

Geriatric Medicine Curriculum

I. **Introduction** – Training in geriatric medicine is an important skill set for all internists. The demographic changes in this country require all internists to attain a minimum level of competency in managing the complex medical problems of older adults. Internists must understand the relationship between normal aging and disease, as well as the changes in physical and cognitive function that often accompany the aging process.

The following document will describe the current educational learning objectives and minimum competencies in geriatric medicine for internal medicine residents. Currently, internal medicine residents learn geriatrics from core conferences, grand rounds, mandatory resident geriatrics rotations and hospital based geriatrics consults.

II. Learning Venue

A. Rotation description – senior residents will rotate through the ambulatory geriatric practice that includes the opportunity to evaluate the full spectrum of medical conditions in older adults from wellness and health maintenance to the complex, frail patient. The ambulatory practice is also the clinical site for the CNY Center of Excellence for Alzheimer's Disease, which will allow residents to evaluate patients with Alzheimer's disease and related dementias. Residents will also spend a minimum of two weeks during their training on the Acute Care of the Elderly (ACE) Team, which provides interdisciplinary geriatric consultations for older adults admitted to the inpatient service. Additional activities include participation in hospice meetings and providing nursing home care with a faculty preceptor.

B. Teaching Methods – Residents are taught one-on-one by faculty preceptors. Residents receive a copy of *Geriatrics at Your Fingertips*, as well as pertinent articles from peer reviewed journals.

C. Recommended Reading

Up To Date online

Harrison's online

ACP online PIER for recent peer reviewed articles

D. Unique Learning opportunities – Home care, palliative care, nursing home care, and geriatrics weekly fellows conference

E. Mix of diseases and patient care characteristics

Dementia

Incontinence

Osteoporosis

Malnutrition

Falls

Failure to thrive, including depression

Dizziness

Deconditioning

Dysmobility

Chronic pain

Prevention

Principles of screening

Immunization in the elderly

Adverse drug reactions

Economics of prevention

Geriatric assessments

Cognitive assessment

Functional assessment

Medication review

Use of multidisciplinary team

Ethical/legal considerations – advance directives, health care proxy

III. See attached minimum competencies in geriatric medicine for internal medicine residents.

IV. **Method of Evaluation** – at the end of the rotation the attending will do a summative evaluation. Residents complete a pre and post-test. Residents are also advised to seek mid rotation evaluations from those that they work with.