

AMBULATORY GERIATRIC EXPERIENCE (AGE)

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Overview:

The interns (H01) of the Internal Medicine Residency of North Carolina Baptist Hospital spend one month on the Ambulatory Geriatric Experience (AGE). With the graying of America, the elderly population is an escapable facet of adult medical practice. A well-trained internist will need to not only recognize the aging process, but recognize the difference between natural aging and intervening medical issues that lead to impaired aging.

While there are over 50 million people in the United States who are over the age of 65, right here in North Carolina, the over 65 population has increased by 20% in the last 10 years and is expected to more than double by 2030. The elderly population however is a heterogeneous group and live in a variety of settings each with its own unique staffing, physician requirements and focus.

Over the course of a month in the AGE rotation, the intern will be exposed to these multiple levels of care with the overall goal of understanding the continuum of care and their integration with each other particularly as the interns continue to gain expertise during the remainder of their residency program in a hospital based setting.

Principal Teaching/Learning Activities:

Ageing Conference (AC): The ageing conference occurs biweekly on Wednesday afternoon from 1:30 p.m.-2:30 p.m. from September through the first week of June. In this conference, both research and clinical topics in Geriatric Medicine are covered.

Ambulatory Care Clinic (ACC) - Under the direction of a geriatrics attending, the intern will interview and examine ambulatory elderly patients. They will make medical management recommendations to the attending physician. Specific characteristics of the aged patient are elucidated by the attending physician along with additional review of historical or physical exam findings.

ACE Transition Program (ATP) - Under the direction of the Acute Care of the Elderly (ACE) unit fellow, the intern will make a single investigative visit to patients who have been discharged from the ACE unit into the Winston-Salem community. Over the course of the month, the intern is to follow patients into several different settings including home, subacute rehabilitation, acute rehabilitation, assisted living and traditional long-term care. A formal written note is required and a presentation is given to the ACE unit multi-disciplinary team including medical and ancillary staff weekly. This will serve also to inform the ACE unit team of the outcome of patients following discharge and instruct on methods of improving the transition from the ACE unit to any one of these diverse settings.

Geriatric Consultation Clinic (GCC) - Monthly, the GCC is held in the geriatric outpatient clinic area. This is a consultative clinic which focuses on the evaluation of geriatric syndromes. The intern as a member of the team will see patients and help to formulate an assessment and plan of action. The attention is particularly paid to dementia as an intercurrent problem, urinary incontinence, functional impairment, falls, gait instability, family and social concerns and an understanding of the health care system for the elderly will be learned from this experience.

Memory Assessment Clinic (MAC) - The first three Mondays each month from 1 p.m. until 5 p.m. the Memory Assessment Clinic (MAC) is held in the geriatric outpatient clinic area. These are conducted by an attending physician and geriatrics fellows. This clinic focuses on detailed evaluations of mild to moderate cognitive impairment. The intern will interview patients and available family members regarding the cognitive history, as well as, focusing on other geriatric syndromes that may impair the cognition including depression, polypharmacy sensory impairment, etc. The intern will have the opportunity to work with trained interdisciplinary clinical research staff from the Kulynych Center for Memory and Cognition Research, as well as, pharmacy and legal consultants.

Geriatric Journal Club (GJC): Geriatrics Journal Club occurs biweekly on Wednesday afternoon from 1:30-2:30 p.m. between September and June. The purpose of this conference is to provide a review of new research in Geriatric Medicine, and to learn critical appraisal and research methodology skills.

Internal Medicine Grand Rounds (GR): Are scheduled every Thursday 8:00 a.m.-9:00 a.m. from September through the first week of June.

House Calls (HC) - The Sticht Center Physician House Call Program is an interdisciplinary home care program which integrates medical and social support services in the care of chronically and disabled older persons. One to two afternoons per week, the AGE intern will accompany the geriatrics fellow to a participant's home to evaluate chronic or acute medical conditions. They will discuss with the fellow and the family any additional caregiving or social service assistance needed and help to arrange services as appropriate.

Internal Medicine Noon conferences (NC): The intern on the AGE rotation is expected to attend a minimum of 60% of noon conferences.

Nursing Home (BR) - Two to three half days per week, the AGE intern will work with the Geriatrics fellow to complete histories, physicals and medical management of nursing home and assisted living residents at the Brookridge Retirement Community. Brookridge is a continuing care retirement community (CCRC) which includes all levels of care including independent, assisted living, long term care and rehabilitative/subacute care. The intern will be exposed to all of these levels of care along with didactics from the geriatric attending regarding regulations, physician responsibilities and specific emphasis on common geriatric syndromes. The intern will come to understand the patient profile associated with each level of care and financial implications associated with each level of care.

Principal Educational Goals by Relevant Competency

In the table below, the principal educational goals for AGE and the relevant principal teaching/learning activity is indicated by each goal using the legend below.

***Legend for Learning Activities**

AC - Aging Conference

ACC - Ambulatory Care Clinic

ATP - ACE Transitional Program

BR - Nursing Home (Brookridge)

GCC - Geriatric Consultation Clinic

GJC - Geriatric Journal Club

GR - Grand Rounds

HC - House Calls

MAC - Memory Assessment Clinic

NC - Noon conferences

1) Patient Care

Principal Educational Goals	Learning Activities*
Effectively obtain an accurate history in patients with symptoms of dementia/depression	ACC, ATP, BR, HC, MAC
Effectively perform a complete physical examination in patients with a recent fall, with an emphasis on injury and fall etiology	ACC, ATP, BR, HC
Appropriately select medical management strategies for patients at different levels of care based on staff level.	ACC, ATP, BR, HC
Generate differential diagnoses.	ACC, ATP, BR, GCC, HC, MAC

2) Medical Knowledge

****Please see Appendix A for specific organ-based and symptom-based learning objectives****

Principal Educational Goals	Learning Activities*
Expand clinically applicable knowledge of the basic physiology, natural aging and the clinical science underlying abnormal aging	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Illustrate the ability to construct a clinically relevant differential diagnosis for patients presenting with any of the geriatric syndromes	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Demonstrate a basic understanding of the diagnostic modalities employed in the evaluation of dementia	ACC, ATP, BR, GCC, HC, MAC
Express a basic understanding of the pharmacologic agents used in the treatment of the geriatric syndromes	ACC, ATP, BR, GCC, HC, MAC
Convey an understanding of the evidence which guides the evaluation and management of patients at end of life/management of elderly patients	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Gain a working knowledge of current guidelines proposed for the evaluation and management in subacute level of nursing home care.	BR, GJC

3) Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities*
Identify and acknowledge gaps in personal knowledge and skills in the care of elderly patients	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Use the principles of evidence-based medicine to formulate clinical questions which arise in the care of patients, search the medical literature, critically appraise such literature, and apply the information to specific patients	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Use evidence-based texts to guide the diagnosis and treatment of patients.	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Develop real-time strategies for filling knowledge gaps that will benefit patients	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Teach colleagues and students effectively.	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC

4) Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities*
Communicate effectively with patients and families	ACC, GCC, MAC
Communicate effectively with physician colleagues and members of other health care professions to assure timely, comprehensive patient care.	ACC, GCC, MAC
Present patient information concisely and clearly, verbally and in writing	ACC, GCC, MAC
Gain an appreciation for the importance of a clearly defined question from the requesting team in effective consultation	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Increase in understanding of the importance of true informed consent when considering end of life care and hospitalizations.	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC

5) Professionalism

Principal Educational Goals	Learning Activities*
Behave professionally toward patients, families, colleagues, and all members of the health care team	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Demonstrate a consideration of patient autonomy, beneficence, and social justice as the guiding principles of dealing with ethical challenges	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC
Acknowledge and incorporate social-behavioral dimensions of illness	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC

6) Systems-Based Practice

Principal Educational Goals	Learning Activities*
Gain an enhanced understanding of the integral role of a consultant in the care of patients with memory deficits	MAC, GCC
Collaborate with other members of the health care team to assure comprehensive patient care.	ACC, GCC, MAC
Gain an appreciation for the importance of effective collaboration with allied health professional including nurse, therapists, dietitians, social workers, and administrators	ACC, GCC, MAC
Use evidence-based, cost-conscious strategies in the care of patients at all levels of care.	AC, ACC, ATP, BR, GCC, GJC, GR, HC, MAC, NC

Recommended Resources

1. We recommend that each resident read the selected articles in the AGE notebook presented at the beginning of the rotation.
2. We recommend that UpToDate be used as an evidence-based resource for practice-based learning to answer questions which come up during patient-care activities.
3. An additional reference is Geriatrics at Your Fingertips which is available to download to a PDA at www.geriatricsatyourfingertips.org. Limited print copies are available for use during the rotation.

Evaluation Methods

Evaluations are based on personal observation by the Geriatrics faculty and fellows of the resident's performance in all clinical settings. Medical knowledge is also assessed based on the resident's performance on the post test and Teaching Rounds. These factors serve as the basis for completing the standard Department of Medicine resident evaluation form. The completed evaluation is then sent to the medicine program director for review.

APPENDIX A

Specific Learning Objectives

Levels of Nursing Care:

1. Participate actively in quality improvement of the transition of care from the ACE Unit
2. Develop strategies to improve transitions of care from the hospital to these settings.

Nursing Home Environment:

1. Understand the demographics and levels of long-term care
2. Understand the basic regulations for long-term care
3. Understand the role of rehabilitation in care for the elderly.
4. Recognize some of the medical problems that are unique to nursing home care.
5. Be able to perform a comprehensive assessment of a nursing home resident and create a care plan based on that assessment.

- Describe the important ways in which nursing home care has been altered by the Nursing Home Reform Act (OBRA 1987) and why such reform was needed.

Geriatric Syndromes in the Nursing Home:

- Identify how the following issues differ when encountered in the nursing home setting:
 - Dementia
 - Depression
 - Urinary Incontinence: Know why the prevalence, treatability, and stigma of urinary incontinence (UI) make it an important condition.
 - Falls: describe the importance of falls in the elderly in terms of incidence, morbidity and mortality rates.
 - Preventive medicine recommendations
 - Rehabilitation
 - Polypharmacy: present a framework for judicious, safe, cost-effective, drug prescribing in the elderly.
- Demonstrate the ability to diagnose, stage, and treat pressure sores.

Physician's House Call Program:

- Provide medical care to home-bound chronically ill adults who otherwise would have limited access to comprehensive health care.
- Become familiar with functions of home health agencies and other community service providers.
- Describe a physician house call program in terms of the process and intended/perceived outcomes.
- Recognize the gap in the current health care system for the homebound.

Preventive Health and Screening in the Elderly:

- Understand health prevention and screening recommendations in the elderly.
- Demonstrate the appropriate use of screening recommendations in the outpatient, home and nursing home settings.

Principles of Geriatric Assessment:

- Become familiar with the various models and instruments used in a geriatric assessment.
- Recognize clinical problems in the older adult not commonly screened in general practice.

Nutrition for Aging:

- Discuss nutritional interventions for the geriatric aged patient.
- Develop a systematic approach to the differential diagnosis of geriatric failure to thrive (FTT).

Dementia:

- Be able to discriminate between dementia, delirium and depression.
- Demonstrate the ability to assess a patient for possible dementia, with special regard to
 - Use of standardized measures of cognitive function
 - Use of focused approach to history and physical exam
 - Use of laboratory and imaging tests to characterize the dementia and rule out "reversible" causes.

3. Be able to give a patient and/or family the diagnosis of dementia and provide treatment options, education, and assistance with planning for the future.
4. Recognize the role of other providers in the care of those with dementia, including social workers and home care providers.

Depression in Older Adults:

1. Demonstrate knowledge of the criteria for the diagnosis of major depression.
2. Understand how the presentation of depression can differ in older adults.

Ethical Issues:

1. Know the difference between the legal determination of competence and the clinical, task-specific determination of decision-making capacity.
2. Understanding the definitions, state laws and the institutional policies regarding living wills, durable powers of attorney for health care, and surrogate decision-making.

This specific set of learning objectives has been adapted from the Curriculum for the Primary Care Geriatrics 2nd Edition developed at the University of Chicago Pritzker School of Medicine and supported by the John A. Hartford Foundation Consortium for Geriatrics in Residency Training.