Geriatric Assessment Clinic (GAC)
Guidelines for Students and Residents

(Please review this sheet prior to or as you proceed through GAC clinic)

These notes will assist you in understanding and contributing to the geriatric assessment of older patients. The student or resident may be asked to perform a medical evaluation of the patient and discuss findings at a multi disciplinary team conference. This is to be determined by your attending in clinic that day.
The process of geriatric assessment is outlined below.

Upon arriving to the Geriatric Clinic, please alert the nurses of your arrival and begin reviewing this sheet. The student or resident should follow one patient through all aspects of the evaluation. Please familiarize yourself with patient you have been assigned by the attending or coordinator. If not assigned, please select a chart (in the file room or clinic area) to begin familiarizing yourself with the patient. You will not be allowed in the room once the Geriatric psychiatrist or Neuro Psychologist begins. Please arrive 7 AM.
On Wednesday clinic-bring your lunch so that you can discuss the patient over lunch with Dr. Vandenberg.

Goals:
I. To become familiar with the process of Comprehensive Geriatric Assessment
II. To understand the indications and usefulness of referral for a Comprehensive Assessment
III. To witness the performance of the various aspects of the assessment

Objectives: The Resident/Student will:
I. be able to identify the indications for Comprehensive Geriatric Assessment
II. be able to list the components of the Comprehensive Geriatric Assessment
III. demonstrate ability to perform key components of history taking and physical exam in an elderly patient.
IV. be able to perform an MMSE (Mini-Mental Status Exam), MOCA (Montréal cognitive assessment) Functional Disability Screening, and GDS (Geriatric Depression Scale).
V. describe the function and participate in a interdisciplinary team meeting
VI. know and be able to perform the components of a functional screening
VII. Describe the scope of practice and contribution of the pharmacist, social worker and psychologist to the interprofessional plan of care for complex older patients and indication for referral to these professionals in their future practice setting.

Sources of referral;
Physicians and other healthcare providers, Eastern Nebraska Office on Aging, Adult Protective Services, community health nurses, emergency rooms, yellow pages in the phone book, family members and/or word of mouth, Internet.

Intake Procedure:
Intake calls are processed and screened for appropriateness of referral by the GAC social worker. Families and agencies may be contacted to determine results of prior evaluations, what services are being provided, results from evaluations and services, and pertinent medical and social history.

Clinical Operation:

The GAC is similar to those you will read about in the literature. We have a multidisciplinary team that interviews and assesses the patient and gathers collateral histories from the family/care giver during the first appointment. Appointments are generally made for three new patients each Wednesday and Friday. Each new patient can expect to be in the Clinic four to five hours. Diagnostic studies are scheduled in the afternoon. Conferences for patients and families are schedules at a later date (usually the next week), after results from diagnostic studies are received.

Clinic Day Sequence:

The patient is seen sequentially by: (usually in this order) start time approx. 7:00

Wednesdays-
- Neuro psychologist (neuropsychiatric testing)-starting approx. 7:15
- Geriatric psychiatry

Fridays-
- Neuro psychologist (neuropsychiatric testing)-starting approx. 7:15

Both Wednesdays and Fridays
- Geriatrician
- Pharmacology to follow
- Geriatric nursing assessment to follow

One week later (on Wednesday or Friday respectively)
- The GAC IDT team discussion & planning -7:30 AM-9 AM

GAC IDT team Discussion & Planning:

Purpose: To review findings from the morning clinic and formulate recommendations.
Note: simultaneously during this clinic, the social worker, RN and Pharmacist are obtaining history from the family.

Evaluator Main Tasks

Geriatric Nursing Assessment - functional evaluation, coordination of clinic
Gero-Psychiatry - cognitive and mood assessments
Gero-Psychologist - evaluation of affected cognitive domains
Geriatrician - medical evaluation and post-evaluation, management teaming with clinic nurse
Pharmacology - medication evaluation, interactions, adverse reactions
Social Worker - intake, social history

TEAM PROTOCOL FOR INITIAL VISIT:
I. Review the past medical history, social history, and/or nursing evaluation before the patient is seen. Collateral source history and social assessment of family and patient is completed.

II. The chief complaint is identified after considering concerns of the patient and caregiver(s). Often there are 2 different sets of concerns and priorities that need to be addressed.
   B. Primary Social/Nursing Problems: Identification of current living situation, support structures, financial status and informal and formal supports. Assessment of patient's functional status, expectations for independence and outcome of referral. Identify both patient and family expectations of the Geriatric Assessment Team.

III. Complete medical history involving patient, medical records and caregivers, when appropriate.
   A. History of Present Illness - Attention to date of onset, specifics of behavioral and cognitive disturbances, reason for referral and course.
   B. Past Medical History - Special attention to medications and illness history that may relate to functional deficits.
   C. Social History - Historical data pertinent to presenting problem.
   D. Detailed Review of Systems - Specific attention is given to symptoms of organ insufficiency, neurological deficits, gait, incontinence, ambulatory abilities, hygiene, nutrition, endocrine, and ability to care for self (i.e. functional problems).

IV. Definition of the Desired Outcome: Obtain information from patient and caregivers. Examples may be: To live at home with more in-home support; Relocation to assisted living, or No change.

V. Complete Physical Examination: Special attention is given to the musculoskeletal, Cardiopulmonary, and neurological exam including gait, motor and sensory function. Vision and hearing screens also are part of the exam.

VI. GAC IDT Team Conference: Discussion of the patients seen in clinic that day. Those present will include members of the Geriatric team, students, and resident. During the team conference, problems will be identified and recommendations formulated, assets identified, and goals set.

FOLLOW-UP VISIT (Usually 1-2 weeks after first appointment conducted by GAC Nurse Practitioner and Social Worker)

I. Review of diagnostic data by Nurse Practitioner and determination of further new medical problems.
II. Review of social developments by social worker with patient and caregivers.
III. Review of functional status and teaching of health maintenance and prevention by RN and other team members.
IV. Review of psychiatric or neurological evaluations, if done.
V. Review of medications.
VI. Interval history from patient and care giver. Interval physical examination if necessary. Subsequent lab data gathering as indicated by above steps. Final concluding conference of all the involved parties. The assessment team conference meeting minutes/notes are used to discuss details of the diagnostic and treatment plans recommended to the patient and family.
VII. Detailed letter to primary care provider and relevant specialists detailing evaluation, interventions, and recommendations.

Secrets of GAC (Geriatric Assessment Clinic) success:

1. **Interdisciplinary assessment** (i.e. Multiple professionals evaluating the patient and contributing to the assessment and plan)
2. **Derive a Single Care Plan**; (the interdisciplinary team meeting serves as a time in which all the professionals contribute to a single unified care plan)
3. **Case Management**: (the primary NP and RN implements the plan and coordinates case management with the GAC attending until the follow-up appointment)
4. **Follow-Up Consultative Visit**: (this visit reviews the evaluation, provides explanations and prognoses of diagnoses, management recommendations and strategizes and negotiates next step in care plan. Then the patient is referred back to their primary provider.)