Goals and Objectives
GERIATRIC ASSESSMENT CLINIC (GAC) and
GERIATRIC EVALUATION AND MANAGEMENT (GEM)
CLINIC ROTATIONS FOR GERIATRICS FELLOWS

ACTIVITIES:

GAC: Evaluate and perform intermediate management of patients in Geriatric Assessment Clinic with staff Geriatricians.
Time: 1 & ½ day per week.

GEM: Evaluate and manage patients in Geriatric Assessment Clinic with staff Geriatricians.
Time: 2 half day clinics per week.

I. EDUCATIONAL PURPOSE

GOALS:

Upon completion the learner will:

1. Understand the appropriate use of a comprehensive geriatric assessment.
2. Master comprehensive geriatric assessment process and techniques.
3. Function as an interdisciplinary team member and leader.
4. Prioritize evaluation and treatment in the face of complex health problems and the individual patient's priorities.

OBJECTIVES:

Upon completion the learner is able to or has:

1. Witnessed and understands the basics of and use of:
   a. Neuropsychological testing (screening and indications for referral for detailed testing) Fellow should observe at least one neuropsychological assessment in both GAC and GEM clinic.
   b. Psychiatric evaluation (mood and cognitive assessment)
   c. Pharmacologic evaluation (medication review, evaluation of adherence)
   d. Social assessment (caregiver burden, social network, community resources)
   e. Nursing evaluation (functional assessment, alcohol history)
2. Lists the situations in which an interdisciplinary team is useful and when it is not.
3. Describe the contribution and expertise of each member of the interdisciplinary team.
4. Describe in depth the etiology, pathophysiology, evaluation and management of common geriatric syndromes and diseases encountered in comprehensive geriatric assessment.
5. Understands and is conversant with:
   a. Psycho social issues
   b. Economics of health care
   c. Ethical/legal issues
6. Mastered the information for and performance of health care maintenance.
7. List the range of formal & informal support services available in the community.
8. List the factors that contribute to the success or failure of a care giving network.
9. Perform and mastered the comprehensive history and physical exam.
10. Perform functional screening and evaluation and management of problems discovered during the screening.
11. Leads effectively and efficiently an interdisciplinary team.
12. Demonstrate skills in making appropriate referrals, consultations and communication with the various disciplines for needed services.
13. Demonstrate effective teaching skills to residents and students.
14. Describe the appropriate use of a geriatric comprehensive assessment.
15. Master comprehensive geriatric assessment techniques.

16. Describe the use of indications and limitations of the components of a geriatric assessment.
17. Master the performance of a comprehensive history and physical exam.
18. Demonstrate the ability to integrate effectively and efficiently the information from the various providers involved in the GAC.
19. Master the diagnosis and management of the common geriatric syndromes and problems encountered in the GAC/GEM.
20. Lead the interdisciplinary team in the assessment and management and in the intermediate management.
21. Take the lead position and performed successfully the GAC follow-up conferences with family and patients.

II. TEACHING METHODS

Case presentation, review and discussion, interdisciplinary team conference, demonstration of neurological exam and findings by attending geriatrician, didactics, assigned readings.

III. MIX OF DISEASES

Dementia, depression, delirium, incontinence, gout disorders, parkinsonism, major organ system impairments (heart, lung, kidney, musculoskeletal etc).

IV. PATIENT CHARACTERISTICS

Men and women over 65 years of age.

V. TYPES OF CLINICAL ENCOUNTERS

Outpatient evaluation and management, interdisciplinary team evaluation, intermediate management of cognitive, physical and psychiatric problems, and family conferences.

VI. PROCEDURES AND SERVICES

Cognitive and functional assessment; comprehensive physical and neurological examination, collateral source history using family and medical records as resources. Occasional joint and trigger point injection and occasionally spinal taps.

VII. EDUCATIONAL RESOURCES

1. Geriatric Review Syllabus: Chapters on assessment, elder mistreatment, physical activity, community based care, dementia, delirium, neuropsychiatric and behavioral disturbances in dementia, falls, gait disturbances, malnutrition. 2. Case-based geriatrics review: Assessment.
2. Knopman D. The differential diagnosis of dementia in the elderly. In: DeKosky ST and Small GW (eds.), *Mediguide to Geriatric Neurology*, Lawrence DellaCorte Publications, Inc., New York, NY, 1(1):1-7, 1997.
3. Aronow WS. Therapy of older persons with congestive heart failure. Ann Long-Term Car 2001; 9(01):23-29.
4. Barber R, Panikkar A, McKeith IG. Dementia with Lewy bodies: Diagnosis and management. Int J Geriatr Psych 2001; 16:S12-S18.
5. Petersen RC, Stevens JC, Ganguli M, Tangalos EG, Cummings JL, DeKosky ST. Practice parameter: Early detection of dementia: Mild cognitive impairment (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 2001; 56:1133-1142.
6. Council for Nutritional Clinical Strategies in Long-Term Care. Regulation of appetite in older adults. Ann Long-Term Care (suppl) 2002; 1-11.

EDUCATIONAL RESOURCES (con't)

7. Gladstone DJ, Black SE. The neurological examination in aging, dementia and cerebrovascular disease. Part 1: Introduction, head and neck, and cranial nerves. Geriatr & Aging 2002; 5(7):36-43.
8. Gladstone DJ, Black SE. The neurological examination in aging, dementia and cerebrovascular disease. Part 2: Motor examination. Geriatr & Aging 2002; 5(8):44- 49.
9. Gladstone DJ, Black SE. The neurological examination in aging, dementia and cerebrovascular disease. Part 3: Coordination, balance and gait. Geriatri & Aging 2002; 5(9):55-57.
10. Balducci L. Epidemiology of anemia in the elderly: Information on diagnostic evaluation. J Am Geriatr Soc 2003; 51:52-59.
11. Council for Nutritional Clinical Strategies in Long-Term Care. Anorexia in the elderly: An update. Ann Long-Term Care (suppl) 2004; 1-13.
12. Cummings JL. Alzheimer's disease. N Engl J Med 2004; 351:56-67.
13. Ganguli M, Dodge HH, Shen C, DeKosky ST. Mild cognitive impairment, amnestic type: An epidemiologic study. Neurology 2004; 63:115-121.

VIII. METHOD OF EVALUATION OF FELLOWS COMPETENCE

Attending geriatricians will complete the geriatric specific evaluation form and discuss this with the fellow at the end of the rotation. Fellows should meet with attendings after the first 2-3 weeks to receive feedback and recommendations for improvement. Fellows are encouraged to complete the "assessment" portion of the "Case-Based Geriatrics Review" as a means of self assessment. Communication skills are evaluated during family conference using the 'Communication Skills' checklist and discussed with the fellow following the session.

IX. TEACHING PERFORMED BY FELLOWS

Several learners are typically assigned to this clinic including internal medicine, family medicine and psychiatry residents and medical, PA and pharmacy students. Fellows should make every effort to engage learners in observation of multidisciplinary assessment and team care. Fellows should discuss with learners development of a comprehensive problem list, establishing priorities for evaluation and treatment based on the patient/family goals and chief concerns. Fellows are encouraged to provide 'mini didactics' on the geriatric syndromes surrounding patient presenting problems with learners engaged in each patient's evaluation.

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