

January 2019

Goals and Objectives for the Geriatrics Rotation

The Geriatrics selective rotation will take place in both the out-patient clinic and in-patient consultation setting. Residents will be responsible for seeing Geriatrics consults at St. Clare's Mercy Hospital. They will also regularly attend out-patient Geriatric clinic at the L. A. Miller Centre.

It is expected that trainees will demonstrate ongoing development in each of the CanMEDS roles such that the depth, sophistication, efficiency and proficiency of their performance increases with experience. Review of rotation objectives will be done in conjunction with creation of a learning contract at the beginning of the rotation. Trainees completing the program should expect to achieve the key competencies described. This will be documented using an end of rotation in-training evaluation report (ITER). In accordance with CBD principles, all residents are required to submit EPA assessments with documented narrative coaching via the MUNCAT app per week to evaluate and guide their progress. This will also be documented using an end of rotation in-training evaluation report (ITER) or longitudinal rotational assessment, depending on the applicable resident curriculum.

In addition to the rotational objectives and key competencies described below, the following EPAs may be covered during the Geriatrics rotation. These will depend on the learner's stage of training, progress and individual learning needs. The learning contract and rotational goals created at the beginning of the rotation can help specify which EPAs the learner may want to focus on throughout their rotation.

Transition to Discipline:

TD1: Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care.

Foundations:

F6: Discussing and establishing patients' goals of care

F7: Identifying personal learning needs while caring for patients, and addressing those needs

Core:

C1: Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations

C2: Assessing and managing patients with complex chronic conditions

C3: Providing internal medicine consultation to other clinical services

C7: Discussing serious and/or complex aspects of care with patients, families, and caregivers

C9: Caring for patients at the end of life

MEDICAL EXPERT

1. Recognizes common "atypical presentations in the elderly".
2. Uses knowledge of impact of aging on pharmacology and prescribing.
3. Management of falls.
4. Management of dementia.
5. Management of delirium.
6. Management of incontinence.
7. Management of Behavioural and Psychological Symptoms of Dementia (BPSD)
8. Recognize and differentiate dementia, delirium and depression.
9. Recognizes the unique aspects of depression in elderly patients.
10. Describe the concept and management of frailty.
11. Medically manage illnesses commonly seen in the elderly, i.e., diabetes, pneumonia, etc.
12. Recognize the side effects of commonly used drugs, i.e., neuroleptics, cardiac meds, etc.
13. Demonstrate ability to make a functional assessment with respect to ADLs and iADLs.
14. Recognize the contribution of medical diagnosis to evaluation and functional loss.
15. Describe the societal and environmental factors relevant to the care of the elderly.
16. Asses the role of advance directives and levels of intervention.
17. Recognize the impact of dementia on decision making.
18. Describe the fundamental concept of competency with regard to decision making on health care issues.
19. Be able to manage ethical problems at the end of life, including withdrawing or withholding therapy, advance directive, euthanasia and assisted suicide.
20. Appreciate the impact of dementia and frailty on driving safety and make appropriate referral for driving assessment.

COMMUNICATOR

1. Appropriate history taking with elderly patients.
2. Establishes patient-centered goals.
3. Communication about treatment goals and end-of-life issues.
4. Verbal communication skills.
5. Written communication skills.
6. Consultancy skills.
7. Empathic communication.
8. Communicates effectively with team members.
9. Communicates appropriately and effectively with primary care practitioners, including family physicians.
10. Composes clear, concise consultation records.
11. Prepares informative discharge summaries.
12. Demonstrates an ability to work with the patient and family to establish common, patient-centered goals of care.
13. Communicate effectively with other team members.

COLLABORATOR

1. Team relationships: works effectively with other inter-professional team members.
2. Consults effectively with other physicians.
3. Participation at team and family conferences.
4. Effective collaboration with community services and other specialized geriatric services.

5. Describe the roles of other disciplines in providing care of the elderly.
6. Recognize the roles of informal and formal caregivers.
7. Demonstrate ability to put systems in place to support function failure, i.e., home care, home making, aids.
8. Demonstrate ability in working with a multi-disciplinary team to effectively manage functional losses.

LEADER

1. Time management.
2. Management of multiple medical issues.
3. Assumes leadership role where appropriate.
4. Appropriate use of diagnostic resources.
5. Appropriate use of therapeutic resources.
6. Appropriate balance of service and learning needs.
7. Efficient personal and professional time management.
8. Effective use of information technology.
9. Recognize the changing demographics of our society, and its implications for future health care provision needs.
10. Describe the systems of care in place for the care of frail elderly, i.e., long term care, home care, etc.
11. Explain the impact of hospitalization of the elderly.
12. Describe the interface of nursing home, hospital and home.

SCHOLAR

1. Knowledge and application of evidence in geriatric care.
2. Self-directed learning.
3. Critical appraisal skills.
4. Evidence based practice.
5. Active participation in scheduled learning.
6. Uses and evaluates the literature.
7. Demonstrates ability in educating patients and families.
8. Demonstrates ability in educating team members and colleagues.
9. Access the relevant literature in helping to solve clinical problems in geriatrics.
10. Apply critical appraisal skills to literature in geriatrics and palliative care.

HEALTH ADVOCATE

1. Identify important determinants of health in geriatric patients
2. Recognizes and responds appropriately in advocacy situations.
3. Utilization of health care resources.
4. Prevention and recognition of iatrogenic illness.
5. Recognize the role of the physician as an advocate for care of the elderly.
6. Recognize the role of the physician in supporting family care givers.

PROFESSIONAL

1. Sense of responsibility.
2. Self-assessment skills.
3. Ethical approach to care.
4. Performance under stress.

5. Behaves in professional and ethical manner, showing respect for patients, families, colleagues and other health professionals.
6. Shows integrity, honesty and compassion in care delivery.
7. Communicates in a professional and respectful manner to patients and team members.
8. Respects fellow residents and participants in problem solving strategies regarding administrative issues as they arise.
9. Acceptance and constructive use of supervision and feedback.