Progression of Training and Skills
Geriatrics

Preamble

It is not even noteworthy to encounter an elderly patient on 20 medications, or an anti-coagulated patient whose risk of injury and hemorrhage outweighs any potential benefit. Examples in which altered pharmacokinetics and obvious organ senescence are ignored are numerous and if inappropriate hospitalization is added, then the seriousness of the problems that are confronted with the care of the elderly are compounded.

Reliance on traditional diagnostic methodology such as auscultation, in place of assessment of special senses and cognitive function, oral hygiene, proper shoe wear and ambulation, together with care of bladder, bowel and skin, will make it almost certain that the elderly patient will not achieve his/her goal of continued independence. Consequently, a curriculum addressing the care of the elderly should be include experiences within the acute hospital (where the effects of poly-pharmacy and isolation from familiar surroundings are most obvious), the continuity clinic, the long-term nursing facility, the transitional care unit, and ideally, the patient's home.

Additionally, residents will see assigned nursing home patients monthly with documentation in the electronic medical record. PGY 1 residents will be assigned one nursing home patient and PGY 2 and PGY 3 residents two patients each and will provide longitudinal care as long as the patient remains in the nursing home.

The support of social services, and proper utilization of those services, is essential to determine the adequacy of home support, delineation of potential hazards, identification of needed services, and recognition of the vulnerable adult.

Residents will have at least 100 hours dedicated to the care of the older patient and the experience will occur through two blocks of shared experience with geriatrics in the second and third year. The resident will spend 11 half-days at the Transitional Care Unit in each block.

Goals

- An awareness of the effects that a physician's attitudes and stereotypes related to aging, disability and death can have on the care of elderly patients
- Compassion and humanism, balancing realism and practicality in the consideration of inevitable decline and loss
- The promotion of the patient's dignity through self-care and self-determination
- Residents will have at least 100 hours dedicated to the care of the older patient through rotations in their second and third year of residency. Each rotation ("block") will have approximately 40% of the time spent in geriatrics, 40% of the time spent at Valley Health (Gynecology) and 20% of the time spent in their clinic at Altru Family Medicine Residency.

Objectives

- Understanding of physiology of organ senescence including:
    - Diminished homeostatic abilities
    - Altered metabolism and effects of drugs
    - Normal psychological, social and environmental changes of aging
    - Reactions to stress of retirement, bereavement, relocation and ill health
- Knowledgeable of changes in family relationships affecting care
- Expertise in recognition of risks and adverse effects of:
    - Polypharmacy
    - Iatrogenic illness
    - Immobilization and its consequences
    - Inappropriate institutionalization
    - Overtreatment
    - Inappropriate use of technology
- Knowledgeable of services available to promote rehabilitation or maintaining/ assessing an independent lifestyle, increasing the ability to continue in family, home and social environments

The goals and objectives are achieved through a combination of Transitional Care Unite experience, Hospice, and didactic instruction. There is also overlap with the curricula in the internal medicine rotation and family practice teaching service.

[Revised and approved at the Faculty Meeting April 3, 2012]
[Revised and approved at the Faculty Retreat June 20, 2014]