**Washington DC VA Medical Center**

**Medicine-Geriatrics Curriculum**

**Background:**

The Department of Medicine at the Washington DC VA Medical Center has created a rotation with the goals of educating residents on common medical conditions on non-medicine services in addition to common medical conditions of geriatrics patients both in an acute care and long-term care setting. During this rotation you will serve on both the medicine consult service and the geriatric/palliative consult service, in addition to participation and completion of dedicated didactics for each.

**Didactic Curriculum Requirements:**

1. All Residents will be required to read the following article. This will serve toinform your communication and professional interactions on the consult service.
	* + Principles of Effective Consultation: An Update for the 21st-Century Consultant. Salerno SM, et al. Arch Intern Med. 2007; 167: 271-5.
2. Complete 2 modules from the SHM Consultative and Perioperative Medicine Essentials for Hospitalists. Access will be provided through the SHM Access Code (see PDF). Certificates should be emailed to the consult director (chase.houghton@va.gov) before the end of the rotation.
* If CME is available for the module, save and email the CME certificate.
* If CME is no longer available, please take a screen shot of the last question of the module and email the screen shot.
1. Participate in the Geriatric/Palliative Medicine teaching care rounds daily
2. Participate in the Geriatric/Palliative Medicine didactics (Mondays 1-4PM)\*
3. Participate in the daily medicine noon conference (1200-1300)\*
\* Unless involved otherwise in direct patient care

**Rotation Objectives**Applicable to rotating PGY2 and PGY3 residents, with PGY1 not expected to be rotating

* Each resident will provide problem-oriented, evidence-based recommendations for management of medical, geriatrics and palliative consult conditions
* Refine diagnostic and management skills of medical problems in patients on non-medical wards
* Learn the principles of effective pre- and peri-operative risk assessment and differential diagnosis. This will include:
	+ Considering disease related risk from surgery for medical conditions such as acute and chronic renal failure, arrhythmia, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes mellitus
	+ Performing preoperative cardiac assessment
	+ Managing perioperative anticoagulation use and making evidence-based recommendations surrounding DVT prophylaxis
	+ Learning the principles and management of post-operative complications
* Each resident will apply the principles of geriatrics care in providing recommendations for hospitalized geriatric patients. This will include:
	+ Providing appropriate recommendations for medication management in the elderly to include consideration of age-related changes in organ function, common side effects and other drug interactions unique to the elderly population
	+ Identifying and assessing barriers to communication (hearing/vision loss) and independent function
	+ Considering adverse reactions to medication in the differential diagnosis of new symptoms or geriatric syndromes (eg, cognitive impairment, constipation, falls, and incontinence)
	+ Developing a treatment plan that incorporates the patient’s and family’s goals of care, preserves function, and relieves symptoms when life expectancy, functional status or patient preference override standard recommendations
* Evaluating and formulating a differential diagnosis and workup for patients with changes in affect, cognition, and behavior (agitation, psychosis, anxiety, apathy).
* Each resident will apply the principles of palliative care for the hospitalized patient. This will include:
	+ Identifying with the patient, family and care team goals of care and guiding when management should transition to primarily symptom focused care
	+ Performing a family/caregiver meeting to discuss the diagnosis, prognosis or long term goals
	+ Discussing and documenting advanced care planning and goals of care for all patients with chronic and complex illness
* Each resident will participate and design safe discharge planning and transitions of care for geriatric and palliative patients. This will include:
* Effectively working and communicating with members of the interdisciplinary team including nurses, social workers, and home health agencies when appropriate
* Coordinating care between various setting including clinic, hospital, home health services, assisted living & skilled nursing facilities
* Each resident will demonstrate effective verbal communication with consulting services, including timely record keeping, note completing and communication with other relevant health care team members.

These objectives will be evaluated on the basis of the Six Core Clinical Competencies, graded on the following scale: 1-3: below expectations; 4-6: Meet expectations; 7-9: Exceed expectations

**1. Patient Care**Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

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|  **Patient Care Skills** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9**  |
| Communicate effectively and demonstrate caring and restful behaviors when interacting with patient and their families |  |  |  |  |  |  |  |  |  |
| Gather essential and accurate information about their patients |  |  |  |  |  |  |  |  |  |
| Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment |  |  |  |  |  |  |  |  |  |
| Develop and carry out patient management plans |  |  |  |  |  |  |  |  |  |
| Counsel and educate patients and their families |  |  |  |  |  |  |  |  |  |
| Use information technology to support patient care decisions and patient education |  |  |  |  |  |  |  |  |  |
| Perform competently all medical and invasive procedures considered essential for the area of practice |  |  |  |  |  |  |  |  |  |
| Provide health care services aimed at preventing health problems or maintaining health |  |  |  |  |  |  |  |  |  |
| Work with health care professionals, including those from other disciplines, to provide patient-focused care |  |  |  |  |  |  |  |  |  |

**2. Medical Knowledge-** Residents are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences and application of their knowledge to patient care and education of others

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| **Medical Knowledge** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Demonstrate an investigatory and analytic thinking approach to clinical conditions |  |  |  |  |  |  |  |  |  |
| Know and apply the basic and clinically supportive sciences, which are appropriate to the discipline |  |  |  |  |  |  |  |  |  |
| Analyze and distinguish clinical situations based on his/her knowledge of basic sciences and clinical experience |  |  |  |  |  |  |  |  |  |
| Able to consider appropriate differential diagnosis and initiate appropriate diagnostic and therapeutic plan |  |  |  |  |  |  |  |  |  |

**3. Practice-Based Learning and Improvement**

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| **Skills** | **1** | **2** | **3** | **4** | **5** | **6** |  | **7** | **8** | **9** |
| Analyze practice experience and perform practice-based improvement in a systematic approach |  |  |  |  |  |  |  |  |  |  |
| Locate, appraise, and assimilate evidence from scientific studies related to patients’ clinical conditions |  |  |  |  |  |  |  |  |  |  |
| Apply knowledge of study designs and statistical methods to the appraisal of clinical studies, diagnostic and therapeutic effectiveness |  |  |  |  |  |  |  |  |  |  |
| Use information technology to manage information, access on-line medical information, and support his/her own education |  |  |  |  |  |  |  |  |  |  |
| Facilitate the learning of students and other health care professionals |  |  |  |  |  |  |  |  |  |  |

**4.Interpersonal Skills and Communication**Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates

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| **Practice-based learning and improvement skills** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Create and sustain a therapeutic and ethically sound relationship with patients and their families |  |  |  |  |  |  |  |  |  |
| Use effective listening skills; elicit and provide information using effective verbal and nonverbal, explanatory, questioning and writing skills |  |  |  |  |  |  |  |  |  |
| Work effectively with others as a member or leader of a health care team |  |  |  |  |  |  |  |  |  |

**5. Professionalism**Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

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| **Professionalism Skills** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest |  |  |  |  |  |  |  |  |  |
| Demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices |  |  |  |  |  |  |  |  |  |
| Demonstrate sensitivity and responsiveness to patient’s culture, age, gender, and disabilities |  |  |  |  |  |  |  |  |  |

**6. Systems – Based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

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| Systems-based Skills | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice |  |  |  |  |  |  |  |  |  |
| Know how types of medical practice and delivery systems differ from one another, including methods of controlling health carecosts and allocating resources |  |  |  |  |  |  |  |  |  |
| Practice cost-effective health care and resource allocation that does not compromise quality of care |  |  |  |  |  |  |  |  |  |
| Advocate for quality patient care and assist patients in dealing with system complexities |  |  |  |  |  |  |  |  |  |
| Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance |  |  |  |  |  |  |  |  |  |

**Teaching Method:**
1) Patient based teaching for medicine and geriatric inpatient consults

2) Didactic conferences
3) Self-guided online didactic modules through the Society of Hospital Medicine

**Assessment:**

The curriculum requirements, rotation objectives, primary responsibilities and written and/or verbal feedback from internal medicine and geriatric attendings will be used to help formulate your final evaluation. Resident will receive verbal feedback from attendings during the rotation as well as summative online evaluation submitted at the end of the rotation.

Resident will in turn evaluate the attendings and/or the rotation experience at the completion of the rotation. This will be reviewed for ongoing rotation changes and improvements to the curriculum.