



Care of the Elderly Patient (Longitudinal) Curriculum
Family Medicine Faculty Liaison: Eduardo Garza, MD
Last review/update: 1/2018

Care of the Elderly Patient is a required, longitudinal experience beginning in the PGY-1 year and continuing through the end of residency training. Training takes place in all locations where residents interact with elderly patients, including: the CHI-Franciscan Health Harrison Medical Center inpatient wards, emergency department, Family Medicine Practice, and medical/surgical specialty clinics. Additionally, all residents will complete a minimum of 25 half-day experiences with patients at Martha & Mary long term care facility in Poulsbo, Washington.

ACGME Competencies and FM-Specific Milestones Assessed:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
✓ **PC-2, PC-5**
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;
✓ **MK-1, MK-2**
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care;
✓ **PBLI-1, PBLI-2**
4. **Interpersonal and Communication Skills** result in effective information exchange and teaming with patients, their families, and other health professionals;
✓ **C-1, C-2, C-3**
5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
✓ **PROF-2, PROF-3**
6. **Systems-Based Practice** as manifested by actions that 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.
✓ **SBP-1, SBP-2**

Family Medicine Program Requirement(s):

IV.A.6.d): “Residents must have at least 100 hours (or one month) or 125 patient encounters dedicated to the care of the older patient.

IV.A.6.d).(1): The experience must include functional assessment, disease prevention and health promotion, and management of patients with multiple chronic diseases.

IV.A.6.d).(2): The experience should incorporate care of older patients across a continuum of sites.”

Competency-Based Objectives and Instructional Methods

A. Patient Care

Objectives

During supervised inpatient service experiences, outpatient Family Medicine Practice clinical experiences, and Long Term Care Facility experiences, residents must demonstrate ability to:

1. perform a thorough, accurate and appropriately-directed history/physical exam for patients based upon requirements at location of care;
2. perform/order appropriate screening examinations for patients based upon age, gender, and comorbidities;
3. assess vaccination status and order appropriate immunizations for patients based upon age and comorbidities;
4. perform appropriate medication reconciliation for all patients, recognizing special high-risk medications and interactions in elderly patients.

Instructional Methods

1. *Direct Instruction:* During outpatient primary care and specialty clinic sessions, while on inpatient services, during long-term care facility experiences and in select Academic Conference sessions.
2. *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient cases while delivering care in the inpatient, outpatient, and long-term care arenas.

B. Medical Knowledge

Objectives

During supervised inpatient service experiences, outpatient Family Medicine Practice clinical experiences, and Long Term Care Facility experiences, residents must demonstrate ability to:

1. Normal physiologic changes that are associated with aging
 - a. Diminished homeostatic abilities
 - b. Altered metabolism and effects of drugs
 - c. Physiology of aging in various organ systems

2. Normal psychological, social, and environmental changes of aging
 - a. Reactions to common stressors, including retirement, bereavement, relocation, illness, and natural decline in physical and cognitive abilities
 - b. Changes in family and socioeconomic parameters that affect health
3. Unique modes of presentation for care, including atypical presentations of specific diseases in older adult patients
4. Risks points and adverse outcomes in geriatric care
 - a. Polypharmacy
 - b. Transitions of care
 - c. Nonrecognition of treatable illness
 - d. Iatrogenic illness
 - e. Treatment that does not take into account goals of care
 - f. Functional impairment, immobilization, and associated consequences
 - g. Cognitive impairment and associated consequences
 - h. Inappropriate institutionalization
 - i. Unsupported family/caregivers
5. Promotion of health maintenance through patient- and age-appropriate screening and risk factor assessment
6. Promotion of health in older adults through exercise, nutrition, and behavioral or lifestyle counseling
7. Services available to promote rehabilitation or maintenance of physical independence of older adults, thus increasing their ability to function in their existing family, home, and social environments
8. Community resources, including those used to help patients maintain independence
9. Indications for and benefits of the house call in the assessment and management of older adults
10. Characteristics of various types of housing alternatives and long-term care spaces available to the older adults, including independent living, personal care homes, assisted living, skilled nursing home care, and custodial nursing homes
11. Financial aspects of health care, with understanding of Medicare, Medicaid, and how various types of housing and long-term care housing options are financed
12. Recognition and management of elder abuse and neglect
13. Evaluation of the functional status of older adult

14. Evaluation of the cognitive status of older adults
15. Care of conditions that are common in older adults, can impose significant burden, or differ in presentation and/or management in older adults
- a. Sensory: hearing and vision loss, speech disorders, changes in taste, vestibular dysfunction, altered proprioception
 - b. Respiratory: chronic obstructive pulmonary disorder (COPD), pneumonia (infectious or aspiration), other respiratory infections, obstructive sleep apnea (OSA)
 - c. Cardiovascular: hypertension, congestive heart failure, myocardial infarction, valvular heart disease, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, syncope, postural hypotension
 - d. Oral conditions: caries, periodontal disease, tooth loss and denture care, xerostomia, oral-pharyngeal cancers, oral-systemic linkages
 - e. Gastrointestinal: dentition problems, dysphagia, abdominal pain, constipation, fecal impaction
 - f. Genitourinary: incontinence, urinary tract infections, bacteriuria, sexual dysfunction, prostate disease
 - g. Musculoskeletal: degenerative joint disease, osteopenia/osteoporosis, fractures, contractures, rheumatologic disease, podiatric problems, falls
 - h. Neurological: pain, mild cognitive impairment, memory loss, delirium, dementia, altered mental status, dizziness, tremor, gait dysfunction, sleep disturbance
 - i. Metabolic: dehydration, diabetes, hypothyroidism, medication-induced illness, malnutrition, anemia, hypothermia, malignancies, failure to thrive
 - j. Psychosocial: anxiety, depression, psychological effects of illness, alcoholism and other substance abuse, grief reactions, abuse (physical, financial, and psychological), end-of-life care
 - k. Dermatologic: xerosis, cutaneous neoplasms, environmental and traumatic lesions including skin tears and pressure ulcers, wounds, skin manifestations of systemic illness

Instructional Methods

1. *Direct Instruction*: During outpatient primary care and specialty clinic sessions, while on inpatient services, during long-term care facility experiences and in select Academic Conference sessions.
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3. *Supervised Clinical Management*: Application of the information to individual patient cases while delivering care in the inpatient, outpatient, and long-term care arenas.

C. Practice Based Learning and Improvement

Objectives

During supervised inpatient service experiences, outpatient Family Medicine Practice clinical experiences, and Long Term Care Facility experiences, residents must demonstrate ability to:

1. Incorporate preceptor feedback into clinical/academic performance changes;
2. Use search tools online and in the Harrison Medical Center Library to find references which augment learning from cases seen;
3. Provide appropriate patient care utilizing resources available in varying sites of care.

Instructional Methods

1. *Direct Instruction:* During outpatient primary care and specialty clinic sessions, while on inpatient services, during long-term care facility experiences and in select Academic Conference sessions.
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D. Interpersonal and Communication Skills

Objectives

During supervised inpatient service experiences, outpatient Family Medicine Practice clinical experiences, and Long Term Care Facility experiences, residents must demonstrate ability to:

1. Present clearly and concisely the consultation cases to precepting physicians and/or consulting staff at varying sites of care;
2. Establish rapport with patients, their family members, and other caregivers;
3. Use patient-centered communication skills to promote the patients' welfare;
4. Communicate effectively and collegially with non-physician health-care team members;
5. Construct appropriately organized, complete, and timely progress notes;
6. Explain, in terms understandable to patients and families, the content, structure, and value of advanced directives;
7. Employ shared decision-making when discussing recommendations for age-related screening examinations (or cessation of screening) and immunizations.

Instructional Methods

1. *Direct Instruction:* During outpatient primary care and specialty clinic sessions, while on inpatient services, during long-term care facility experiences and in select Academic Conference sessions.
2. *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases.
3. *Supervised Clinical Management:* Application of the information to individual patient cases while delivering care in the inpatient, outpatient, and long-term care arenas.
4. *Observed Patient Visits:* during longitudinal Behavioral Science curriculum with direct

feedback from behavioral science coordinator.

E. Professionalism

Objectives

During supervised inpatient service experiences, outpatient Family Medicine Practice clinical experiences, and Long Term Care Facility experiences, residents must demonstrate ability to:

1. Demonstrate ethical behavior and the humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions.
2. Acknowledge errors when committed and demonstrate ability to analyze how to avoid future similar mistakes.
3. Demonstrate punctuality and reliability at all times, whether in clinic, didactic sessions, performing inpatient duties, or attending patient-care sessions at long-term care facilities.
4. Maintain a professional appearance at all times.

Instructional Methods

1. *Direct Instruction:* During outpatient primary care and specialty clinic sessions, while on inpatient services, during long-term care facility experiences and in select Academic Conference sessions.
2. *Guided Research:* Resident presentation of faculty-assigned topics based upon clinical cases.
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4. *Observed Patient Visits:* during longitudinal Behavioral Science curriculum with direct feedback from behavioral science coordinator.

F. Systems Based Practice

During supervised inpatient service experiences, outpatient Family Medicine Practice clinical experiences, and Long Term Care Facility experiences, residents must demonstrate ability to:

Objectives

1. Utilize appropriately the health services and professionals within CHI-Franciscan Health Harrison Medical Center while advocating for patient interests; (Examples include: nutritionists, nurse clinicians, podiatrists, physical therapists, surgeons, and nuclear medicine specialists as indicated)
2. Use cost effective, evidence-based, medical practices;
3. Demonstrate ability to adjust to provision of care for patients in varied locations;
4. Demonstrate understanding of Medicare rules and regulations for provision of care for covered beneficiaries.

Instructional Methods

1. *Direct Instruction*: During outpatient primary care and specialty clinic sessions, while on inpatient services, during long-term care facility experiences and in select Academic Conference sessions.
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Resources

<http://onlinelibrary.wiley.com/doi/10.1111/jgs.13702/pdf> Beers Criteria Updated
<https://www.aafp.org/afp/2011/0101/p48.html> Geriatric Assessment AAFP
<https://www.aafp.org/afp/2010/0515/p1219.html> Nursing Home Care Part 1
<https://www.aafp.org/afp/2010/0515/p1229.html> Nursing Home Care Part 2

Points of Contact

Ron Tacker
3605163679
Martha & Mary Health and Rehab Center
19160 Front St NE, Poulsbo, WA 98370

Tacker prefers Wednesday afternoon, Friday afternoon is optional. Maybe have one pair of residents go on Wednesday per week with the goal of going once a month.

Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	Clinical Rotation	Clinical Rotation	Clinical Rotation	Clinical Rotation	Clinical Rotation		
PM	Clinical Rotation	Family Medicine Clinic	Family Medicine Clinic	Academic Conference	Longitudinal Curriculum		

Evaluation Activities

Residents will receive an ***incomplete*** for the rotation and will not be eligible for graduation until the following items are completed.

1. Resident Evaluation: *(the resident may be evaluated by several department members)*

- **Mid-rotation feedback:**
Faculty are encouraged to provide daily verbal feedback; but written feedback is required if resident is failing at mid-rotation or at any other time. Family Medicine Associate Program Director or Program Director should be notified as soon as possible when a resident is in danger of failing the rotation.
- **Final Evaluation**
Using rotation-specific on-line evaluation form. Evaluations should be completed within two weeks of rotation end to provide timely feedback to the resident.
- **Attendance Verification**
Documentation of attendance at didactic sessions, procedural clinics, FM continuity clinics and experiential encounters will be maintained in resident training file.

2. Documentation: *(to be completed by end of rotation)*

- Procedures performed must documented in standard electronic format
- Appropriate EHR documentation of all encounters must be completed
- Any provided supplemental readings should be completed and returned to rotation coordinator.

3. Staff Evaluation: (by the resident)

- Residents evaluate rotation faculty/staff using standard on-line evaluation form. Evaluation is to be completed within two weeks of rotation end.

4. Rotation Evaluation: (by the resident)

- Resident assesses quality of the rotation on the standard rotation evaluation form (same as for rotation faculty evaluation). Evaluation is expected to be completed within two weeks of rotation end.



M. Watson, MD
Program Director

5/9/2018

Date