Goals and Objectives  
GERIATRIC ASSESSMENT CLINIC (GAC) and  
GERIATRIC EVALUATION AND MANAGEMENT (GEM)  
CLINIC ROTATIONS FOR GERIATRICS FELLOWS

ACTIVITIES:

GAC: Evaluate and perform intermediate management of patients in Geriatric Assessment Clinic with staff Geriatricians.  
Time: 1 & ½ day per week.

GEM: Evaluate and manage patients in Geriatric Assessment Clinic with staff Geriatricians.  
Time: 2 half day clinics per week.

I. EDUCATIONAL PURPOSE

GOALS:
Upon completion the learner will:
1. Understand the appropriate use of a comprehensive geriatric assessment.
2. Master comprehensive geriatric assessment process and techniques.
3. Function as an interdisciplinary team member and leader.
4. Prioritize evaluation and treatment in the face of complex health problems and the individual patient’s priorities.

OBJECTIVES:
Upon completion the learner is able to or has:
1. Witnessed and understands the basics of and use of:
   a. Neuropsychological testing (screening and indications for referral for detailed testing) Fellow should observe at least one neuropsychological assessment in both GAC and GEM clinic.
   b. Psychiatric evaluation (mood and cognitive assessment)
   c. Pharmacologic evaluation (medication review, evaluation of adherence)
   d. Social assessment (caregiver burden, social network, community resources)
   e. Nursing evaluation (functional assessment, alcohol history)
2. Lists the situations in which an interdisciplinary team is useful and when it is not.
3. Describe the contribution and expertise of each member of the interdisciplinary team.
4. Describe in depth the etiology, pathophysiology, evaluation and management of common geriatric syndromes and diseases encountered in comprehensive geriatric assessment.
5. Understands and is conversant with:
   a. Psycho social issues
   b. Economics of health care
   c. Ethical/legal issues
6. Mastered the information for and performance of health care maintenance.
7. List the range of formal & informal support services available in the community.
8. List the factors that contribute to the success or failure of a care giving network.
9. Perform and mastered the comprehensive history and physical exam.
10. Perform functional screening and evaluation and management of problems discovered during the screening.
11. Leads effectively and efficiently an interdisciplinary team.
12. Demonstrate skills in making appropriate referrals, consultations and communication with the various disciplines for needed services.
13. Demonstrate effective teaching skills to residents and students.
14. Describe the appropriate use of a geriatric comprehensive assessment.
15. Master comprehensive geriatric assessment techniques.
16. Describe the use of indications and limitations of the components of a geriatric assessment.
17. Master the performance of a comprehensive history and physical exam.
18. Demonstrate the ability to integrate effectively and efficiently the information from the various providers involved in the GAC.
19. Master the diagnosis and management of the common geriatric syndromes and problems encountered in the GAC/GEM.
20. Lead the interdisciplinary team in the assessment and management and in the intermediate management.
21. Take the lead position and performed successfully the GAC follow-up conferences with family and patients.

II. TEACHING METHODS
Case presentation, review and discussion, interdisciplinary team conference, demonstration of neurological exam and findings by attending geriatrician, didactics, assigned readings.

III. MIX OF DISEASES
Dementia, depression, delirium, incontinence, gout disorders, parkinsonism, major organ system impairments (heart, lung, kidney, musculoskeletal etc).

IV. PATIENT CHARACTERISTICS
Men and women over 65 years of age.

V. TYPES OF CLINICAL ENCOUNTERS
Outpatient evaluation and management, interdisciplinary team evaluation, intermediate management of cognitive, physical and psychiatric problems, and family conferences.

VI. PROCEDURES AND SERVICES
Cognitive and functional assessment; comprehensive physical and neurological examination, collateral source history using family and medical records as resources. Occasional joint and trigger point injection and occasionally spinal taps.

VII. EDUCATIONAL RESOURCES
EDUCATIONAL RESOURCES (con’t)

VIII. METHOD OF EVALUATION OF FELLOWS COMPETENCE
Attending geriatricians will complete the geriatric specific evaluation form and discuss this with the fellow at the end of the rotation. Fellows should meet with attendings after the first 2-3 weeks to receive feedback and recommendations for improvement. Fellows are encouraged to complete the “assessment” portion of the “Case-Based Geriatrics Review” as a means of self-assessment. Communication skills are evaluated during family conference using the ‘Communication Skills’ checklist and discussed with the fellow following the session.

IX. TEACHING PERFORMED BY FELLOWS
Several learners are typically assigned to this clinic including internal medicine, family medicine and psychiatry residents and medical, PA and pharmacy students. Fellows should make every effort to engage learners in observation of multidisciplinary assessment and team care. Fellows should discuss with learners development of a comprehensive problem list, establishing priorities for evaluation and treatment based on the patient/family goals and chief concerns. Fellows are encouraged to provide ‘mini didactics’ on the geriatric syndromes surrounding patient presenting problems with learners engaged in each patient’s evaluation.

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