

# **Geriatric Curriculum Index**

Ambulatory Curriculum: USF and VAH Geriatrics Clinics.....	3
Geriatric Psychiatry and Geriatric Evaluation Management Unit .....	5
Geriatric Rehabilitation Curriculum: Subacute Care Unit Rot. ....	7
Home Based Primary Care Curriculum.....	8
Hospice Curriculum .....	9
Long Term Care (VA): Nursing Home Care Unit .....	11
Long Term Medical Director Curriculum .....	12
Palliative Medicine Inpatient Service Curriculum.....	13
Core Competencies.....	15
Examples of Specific Competencies and their Evaluation Method.....	17
Geriatric Medicine Competency Evaluation Form.....	19

# Ambulatory Curriculum: USF and VAH Geriatrics Clinics

**Goals:** To provide fellows with the knowledge, skills and behaviors necessary to care for older adults

in an outpatient setting, with emphasis in preventing diseases and disabilities, maintaining good health and maximizing functional status and quality of life.

**Knowledge Objectives:** Upon completion of the training, the fellow will be able to:

- List the indications for implementing a comprehensive geriatric assessment.
- List interventions appropriate to the older patient: health promotion and disease prevention strategies, including age-appropriate immunizations, screening and life style modifications.
- Describe the basic elements of nutritional assessment and dietary recommendations.
- Describe the organization and financing of health care in the elderly, specifically Medicare Part B.
- Indicate the guidelines for documentation and coding of patient visits.
- Define the elements of discussion regarding advanced care planning among patients with varying levels of health.
- Define dementia, depression, and delirium and describe the similarities and differences among and between them.
- Explain the atypical presentation of diseases that occur in the elderly.
- Describe the evaluation and management of the geriatric syndromes (including dementia, delirium, depression, urinary incontinence, and falls) emphasizing their multiple contributing causes and the need for multifaceted treatment strategies.

**Skill Objectives:** Upon completion of the rotation the fellow will be able to:

- Perform comprehensive data gathering; document appropriate physical examination as part of the initial assessment with screening for common impairments in this age group.
- Show proficiency conducting a detailed evaluation of mental status and functional disability when screening examination is positive.
- Successfully evaluate patient medications for evidence of inappropriate prescribing.
- Establish a diagnosis and treatment plan, incorporating patient's values and preferences.
- Participate in the interdisciplinary assessment and treatment of frail older patients.
- Show skills in medical management of patients by coordinating multiple health care professionals including dietitian, physical and occupational therapists, clinical nurses, etc.
- Design a plan of continuity of care that best serves the patient between the ambulatory setting, acute care, and long-term care, including home care, nursing homes, and hospice care.
- Prioritize/Diagnostic evaluations and interventions necessary in individuals with multiple comorbid conditions and different vacues.
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**Behavioral Objectives:** Upon completion of the rotation the fellow will display:

- Appreciation for the importance of maintaining and restoring function and quality of life as a very valuable health outcome for older adults.

- Belief in the utility of advance technologies in medical care of older patients
- A willingness to negotiate a treatment plan with patients and families taking into consideration their values and preferences.
- Respect for the frail elderly, being always a patient's advocate respecting privacy while providing adequate communication with patient's family and caregivers as well as with other health care providers.
- Appreciation for cultural and ethnic/racial differences of elderly patients and how that affects their health care.
- An understanding of the philosophy of geriatric medicine and the unique needs of older adults with multiple medical, cognitive, psychological, psychosocial, and/or functional impairments.

# Geriatric Psychiatry and Geriatric Evaluation Management Unit: Bay Pines VA Hospital

**Goals:** To provide fellows with the knowledge, skills and behaviors necessary to care for older adults

with significant psychiatric problems, in multiple settings, as well as in the presence of significant functional decline, in order to improve their health and maximize their functional status and quality of life.

**Knowledge Objectives:** Upon completion of the training, the fellow will be able to:

- Describe etiology, presenting symptoms and differential diagnosis of affective disorders, anxiety states, paranoid disorders, schizophrenia and adjustment disorders.
- Describe psychotropic drug pharmacokinetics and side effects of commonly used drugs in geriatric psychiatry.
- List the indications for use of electroconvulsive therapy in the treatment of elderly persons with major depression.
- List all of the elements of the Folstein Mini Mental State Examination.
- Compare and contrast presenting symptoms of dementia, delirium and depression.
- Describe the interdisciplinary roles utilized in the rehabilitation of a markedly functionally impaired patient.
- List the indications for obtaining a swallowing evaluation.
- List the diseases that may result in swallowing abnormalities and an increased risk in aspiration.
- Describe the use of specific assistive devices.

**Skill Objectives:** Upon completion of the rotation the fellow will be able to:

- Obtain a complete psychiatric history, including prior mental health care, untreated psychiatric disturbance, and family history of mental illness
- Perform or coordinate appropriate diagnostic evaluations for the following psychiatric disorders: major depression, major depression with psychosis, mania, schizophrenia, anxiety states, adjustment disorders, delirium, Alzheimer's disease and other dementing illnesses.
- Employ indicated treatment modalities for the following psychiatric disorders: major depression, major depression with psychosis, mania, schizophrenia, anxiety states, adjustment disorders, delirium, Alzheimer's disease and other dementing illnesses.
- Successfully perform simple screening tests for the initial evaluation of dementing disorders or depressive illnesses.
- Successfully utilize the services of physical, occupational, and speech therapists for elderly patients in need of such services.
- Recognize patients at risk of committing suicide and intervene appropriately.
- Identify and manage several geriatric syndromes in patients with frailty including urinary incontinence, falls, decubitus ulcers.

**Behavioral Objectives:** Upon completion of the rotation the fellow will display:

- Appreciation for the need for inpatient care for patients with affective disorders or dementing illnesses.
- Appreciation for the role of interdisciplinary team members in the treatment of elderly patients with multiple disabilities.
- Appreciation for the multiple contributors of decline in the elderly patient.
- Appreciation for the frailty and immobility that can occur in the elderly patient during and after acute hospitalization.
- Appreciation of the difference of the physician's role in the interdisciplinary-as opposed to interdisciplinary-team.
- Ability to utilize and communicate with appropriate consultants in the care of functionally impaired older patients.

# Geriatric Rehabilitation: Subacute Care Unit Rotation

**Goals:** To provide fellows with the knowledge, skills and behaviors necessary to effectively screen, manage and predict outcome of hospitalized older persons.

**Knowledge objectives:** Upon completion of training, the fellow will be able to:

- ❖ Describe the components of the evaluation of hospitalized patients for restorative care.
- ❖ Distinguish between rehabilitation outcome and rehabilitation potential.
- ❖ List options for continuing care after hospitalization of persons with various health problems and needs.
- ❖ Discuss the strengths and weakness of the various restorative options: inpatient rehabilitation, hospital based SNF's, community based SNF's, home care.
- ❖ Describe the basic elements of stroke rehabilitation and the special problems in rehabilitation older persons.
- ❖ Describe the various mechanisms of injury resulting in fractures in older persons, general principles of management and different forms of orthopedic treatments and rehabilitation.
- ❖ Describe the functional assessment and functional losses common to deconditioned elderly individuals.
- ❖ List interventions to prevent deconditioning in older hospitalized patients.
- ❖ Describe regulation and funding specific for the skilled nursing units.

**Skill Objective:** Upon completion of the rotation the fellow will be able to:

- ❑ Perform and record a focused physical examination with screening for all major areas of deficits in the elderly.
- ❑ Integrate into the interdisciplinary team, where other allied health professionals actively contribute in the assessment and management process.
- ❑ Negotiate a treatment plan that is consistent with the patient's values and preferences for care.
- ❑ Demonstrate skill in medical management of patients in coordinating discharge planning, with appropriate referrals for home care, hospice and ambulatory care.

**Behavioral Objectives:** Upon completion of the rotation the fellow will display:

- Respect for the rights and autonomy of older persons.
- Respect for the importance of social and psychological influences upon the overall well being of the older person.
- Appreciation of the importance of maintaining and restoring function and quality of life as health outcomes of the elderly.

# Home Care Curriculum: HBPC

**Goals:** To provide fellows with the knowledge, skills and behaviors necessary to manage the medical problems of homebound patients, reassess and approve the team treatment plan and outcome.

**Knowledge Objectives:** Upon completion of the training, the fellow will be able to:

- ❑ Describe the concept of home care and its goals, being able to list examples of its use in post-acute therapeutic and restorative care.
- ❑ List the elements of geriatric assessment in the home.
- ❑ Describe the value of a interdisciplinary home rehabilitation model.
- ❑ Describe the home evaluation for fall prevention and home safety, and its role in prevention.
- ❑ Describe medication management at home, how medication choice can be improved and routes of administration as well as compliance aids.
- ❑ Describe the use of home intravenous antibiotic therapy.
- ❑ Discuss how family dynamics may impact patient care.
- ❑ Describe issues of caregiver burden and how that may affect a treatment plan.
- ❑ List the different signs of elder abuse, its common types and possible interventions.
- ❑ Discuss the financing of home health care, Medicare reimbursement and certification/recertification procedures for such.

**Skills Objectives:** Upon completion of the rotation the fellow will be able to:

- ❑ Perform a home assessment of health, environmental, and social factors and elaborate a treatment plan that takes these into consideration.
- ❑ Evaluate and manage homebound patients in acute and stable conditions in cooperation with other interdisciplinary team members.
- ❑ Demonstrate adequate communication skills with patients, family members as well as with other members of the team involved in the patient's care.
- ❑ Balance the values and preferences of the patients, their medical problems and possible interventions.

**Behavioral Objectives:** Upon completion of the rotation the fellow will display:

- ❑ Respect for the autonomy and values of the patient in their environment.
- ❑ Appreciation of the heterogeneity of patients and their families: ethnic, religious, etc.
- ❑ Respect for the demented elderly, and honor their right to an accurate diagnosis and effective treatment.
- ❑ Patient advocacy within the multiple financial and social problems of home bound elderly.
- ❑ Positive attitudes about the importance of an interdisciplinary team approach to caring for older persons, including appropriate respect for other health professionals and their role in the provision of services.
- ❑ Understanding of need for caregiver support and recognition of caregiver burnout.

# Hospice Curriculum

**Goal:** To provide optimal care for terminally ill patients or those with longstanding chronic illness near the end of life.

**Knowledge Objectives:** Upon completion of the training the fellow will be able to:

- Appraise various routes of administration of medication with advantages and disadvantages of each, used for control of the following symptoms in the terminally ill patient: pain, nausea, vomiting, dyspnea, constipation, depression, anxiety, confusion, pruritis, anorexia, weakness, fatigue, etc.
- Identify and quantify the above symptoms along with the evaluation necessary for their control in the terminally ill patient.
- Describe the concepts and philosophies of palliative medicine.
- Discuss uncertainties in prognostication when managing the terminally ill patient.
- List potential adverse effects of common medications used for symptom control in the terminally ill patient.
- Discuss various adjuvant medications used for symptom control in the terminally ill patient.
- Compare advantages and disadvantages of the various settings that are available for the terminally ill patient.
- Summarize the signs and symptoms of approaching death.
- Describe the nonpharmacological (psychological and physical) approaches to control of the above symptoms in the terminally ill patient.
- Differentiate addiction, physical dependence and tolerance.
- Describe the principles of biomedical ethics, including beneficence, nonmaleficence, autonomy, competence, informed consent, advance directives, and guidelines for decision making for people near the end of life.
- Describe common disorders causing terminal illness, along with their usual disease courses, presentation and progression.
- Distinguish normal and complicated bereavement in order to make appropriate referrals.
- Discuss issues of access to and financing of health care for terminally ill patients in various settings.

**Skills:** Upon completion of the rotation the fellow will be able to:

- Collaborate with the interdisciplinary team and provide specific information about diseases, diagnostic process, prognoses, medical management, and symptom control for terminally ill patients.
- Utilize the interdisciplinary team to manage the patient or family with the common psychosocial issues that face the terminally ill patient and his family (or caregiver).
- Treat the dying patient in various settings, showing sensitivity in organizing care responsive to the particular environment.
- Communicate effectively with the patient and family (or caregiver).
- Balance the values of the dying patient, medical factors, and environmental factors in medical decision making.
- Effectively manage symptoms in the terminally ill patient.
- Encourage patient control of as many aspects of life as possible.

- Assess a terminally ill patient in multiple relevant dimensions, describing current physical and psychosocial problems, as well as obtaining appropriate information, including social support systems and functional status.

**Behavioral Objectives:** Upon completion of the rotation the fellow will display:

- Appreciation for the hospice approach to care when cure is no longer a rational goal and health care services are most appropriately directed at comfort.
- Acceptance of the provision of comfort care to the dying as an active, desirable, and important service.
- Acceptance of death as a natural part of the life cycle.
- Ability to honor medical decisions that are guided by the philosophy and values of the patient.
- Appreciation of the multiple determinants of suffering: physical, psychological, social and spiritual.
- Acceptance of the unit of care for the terminally ill patient as the patient and family or caregiver.

# Long Term Care: Nursing Home Care Unit

**Goal:** To provide fellows with the knowledge, skills and behaviors necessary to frail elderly individuals with multiple ADL dependencies.

**Knowledge Objectives:** Upon completion of training the fellow will be able to:

- List disabilities leading to long term care and how to prevent their progression.
- Discuss financing and administration of long term care.
- Describe the role of rehabilitation in immobility and malnutrition due to acute illness, CVA, fractures, pressure ulcers, and depression.
- Describe the evaluation and management of the geriatric syndromes: Falls, Incontinence, Hearing Loss, Speech Impairment, Dysphagia, Delirium, Depression, Constipation, and Fecal Impaction.
- Describe diseases with highest prevalence in the long term care setting:  
Neurological: CVA, Parkinson's MS, ALS, and anoxic encephalopathy;  
Cardiovascular:  
Hypertension, CAD, CHF; Musculoskeletal: DJD, Osteoporosis; Cancer: breast, prostate, colorectal, head and neck; Endocrine: diabetes mellitus, and thyroid disease.
- Discuss the concept of competency for medical decision making, advance directives, health care surrogate, orders to limit care, and do not resuscitate orders.
- Describe various strategies for symptom control.
- Discuss geriatric pharmacology, polypharmacy and iatrogenesis.
- Describe infection evaluation and management.
- Discuss terminal events: sepsis, pulmonary embolism, malnutrition, and dehydration.
- List prevention strategies in long term care.

**Skills:** Upon completion of the rotation, the fellow will be able to:

- Perform a multidimensional assessment in frail people with multiple disabilities.
- Lead and participate in an interdisciplinary team.
- Use diagnostic tests, consultants, and procedures in accordance with patients' values and goals.
- Elicit advance directives.

**Behavioral Objectives:** Upon completion of the rotation the fellow will display:

- Respect for the autonomy and values of patients.
- Appreciation for the role and input of all team members.
- Appreciation for the role and input of families.
- Patient advocacy within multiple psychosocial and financial constraints.
- Ability to separate personal goals and values from goals and values of patients in his/her care.
- Appreciation of the heterogeneity: ethnic, religious, etc.

# Long Term Medical Director Curriculum

## Goals:

To provide Fellows with a clear understanding of the leadership role of the medical director and to offer opportunities to practice skills needed to fulfill this role.

To become competent in both clinical medicine and administrative direction in long term care.

## Objectives:

**Knowledge:** Upon completion of the elective rotation, the fellow will be able to:

- Describe the role of the Medical Director
- Discuss different leadership patterns and identify their own.
- Summarize the characteristics of the communication process in presentations, meetings and patient-doctor communications.
- Recognize the importance of working with families
- Describe the functions of a meeting and the skills necessary to effectively run a meeting.
- Describe financing of long term care; including Medicare and Medicaid reimbursement.
- Discuss infection control in the nursing home.
- Identify the principles of Biomedical Ethics critical to long-term care.
- Describe Federal and State regulation that apply to long-term care.
- Describe a quality assurance program in the long term care setting.

**Skills:** Upon completion of the rotation, the fellow will be able to:

- Develop practical skills needed to perform the tasks and functions of the medical director.
- Apply OBRA regulations.
- Demonstrate communication skills needed to deal with the interdisciplinary team, patients, and their families.
- Develop an infection control program for Extended Care Facility.

**Behaviors:** Upon completion of the rotation, the fellow will display:

- Respect and being an advocate for the long-term care resident's best care.
- Understanding of the role of a leader in the nursing home and member of different committees.
- Consideration for patients and families values and philosophies.

# Palliative Medicine Inpatient Service

**Goal:** To provide fellows with the knowledge, skills and behaviors necessary to evaluate and care for patients with advanced medical illness with a focus on symptom management, quality of life and crisis prevention.

## **Objectives:**

**Knowledge:** Upon completion of training the fellow will be able to:

- List common presenting medical problems that result in hospitalization or inpatient treatment for patients receiving palliative care.
- Discuss the concept of competency for medical decision making, executing advance directives, and designating health care surrogates.
- Discuss the role of the interdisciplinary team in the hospital setting.
- Discuss the development of hospital acquired complications in palliative care patients such as pressure ulcers, fluid overload, deconditioning, falls, confusion, incontinence, contractures and constipation.
- List methods to prevent hospitalization of the palliative care patient.
- Discuss pharmacology for the treatment of symptoms such as pain, dyspnea, constipation, nausea and pruritis in the hospitalized palliative care patient.
- List the indications for consultation to a palliative care service.

**Skills:** Upon completion of the rotation, the fellow will be able to:

- Perform a multidimensional assessment of a palliative care patient requiring hospitalization for an acute medical problem.
- Manage acute and subacute palliative care and psychosocial problems that occur in patients with a broad range of disorders.
- Manage multiple symptoms effectively in the palliative care patient including pain, nausea, dyspnea and constipation.
- Recognize and manage palliative care and psychosocial emergencies.
- Work cooperatively with members of the interdisciplinary team involved in the care of the palliative care patient.
- Order appropriate diagnostic tests for the evaluation of identified medical problems in the hospitalized palliative care patient.
- Communicate effectively with patients and families to plan and implement home care and hospice enrollment as appropriate.
- Work cooperatively and respectfully with referring physicians and other healthcare providers while providing consultation for acutely ill palliative care patients.

**Behaviors:** Upon completion of the rotation, the fellow will display:

- Respect for the autonomy and values of hospitalized palliative care patients.
- Appreciation for the role and input of all healthcare providers.
- Appreciation for the role and input of family members and significant others

- Freedom from personal biases which could interfere with patient's goals and values.
- Patient advocacy within multiple psychosocial and financial constraints.
- Appreciation for the importance of function, symptom control, quality of life as health outcomes for hospitalized palliative care patients.