

**Goals and Objectives**  
**GERIATRIC PSYCHIATRY ROTATION FOR GERIATRIC FELLOWS**

**ACTIVITIES:** Inpatient, nursing home and outpatient management with Geriatric Psychiatrists.

**I. EDUCATIONAL PURPOSE**

Week 1 Geriatric Assessment

- A). Goals and Objectives
  1. Understanding the importance of the “functional” approach to patient assessment
  2. Familiarity with scales to assess physical function
  3. Knowledge of and ability to utilize the scales that assess cognitive function
  4. Ability to utilize Geriatric Depression Scale and Clinical Dementia Rating Scale.
  
- B). Means to Achieve Goals
  1. Burke et al. Geriatric assessment: Family Practice Recertification 11:28-41, 1989.
  2. Review of handouts from the residents’ orientation packet with instructions for administering the Mini-Mental State Examination and the Geriatric Assessment Center psychiatric consultation examination form.
  3. Chapters 10,11 and 12 in Comprehensive Review of Geriatric Psychiatry. 3<sup>rd</sup> ed. Eds Sadavoy, Lazarus and Jarvik.

Week 2 Biopsychosocial Issues in Aging

- A). Goals and Objectives
  1. Know the major theories of aging mechanisms
  2. Realization of specific changes in organ system function with normal aging.
  3. Know changing social factors that impact upon the aged.
  4. Know psychological aspects of aging, including adaptability, the role of loss, maladaptive patterns of adjustment.
  
- B). Means to achieve goals
  1. Review of Chapters 4,6,7,9 and 33 in Comprehensive Review of Geriatric Psychiatry. 3<sup>rd</sup> ed. Eds Sadavoy, Lazarus and Jarvik.
  2. Rotation handouts provided.

Week 3 Mood Disorders in the Aged

- A). Goals and Objectives
  1. Know the epidemiology of depression and mania in the aged.
  2. Identify psychosocial contributors to depression.

3. Know major medical contributors to mood disorders and their evaluation.
4. Appreciation of the various presentations of mood disorders.
5. Ability to identify and utilize multimodal approaches to treatment of mood disorders including pharmacologic, ECT, psychotherapeutic and social interventions.
6. Be able to distinguish between normal and pathological grief.
7. Know the treatment principles for complicated bereavement and associated psychiatric syndromes

B). Means to achieve goals

1. Chapter 20,21 and 30 in Comprehensive Review of Geriatric Psychiatry 3<sup>rd</sup> ed.
2. Alexopoulos GS. Depression in the Elderly. *Lancet*.2005; 365:1961-1970.
3. Van Gerpent et al. Mania in the geriatric patient population. *Am J Geriatric Psychiatry*.1999; 7:188-202.  
Greenberg RM and Kellner CH. Electroconvulsive therapy. A selected review. *AJGP*. 2005; 13:268-281

Week 4 Dementia and Delirium

A). Goals and Objectives

1. To know the definitions of the 2 syndromes.
2. Knowledge of the major etiologies of dementia and their clinical, historical and pathological correlates and risk factors.
3. Knowledge of the medical evaluation for delirium and the reversible causes of dementia.
4. Knowledge of the available treatment options for Alzheimer's and vascular dementia, both the primary cognitive process and associated psychiatric symptoms.
5. Appreciation of caregiver issues related to dementia such as education concerning dementia, resources available and the stress of caring for a demented loved one.
6. Knowledge of the epidemiology, common etiologies, associated psychiatric symptoms, treatment options and prognosis of delirium

B). Means to achieve goals:

1. Chapters 2,16,17,18,19 and 30 in Comprehensive Review of Geriatric Psychiatry 3<sup>rd</sup> ed.
2. Cummings. Alzheimer's disease. *NEJM*. 2004; 351:56-67.
3. Raia. Helping patients and families to take control. *Psychiatric Annals*. 24:192-196, 1994.
4. Cole. Delirium in elderly patients. *Am J Geriatr Psychiatry*. 2004;12:7-21.

Week 5 Death/Dying and Bereavement

- A). Goals and Objectives
1. Distinguish between normal and complicated grief
  2. Know the principles for prevention and treatment of complicated grief.
  3. Know the principles of palliative care at the end of life
- B). Means to achieve goals:
1. Chapters 20 and 41 in Comprehensive Review of Geriatric Psychiatry 3<sup>rd</sup> ed.
  2. Von Gunten et al. Ensuring competency in end-of-life care. JAMA. 2000;284:3051-3057
  3. Krakauer et al. Barriers to optimum end-of-life care for minority patients. JAGS. 2002;50:182-190.
  4. Block. Psychological considerations, growth, and transcendence at the end of life. JAMA. 2001;285:2898-2905.

Week 6 Psychoses in Late Life

- A). Goals and Objectives
1. Knowledge of the differential diagnosis for psychotic symptoms in the elderly.
  2. Familiarity with the natural history of schizophrenia and delusional disorder with aging.
  3. Familiarity with distinguishing characteristics between early-onset and late-onset psychoses.
  4. Knowledge of the medical causes for psychotic symptoms in the elderly and their appropriate evaluation.
  5. Knowledge of multimodal treatments of psychotic disorders including pharmacologic, psychosocial and psychotherapeutic
  6. Knowledge of the major risks and benefits of the antipsychotic medications.
- B). Means to achieve goals:
1. Handout
  2. Chapters 22 and 30 in Comprehensive Review of Geriatric Psychiatry 3<sup>rd</sup> ed.
  3. Clinical perspectives on the choice of atypical antipsychotics in elderly patients with dementia. Annals of Long-Term Care. 2005; 13(1):26-30 and 13(2):30-38.

Week 7 Community Resources/Financial Issues

- A). Goals and Objectives
1. Familiarity with the economic issues that occur with aging and the impact of cultural issues.
  2. Familiarity with the roles of Medicare and Medicaid in financing the health care of the elderly.
  3. Familiarity with the various levels of care available for the medically or cognitively impaired elderly.

4. Familiarity with community resources available to the elderly.
- B). Means to achieve goals
1. Chapters 37 and 39 in the Comprehensive Review of Geriatric Psychiatry 3<sup>rd</sup> ed.
  2. Handout

Week 8

- A). A test comprised of 30 questions pertinent to the assigned readings will be administered. A passing score is 24 correct.
- B). During the course of the rotation you must satisfactorily complete an observed interview of a geriatric patient. See the enclosed evaluation sheet for those areas that will be observed. This is usually done in the GAC.

**II. TEACHING METHODS**

Patient management rounds in nursing homes, didactics, assigned readings, role modeling, group discussions, and individual discussions.

**III. MIX OF DISEASES**

Dementia, delirium, depression, anxiety, psychosis.

**IV. PATIENT CHARACTERISTICS**

Patients over 65, both men and women.

**V. TYPES OF CLINICAL ENCOUNTERS**

Outpatient, nursing home visits, possibly acute inpatient visits.

**VI. PROCEDURES AND SERVICES**

Psychiatric interview, evaluation and management, prescription of behavioral and pharmacotherapy.

**VII. EDUCATIONAL RESOURCES**

Case-based geriatrics review; geriatric psychiatry web based pearl card tutorials on dementia, depression and delirium. See specific reference in I.

**VIII. METHOD FOR EVALUATION**

Attending geriatric psychiatry staff will complete the geriatric fellow specific evaluation form. Fellows are recommended to complete the geriatric psychiatry section of the "Case Based Geriatrics Review" to evaluate knowledge and supplement learning.

**IX. TEACHING PERFORMED BY FELLOWS**

Fellows are encouraged to discuss and provide 'mini lectures' on medical geriatric syndromes for psychiatry residents and students on this rotation.

(Roccaforte/Potter 5/24/06)