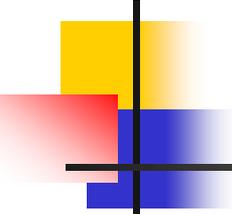


Geriatric Medicine Clerkship Orientation

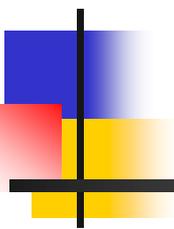
Aval-Na'Ree Green
(modified by Huai Cheng)



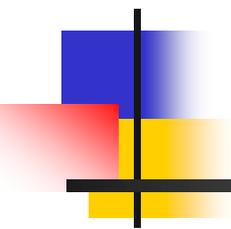
Welcome!



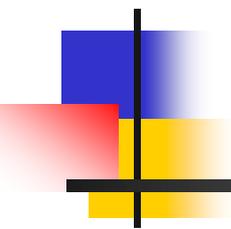
Goals

- 
- The geriatric clerkship is designed to prepare medical students to provide evidence-based, competent, and compassionate care and to improve quality of life for older adults who often have multiple co-existing conditions and complex needs, and to achieve the minimum geriatric competencies.

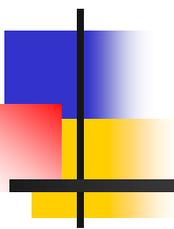
Objectives (1)

- 
1. Rate personal and professional attributes including a good manner, dress code, rapport relationship with patients and their families as valuable;
 2. Rate learning geriatrics as valuable;
 3. Recognize geriatricians' unique contribution to the care for older adults comparing to other specialty;
 4. Recognize at least 1-2 ways that a physician can improve the quality of life of patients as they age, and at the end of life;
 5. Identify geriatricians' approach to an older patient, and how this care and treatment may differ from that given to a younger person;
 6. Practice at least 2-3 areas (e.g., heart exam) in Objective Structured Clinical Examination (OSCE) from CPD 1;
 7. Define and explain key legal and ethical components of decision-making in the context of elderly, incapacitated, or dying patients, including code status, health proxies, and advance directives in Virginia;
 8. Identify 1-2 common ethical dilemmas that arise in the care of the elderly and generate general approaches to working through those ethical dilemmas in geriatric practice and palliative care settings;

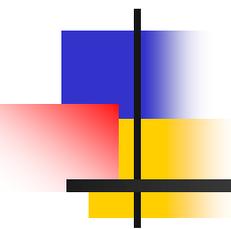
Objectives (2)

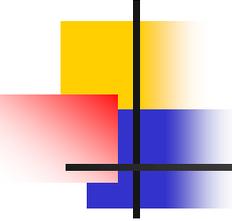
- 
9. Be able to take a history of an older patient's complaints appropriate to the geriatric practice setting, and perform a pertinent physical exam, generate a differential diagnosis taking into consideration the unique presentations of common conditions in older adults, such as infections, cardiac disease, and depression, develop a plan of care and follow-up, and present these findings to the attending physician or other preceptor and document the encounter in a standard H&P or SOAP (subjective, objective, assessment, and plan) format;
 10. Recognize, evaluate, manage and follow up at least 2-3 common geriatric syndromes e.g., polypharmacy, sensory impairment, falls, delirium, dementia, depression, and others;
 11. Identify 1-2 age-related physiological changes that could affect drug use such as impaired renal function;
 12. Document at least 1-2 patients' complete medication list and provide the dose, frequency, implication, benefit and side effects of the medication;
 13. Identify at least 1-2 medications that should be avoided or used with caution in older adults based on Beers' criteria and make change of at least 1 medication considered as inappropriate i.e., discontinue or change the dose or replace the medication;

Objectives (3)

- 
14. Perform and interpret at least 2-3 geriatric assessments including ADL (activity of daily living), IADL (instrumental activity of daily living), mini-cog, GDS (geriatric depression scale), timed “get up and go” test and others. Develop a preliminary plan for patients presenting functional deficits, falls or high risk for falling, including adaptive interventions and involvement of interdisciplinary team members from appropriate disciplines, such as social worker, nursing, rehabilitation, nutrition, and pharmacy;
 15. Define and distinguish the clinical presentations of delirium, dementia, and depression in older adults;
 16. Demonstrate the application of the evidence-based medicine decision making on treatment and preventive care integrating with patient or family preferences and goals of care, functional status, life expectancy, multiple co-existing conditions, and complex needs. Specifically, identify 1-2 clinical situations in which these considerations should override standard recommendations for screening tests or treatment in older adults;
 17. Generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults including UTI (urinary tract infection), pneumonia, dehydration etc.
 18. Assess and provide initial management of pain or non-pain symptoms such as fatigue among 1-2 older patients or patients at the end of life based on patients’ goals of care and preferences;

Objectives (4)

- 
19. Perform at least one chart review, history & physical exam and symptom assessment of a patient referred to palliative care;
 20. Complete a palliative performance scale for 1 patient and relate that to the illness trajectory common to the patient's underlying condition;
 21. Perform at least 1 opioid equianalgesic conversion and use this to help determine opioid dosing;
 22. Identify 1-2 potential post-discharge or hospital-related hazards for elderly patients including confusion, falls, medication problems, malnutrition, restraint, Foley, constipation, pressure ulcers.



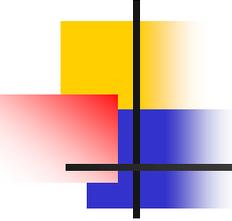
How will this clerkship differ from others?

- We are NOT a department...
 - We are a section, within a division, within a department
 - There are ONLY 5 full time geriatrics faculty at UVA
- Sometimes our patients come to us
 - But often we go to THEM!

One Size Fits All? Absolutely NOT!

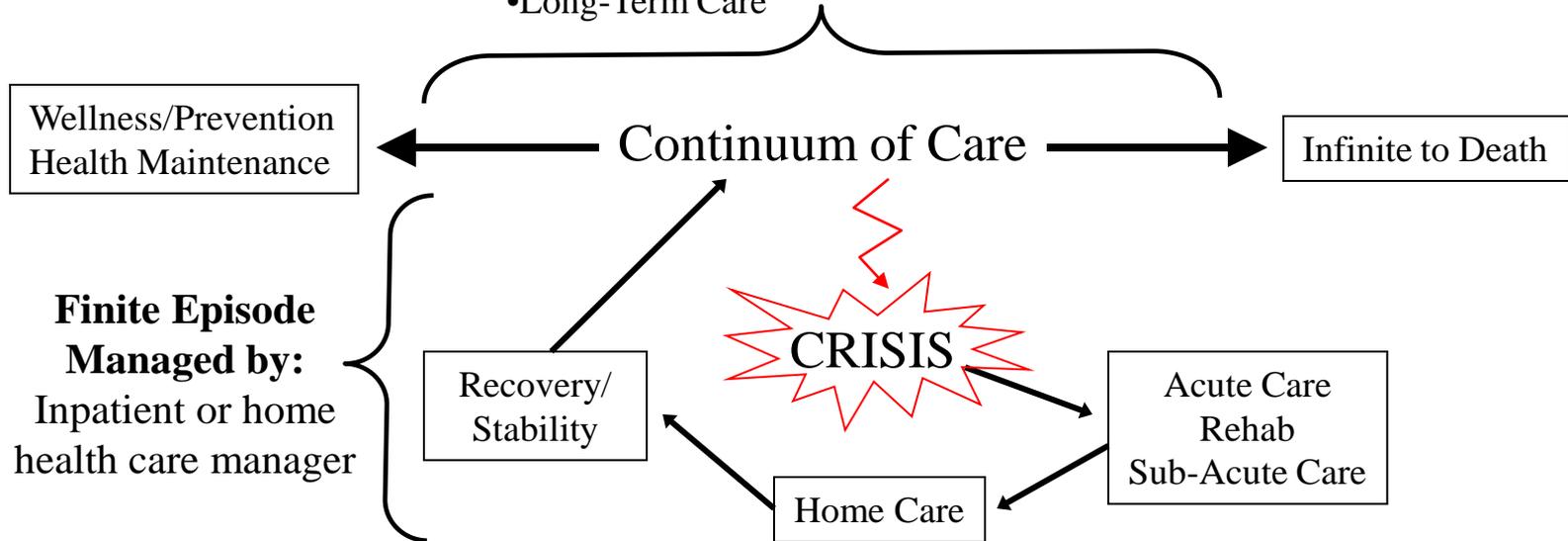
- Elderly patients are fundamentally different
 - Age related alterations in physiology
 - Atypical presentation of illness
 - Greater sensitivity to both side effects and intended effects of medications
 - Special circumstances that affect ability to comply with medical regimens





Infinite Continuum of Health Managed by:

- Primary Care Provider
- Community Care Manger
- Outpatient/Ambulatory Wellness Programs
- Long-Term Care

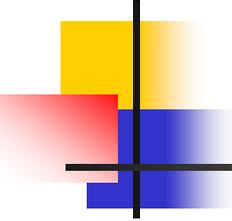


Key Elements of Care

- Client centered
- Coordination across the continuum
- Outcome oriented
- Resource efficient
- Collaborative

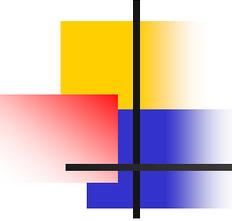
On the Road Again...





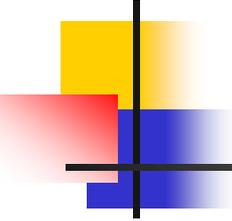
Your Experience

- Whirlwind Tour of Geriatrics
 - Clinic
 - Long Term Care facilities
 1. NH
 2. SNF
 3. Assisted Living
 - Inpatient and Outpatient Palliative Care
 - Community senior centers
 - Home based care: Home Health and Hospice
 - Case-Based Clinical Skills Workshops



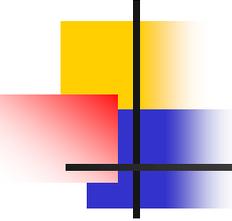
How you will be evaluated

- Four Components
 - Clinical performance – 25%
 - Research Project – 25%
 - Workshops – 25%
 - Final Exam – 25%



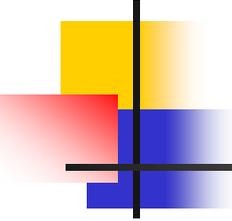
Clinical Performance

- Clinical Knowledge
- Communication
- History Taking
- Physical Exam Skills
- Diagnostic Skills
- Oral Presentation skills
- Patient Write-ups
- Ability to generate a differential diagnosis
- Ability to develop a plan of care
- Ability to make prognosis and develop follow-up plan
- Technical/Procedural Skills
- Appropriate use and application of literature
- Clinical Judgement
- Humanism
- Collegiality
- Attitude/Interest
- Overall



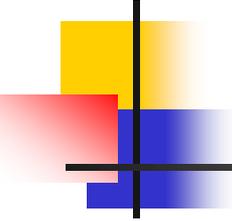
Geriatrics Research Project

- 10-15 minute power-point presentation during the wrap-up session
 - Time allotment includes Q&A
- Exploration of a clinical question
 - Case presentation
 - Literature review (focused)
- Your primary preceptor should help you identify a topic early in the first week



Geriatrics Research Project

- You will be graded on the following
 1. Clarity of clinical question and case presentation
 2. Inclusion of relevant background information
 3. Summary of literature review
 4. Conclusion with an attempt to answer clinical question based on literature review
 5. Inclusion of references



Workshops

- Grades will be assigned by the faculty member giving the workshop
 - Attendance
 - Punctuality
 - Preparation
 - Participation



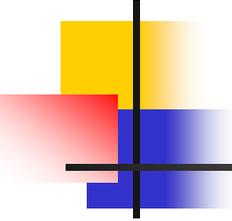
CELEBRATING
ADULT
LEARNERS

Final Exam

■ Two Components

- Online 20 item Multiple Choice Exam
 - Administered prior to the Wrap-up session
 - Noon of final Friday of rotation in library
 - Must be back the conference room at Blake Building
- Standardized Patient Encounters
 - 2 – 30 minute encounters
 - Administered the second Wednesday later afternoon of the clerkship





Special Assignments

1. Ethics Workshop
 - a. Be prepared to present a geriatric case involving an ethical issue
 - b. Narrative write-up (extended family/social history) (**voluntary**)
2. Must submit Required Checklist on Oasis

Dinner and a Movie

- Watch movie on your own time in small groups
- Dinner is merely a suggestion
- Come to the wrap-up session prepared to discuss (see discussion questions on the website)
- Activity will be graded like a workshop



Questions, Comments,
Complaints????

