Level of Training

PGY-1, PGY-2, and PGY-3

Length of Rotation

12 months: Longitudinal Component
4-6 weeks: PGY 3 Block Component

Geriatric Longitudinal Curriculum

Preceptors’/Attendings’ Name(s) and Titles

Edward Forster, MD
Gina Hope, MD
Les Emhof, M.D.
Gerry Maitland MD

Contact’s Name

Les Emhof, MD – Westminster Oaks
Edward Forster, MD -- Block

Location(s) of the Rotations

FMC library or conference room
Family Medicine Center
TMH Rehab Unit
Tallahassee Memorial HealthCare

Gerry Maitland, MD
1401 Centerville Rd, Suite 510 (P.O.B.)
Memory Disorder Clinic

Westminster Oaks
449 Meandering Way
Tallahassee, FL 32308

Description of the Curricular Components
**Longitudinal Didactic Component:**

Residents complete requirements in the Geriatrics Longitudinal Rotation, by attending one-hour midday conferences and occasional three-hour sessions (from 1-4pm) during the three years of residency. Geriatric content is often integrated with aspects of Behavioral Science during the Longitudinal and Block Behavioral Science Rotation and Community Medicine (during FPU1 and Community Medicine block rotations) in its presentation. PGYII Residents participate in a 1 day Geriatric Immersion retreat as part of their training as well. In conjunction with the longitudinal Practice Management curriculum, PG-3 residents will spend time during this block completing the Quality Improvement project.

**Geriatric Block Component**

This PGY 3 rotation is a 4 or 6 week rotation. The templates for this rotation are attached.

**Skilled Nursing Facility:**
Rounds and consultative responsibility for all FMC patients at the TMH Rehabilitation Unit. All patients will be seen within 48 Hours of admission and at least once every 7 days. All issues and interventions will be precepted. The resident will spend at least one-half day learning rehabilitative services (OT, PT, speech).

**Home Visit:**
The Resident and preceptor will conduct at least one home visit during this rotation. Theory and practice of this level of care will be discussed, as well as an exploration of the financial implications.

**Neurologists Office:**
The resident will spend at least one half-day with Dr. Gerry Maitland to learn geriatric assessment tools directed at neurologic disorders.

**TMH Hospital:**
Residents will round on elderly patients on the inpatient services.

**Westminster Oaks:**
The resident will participate in rounds with Les Emhof, MD at the Westminster Oaks Nursing Home every Wednesday morning. Long term care patients will be followed with Dr. Forster at Westminster Oaks as well on a monthly basis by PGY 2 and PGY 3 residents.

**Goals**
PGY-1 Goals:

♦ Awareness of the many subtle and significant differences in the approach to diagnosis and management of older as opposed to younger adults (Competencies: Medical Knowledge 2, Patient Care 4)
♦ Awareness that health and quality of life in later years are affected by nutrition and other lifestyle factors and health care patterns established throughout life (Competencies: Medical Knowledge 2, Patient Care 4)
♦ Awareness of personal and cultural attitudes and values which influence effectiveness in working with geriatric patient (Competency: Professionalism 3)

PGY-2 Goals

♦ Awareness of the effect of aging on dosing and adverse effects of medication (Competency: Medical Knowledge 2)
♦ Identification of unique modes of presentation of chronic and acute illness in geriatric patients (Competency: Medical Knowledge 2)
♦ Knowledge in the multidisciplinary approach to managing geriatric patients (Competency: Patient Care 9)
♦ Skills in appropriately treating acute and chronic illnesses in the geriatric patient (Competency: Patient Care 4)

PGY-3 Goals

♦ Skills in preventative health care for older patients, and (Competency: Patient Care 8)
♦ Skills in coordinating available social services and agencies in the community to promote rehabilitation and maintenance of independent living (Competencies: Systems-Based Practice 1, 2, 4, 5)
♦ Skills in doing a functional assessment on an elderly patient (Competency: Patient Care 7a)
The PGY-1 resident will be able to:

1. Discuss personal and cultural attitudes and values toward aging, sexuality, disability, and death which influence one’s effectiveness and satisfaction as a physician (Comp. P3).
2. Summarize what distinguishes normal changes in various body systems (“aging”) from disease states in the geriatric patient (Comp. PC4).
3. Describe the decline of homeostatic abilities and effects of normal aging on body size, weight, the muscular/skeletal system, and cardiovascular, renal, pulmonary, and cognitive functioning (Comp. MK2).
4. Describe the effects of aging and disease on metabolism and implications for drug therapy in geriatric patients (Comp. MK2).
5. Summarize key differences for medication management in the geriatric patient (Comp. PC4).
6. Discuss the normal psychological, social, and environmental changes of aging, including adjustment to disabilities and loss in self and spouse, loneliness, grief reactions, social isolation, environmental obstacles, and possible substance abuse (Comp. MK2, P4).
7. Summarize the current screening guidelines and recommendations for PSAs, mammograms, flexible sigmoidoscopy/colonoscopy, occult blood testing, and preventative care appointments for geriatric patients (Comp. PC8).
8. Briefly summarize the major signs and symptoms (presentation), preventive measures, and treatment options for the following in older adults (Comp. PC4):
   a. Elder abuse (care giver exhaustion syndrome)
   b. Arthritis
   c. Malignancies
   d. Cardiovascular disease
   e. Stroke, transient ischemic attacks (TIAs), RINDs
   f. Psychological disorders
   g. Dementia and delirium
   h. Pneumonia
   i. Infections
   j. Syncope & falls
9. Identify required components of a living will and describe their purpose (Comp. SBP4).
10. Describe the range of services available to promote rehabilitation, reacquisition or maintenance of an independent lifestyle (Comp. SBP1).
11. Describe characteristics of long-term care facilities and alternative housing available to the elderly (Comp. SBP1, SBP4, SBP5).
12. Summarize social issues involved in nursing home placement, including the role of the patient’s family and availability of Medicare/Medicaid (Comp. PC9).
13. Describe the risks of iatrogenic disease, immobility, and dependency in various settings (Comp. PC4).

SKILLS

The PGY-1 resident will be able to:

1. Obtain a comprehensive geriatric history from the patient and/or care giver, when presented with the patient and his/her chief complaint (Comp. PC7a).
2. Conduct an effective and efficient physical examination using standard equipment in a physically
challenged geriatric patient (Comp. PC7a).
3. Properly conduct and correctly score the cognitive assessment in a geriatric patient using the Folstein mini-mental status exam (Comp. PC7a).
4. Develop a geriatric problem list which includes major medical illnesses, considerations for physical functioning, and social issues, when given comprehensive history and patient information (Comp. PC4).
5. Develop treatment plans oriented to the preservation of patients’ independent functioning (Comp. PC4).
6. Simplify a complex medication regimen and communicate it to the geriatric patient in such a way as to promote understanding and compliance (Comp. PC4).

ATTITUDES

Given two or more geriatric patients, the resident will over the course of the first year of residency:

1. Incorporate as appropriate into the patients’ treatment plan input from others who have knowledge of the patient and aspects of his/her care (health care team approach) (Comp. PC4).
2. Provide medical care (continuity of care) for at least two patients who require treatment in the family practice unit, the hospital, the extended care unit, or at home (Comp. PC4).

PGY-2 OBJECTIVES

KNOWLEDGE

The PGY-2 resident will be able to:
1. Describe the older adult’s reaction to common stressors and changes in his/her life that affect health care (e.g., retirement, bereavement, relocation, family relationships, and ill health) (Comp.
2. Describe ways to actively promote health in the elderly through exercise, nutrition, and psychosocial counseling (Comp. PC5).
3. Summarize indications for the house call and its benefits in the assessment and management of elderly patients (Comp. PC4).
4. Discuss legal, ethical, and political issues for the elderly (Comp. PC5).
5. Describe the range of services available to promote rehabilitation, reacquisition or maintenance of an independent lifestyle (Comp. SBP1, 4, 5).
6. Briefly summarize signs and symptoms (presentation), preventative, and treatment of the following in older adults (Comp. MK2, PC4):
   a. sexual dysfunction
   b. incontinence
   c. osteoporosis
   d. common skin conditions
   e. benign prostatic hypertrophy (BPH) & cancer of the prostate
   f. alcohol and substance abuse
7. Describe the pitfalls of geriatric care such as polypharmacy, iatrogenic illness, over-dependency, inappropriate institutionalization, nonrecognition of treatable illness, over treatment, and inappropriate use of high technology (Comp. PC4).
8. Discuss the financial aspects of health care of the elderly and the way these influence health care patterns and decisions (Comp. SBP3).

SKILLS

Given one or more geriatric patients assigned to their care, the PGY-2 resident will be able to:
1. Conduct a functional assessment of ADLs and IADLs (Comp. PC7a).
2. Conduct a psychosocial assessment (Comp. PC7a).
3. Conduct a family conference for the purpose of informing care givers of treatment options and gaining consensus on care issues (Comp. PC4).
4. Coordinate the range of services needed and available to a geriatric patient (Comp. SBP1, SBP4).
5. Offer prevention for or appropriately manage the following diseases, syndromes, and conditions in their geriatric patient(s) (Comp. PC4):
   a. fractures & falls
   b. incontinence
   c. osteoporosis
   d. Polymyalgia Rheumatica (PMR) or temporal arteritis
   e. common skin conditions, lesions, and/or disease
   f. benign prostatic hypertrophy (BPH)
   g. cancer of the prostate
   h. arthritis
   i. malignancies
   j. cardiovascular disease
   k. stroke, transient ischemic attacks (TIAs), RINDs
   l. psychological disorders (including depression)
   m. dementia and delirium
   n. pneumonia
   o. infections
   p. syncope
6. Competently follow one or more patients in a long-term care setting on a monthly basis (Comp. PC4, PC9).

ATTITUDES

Given two or more geriatric patients, the resident will over the course of the second year of residency:

1. Promote dignity in his/her geriatric patients by working with patient and family to make decisions that promote self-care and self-determination (Comp. PC5).
2. Recognize the importance of the home and family in the overall life and health of his/her geriatric patients by involving patient and care giver(s) in decisions regarding evaluation, treatment, and living arrangements (Comp. PC5).
3. Ensure cost-effective care for geriatric patients through thoughtful prescription of medications, selection of diagnostic interventions, and careful charting (Comp. SBP3).

ASSESSMENTS

1. OSCE’s will be performed by the PGYII class on various Geriatric topics each year. After undergoing further training via the longitudinal aspect of our program, the OSCE’s will be repeated on the PGYIII year to evaluate how much improvement in knowledge and skills has occurred. The OSCE’s are performed in association with the Florida State University College of Medicine Geriatrics faculty.
2. Residents will later review their DVD recording of the OSCE experience with Dr. Snapp to self-evaluate their performance, with particular attention to their communication with the patient and teaching of the patient.
3. Individual assessment of the resident’s skills will be done during Westminster Oaks rounds by Dr. Forster.

PGY-3 OBJECTIVES

KNOWLEDGE

The PGY-3 resident will be able to:
1. Describe how financial aspects of health care influence health care patterns and decisions by the patient, family, physician, and society (Comp SBP1, 3, 5).

2. Describe the pitfalls of geriatric care, including (Comp. PC4, 5):
   a. polypharmacy
   b. iatrogenic illness
   c. over-dependency
   d. inappropriate institutionalization
   e. non-recognition of treatable illnesses
   f. over treatment
   g. inappropriate use of technology

3. Describe cost factors involved in the selection of a treatment site for the ill geriatric patient (Comp. SBP3).

SKILLS

The PGY-3 resident will be able to:
1. Counsel regarding the psychological, social, and physical stresses and changes of increasing age, dying, and death (Comp. PC4).
2. Appropriately manage age-related issues of sexuality and sexual dysfunction in geriatric patients (Comp. PC4).
3. Manage an acutely ill geriatric patient in the most appropriate setting (Comp. PC4).
4. Conduct a house call (Comp. PC4).
5. Manage competently one or more patients at a long term care facility on a monthly basis (Comp. PC4).

Methodology for Teaching

The preferred methodology for teaching is small-group, interactive conferences, although some midday conferences are more didactic in format. Residents on the block geriatric rotation will receive one on one instruction from the medicine attending each morning at Morning Report, Dr. Forster, or Group Leader on a supervised home visit, with an attending (usually Dr. Hope or Dr. Forster) once weekly at the TMH Rehabilitation Unit and with Dr. Forster at Westminster Oaks on alternate Friday afternoons.

Assessments

1. Follow-up OSCE’s are done on the PGYIII year to chart improvement in knowledge and skills as compared to the PGYII year.
2. Residents will later review their DVD recording of the OSCE experience with Dr. Snapp to self-evaluate their performance, with particular attention to their communication with the patient and teaching of the patient..

3. Individual assessment of the resident will be done during the Geriatrics block rotation by Drs. Dunlap or Forster.

Evaluation

Residents are evaluated in a variety of ways in this rotation:
During the block rotation, residents are evaluated by their attendings with respect to their interactions in the Family Practice Center, hospital, TMH Rehabilitation unit and in the home using a global summative evaluation instrument. The evaluators are usually Dr. Forster, Dr. Hope.

During the entire residency, residents are evaluated regarding their management of inpatients on the adult medicine services, TMH Rehabilitation Center and in the Family Practice Center.

Residents are expected to attend all Geriatric midday conference sessions, except when unable due to RRC duty hour restrictions. Residents who are excused from attending because of illness or vacation may be required to make up material missed.

**Required Readings**

1. The Syllabus of selected journal articles/Resident reports
Recommended Readings

1. UPTODATE.com – various Geriatric Topics.

2. Geriatrics at Your Fingertips.  www.geriatricsatyourfingertips.org

Reviewed:  05/05, 05/08, 06/09, 9/10, 06/11
Revised:    05/05, 03/07, 05/08, 10/08, 09/10, 06/11, 08/15
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<tr>
<td>Mon</td>
<td></td>
<td>Morning Report TMH Rehab (Patients)</td>
<td>Noon Conference</td>
<td>FMC/Dunlap ~ *Meet</td>
<td>Westminster Oaks 1st Floor</td>
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<tr>
<td>Tue</td>
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<td>Morning Report TMH Rehab PT/OT/ST</td>
<td>Noon Conference</td>
<td>FMC</td>
<td>Westminster Oaks 1st Floor</td>
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<td>Wed</td>
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<td>Morning Report Westminster Oaks</td>
<td>Noon Conference</td>
<td>FMC</td>
<td>Nursing Station</td>
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<td>#Meet w/Sherri Porter</td>
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<td>Morning Report Hosp Rds</td>
<td>Noon Conference</td>
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<td>Mon</td>
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<td>Morning Report TMH Rehab (Patients)</td>
<td>Noon Conference</td>
<td>FMC</td>
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<tr>
<td>Tue</td>
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<td>Morning Report TMH Rehab PT/OT/ST</td>
<td>Noon Conference</td>
<td>FMC</td>
<td>Home Visit Dr. Kobylarz (cell # 766-3882)</td>
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<tr>
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<td>Noon Conference</td>
<td>FMC</td>
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<tr>
<td>Thur</td>
<td></td>
<td>Hosp Rds</td>
<td>Noon Conference</td>
<td>ECU</td>
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<tr>
<td>Fri</td>
<td></td>
<td>Morning Report Hosp Rds/Purvis or Home Visit</td>
<td>Noon Conference</td>
<td>FMC</td>
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<td>FMC</td>
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<tr>
<td>Tue</td>
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<td>Morning Report Hosp Rds</td>
<td>Noon Conference</td>
<td>FMC</td>
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<tr>
<td>Wed</td>
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<td>Morning Report TMH Rehab Staff Rounds</td>
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<td>Maitland</td>
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<tr>
<td>Fri</td>
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<td>Morning Report Hosp Rds</td>
<td>Noon Conference</td>
<td>Westminster - LTC</td>
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# May be different am Thursday pm depending on schedule
## TMH FAMILY PRACTICE RESIDENCY PROGRAM
### GERIATRICS ROTATION EVALUATION PART I (DUNLAP)

Resident: _______________________________________  PGY: _____  Date: __________________

### INPATIENT

<table>
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<tr>
<th>Competency not met</th>
<th>Competency Met</th>
<th>Unable to Evaluate</th>
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<tbody>
<tr>
<td>Below Expectations</td>
<td>Meets Expectations</td>
<td></td>
</tr>
<tr>
<td><strong>IK2. Knowledge and Application of Basic/Clinical Sciences</strong></td>
<td>Major knowledge gaps.</td>
<td>Adequate; expected gaps of knowledge for level of training.</td>
</tr>
<tr>
<td><strong>C9. Works with Health Care Team for Patient’s benefit</strong></td>
<td>Has difficulty working with team to benefit the patient.</td>
<td>Usually works well with health care team for the patient’s benefit.</td>
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### REHABILITATION CENTER/WESTMINSTER OAKS

**A. Patient Care (PC)**

<table>
<thead>
<tr>
<th>Competency not met</th>
<th>Competency Met</th>
<th>Unable to Evaluate</th>
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<tbody>
<tr>
<td>Below Expectations</td>
<td>Meets Expectations</td>
<td></td>
</tr>
<tr>
<td><strong>C4. Patient Management Plans</strong></td>
<td>Is unable to take special geriatric needs into account in patient care.</td>
<td>Consistently is able to determine correct diagnosis and treatment of geriatric needs.</td>
</tr>
<tr>
<td><strong>C4. Patient Management Plans: Activities of Daily Living</strong></td>
<td>Is unable to name and discuss activities of daily living (ADLs).</td>
<td>Is able to correctly identify and use ADL’s.</td>
</tr>
<tr>
<td><strong>BP1. Understands Interaction of practice with larger system</strong></td>
<td>Does not understand how his/her clinical decisions effect patients and the various health care systems in which the patient could be involved. Does not satisfactorily manage/coordinate/patient care.</td>
<td>Usually understands how his/her clinical decisions effect the patient and various health care systems in which the patient could be involved. Satisfactorily manages/coordinates patient care.</td>
</tr>
<tr>
<td><strong>BP3. Practices Cost-effective Care</strong></td>
<td>Indifferent to cost issues that relate to geriatric care.</td>
<td>Usually considers cost issues that relate to geriatric health care.</td>
</tr>
<tr>
<td><strong>BP4. Advocate for patients within the Health care System</strong></td>
<td>Does not reliably serve as an advocate for quality geriatric care or assist patients with system complexities.</td>
<td>Consistently serves as an advocate for quality geriatric patient care and assists patients with system complexities.</td>
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