GERIATRIC MEDICINE
Core Fellowship Curriculum
SUNY-DOWNSTATE MEDICAL CENTER, BROOKLYN, NY

Overall goals
To provide postgraduate trainees in geriatric medicine with knowledge, skills, and attitudes so they will be able to
a. deliver excellent medical care to diverse elderly populations in a variety of settings by the end of the first year of fellowship
b. Provide this care in conjunction with professionals from other medical and health-related disciplines
c. Embark on a successful career in academic geriatric medicine by the end of the second year of fellowship.

I. GENERAL PRINCIPLES OF AGING

GENERAL GOALS
The fellow will:
1. Develop and understanding of the demography of aging and its implications for healthcare.
2. Become familiar with age-associated changes in physiology, anatomy, and organ systems and identify those most likely due to aging as opposed to lifestyle or disease.
3. Become familiar with the biologic, social, and cultural influences on older adults.
4. Develop an awareness of current financing and reimbursement issues for elderly patients.

OBJECTIVES

Knowledge

The fellow will be able to:
1. Define the current average life span and life expectancy, describe changes in these and in the numbers of Americans over 65 and 85 years of age currently in America; describe the factors responsible for these changes.
2. Describe the current theories of aging and longevity.
3. Describe age-associated changes in: skin, vision, hearing, cognition, gait, sexuality, and function of the cardiac, pulmonary, genitourinary, immune, muscular, neuromuscular and gastrointestinal systems.
4. Discuss the psychosocial aspects of aging, including age-associated changes in memory, problem solving, and psychomotor speed, finances, retirement, changing family relationships, housing concerns, and bereavement.

5. Cite the cost and payment source for medications, hearing aids, vision rehabilitation aids, walkers, home care, office visits, hospitalization, day care, nursing home and transportation.
6. Describe the entitlements under Medicare and Medicaid, and other health insurance plans for the elderly.

Skills

The fellow will demonstrate the ability to:

1. Distinguish "normal" from pathologic aging with respect to clinical findings, cognitive function and psychological performance in specific patients.
2. Discuss the biologic, social, cultural, and financial influences that impact on a specific patient's behavior.

Attitudes

The fellow's medical care will reflect:

1. A consideration for the influences of biological, psychological, social, cultural, and financial factors on an individual's adaptation to aging.
2. Empathy for the patient's perception of and response to the age-related changes discussed above.

IMPLEMENTATION & EVALUATION

The fellow will:

1. Read and discuss assigned material on the topics listed, including questions and answers from the Geriatric Review Syllabus with a faculty member during scheduled sessions.
2. Participate weekly in several case conferences discussing the medical and psychosocial concerns of inpatients, ambulatory, homebound, and nursing home patients evaluated by the interdisciplinary Geriatrics team.
3. Co-precept teaching sessions for medical students and other trainees in medicine, nursing, and social work.
4. Attend and participate in Journal Club, Case Conferences, Department of Medicine Grand Rounds, and other didactics as specified in curriculum.
5. Complete the courses in the MPH program in gender, race, and ethnicity in health and health in immigrant populations.

II. GERIATRIC ASSESSMENT

GENERAL GOALS

The fellow will:

1. Become familiar with interdisciplinary assessment, assessment tools and team function.
2. Learn to tailor geriatric assessment and careplans to site, *i.e.*, acute hospital, outpatient, homebound, and nursing home.

3. Approach the patient's diagnostic and therapeutic plan in light of their functional, sensory, social, cognitive, and emotional state.
4. Recognize the importance of functional assessment for purposes of appropriate service assignment, prognostication, and promotion of patient independence.
5. Become proficient in recognizing factors that have the greatest impact on safe independent living for frail elderly people.
6. Understand the continuum of care for elderly including the office, home, hospital, nursing home, adult day care, and various forms of assisted living.
7. Understand the importance of promoting independent function and delaying dependency when developing care plans for elderly patients.

OBJECTIVES

Knowledge

The fellow will be able to:

1. Describe the basic principles of case management, including identification of patients likely to benefit (targeting).
2. Recognize the individual expertise of all members of the interdisciplinary team, including but not limited to: social workers, nurses, nurse practitioners, case managers, physical, occupational, and speech therapists, psychiatrists, neurologists, and physiatrists so that appropriate communication, triage, and referral can occur.
3. Identify factors that impede safe independent living, including caregiver stress and elder abuse.
4. Describe the key elements of home care programs.
5. Distinguish among short and long term home health care, long and short term institutional care, day care, and hospice.
6. Describe the appropriate administration and scoring of the Minimental Status Exam, Geriatric Depression Scale, Activities of Daily Living, and Instrumental Activities of Daily Living.
7. Describe the tools used to assess patients for home and institutional long-term care, including the PRI, MII Q, and the RUGS score.
8. Describe the impact of caregiver stress, methods of detecting, and techniques for effectively managing this problem.

Skills

The fellow will demonstrate the ability to:

1. Obtain an appropriate history from an elderly patient with normal and impaired ability to communicate.
2. Conduct a complete physical examination with due regard for the elderly patient"s comfort.
3. Assess the functional capacities of an elderly patient.
4. Perform a comprehensive neurological and cognitive evaluation.
5. Obtain a sexual history from an elderly patient as appropriate.

6. Administer and interpret the tools of assessment including (but not limited to) the Minimental Status Exam, Geriatric Depression Scale, Activities of Daily Living, and Instrumental Activities of Daily Living.
7. Perform geriatric home, nursing home, outpatient and inpatient assessments, create a comprehensive care plan that includes medical, functional, cognitive, emotional, social and economic problems, diagnostic and therapeutic measures, and goals.
8. Demonstrate the ability to refer and interact with appropriate members of the interdisciplinary team in all care settings.
9. Interact with families and other caregivers, recognize caregiver stress, and refer as appropriate.
10. Recognize the signs and symptoms of elder abuse and understand the appropriate interventions.

Attitudes

The fellow will demonstrate willingness to:

1. Communicate effectively and empathically with elderly patients, recognizing the sensory, cognitive, and other handicaps that can impede communication.
2. Treat elderly patients with respect and understanding.
3. Demonstrate appropriate communication and interpersonal skills when interacting with caregivers, professional colleagues and community groups.
4. Appreciate the value of non-institutional living for many homebound patients
5. Appreciate the interdisciplinary "team approach" to patient care.
6. Appreciate the pivotal role of the family in and other caregivers and the community resources required to support both patient and family.

IMPLEMENTATION & EVALUATION

The fellow will:

- Provide primary care at the Kings County Geriatric Clinic under supervision of the Geriatric Medicine Faculty.
- Participate in the Comprehensive Geriatric Assessment Clinic at the Brooklyn Veterans Hospital
- Provide Home Visits for patients as assigned
- Follow a longitudinal panel of Nursing Home patients.
- Serve as the Geriatric consultant on inpatient services
- Provide inpatient consultation to non-geriatric medicine services

In each of these settings the fellow will:

1. Assess and formulate comprehensive care plans (as defined above) in coordination with an interdisciplinary team.
2. Provide follow up and continuity of care.
3. Participate in case conferences discussing care and safe discharge.
4. Administer the Minimental Status Exam, Geriatric Depression Scale, Activities of

Daily Living, and Instrumental Activities of Daily Living scales to patients as clinically indicated and discuss the meaning of each result in the context of the specific patient.

A member of the Geriatric Medicine Faculty will review and critique all assessments, comprehensive care plans and patient follow-up provided by the fellow. ABIM evaluations utilizing the 6 Competencies will be completed by faculty at the end of each rotation and reviewed with the fellow at least twice a year.

III. CLINICAL GERIATRIC MEDICINE

GENERAL GOALS

The fellow will:

1. Become familiar with diagnosing and managing medical and psychiatric syndromes and diseases that occur often in elderly patients.
2. Have an increased index of suspicion for certain disorders in the elderly, recognizing that disease in elderly patients often presents atypically or in the context of significant comorbidities.
3. Recognize that the pathophysiology of common diseases may differ by age.
4. Recognize that the elderly often have multiple chronic diseases and impaired homeostatic mechanisms resulting in diminished reserve, more severe decompensation in response to illness or stress, and greater susceptibility to iatrogenic illness.
5. Become proficient in providing preventive care for elderly patients.
6. Learn and apply the principles of geriatric pharmacology and non pharmacologic approaches to the care of the elderly.
7. Become proficient in preventing iatrogenic illness in both elderly inpatients and outpatients.
8. Become comfortable with providing medical care in a nursing home or home setting and without the technologic supports available within a hospital.
9. Recognize that the goal of medical care may be maximizing function and quality of life rather than cure or prolongation of life.

A. Geriatric Syndromes

OBJECTIVES

Knowledge

The fellow will describe in the elderly population, the epidemiology, clinical presentation, pathophysiology, differential diagnosis, diagnostic evaluation and management of:

Falls and Dysmobility	Urinary/Fecal Incontinence	Hearing Impairment
Osteoporosis/Osteomalacia	Dementia	Depression
Delirium	Pressure Ulcers	Glaucoma

Sleep Disorders	Malnutrition	Hypothermia and Hyperthermia
Failure to Thrive	Fractures (hip, vertebral, wrist)	Adverse Drug Events
Dysphagia and Feeding Disorders	Foot Disorders	Polypharmacy
Cataracts	Macular Degeneration	Sexual Disorders
Pain Syndromes	Elder Abuse	

The fellow will recognize the appropriate role of subspecialists in caring for these conditions.

Skills

The fellow will demonstrate the ability to:

1. Generate a differential diagnosis and a clear diagnostic plan for each of the above disorders relying primarily on information obtained through the history and physical.
2. Develop an interdisciplinary diagnostic and management plan and follow-up for patients with the above disorders seen in each of the settings noted under Section II, Geriatric Assessment (Implementation and Evaluation).
3. Screen for patients at risk for each of the above disorders; institute preventive measures.
4. Utilize pharmacological and non-pharmacological measure in management.
5. Monitor patients in all settings to avoid the iatrogenic development of these syndromes.
6. Refer to and interact with subspecialists when appropriate

Attitudes

The fellow will demonstrate a willingness to:

1. Recognize that geriatric syndromes are often multifactorial and require an interdisciplinary approach involving other professionals and caregivers.
2. Recognize that geriatric syndromes although often not life-threatening, markedly impair the quality of life for patients and their caregivers.

B. Common Diseases: Presentation, Evaluation, and Management

OBJECTIVES

Knowledge

The fellow will describe the presentation, diagnoses, and management of the following diseases as they pertain to the elderly:

Cardiovascular Disease
Coronary Artery Disease
Valvular Heart Disease
Congestive Heart Failure
Peripheral Vascular Disease
Hypertension
Hypotension
Abdominal Aortic Aneurysm
Myocardial Infarction
Angina

Pulmonary
Pneumonia
Deep Vein Thrombosis and Pulmonary Embolus
Chronic Cough
Sleep Apnea
Cerebrovascular Disease
Aspiration Pneumonia

Rheumatology
Gout
Polymyalgia Rheumatica and Temporal Arteritis
Osteoarthritis
Orthostatic Hypotension

Gastointestinal
Constipation
Hemorrhoids
Peptic Ulcer Disease
Acute Abdomen

Hematology/ Oncology
Anemia
Common Cancers
Terminal Illness

Endocrine and Metabolic
Thyroid Disease
Diabetes Mellitus
B-12 Deficiency
Paget's Disease of Bone
Osteoporosis/osteomalacia

Neurological
TIAs/Stroke
Dizziness
Syncope
Peripheral Neuropathy
Cervical Spondylosis
Lumbar Stenosis
Parkinsonism

Urology
Prostatitis
Benign Prostatic Hyperplasia
Urinary Infection
Urinary Incontinence

Renal
Renal Insufficiency/Failure
Nephrolithiasis

Infectious Disease
Herpes Zoster ("shingles")
Cellulitis
Influenza
Lung infection
Tuberculosis
Bacteremia/sepsis

Dermatology
Seborrheic and actinic keratosis
Basal cell carcinoma
Other skin cancers
Xerostomia
Rosacea

Skills

The fellow will demonstrate an ability to:

1. Apply principles of clinical decision making and risk benefit analysis in the diagnostic and management plan detail plans for monitoring outcome and plans for follow-up in patients with the above disorders seen in each of the settings described under Section II, Geriatric Assessment (Implementation and Evaluation).
2. Individualize pharmacological and non-pharmacological management and minimize and recognize adverse drug reactions.
3. Monitor hospitalized or institutionalized patients to avoid the iatrogenic development of these disorders.
4. Refer to and interact with subspecialists.

Attitudes

The fellow will demonstrate a willingness to:

1. Recognize that elderly patients often present atypically or with multiple, interacting diseases and that they have diminished reserve to deal with such problems.
2. Recognize that the steps involved for patients and caregivers in carrying out "simple" diagnostic tests and procedures are often difficult to arrange or successfully complete.
3. Recognize the issues surrounding medication nonadherence.

C. Clinical Pharmacology

OBJECTIVES

Knowledge

The fellow will be able to:

1. Describe the age associated changes in pharmacokinetics (drug absorption, distribution, metabolism, and excretion) pharmacodynamics, and risk factors for drug interactions.
2. Describe the common presentation of adverse drug reactions in the elderly.
3. Recognize the factors involved in adherence to a therapeutic regimen, and the effect of age on these factors.
4. Describe the management of a patient with chronic pain.
5. Recognize cost issues in prescribing for specific patients.
6. Recognize the role of non-pharmacological alternatives.
7. Explain issues unique to prescribing in different settings (inpatient vs. outpatient).
8. Recognize the role of the pharmacist.

Skills

The fellow will demonstrate the ability to:

1. Take a comprehensive medication history including prescription and over-the-counter drugs (including herbals and nutrients), and previous adverse drug effects
2. Recognize the presentation of adverse drug reactions
3. Individualize drug choice and dosage in such a way as to minimize the likelihood of adverse drug effects or interactions
4. Suggest a plan to decrease polypharmacy and increase adherence in patients taking multiple medications
5. Manage a patient with chronic pain using pharmacological and non pharmacological measures in such a way as to minimize medication adverse effects and pain
6. Assess a specific medication for use in the elderly and compare it with other available therapeutic agents
7. Assess medication cost in planning a regimen
8. Utilize the current literature to help develop an optimal therapeutic plan
9. Utilize non-pharmacological alternatives where appropriate.
10. Prescribe while taking setting and patients living situation into consideration.
11. Interact with pharmacy personnel as appropriate.

Attitudes

The fellow will demonstrate a willingness to:

1. Recognize that compliance and function will often be maximized by using the fewest number of medications at the lowest doses possible.
2. Provide patient counseling and education materials and to enhance adherence and the use of non-pharmacological treatments.

D. Preventive Medicine and Nutrition

OBJECTIVES

Knowledge

The fellow will:

1. Cite the current recommendations for exercise, nutrition, health screening, and immunization for elderly persons.
2. Discuss primary, secondary, and when applicable, tertiary prevention for osteoporosis, coronary artery disease, falls, urinary incontinence, delirium, pressure ulcers, visual impairment, cancer, malnutrition, constipation, elder abuse, suicide, hypo- and hyperthermia.
3. Describe the important criteria for a screening test.

4. Describe the factors that motivate adherence to preventive health recommendations.
5. Describe calorie, nutrient, and fluid requirements for older persons.
6. Cite the risks and benefits of long term enteral tube feeding.

Skills

The fellow will become proficient in:

1. The implementation of health maintenance and preventive medicine plans for all patients.
2. Counseling patients about preventive measures which impact on the elderly.
3. Prioritizing preventive measures considering the patient's functional, economic and social situation, as well as quality of life.
4. Discussing the place of tube feeding in neurologically impaired elderly.
5. Maintaining preventive care flowsheets for all primary care patients.
6. Integrating patient education into all visits.
7. Managing all patients in such a way as to minimize the likelihood of deconditioning, malnutrition, or adverse events
8. Identifying patients at high risk for malnutrition.

Attitudes

The fellow will demonstrate a willingness to:

1. Recognize that preventive medicine continues to be important at all ages of life.
2. Recognize that the decrease in homeostatic reserve in the elderly increases the positive impact of preventive measures.
3. Understand how cultural, religious, psychological, functional and economic factors influence adherence to preventive measures in the elderly.
4. Take quality of life into consideration when formulating a plan for preventive health screening.

E. Rehabilitation Medicine

OBJECTIVES

Knowledge

The fellow will be able to:

1. Distinguish between preventive maintenance and restorative rehabilitation; know which diagnoses and services Medicare reimburses for hospitalized, community and nursing home patients with rehabilitation needs.
2. Describe the indications and contraindications for referral to P.T., O.T., speech therapy, audiology, and low vision rehabilitation. Describe the treatment modalities used by each and the indications for their use.

3. Discuss the indications, benefits and morbidity of exercise and endurance training in the elderly, including those with cardio-pulmonary disease.
4. Describe indications for assistive devices including shoes adaptive devices, orthotics and wheelchairs.
5. Describe the pathophysiology and classification of feeding and swalling disorders.
6. Discuss stroke rehabilitation.
7. Describe the prognosis, complications and rehabilitation management of osteoporosis, osteoarthritis, compression fractures, scoliosis and kyphosis.
8. Describe hip fracture and hip replacement rehabilitation.

Skills

The fellow will demonstrate the ability to:

1. Manage patients in such a way as to minimize the likelihood of deconditioning
2. Outline and demonstrate a general conditioning regimen for patients with differing functional levels, including a healthy ambulatory, a frail ambulatory, a homebound, and a medically stable hospitalized elderly person.
3. Set goals and identify appropriate sites for rehabilitation for specific patients (e.g. acute rehabilitation unit, short term nursing home, rehabilitation, home) ; confer with the physiatrist and therapists concerning progress, goals. and/or therapy modification as appropriate.
4. Outline the rehabilitation management of pain for a patient after stroke, hip or vertebral compression fracture.
5. Perform a comprehensive gait and balance assessment on recurrent fallers and elderly patients with and without gait and balance complaints; refer as appropriate to a physiatrist or therapist, follow progress on a regular basis.
6. Observe a bedside dysphagia evaluation for a patient with stroke, confer with the speech therapist anddevelop a plan for treatment and nourishment.
7. Distinguish between methods, rationale, and limitations of dysphagia evaluation in stroke as compared to dementia.

Attitudes

The fellow will demonstrate a willingness to:

1. Recognize the importance of maintenance of function and prevention of disability for patients undergoing rehabilitation
2. Recognize that geriatricians need to establish close communication with physiatrists or therapists treating their patients.

IMPLEMENTATION & EVALUATION

In each clinical rotation described below in Section V, the fellow will:

1. Under the supervision of an attending physician, provide primary or consultative care to assigned patients and provide continuity of care when these patients require hospitalization.

2. Create and update regularly a problem list or set of recommendations that addresses medical, functional, psychologic, cognitive and socioeconomic problems; maintain comprehensive and up-to-date medical records reflecting these problems.
3. Create update and regularly review a list of prescribed and over-the-counter medications and, when appropriate, health-maintenance measures for each patient
4. Assess risk and institute appropriate preventive measures to minimize:

Falls and Dysmobility	Urinary Incontinence	Osteoporosis/osteomalacia
Dementia	Delirium	Pressure Ulcers
Sleep Disorders	Malnutrition	Hearing Impairment
Depression	Visual Impairment	Hypo and Hyperthermia
Dysphagia and failure to eat	Foot Disorders	Glaucoma
Polypharmacy	Elder Abuse	Cerebrovascular Disease
		Cardiovascular Disease

5. Participate regularly in case conferences discussing evaluation and management of patients with the disorders listed under Section III, Clinical Geriatric Medicine.
6. Participate regularly in Geriatric Pharmacology Rounds.
7. Formulate the evaluation and management section of the comprehensive care plans discussed above under Section II, Geriatric Assessment for those patients assigned to the fellow.

Evaluations will be conducted as outined in specific rotations listed in Section V. These evaluations will be reviewed with the fellow at least twice each year.

In addition the fellow will:

1. Read and discuss assigned or other pertinent material on the topics listed including case studies and the Geriatric Review syllabus with a faculty member during scheduled sessions.
2. Attend regularly scheduled didactic conferences including Core Lecture Series, Case-based learning sessions, Journal Club, Department of Medicine Grand Rounds, and special conferences as assigned.
3. Participate in Geriatric Review sessions using Geriatric Review Syllabus
4. Attend Department of Medicine House Staff conferences when pertinent to geriatrics
5. With attending preceptorship, teach case-based seminars to medical students on five or more assigned topics.
6. For patients seen in each of the settings noted under Section II, Geriatric Assessment (Implementation and Evaluation) use the medical literature (including electronic and nonelectronic sources) to gain information to help provide high quality, state-of-the-art patient care.

F. Geropsychiatry

OBJECTIVES

Knowledge

The fellow will:

1. Describe the psychological changes of normal aging, including impact of bereavement, retirement, housing and family concerns and functional losses.
2. For each class of psychotherapeutic drugs (antidepressants, antipsycotics, anxiolytics, hypnotics, mood stabilizers) describe the pharmacokinetics, actions, indications, contraindications, adverse effects, drug interactions and age or disease related dose modifications.
3. For elderly patients describe the epidemiology, clinical presentation, pathogenesis, differential diagnosis, evaluation, prognosis, and treatment of:

Dementia	Delirium	Depression
Mild Cognitive Impairment	Sleep Disorders	Elder Abuse

4. Describe the epidemiology and clinical presentation of, and be able to recognize the following and make appropriate referrals:

Bipolar disorder	Anxiety disorder
Paranoia and Delusions	Late-onset Psychoses
Drug and Alcohol Abuse	Personality and Somatoform Disorders

5. Describe the epidemiology of suicide in the elderly.
6. List medical illnesses and treatment that can mimic dementia and other psychiatric syndromes.
7. List the potential medical complications of anxiety, depression, delirium and psychosis for elderly patients.
8. Understand the indications, risks and benefits of Electroconvulsive Therapy (ECT).

Skills

The fellow will be able to:

1. Perform cognitive assessments of patients in all clinical settings and generate an appropriate differential diagnosis, evaluation and treatment plan.
2. Screen patients for depression.
3. Differentiate normal from pathological bereavement and know what resources are available to provide support or treatment.
4. Identify sources of psychosocial stress for individual patients; assess the patients coping mechanisms and social support network.

5 Assess capacity of patients to make health care decisions

6. Diagnose each of the disorders listed above (*see Section III,* Clinical Geriatric Medicine *(A. Geropsychiatry* under *Knowledge, item 3*)

7. Appropriately manage or refer patients with each of these disorders.
8. Co-manage patients with psychiatrists.
9. Demonstrate behaviors and therapies other than mechanical or chemical restraints for managing agitation, including patients with cognitive impairment.
10. Individualize the choice and dosage of an antidepressant, antipsychotic, anxiolytic, and/or a hypnotic for an elderly patient, titrate therapy and monitor adverse effects and outcomes.
11. Use clinical laboratory tests including radiologic and neuroimaging as appropriate.
12. Medically evaluate patient stability for ECT.

Attitudes

The fellow will demonstrate a willingness to:

1. Acknowledge personal negative feelings generated during the care of a patient; examine the origin of these feelings, how they influence patient care, and how a useful doctor-patient relationship might be developed with the patient.
2. Examine his/her own biases about "mental illness" and "psychiatric patients"
3. Display positive regard for the patient independent of illness or personality disorders.

IMPLEMENTATION & EVALUATION

In addition to activities during Geropsychiatry rotation (Section V, below), the fellow will:

1. Assess and screen patients in various care settings for psychiatric illness.
2. Interact with the psychiatric team in developing a care plan when pertinent.
3. Provide geriatric consultation to geropsychiatry if needed.

Evaluations will be conducted as outined in specific rotations listed in Section V. These evaluations will be reviewed with the fellow at least twice each year.

G. Palliative and End of Life Care

OBJECTIVES

Knowledge

In the following categories the fellow will be able to:

Identify Palliative Care Issues

1. Understand the relationship between curative and palliative care in individual patients.
2. Describe the goals of palliative care (patient centered care; respecting patient autonomy; relief of pain and suffering)
3. Recognize which patients can potentially benefit from a palliative care intervention.
4. Identify patient and family values in health care decisions.

Communication

1. Define bad news
2. Cite stages of death and dying and how they relate to patient acceptance of and reactions to bad news.
3. Recognize the components of a good follow up plan after giving bad news.
4. Recognize the functions of members of a palliative care team.
5. Develop cultural sensitivity and apply to patient care as described in Section I
6. Communicate with surrogate decision makers for patients who lack capacity
7. Take part in patient/family and interdisciplinary team meetings in establishing goals for patients.

Patient Management

1. Identify pain and distinguish it from other symptoms.
2. Recognize symptoms that are common in dying patients (dyspnea, loss of function, nausea, delirium, depression, and others).
3. Describe the failure to eat syndrome in late stage dementia
4. Distinguish between the concepts of pain and suffering.
5. Distinguish between disease-related and iatrogenic pain.
6. Recognize atypical presentations of pain.
7. Identify pain and other symptoms in cognitively and neurologically impaired patients**.**
8. Identify pain in patients who cannot communicate because of language differences.
9. Develop strategies to diagnose and treat symptoms in diverse patients, including those in categories 7 and 8 above.
10. Recognize individual differences in pain perception.
11. Utilize objective means of assessing pain, such as visual analog scales**.**
12. Recognize the medical, neuroanatomical, and psychological components of pain.
13. Describe the principles of geriatric pharmacology as they apply to prescribing. analgesics and other medications used in symptom control.
14. Recognize the age- and disease-associated caveats to the World Health Organization "analgesic ladder".
15. Describe the indications and mechanism of action for specific pharmacological agents used in palliative care**.**
16. Describe the management of neuropathic pain.
17. Describe non-pharmacological treatment options of pain and be able to make referrals for these options when appropriate.
18. Demonstrate the approach to assessment and treatment of the patient with a history of substance abuse.

Prognosis

1. Describe various patterns of the trajectory of dying

2. Cite disease burden scales, including Acute Physiology and Chronic Health Evaluation (APACHE), Karnofsky performance status scale, Functional Assessment Staging Tool (FAST), Cumulative Illness Rating Scale (CIRS), and others.
3. Recognize when hospice referral is appropriate and describe how to make a hospice referral.
4. Describe the services provided by certified hospice programs and recognize their limitations.

Life Prolonging Treatments

1. Cite the benefits and burdens of life sustaining treatments, including cardiopulmonary resuscitation, mechanical ventilation, and artificial nutrition and hydration.
2. Describe the alternatives to providing life sustaining treatments at the end of life.
3. Cite the common assumptions about artificial nutrition and hydration in advanced dementia and summarize the evidence confirming or refuting these assumptions.
4. Recognize the alternatives to artificial nutrition and hydration in advanced dementia, including food selection, use of volunteers and family to feed, forgoing artificial nutrition and hydration, and others
5. Describe withdrawal of ventilatory support.
6. Apply ethical principles of patient care as delineated in section…to treatment at the end of life
7. Describe elements of the law regarding withholding and withdrawing life sustaining treatment for patients who lack capacity

Ethical and Legal Issues

< Apply ethical and legal principles as delineated in Section IV, Palliative and End-of-life Care.

Skills

The fellow will demonstrate the ability to:

1. Communicate medical concepts to patients in an understandable way
2. Listen to varying viewpoints of patient, family, and other caregivers in establishing patient goals and care plans
3. Discuss palliative care issues with patients and families, including prognosis, prognostic uncertainty, establishing goals of care, bad news, and decisions regarding treatment preferences.
4. Involve the family in the decision making process when appropriate
5. Discuss prognosis with patient and family, integrating the dilemma of uncertainty
6. Obtain informed consent or refusal from patients or surrogate decision makers
7. Diagnose and manage symptoms that are common in dying patients (dyspnea, loss of function, nausea, delirium, depression, and others)

8. Apply principles of geriatric pharmacology when prescribing analgesics and other medications used in symptom control
9. Work with the multidisciplinary team in the context of palliative care
10. Demonstrate how to implement an oral or written advance directive at the appropriate time in a patient's care
11. Demonstrate the authorization and use of do-not-resuscitate orders

Attitudes

The fellow will demonstrate a willingness to:

1. Consider the various patient, family, and staff attitudes about withholding and withdrawing life sustaining treatment
2. Consider patient and family values when establishing goals of care and making treatment decisions

IMPLEMENTATION & EVALUATION

The fellow will:

1. Spend a month on the palliative care service at the Brooklyn Veterans Hospital. Activities will include attending rounds on the acute care inpatient unit, performing palliative care consults on other units, and caring for patients in the out-patient palliative care clinic. In addition, the fellow will attend weekly interdisciplinary care case conference and didactic conferences as assigned. Evaluations will be performed by the supervising attending physician as designated by the VAH palliative care site coordinator, using ABIM format and utilizing the 6 Competencies

2. As part of the inpatient geriatric medicine consultation experiences (see Section V), perform consultation for patients with late-stage dementia and other advanced neurological impairments with emphasis on the Failure to Eat syndrome, and help to develop palliative care plans as appropriate. During this rotation the fellow will attend family and team conferences involving their patients, and will attend monthly joint KCH-UHB Institutional Ethics Committee meetings. Evaluations will be performed by the supervising consult attending physician.

3. During longitudinal and block nursing home rotations, participate in relevant activities regarding the care of patients who have palliative care needs.

4 .Have significant exposure to end-of-life and palliative care related topics during required conferences throughout the year (such as Journal Club, geriatrics review, case based learning, and during special conferences as assigned.

In addition to ad-hoc attending physician precepting, palliative care issues will be evaluated by the teaching attending during formal palliative care rotations and as an intrinsic part of other rotations, utilizing the 6 competencies.

H. Ethical and Legal Issues

OBJECTIVES

Knowledge

The fellow will be able to:

1. Define the concepts of autonomy, beneficence, and justice and apply these principles to patient care
2. Discuss the elements of informed consent and refusal, and the therapeutic exception
3. Discuss the elements of assessing decisional capacity
4. Describe medical decision making by informal and legally authorized surrogates for patients who lack capacity
5. Identify and utilize surrogate decision makers appropriately
6. Describe protocols for writing a hospital or nonhospital do-not-resuscitate order, and discuss the rationale for these protocols
7. Describe the use of oral and written advance directives.
8. Cite the difference between ethical and legal aspects of advance directives and DNR orders
9. Apply principles of advance directives to specific cases
10. Distinguish between advance directives and do-not-resuscitate orders
11. Cite the ethical arguments regarding the withholding and withdrawing life sustaining treatments at the end of life
12. Compare withholding versus withdrawing life support
13. Describe the differences among forgoing life sustaining treatment, physician assisted suicide, and active euthanasia
14. Cite the ethical arguments regarding physician-assisted suicide and active euthanasia
15. Understand New York State law governing surrogate and end-of-life decision making and how it differs from or is the same as law in other states
16. Apply the principles of resolving conflicts among patients, surrogate decision makers, and care providers
17. Recognize when ethics consultation is needed
18. Utilize ethics consultation

Skills

The fellow will be able to:

1. Listen to varying viewpoints of patient, family, and other caregivers in establishing patient goals and care plans, considering cultural factors that might impact on decision making.
2. Approach ethical dilemmas confronting patients, families, and multidisciplinary staff
3. Involve the family in decision making process when appropriate

4. Obtain informed consent or refusal from patients or surrogate decision makers
5. Discuss advance directives with patients, and assist them in accessing and completing them when appropriate
6. Demonstrate how to implement an oral or written advance directive at the appropriate time in a patient's care
7. Demonstrate the authorization and use of do-not-resuscitate orders

Attitudes

The fellow will demonstrate a willingness to:

1. Consider the various patient, family, and staff attitudes about withholding and withdrawing life sustaining treatment
2. Consider patient and family values when establishing goals of care and making treatment decisions
3. Recognize that patients may change their positions with regard to advance care decisions
4. Recognize the emotionally difficult role of the health care agent or other surrogate decision maker

IMPLEMENTATION & EVALUATION

The fellow will:

1. In each clinical setting, address ethical and legal issues in pertinent patient encounters, and present specific cases to the supervising attending physician, who will critique all assessments and care plans.
2. Read and discuss assigned material on the topics listed, including case studies and questions from Geriatric Review syllabus with a faculty member during scheduled sessions.
3. Attend all assigned didactic sessions pertinent to ethical and legal issues, as described in Section IV Other.
4. Attend monthly joint KCH-UHB Institutional Ethics Committee meetings during inpatient rotation, and Ethics Rounds during Palliative Care rotation.

Ethical and legal issues will be evaluated using evaluation standards for pertinent competencies as intrinsic components of clinical issues.

IV. PROFESSIONAL DEVELOPMENT

GENERAL GOALS

The fellow will:

1. Develop as an effective role model in the patient case and patient-family communication for students of various disciplines and housestaff who rotate through Geriatric Medicine.
2. Develop methods of keeping up with advances in clinical medicine, including using

current literature.

3. Incorporate evidence-based medicine into teaching and patient care.

4. Understand the roles and responsibilities of a clinician-educator and a long-term care medical director.
5. Develop effective methods for evaluating and supervising staff and trainees.

OBJECTIVES

Knowledge

1. List key features for successful team development and team leadership.
2. Have the ability to search and critically interpret the medical literature to find answers to specific clinical questions.
3. Describe the administrative aspects of hospital and nursing home medicine, including:
   a. The role of committees including Utilization Review, Safety, and Infection Control
   b. Governmental rules and regulations professional review organizations the
   c. The requirements of accreditation and state inspection
   d. Interaction with and recourse for patients and their families
   e. The role of the medical director in the Nursing Home
      < Organizational responsibilities (*e.g.*, establishment of policies and procedures, medical records educational needs of employees
      < Patient care responsibilities (*e.g.*, quality assurance ethics emergency care)
   f. Reimbursement DRGs and RUGS (case mix selection)

Skills

The fellow will be able to:

1. Compose and deliver lectures, small group teaching sessions, and talks to community audiences about geriatric issues.
2. Prepare appropriate audiovisual aids for the above talks.
3. Constructively supervise evaluate and provide feedback to staff and trainees
4. Function as a team leader in all settings described under Section II, Geriatric Assessment (Implementation and Evaluation).
5. Demonstrate his/her method of keeping up with medical advances including use of current medical literature.
6. Incorporate evidence based medicine into teaching and patient care.
7. Demonstrate organizational skill in scheduling conferences, team meetings, rounds.
8. Use electronic and nonelectronic methods of keeping up with advances in clinical medicine, using primary references when possible and limiting use of “quick references” such as newsletters of online pharmaceutical data bases to preliminary

investigations only.

Attitudes

The fellow will demonstrate a willingness to:

1. Teach with respect and regard to the specific audience
2. Recognize their own strengths and weaknesses and the role of self improvement

IMPLEMENTATION & EVALUATION

The fellow will:

1. Provide regular reaching in rounds and didactics to residents and medical students under the guidance of faculty. They will be evaluated by learners and faculty.
2. The fellow will participate with the faculty in the evaluation of trainees and staff.
3. The fellow will spend dedicated time with a nursing home medical director and be exposed to both administrative and clinical aspects of the position.

V. SPECIFIC ROTATIONS

A. Ambulatory Care

GENERAL GOALS

1 The fellow will provide comprehensive primary care for a cohort of elderly outpatients over the course of the fellowship year.

2. The fellow will develop skills in special aspects of ambulatory care in pertinent specialties applicable to geriatric medicine

OBJECTIVES

Knowledge

The fellow will be able to:

1. Describe the components of a comprehensive geriatric assessment (functional status, cognitive status and affective status) and the appropriate administration and scoring of the respective instruments.
2. Cite the payment sources and extent of coverage for ambulatory care for the elderly- Medicare, Medicaid, Medigap, and managed care.
3. Describe available sources for prescription drug coverage: Medicaid, private insurance, EPIC and pharmaceutical assistance programs.
4. Describe the indications for and reimbursement of durable medical equipment.
5. Summarize the JCAHO requirements for the outpatient medical record.

6. List services available to support a frail older person living at home- Meals-on-Wheels, Medicare-reimbursed home health care, Long Term Home Health Care Program, and the home attendant program.
7. Describe the "one-stop shopping" approach to geriatric care, including the components and benefits to older persons.
8. Describe the process involved in making referrals to specialists and subspecialists, including taking into account factors such as patient preferences, insurance status, and transportation options.
9. Describe the skills and capabilities of nurses and social workers in the interdisciplinary care of older persons.
10. Describe advance directives (health care proxy, living will, non-hospital DNR) and how to approach ethical issues on an outpatient basis.
11. Cite current recommendations for preventive medicine measures in the elderly and current Medicare, Medicaid and managed care coverage.
12. Describe pertinent elements of subspecialty ambulatory experiences.

Skills

The fellow will demonstrate the ability to:

1. Evaluate a new patient in a time-efficient manner and prioritize the work-up.
2. Perform and interpret assessments of the following realms- functional status, cognitive status (Mini-Mental State Exam) and affective status (Geriatric Depression Scale).
3. Assess for caregiver stress and refer for further intervention, when indicated.
4. Work collaboratively as a member of the interdisciplinary team (physician, nurse, and social worker).
5. Refer patients appropriately for specialty consultations.
6. Discuss and record in the medical record the results of discussions of advance directives with patients.
7. Address preventive medicine issues with patients, taking into account cultural, psychological, functional and economic factors.

Attitudes

The fellow's medical care will demonstrate a willingness to:

1. Exemplify the qualities of a team player in the care of the elderly.

IMPLEMENTATION & EVALUATION

IMPLEMENTATION

1. Each fellow will have two half-days a week of primary care at Kings County Geriatric Medicine continuity clinic, with the exception of one half-day a week during the nursing home and palliative care block rotations.
2. In addition, each fellow will attend ambulatory specialty clinics including geroneurology, palliative care, wound care, comprehensive geriatric assessment,

memory disorders, and geropsychiatry clinics as described in pertinent sections of this document.

EVALUATION

1. Each fellow will be evaluated on a quarterly basis by the attending preceptors at of the continuity of care experience and once following each ambulatory block rotation.
2. These evaluations will be discussed with each fellow after six months and at the end of the fellowship.

B. Inpatient Rotation

GENERAL GOALS

The fellow will:

1. Apply principles of geriatric assessment to the geriatric inpatient and subsequently focus the assessment to the needs and questions raised by the primary team initiating the geriatric consult.
2. Recognize that the elderly usually have multiple chronic underlying conditions impacting on their acute illness, thereby increasing their susceptibility to iatrogenic illness.
3. Become proficient in anticipating, recognizing and preventing common geriatric syndromes and their complications by evaluating, managing, and making recommendations, under the supervision of a geriatric attending on medicine and nonmedicine services.

OBJECTIVES

Knowledge

The fellow will be able to:

1. Describe and differentiate geriatric syndromes commonly affecting geriatric inpatients from the standpoint of a consultant geriatrician.
2. Recognize multiple complications encountered in geriatric inpatients in the post-operative period such as constipation, uncontrolled pain, delirium, infection, immobility and medication interactions.
3. Discuss the concepts of functional status as it relates to geriatric patients with acute illness and its impact on prognosis and post-hospitalization care.
4. Discuss ways to prevent declines in functional status, delirium and other common geriatric comorbidities in hospitalized patients.
5. Name the various classes of medications known to be associated with an increased risk of delirium in hospitalized patients

6. Recognize inappropriate or excessive referrals for subspecialty consultation on patients with comorbidities, when these problems can best be managed by the primary care team or geriatric consultant
7. Discuss swallowing disorders and their relation to debilitation, specific neurologic diagnoses and quality of life. Describe the indications and contraindications for referral to PT, OT, and speech therapy.
8. Describe the clinical presentation, differential diagnosis, evaluation, prognosis, and treatment of the following in elderly inpatients: dementia, delirium, agitation, depression, anxiety, paranoia, psychosis.
9. State the indications, age-adjusted dosing and potential side-effects of the various psychoactive medications in the elderly.
10. Summarize pre-operative assessment and evaluation of cardiopulmonary risk for elderly patients undergoing non-cardiac surgery.

Skills

The fellow will demonstrate an ability to:

1. Prioritize pertinent patient issues for each inpatient consult as evidenced by the drafting of a thorough problem list and assessment on the initial consult note
2. Prioritize the consult team's recommendations for each patient
3. Communicate consult recommendations effectively both on the chart and directly to the housestaff and attending physician caring for the patient.
4. Demonstrate the use of appropriate pre-operative tests for geriatric patients undergoing non-cardiac surgery.
5. Anticipate potential adverse drug reactions in the elderly especially in the post-operative setting and in the geropsychiatric setting.
6. Accurately assess and manage delirium in elderly inpatients, particularly post-hip surgery.
7. Consistently assess elderly inpatients' functional status using ADL and IADL scales and understand the prognostic implications of losing ADL function while hospitalized.
8. Effectively teach medical students pertinent aspects of geriatric syndromes while on consult rounds, thereby displaying current knowledge of the geriatric literature.
9. Apply the skills listed under Geriatric Assessment and Clinical Geriatric Medicine as they pertain to each patient evaluated on the inpatient consult service.

Attitudes

The fellow will demonstrate a willingness to:

1. Communicate effectively and compassionately with elderly inpatients and their families while recognizing the boundaries of clinical decision-making as a consultant physician.
2. Appreciate the importance of understanding the patient's overall function, social supports, and anticipated living arrangements following hospital discharge, in implementing an appropriate discharge plan.

3. Demonstrate appropriate interpersonal skills when communicating with all primary care and consulting staff involved in the care of the patient.

IMPLEMENTATION & EVALUATION

While rotating on the geriatric inpatient consult service, the fellow will:

1. Under the supervision of the geriatric consult attending, conduct the initial consultation on all referrals and present the patient to the geriatric consult attending.
2. Follow-up as appropriate on all patients 3-5 times per week, depending on patient's condition or other issues involved in the patient's care.
3. Round with the geriatric consult attending at least 3 times per week as appropriate.
4. Interface with other housestaff, medical providers, and nonphysician professionals in a professional and efficient manner.
5. Incorporate student teaching into consult service.

A member of the Geriatric Medicine Faculty will review and critique all assessments, comprehensive care plans, and patient follow-up provided by the fellow. In addition, the fellow will be evaluated relative to the items listed under "Implementation and Evaluation" in the Geriatric Assessment, and Clinical Geriatric Medicine sections in the Core Curriculum.

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C. Geropsychiatry Rotation

GENERAL GOALS

In addition to Geropsychiatry education throughout the fellowship, the fellow will, during a block rotation:

1. Participate in the evaluation and management of elderly patients with psychiatric disturbances
2. Acquire the necessary skills to treat or refer patients with conditions outlined in Section IV Other (A Geropsychiatry) in the appropriate care setting
3. Work with psychiatric professionals to provide well coordinated medical and psychiatric care of the patient

OBJECTIVES

Knowledge

The fellow will be able to:

1. Evaluate and manage common geropsychiatric syndromes as outlined in Section IV, Other (A. Geropsychiatry, item 3).
2. Recognize and make appropriate referrals for (or when appropriate, treat) common psychiatric problems that occur in the elderly, as outlined in Section IV Other (A Geropsychiatry, item 4).
3. Describe the use of psychiatric medications in order to prescribe them properly, or

when prescribed by psychiatric professionals, to understand their indications and recognize their adverse effects, potential drug interactions, and limitations.

4. Describe the clinical presentation, pathogenesis, differential diagnosis, evaluation, and management of common psychiatric problems encountered in primary care geriatric practice.
5. Understand the indications, risks, and benefits of electroconvulsive therapy and be able to assess frail elderly for this treatment
6. Understand the principles of and be able to refer for neuropsychological testing
7. Understand additional principles as outlined in Section IV Other (A Geropsychiatry, which are encountered in the rotation

Skills and Attitudes

The fellow will continue to develop skills and attitudes as outlined in Section IV Other (A. Geropsychiatry)

IMPLEMENTATION & EVALUATION

The fellow will:

1. Attend regular sessions for a minimum of 2 months at the Brooklyn Alzheimer's Disease Assistance Center (BADAC) Memory Disorders and Geropsychiatry clinics and participate in observational and consultative work.
2. Participate in pertinent case conferences and consultations during nursing home rotations and ambulatory experiences..
3. Perform clearance of frail elderly patients for ECT and observe one or more sessions.
4. Attend assigned Geropsychiatry conferences and didactic sessions, including Geropsychiatry journal club, Department of psychiatry grand rounds, attending rounds, and case conferences.
5. Participate in Geroneurology clinic under the supervision of Dr Howard Crystal, who specializes in dementia problems.

The fellow will be supervised by Geropsychiatry *attendings at the BADAC and by geriatric medicine or neurology attendings in other sessions.. ABIM evaluations will be completed at the end of the rotation by the supervising attendings.*

D. Home Care

GENERAL GOAL

The geriatric medicine fellow, through a longitudinal home visit rotation, will participate in the care of homebound elderly patients and acquire the necessary skills so that they may successfully and appropriately integrate home visits into their future practice as a geriatrician.

OBJECTIVES

Knowledge

The fellow will be able to:

1. Describe the types of senior housing. Including assisted living, nursing home, cooperative and city housing that exists in the neighborhood.
2. Describe the senior programs in the area including medical and social model adult day care, meals on wheels, and "senior center" programs.
3. Explain the requirements for an appropriate referral to Medicare- and Medicaid-reimbursed home care, including the definition of "homebound" and what services can be expected under each program.
4. Describe durable medical equipment items that are reimbursable under Medicare and Medicaid.

Skills

The fellow will demonstrate the ability to:

1. Complete home visits on elderly homebound patients with special attention paid to geriatric issues, especially the risks of being homebound and bed bound.
2. Complete a home environmental assessment on each patient as far as safety, appropriate use of equipment, nutrition status and medication review.
3. Access patient-related services in the home such as venipuncture and visiting nurse services.
4. Evaluate the patient for prognosis and make referrals to hospice or other palliative care programs when appropriate.
5. For patients seen in the ambulatory setting who require home care, complete 485 and M11Q forms to ensure patients receive proper home care.
6. Discuss a non-hospital DNR and its ramifications with the patient, family, and supervising attending.

IMPLEMENTATION & EVALUATION

IMPLEMENTATION

1. Each fellow will be assigned a small number of patients to see at home over the course of the fellowship.
2. The initial home visit will be a joint visit with the nurse assigned to the patient and/or the attending preceptor.
3. Subsequent visits will be made by the fellow and will be scheduled with the patient or the patient's caregiver.
4. Team meetings with home care staff will take place on a monthly basis. During this time, fellows will present recently visited patients, and some time will be reserved for educational and administrative aspects of home care.

EVALUATION

1 Biannual evaluation for the longitudinal rotation will be performed by the precepting attending (Dr. Anne Motta, Brooklyn Veterans Hospital/St Albans), and, when appropriate, by patients; Evaluations will be performed utilizing the 6 competencies.

2. These evaluations will be discussed with each fellow after six months and at the end of the fellowship.

E. Nursing Home

GENERAL GOALS

The fellow will:

1. Become familiar with practice of medicine in nursing home environment. Emphasis will be on:
   a. the approaches to diagnosis and treatment of the acutely and chronically ill, frail elderly in a less technologically sophisticated environment with a decreased staff-patient ratio compared with the acute-care hospital
   b. a greater awareness and familiarity with the common diseases/disorders as well as palliative and end-of-life care in nursing homes
   c. a greater awareness of and familiarity with subacute care physical medicine and rehabilitation.
2. Increase knowledge of the administration, regulations, and financing of long-term institutions, and the role of medical director of the nursing home

OBJECTIVES

Knowledge

The fellow will be able to:

1. Discuss nursing home care in the US, risks for nursing home placement, role of nursing home in the care of the elderly; and role of the physician in nursing home.
2. Understand the principles of practice in the nursing home and its differences from acute-care hospitals
3. Understand the principles and common conditions encountered in the nursing home rehabilitation setting.
4. Understanding the principles and application of rehabilitation in the nursing home setting.
5. Understand different resources and regulations in nursing homes.

Skills

The fellow will demonstrate the ability to:

1. Recognizing elders in the community who are at risk for nursing home placement and identify those who are appropriate for nursing home placement.
2. Assess and manage major and common medical and psychiatric problems in long term care and in subacute care nursing home residents.
3. Work with the multidisciplinary team in assessment and care of nursing home residents
4. Discuss and handle ethical and legal issues in nursing home environment.
5. Manage palliative care, end of life care, and hospice care in the nursing home.

Attitudes

The fellow will demonstrate the ability to:

1. Appreciate the importance and place of nursing home care in the health care system
2. Appreciate the importance of continued comfort care when cure is not possible.
3. Recognize the reality of individual including cultural differences in ethical and end-of-life care issues and understand that there is no absolute right or wrong in a person's values on these issues.
4. Communicate effectively, respectfully, and empathically with elderly patients, their families, and staff in the nursing home.

IMPLEMENTATION & EVALUATION

The fellow will:

1. Each fellow will rotate at Dr. Susan Smith McKinney (DSSM) nursing home and will be assigned a panel of long-term care residents as their primary patients whom they will visit on a routine basis at least once a month and complete the monthly follow up note and yearly evaluation form. The floor attending will be the preceptor and the back up physician for the fellow.
2. The fellow will have an additional 2-4 week block rotation at DSSM during which the fellow will have the opportunity to:
    a. Attend the different resident care units (including specialized units listed above). Teaching rounds and seminars will be scheduled. Teaching activities will focus on assessing and managing the common medical and psychiatric problems in NH patients
    b. Attend and learn from the clinical committee meetings, such as Infection Control, Pharmacy and Therapeutics, Mortality and Morbidity, MDS+ meeting, and Clinical Affairs, and others
    c. Attend clinics for subspecialties enumerated above.
3. Dr. Steven Kaner, the Medical Director of DSSM, will direct the fellow's educational program at DSSM, and will be involved in fellow teaching experiences. For

longitudinal care, the floor attending will supervise and evaluate the fellow's monthly follow-up of his/her assigned patients. The assigned attending will evaluate each fellow's performance at six month intervals, utilizing the 6 Competencies. Evaluation for the longitudinal rotation will be performed by precepting attending faculty with input from members of the interdisciplinary team and, when appropriate, by patients.

F. Special Emphasis

General Goals

The fellow will

1. Augment clinical experiences with exposure to special aspects of geriatric medicine, including geroneurology, neuropathology, selective medical subspecialty experiences.
2. Develop an awareness of health care delivery at alternate housing sites for the elderly including assisted living, in-patient palliative care, and others.
3. Further his or her development within special fields related to care of the elderly.

Objectives

Knowledge

The fellow will be able to

1.Understand the differential diagnosis of diverse geroneurologic syndromes, including atypical dementias, parkinsonism, and related disorders.
2. Understand which alternative housing is appropriate for individual patients
3. Understand the difference between hospice and in-patient delivery of palliative care.

Implementation and Evaluation

The fellow will

1. Spend a minimum of 8 weeks participating activities described here.
2. Spend a minimum of four weekly sessions in geroneurology clinic with Dr. Patricia Kavanagh, observing and learning about Parkinsonism and other movement disorders.
3. Attend selected conferences related to neurology, including neuropathology.
4.Visit one or more assisted living programs, an in-patient palliative care hospital
5. Have an opportunity to further his or her specific interests in clinical geriatrics and diseases of aging by participating in additional clinical experiences or research.

Designated preceptors will complete formal evaluations at the end of the rotation using the 6 competencies.

G . Palliative Care
See Description of this rotation above, in Section III G (**Palliative and End of Life Care),** above.

VI. Competencies (level PGY4 and above)

A. Patient Care
Learning goals:
Fellows are expected to

- Provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, and treatment of disease

Implementation and evaluation

Primary and consultative care is provided during clinical rotations outlined in the general curriculum. An emphasis is placed on close collaboration with all members of the interdisciplinary care team, patient, and family or other caregivers. *Specific evaluation methods used*: Clinical performance ratings for individual rotations; focused observation and evaluation by supervising attendings; evaluation by members of the interdisciplinary team; oral examination as part of Geriatric Review Syllabus exam practice sessions; review of drug prescribing by preceptors during clinical encounters and during formal pharmacology rounds presentations with medical students; and observed and precepted case-based seminar sessions with medical students.

B. Medical Knowledge:
Learning goals:
Fellows are expected to

- Demonstrate knowledge of biomedical, clinical, and psychosocial aspects of geriatric medicine
- Be able to apply this knowledge to patient care and the education of others.

Implementation and evaluation

Acquisition of medical knowledge is an intrinsic part of all clinical rotations, as well as didactic sessions (Section III, below). Emphasis is placed on critical appraisal of all sources of information, including primary sources (print and electronic), which should be relied upon whenever possible. A critical approach is applied during precepting, attendance and participation in didactic conferences, and in teaching others.
Specific evaluation methods used: See **Patient Care**, above.

C. Practice-based learning & improvement
Learning goals:
Fellows are expected to

- Acquire in-depth knowledge of clinical geriatrics in order to provide high quality

care to individual patients
- Apply diverse sources of information to patient care
- Utilize skills to augment learning for other professionals

Implementation and evaluation

Attending rounds at least 3 times per week on in-patient rotations and precepting during all ambulatory experiences. Evaluation and management are critically appraised by attendings, and the fellow is expected to look up specific items and report back. Fellows are guided on how to obtain information from primary sources, including print and electronic, and utilize secondary sources such as newsletters or pharmaceutical databases as preliminary methods only. Fellows apply learning and skills to work with members of the health care team, including nurses and social workers. Following 20-hour evidence based learning sessions, fellows teach material to medical students, with close faculty supervision and feedback.

Specific evaluation methods used: Clinical performance ratings for each rotation; focused observation and evaluation by supervising attendings; evaluation by members of the interdisciplinary team; oral examination as part of Geriatric Review Syllabus exam practice sessions; review of drug prescribing as noted in **Medical Knowledge** and **Patient Care** sections above, with an emphasis on practical aspects, such as entitlements, access, and adherence.

D. Interpersonal & Communication Skills

Learning goals:

Fellows are expected to
- Develop effective listening, verbal, and nonverbal skills in order to forge effective therapeutic relationships with patients and their caregivers
- Develop the ability to sensitively and clearly convey information and counsel patients and their caregivers.
- Utilize skills as role model or team leader for other learners and health professionals

Implementation and evaluation

Attending rounds during specific rotations at least 3 times weekly and precepting during ambulatory experiences up to 5 days weekly. Fellows' interactions are observed and continuously appraised by geriatric faculty and competencies are assessed in formal evaluations. Course work related to communication skills consists of 8 conferences (14 hours) with additional teaching when pertinent in other core conferences. Fellows also provide precepted teaching to medical students a minimum of once a week, and give talks to consumers at senior centers approximately twice a year.

Specific evaluation methods used: Clinical performance ratings for individual rotations; focused observation and evaluation by supervising attendings with formal performance improvement exercise; evaluation by members of the interdisciplinary team; and observed and precepted case-based seminar sessions with medical students, with an emphasis on teaching skills

E. Professionalism

Learning goals:

Fellows are expected to

- Recognize one's strengths and weaknesses and seek out and apply constructive criticism in order to improve one's abilities as a provider of health care
- Develop and demonstrate integrity in interactions with others in order to establish strong working relationships with physicians and nonphysician colleagues
- Demonstrate sensitivity with regard to patients' cultural background, personal ideals, and functional abilities

Implementation and evaluation

Experiences consist of continuous role modeling by faculty and one-on-one discussion of aspects of professionalism. Examples of negative role modeling are used as examples when appropriate. Formal evaluations with continuous and biannual feedback by the Program Director and other faculty are used as a learning opportunity, with constructive criticism when pertinent. Course work on cross-cultural issues (3 hours) is augmented by more than 20 hours of formal and bedside learning in medical ethics.

Specific evaluation methods used: Clinical performance ratings for individual rotations; focused observation and evaluation by supervising attendings; evaluation by members of the interdisciplinary team; oral examination as part of Geriatric Review Syllabus exam practice sessions; observed and precepted case-based seminar sessions with medical students; global evaluation.

F. Systems-based practice

Learning goals:

Fellows are expected to

- Understand the health care structure and how it impacts care delivery
- Develop an understanding of Medicare, Medicaid, and other forms of insurance for geriatric patients
- Help patients utilize government entitlements to access care and to find practical alternatives when necessary

Topics are covered in formal conferences (4 hours), during summer intensive seminar series (3 hours), and Geriatric Review sessions (approximately 6 hours). During clinical rotations, pertinent topics are continuously discussed with preceptors, and practical techniques of accessing services are employed during patient care activities with physician and non-physician faculty. Specific focus on administrative leadership is augmented during nursing home rotations. Competencies are assessed during one-on-one interactions with faculty and through regular written evaluations.

Specific evaluation methods used: Clinical performance ratings for individual rotations; focused observation and evaluation by supervising attendings; evaluation by members of the interdisciplinary team; oral examination as part of Geriatric Review Syllabus exam practice sessions; review of drug prescribing by preceptors during clinical encounters and during formal pharmacology rounds presentations with medical students; and observed and precepted case-based seminar sessions with medical students