INPATIENT ACUTE CARE GERIATRIC FELLOW ROTATION
GOALS & OBJECTIVES

GOALS:
Through the course of the rotation the fellow will:
1. Demonstrate expert inpatient care of the elderly.
2. Demonstrate good teaching skills for residents and students.
3. Apply systems-based practice skills to geriatric care in the inpatient setting.

EDUCATIONAL OBJECTIVES:
Clinical: Skills and Knowledge
The geriatric fellow through the course of the rotation will:
1. Utilize measures to reduce functional decline.
2. Utilize measures to reduce risk of delirium, and to treat incident delirium.
3. Utilize measures to reduce pressure injury of the skin.
4. Demonstrate appropriate fluid management.
5. Recognize risk factors for nutritional deficiency and utilize appropriate nutritional support and risk factor modification.
6. List risk factors for falls and demonstrate appropriate evaluation and management to reduce risk.
7. List causes of iatrogenesis and demonstrate evaluation and management techniques to reduce iatrogenesis.
8. Determine the goals of treatment per patient/family wishes and encourage use of advanced directives.
9. Model and encourage excellent Family/Loved One interaction.
10. Describe risk factors for and potential precipitants of common geriatric syndromes.
11. Demonstrate appropriate evaluation and management of common geriatric syndromes.
12. Provide appropriate pre-operative evaluation and perioperative management.
13. Demonstrate appropriate evaluation and management of common acute illnesses in the geriatric patient.
14. Interact with the interdisciplinary team to provide optimal care.
15. Demonstrate comprehensive discharge planning.
16. Demonstrate awareness of health care costs and strive to provide efficient cost-effective care.
Teaching
17. Demonstrate good teaching skills during: a) clinical bedside teaching, b) short (patient-problem-focused) didactics, c) formal lectures.

Quality Improvement (Health Care Systems)
18. Monitor critical aspects of geriatric care performed by the inpatient team and provide feedback to team,
19. Complete a Quality Improvement project addressing systems issues in acute care of elders.

Potential areas of improvement include discharge planning and optimizing transfers between acute care venues, reducing iatrogenic risk, or improving use of advance directives. The focus of the fellow’s effort in the project is the (local) health system itself, rather than the individual patient.

ACUTE CARE ROTATION –FELLOWSHIP POLICY and PROCEDURES
2005-2006

TIME:
2 month Acute Inpatient rotation

DUTIES:

CLINICAL
1. ACUTE INPATIENT (Geriatric Service Rotation):
   a) Assist attending in supervising and teaching the residents on GERI-Med service (for patients on geriatric service in both the Acute care and TRU). In this capacity, follows the course of all patients on the service.
   b) Perform resident’s duties when resident is unavailable.
   c) Primary responsibility for select patients (Acute or TRU) dependent on complexity and number of patients. (to be determined by attending)
   d) Emphasizes systems improvements (minimizing iatrogenic injury, improving discharge planning, etc.)

2. HOME VISITS
   a) Perform and/or supervise home visits with attending oversight as time allows.
**TEACHING**

The fellow would be responsible to provide supervision and direct clinical teaching to residents and students.

*Expectations:*
- daily short discussions on patient problem driven geriatric-related topic
- clinical “bedside” teaching

**SPECIAL PROJECTS**

(During the 2 months the fellow will be expected to complete the following projects (*must complete #1 and choose 1 from # 2 – 4*)

1. Quality improvement project

Examples:
   a) Monitor critical aspects of geriatric care performed by the inpatient team and provide feedback on performance (*example: frequency of inappropriate orders, iatrogensis prone practices, quality of hospital discharge planning or instructions, location and appropriateness of location of discharges or other ideas as the fellow might propose to attending*).
   b) System issues: *examples: evaluation of inpatient falls and response by hospital system, frequency of adverse drug events (ADE’s) and evaluation by hospital system, review Infection Control issues on geriatric patients.*

   At least one of the following (#2-4 projects determined according to the fellows’ interests and needs of the geriatric service as determined by the attending)

2. Format a lecture and perform in the didactic series.
3. Pursue a literature search and present to attending, resident and students in discussion group format (this would be performed weekly).
4. Writing project (case report, review article etc).

**DUTIES WHEN SERVING AS PRIMARY FOR PATIENTS (ACUTE & TRU)**

**ADMISSIONS**

**WEEKDAYS:** Geriatric service resident admits patients to the inpatient Geriatrics service on M-F from 8:00 am until 5:00 pm. From 5:00 pm (or the designated time) until the following morning, the inpatient ward team on call would admit the geriatric patients and transfer their care to the Geriatrics’ resident the following morning. For admits when the geriatric service resident is in clinic, the fellow will admit the patient. If both the resident and the fellow are unavailable to admit the patient, then the attending should be alerted. The geriatric service resident or fellow is then expected to see them after clinic and complete the admission.

**WEEKENDS:** The weekends would be treated like a weekday, (i.e., whoever is on call for the weekend would admit patients from 8:00 am until 5:00 pm). The nights would be covered by the inpatient ward team.
NIGHT COVERAGE

Overnight, the geriatric inpatients would be “checked out” to the intern on ward call for the night.

COMMUNICATION

This system of cross cover will require careful and deliberate communication between house officers and at times between house officers and fellows before each transition in care. It must be the responsibility of the HO or fellow “going off” to contact the person “coming on”

The transfer of information is suggested to occur in the following manner;

Check out: The daytime HO or fellow calls the night call HO and provides some written information (ie patient’s names, MR number, room, code status and important medical issues).

Check in: The day HO or fellow should call the overnight SUPERVISOR for any admissions overnight.

Although this does complicate care, it will also be an opportunity for trainees to refine this skill for “real world” practice later on.

Evv3/5/05