Division of Geriatric Medicine
Department of Internal Medicine
House Officer – Ambulatory Rotation Orientation

The hand out should include the following topics: Orientation, Ger. serv. Intro-goals & objectives, Geriatric service policy and procedure, GAC orientation, UGC desc. & sites.)

I. GOALS & OBJECTIVES: Review goals and objective page (attached)

II. POLICY AND PROCEDURE: Review the following, for more information see policy and procedure note attached

1. Call Responsibilities
2. Communication Responsibilities with regard to patient care while on call.
3. GAC Clinic
4. Ambulatory Clinic
5. Nursing home rounds
6. Home visits
7. Didactic Attendance
8. Formal Case Conference

Clinical programs of the Division of Geriatric Medicine consist of:

1. Geriatric Assessment Clinic (GAC)
2. Ambulatory Clinic – Primary care
3. Ambulatory Clinic – Consultations
4. Home Care Program
5. Nursing Home Care

The Geriatric Clinic and faculty offices are located at HICSA (Home Instead Center for Successful Aging) 38th Avenue & Leavenworth Streets. These offices include the physicians, nurses, and social workers, as well as the secretaries and an office manager.

I. The Geriatric Assessment Clinic is held Wednesday and Friday mornings starting at 7:00am (do not be late). The interprofessional team conference is held from 8-9 to discuss patients seen the previous week. You will also be scheduled for follow ups with Sara Wolfson, NP, during your rotation.

II. Ambulatory Clinics - daily. Phone numbers are listed below as well as on the Resident/Faculty List:

Geriatric Medicine Clinic: 559-9600 (main line), 559-4060 (clinic line)

For sickness or delay of arrival call your attending or the clinic number (559-4060) after 7:45am (if unknown call Travis at 559-3964).

For scheduling problems contact Travis Weyant via phone at 402-559-3964 or via email at tweyant@unmc.edu.
Introduction, Goals and Objectives

Faculty:

Jane Potter, M.D. (Division Chief)
Stephen Bonasera, M.D., PhD
Catherine Eberle, M.D.(VA)
Elizabeth Harlow, M.D.
Brenda Keller, M.D.
William Lyons, M.D.
Debra Mostek, M.D.
Edward Vandenberg, M.D.

Adjunct Faculty:

Linda Farho, PharmD
Christy McAndrew, NP
Sara Wolfson, NP
Diane Hendricks, MSW
Sue Murray, MSW

Duration: 1 month

Introduction:

Geriatric medicine is the prevention, diagnosis, care and treatment of illness and disability in older people. This approach of promoting the health of the older patient takes into account the interaction of diseases, medications, the environment, personal and social factors, and age. Geriatrics acknowledges the favorable and unfavorable elements of aging. However, it stresses that physical and mental deterioration are not inevitable consequences of the aging process, and that there are positive aspects to growing older.

Goals and Objectives

Goal

I. Continue to develop history and physical examination skills in the outpatient setting.
II. Continue to develop assessment and treatment planning in the outpatient setting.
III. Learn to perform a functional disability screen
IV. Learn interventions & management of functional disability (ies) once discovered
V. Recognize ‘geriatric syndromes’ and have evaluation and treatment strategies
VI. Expand medical knowledge of geriatric medicine
VII. Develop positive attitudes regarding care of the older people
VIII. Learn key principles in prescribing for the elderly.

Activities

I. Participate in Geriatric Assessment Clinic.
II. Participate in ambulatory clinic
III. Participate in nursing home rounds
IV. Teaching activities: Geriatric Case Conferences, Didactic lectures with faculty, readings (GAYF and article packet) and Journal Club. Give a noon discussion of an interesting case seen during their geriatrics rotation (Geriatrics Challenging Case Conference)

**Educational Objectives**

The resident through the course of the rotation will:

I. Increase knowledge and skills related to the workup and management of those medical problems that are prevalent among older persons (dementia, delirium, diastolic heart failure, osteoporosis, unexplained weight loss, adult failure to thrive, etc.).

II. Improve the ability to prioritize, when presented with the great complexity of many older patients and their complaints/concerns.

III. Perform a functional assessment of the elderly patient and use this assessment in evaluation and treatment.

IV. Interact with the interprofessional team to provide optimal care. Extend skills as a member of an interprofessional team with pharmacists, nurses, advanced practice nurses and social workers.

V. Incorporate the fact of limited life expectancy into collaborative decision making with patients and families.

VI. List the differential diagnosis of common geriatric syndromes and provide appropriate evaluation and treatment. Examples of geriatric syndromes include delirium, falls, incontinence, malnutrition, pressure ulcers.

VII. Demonstrate appropriate evaluation and management of common geriatric syndromes.

VIII. Demonstrate appropriate outpatient evaluation of a new geriatric patient

IX. Demonstrate ability to care for individuals with dementia

X. Provide appropriate pre-operative evaluation.

XI. Demonstrate appropriate evaluation and management of common acute illnesses in the geriatric patient in the outpatient or NH setting.

XII. Demonstrate awareness of health care costs and strive to provide efficient cost-effective care.

XIII. List the benefits, types of patients that would benefit, and the process of comprehensive geriatric assessment.

XIV. Describe the unique aspects of disease prevention in the elderly and apply appropriate preventive measures in the care of the elderly.

XV. Formulate treatment plans for individual patients and incorporate the bio-psycho-social aspects of the disease by recognizing the importance of the caregiver and the family's role in the ongoing care of the elderly patient.

XVI. Demonstrate appropriate end of life care and counseling of patient and family/loved-ones.
**Home Visits**

One or two home visits are to be schedule with Debra Mostek, MD, Assistant Professor. Travis Weyant will notify house officers of dates and times.

House officers will also be responsible for setting up one post hospital discharge home visit with a patient from midtown clinic. House officers will work with Nancy Farris, BSN, Associate Professor, CON – Community Based Care, to setup this visit. **For full goals and objectives make sure and review the Post-Discharge Home Visit information posted on blackboard.**

**Goals and Objectives**

Goal: The home visit allows the house officer to provide medical care in the home and recognize the value of home-based medical assessment and treatment. The experience will foster an appreciation of the interaction between the elder's physical health, his/her environment and psychosocial situation, and provide an opportunity to practice "the art of medicine". This positive experience is designed to generate an increased interest in providing home visits after his/her training is completed.

**Objectives**

At the end of the home visit, the resident will be able to:

I. Discuss appropriate indications for home visits.
II. Describe the advantages of providing medical care in the elder's home.
III. Discuss barriers to and limitations of house calls.
IV. Discuss equipment, supplies, and forms that may be useful to bring for a home visit, realizing that a stethoscope is often the only medical equipment that may be necessary.
V. Describe medicare documentation requirements for physician home visits.
VI. Discuss environmental assessment to identify hazards and barriers in the home (Home Safety Evaluation), and recognize potential safety hazards in the home.
VII. Describe medicare reimbursement rules for physician home visits. Contrast the reimbursement for professional services for a similar level of service provided in the home vs. the office vs. an assisted living facility location.
VIII. Contrast out-of-pocket costs for the elder considering home treatment of an acute illness (eg., course of I.V. antibiotics administered at home for pneumonia) vs. the elder's deductible expense for an acute care admission.
IX. Discuss strategies to maximize the efficiency of house calls.
X. Discuss the value of the interdisciplinary team process to provide optimal care in the home.
XI. Identify situations when home care is not appropriate or safe for the elder.
XII. Discuss procedures to ensure the safety of the health care provider.
XIII. Describe how house calls can enhance the physician-patient relationship.
XIV. Describe the advanced treatment interventions that can be provided in the home setting.
Chart Documentation

I. Ambulatory clinic:
   a. All new patients, annual visits, and consultations should have a detailed H&P
   b. Document functional abilities and especially changes in function
   c. Document the patient’s POA and goals of care
   d. Transitional Care visits should follow the transitional care template in OneChart.
   e. All clinic notes should be completed within 24 hours

II. GAC
   a. Please see attached form for more information
   b. Documentation should be completed within 24 hours

Geriatric Formal Case Conference

The Division of Geriatrics Medicine series of teaching conferences includes a monthly formal case conference, in which an instructive case is presented and discussed among a group of faculty, fellows, and various other learners. You are responsible to choose the case to present, and to facilitate discussion of important teaching points.

Which cases are best to discuss in this format? It's probably best to choose...

I. Cases in which issues of symptom control and maintenance of dignity were prominent.
II. Cases in which there were problems with systems breakdown, or communication problems, or quality-of-care or patient safety challenges.
III. Cases in which diagnosis presented an interesting question.
IV. Cases in which family dynamics were challenging.
V. Cases in which the patient was unexpectedly admitted (either from clinic or shortly thereafter) or had other unexpected outcomes.
VI. Cases you will remember long after your Geriatrics rotation is over, for whatever reason.

Case presentations can be prepared via PowerPoint or paper handouts. The format is somewhat loose, but try to encourage discussion among the participants, try to leave your audience with two or three pearls of wisdom, and consider bringing copies of a recent paper that touches on key issues that arose in the care of your patient. (Travis Weyant can help with any photocopying and/or setup of presentation the day of)

Geriatric Service Policy & Procedure

Students

Medical, NP, pharmacy, and PA students at times will be on service. They will be under the immediate supervision of the attending. They make up an important part of the interprofessional team. Pharmacy students, when available, will be utilized to do medication reconciliation and education.
**Home Call Responsibilities**

When on home call the resident covers: outpatient calls and nursing home calls. For times see schedule. Call follows RRC guidelines. The call schedule is sent directly to the resident. If you did not receive a call schedule, please contact Travis Weyant via email at tweyant@unmc.edu or via phone at 402-559-3964

When on call, if you decide to send a nursing home patient to the Emergency Department, be sure to call the triage nurse in the Emergency Department to provide information about the patient and the reason for transfer and give an order to the nursing home staff to notify the patient's primary doctor in the morning about the transfer.

The primary provider for patient you were called about overnight will generally need to know about the calls and any new orders given. You can pass along these messages via the documentation function in OneChart. Be sure to route your documentation notes to the primary care provider. If any questions while on call, please call the attending on call.

When on call for the weekends, please call the attending on with you on Saturday and Sunday mornings to touch base. This is an opportunity to discuss any questions you may have regarding the previous days calls or any ongoing patient concerns.

**Vacation**

Vacation time is to be requested per the *Internal Medicine Education Office Residency Program Vacation Policy*. Notice of the resident's vacation will be sent to Geriatrics by the Education Office for signature.

**Research**

Individuals interested in research opportunities are encouraged to inquire.

**Evaluation**

Written and oral feedback to residents by the attendings that you have worked with on the service will be done at the end of the rotation using the standard departmental forms.

**Sick Days**

Contact Travis Weyant (402-559-3964 or 402-850-7648cell) as soon as aware you will be unable to perform duties.