

Goals and Objectives
LONG TERM CARE ROTATION FOR GERIATRIC FELLOWS

I. EDUCATIONAL PURPOSE

Master knowledge & skills needed for performance of high quality medical care in the Nursing Home.

II. TEACHING METHODS

Fellows are instructed in a variety of formats.

- a. Weekly didactic presentations are given on rounds by Dr. Keller
- b. Weekly bedside clinical rounds in the nursing home with Dr. Keller
- c. Weekly interdisciplinary team meetings with Dr. Keller and other professionals caring for the nursing home resident
- d. Monthly quality improvement meetings which include fellow participation.

III. MIX OF DISEASES

These residents have a series of chronic conditions, including diabetes mellitus, dementia, depression, heart failure, osteoporosis, renal failure, chronic obstructive lung disease, anemia, stroke, hypertension, urinary incontinence, constipation, arthritis, and others. The fellow will also care for residents with subacute conditions such as hip fracture, and acute problems of pneumonia, urinary tract infections, pressure ulcers, dehydration and delirium.

IV. PATIENT CHARACTERISTICS

The majority of patients on the nursing home service are long term residents of Brookestone Caring Households for Seniors followed in the UNMC Geriatrics faculty practice. Approximately 70% are women and 30% men. Most residents are Caucasians in their 80s. Approximately 10% are receiving hospice/palliative care. The Fellows also treat short-term residents receiving skilled nursing care and rehabilitation following hospitalization. These short term residents may be patients initially seen in the UNMC Geriatrics Clinic, UNMC Acute Inpatient Service or patients seen for Geriatrics Consultation for private practice physicians.

V. TYPES OF CLINICAL ENCOUNTERS

- a. Fellows will perform admission history and physical examinations and write orders for new residents to the nursing home.
- b. They will perform regulatory visits in the nursing home and see residents with acute medical problems.
- c. The fellows will serve as geriatric consultants for residents receiving Medicare Skilled nursing care and rehabilitation.
- d. Fellows learn about telephone triage through daily contacts from nursing home staff and nighttime calls from the nursing home. These contacts are reviewed with the attending physician and the fellow is provided direct verbal feedback.

VI. PROCEDURES AND SERVICES

The fellows may have opportunity to perform arthrocentesis during this rotation. Services include off-site but 24 hour availability of pharmacy, radiology, and laboratory. On-site physical, occupational, and speech therapy are available 5 days per week. The nursing facility is the teaching site for nursing and nurse practitioner students from several schools.

VII. EDUCATIONAL RESOURCES

- Bentley DW, Bradley S, High K, Schoenbaum S, Taler G, Yoshikawa TT. Practice guideline for evaluation of fever and infection in long-term care facilities. *J Am Geriatr Soc* 2001; 49:210-222.
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- Fick DM, Cooper JW, Wade WE, Waller JL, Maclean R, Beers MH. Updating the Beers criteria for potentially inappropriate medication use in older adults. *Arch Intern Med* 2003; 163:2716-2724.
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- Schnelle JF, Leung FW. Urinary and fecal incontinence in nursing homes. *Gastroenterol* 2004; 126:S42-S47.
- Alibhai SMH, Greenwood C, Payette H. An approach to the management of unintentional weight loss in elderly people. *Can Med Assoc J* 2005; 172(6):773-780.
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<http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>
- Decker FH. Nursing homes 1977-99: What has changed, what has not? Hyattsville, Maryland. National Center for Health Statistics, 2005.
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- Krasner D, Margolis DJ, Ordoni RU, Rodeheaver GT. Prevention and management of pressure ulcers.
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VIII. METHOD OF EVALUATION OF FELLOWS' COMPETENCE

Fellows' competence is assessed by supervising attending geriatricians in the following manner:

- (a) Observation of the fellows' performance of history-and-physical examinations during work rounds;
- (b) Review of fellows' medical orders;
- (c) Critique of fellows' findings, impressions, and plans during work rounds;
- (d) Observation of fellows' behavior and communication skills during interactions with patients, families, and other staff.

The attending geriatrician's evaluations are documented in written form, and are reviewed at a quarterly faculty meeting, before being shared with the fellows.

IX. TEACHING PERFORMED BY FELLOWS

It is expected that geriatrics fellows on the nursing home rotation serve as teachers and role models for more junior members of the team. Fellows are expected to deliver at least one brief didactic talk on a subject of interest, and to actively participate in bedside teaching during work rounds. Fellows also serve as senior consultants to the students on the team. Medical students, physician assistant students and nursing students all rotate through the nursing home service. The teaching provided by fellows is observed by the attending geriatricians and critiqued. Additional feedback is solicited from students on the team.

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