculty will evaluate each resident’s performance using the Competencies Evaluation Form and any special documents developed for the rotation. Faculty will provide formative, face-to-face feedback at the midpoint and end of each rotation.

Evaluation forms will be submitted to the Program Director for review by the Residency Oversight Committee (ROC; competency committee).

Residents will evaluate the rotation, their faculty attending and their peers on the rotation. Rotation Evaluations will be reviewed by the ROC and transmitted to the Division Chiefs.

Updated 11/06