

# Four-Week Elective in Geriatrics for Internal Medicine Residents

at the Yale School of Medicine



## SUMMARY

### Target Audience

All Internal Medicine residents who have completed the required four-week inpatient geriatrics rotation

### Purpose

Exposure to geriatrics and geropsychiatry in subacute, long-term, assisted-living, and home care settings

### Program

Two- or four-week elective rotation with optional conferences and meetings

### History

Yale was one of the first medical schools to mandate a required rotation in geriatrics for all of its Internal Medicine residents, over twenty years ago

### Operating Costs

Occasional meetings and conferences; education coordinator and program assistant time, covered by the geriatrics division's endowment fund

### Outcomes

Approximately three residents per year participate, and over 15 years several participants have gone into geriatrics

### Available Materials

Rotation schedule; list of rotation events

### For More Information

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## Program Overview

All Internal Medicine (IM) residents at Yale School of Medicine complete a four-week rotation in an inpatient geriatric setting. Approximately one half are assigned to the Veteran's Administration Medical Center and the other half to the Acute Care of the Elderly (ACE) Unit at Yale New Haven Hospital. During this required inpatient rotation, the residents are exposed to diagnostic and management issues involved in the care of hospitalized older patients.

The goal of the elective rotation in geriatrics, which complements the required inpatient rotation, is to expose IM residents to geriatrics and geropsychiatry in a variety of nonhospital care settings, including subacute, assisted living, nursing home, outpatient clinic, and home.

This program is designed to help residents:

- understand care delivery in a variety of settings including both the services available and the role of the physician
- appreciate the different ways that the goals of care can be met in these settings, and the unique opportunity that they afford to avoid hospitalization
- understand the role of geriatric syndromes in the quality-of-life of individuals in these settings, and gain skill in diagnosing and managing the patient's illnesses, given their multifactorial nature
- have opportunities to further their skills in end-of-life and palliative care through interactions with the hospice, palliative care, and geropsychiatry teams
- appreciate the need for appropriate information transfer in transitions in care.

A 2005 geriatrics education needs assessment conducted with Yale medical students and Internal Medicine residents revealed that trainees



experienced frustration with the traditional medical model of care (disease-focused, cure-oriented) in caring for older patients because of the multifactorial nature of many illness states, barriers to communication, and differences in goals for outcome in older adults. This residency rotation is designed to help the learner move from a disease-management model to a geriatric holistic model of care. Improving trainees' geriatrics knowledge and skills can help change their attitudes toward, and skills in, caring for older people, and may help to encourage more trainees to pursue careers in geriatrics.

### **Program Operations**

The rotation is tailored to the differing levels of the residents' prior experiences and interests. Residents can choose either a two-week or four-week elective. Please see *Available Materials* for an example of a four-week schedule.

The two-week elective is an introduction to sites of care. Residents spend at least two full days on home care, and four full days in the nursing home setting, doing both admission evaluations and care plans for patients admitted for subacute medical care, and monthly reviews of longer-term residents. The residents spend two half days in the geriatric assessment and management consultation center learning geriatric assessment and interdisciplinary team skills. The other two days are tailored to the residents' interests. Examples of activities chosen include a geriatric musculoskeletal clinic with a geriatric rheumatologist, a wound care specialty consultation, and an electroconvulsive therapy session with a geropsychiatrist.

In the four-week elective, the resident gradually takes on more responsibility. In the Extended Care (long-term) setting they see assigned patients once a week over the four weeks, including new, complex patients in subacute facilities and hospices. A preceptor initially accompanies residents to see patients in their homes and in assisted-living settings, but residents may make follow-up visits on

their own. They spend one full day with the Agency on Aging and a half-day at an adult day care center.

The residents are encouraged to participate in the didactic activities of the geriatrics division, including geriatrics journal club, research in progress, and geriatrics grand rounds. (See *Available Materials*.)

### **Staffing Requirements**

The education coordinator and an administrative assistant organize the program; the education coordinator is the main preceptor at the clinical sites. There is additional time required of the other geriatrics faculty who incorporate resident supervision and education into their clinical activities.

### **Program Costs and Funding Sources**

There are minimal costs for occasional meetings and conferences. The time of the education coordinator and of the program assistant is covered by the geriatrics division's endowment fund.

### **Process and Outcomes Data**

Residents complete online evaluations. Data are still being collected for the two years of online evaluations.

### **Implementation Lessons**

- The residents must have direct patient responsibilities and be held responsible for attendance.
- The residents should have at least one half day off (and sometimes two) to help them remain invested during their days at the facility.
- Avoid having residents visit two different sites in one day unless it is absolutely necessary, as residents find the travel time and switching gears very disruptive. Full-day blocks are better.
- Observation days should be limited to one day out of five.

## **Available Materials**

### Tools/Resources

- Rotation Schedule
- Schedule of Rotation Didactics, Grand Rounds, Journal Clubs, Seminars, and Workshops

### Publications

- Perceived Needs for Geriatric Education by Medical Students, Internal Medicine Residents, and Faculty  
Drickamer, MA, Levy, B, Irwin, K, Rohrbaugh, R  
*Journal of General Internal Medicine*  
2006;21(12):1230-4

## **For More Information**

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This document is part of a compilation of approaches to geriatrics recruitment, career development, and programmatic expansion, based on the work of the John A. Hartford Foundation "Centers of Excellence in Geriatric Medicine and Training." For more information, visit [www.afar.org/recruitment](http://www.afar.org/recruitment) or [www.jhartfound.org](http://www.jhartfound.org).

