

**LAC+USC Medical Center**  
**Geriatric Medicine Orientation**  
2019-2020

**Faculty in Charge of Rotation:**

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**First Day of Rotation:**

Report to OPD 3p22 at 8:00 AM. Be sure you are dressed appropriately in clinic attire (no scrubs).

Please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website ([uscmedicine.blog](http://uscmedicine.blog) / Resources / Rotation Orientation & Objectives / Geriatrics).

**GOALS**

The internist of the future will be providing much of the medical care for older persons. Currently persons over 65, who are 13% of the population, account for 40% of visits to internists and this number is rising. A physician who cares for elderly patients must understand normal and abnormal aging, atypical presentation of illness, common geriatric syndromes and the differences in the natural history and preferred management of specific diseases in the older adult. Additionally, the physician must have the necessary skills to manage patients in an array of different health care settings, with acute and chronic conditions. Finally, the internist must be able to collaborate with other health care providers to achieve high quality health for the older adult.

As residents, you are integral members of the teaching medical team with the goals to provide excellent patient care to county patients in a collaborative and educational environment. In addition to fostering competence in the areas of patient care and medical knowledge, the service provides critical experience in collaborating with other members of the healthcare team, including social workers, dental students, physical therapists, and pharmacists, as well as students and fellow residents, which builds skill in interpersonal communication and professionalism. Exposure to the multidisciplinary care of the elderly patient builds competency in systems-based practice, provides opportunities to learn from mistakes, and builds patterns of practice-based learning.

## MILESTONES

### USC/LAC+USC Internal Medicine Residency Geriatric Medicine Rotation

OVERALL COMPETENCY PROGRESSION BY CORE COMPETENCY AND PGY LEVEL  
(Adapted from ABIM Developmental Milestones)

#### CORE COMPETENCY: PATIENT CARE

| PGY LEVEL |  | 3 | GOAL – Gathers and synthesizes essential and accurate information to define each patient’s clinical problem<br><b>OBJECTIVES</b>   |
|-----------|--|---|--|
|           |  | 3 | a. Role model gathering subtle and reliable information from the patient for junior members of the healthcare team when applicable.  |
| PGY LEVEL |  | 3 | GOAL – Develops and achieves comprehensive management plan for each patient<br><b>OBJECTIVES</b>   |
|           |  | 3 | a. Role models and teaches complex and patient centered care<br>b. Develops customized prioritized care plans for the most complex patients, incorporating diagnostic uncertainty and cost effectiveness principles.               |
| PGY LEVEL |  | 3 | GOAL – Manages patients with progressive responsibility and independence<br><b>OBJECTIVES</b>  |
|           |  | 3 | a. Independently manages patients across clinical settings who have a broad spectrum of clinical disorders including undifferentiated syndrome   |
| PGY LEVEL |  | 3 | GOAL – Skill in performing procedures<br><b>OBJECTIVES</b>   |
|           |  | 3 | a. Appropriately perform invasive procedures and provide post-procedure management for common procedures when applicable.  |
| PGY LEVEL |  | 3 | GOAL – Requests and provides consultative care<br><b>OBJECTIVES</b>  |
|           |  | 3 | a. Provides consultative services for patients with basic and complex clinical problems requiring detailed risk assessment<br>b. Appropriately weighs recommendations from consultants in order to effectively manage patient care |

#### Evaluation Methods

Faculty evaluation, Direct observation

#### CORE COMPETENCY: MEDICAL KNOWLEDGE

| PGY LEVEL |  | 3 | GOAL – Clinical Knowledge<br><b>OBJECTIVES</b>   |
|-----------|--|---|--|
|           |  | 3 | a. Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventive care  |
| PGY LEVEL |  | 3 | GOAL – Knowledge of diagnostic testing and procedures.<br><b>OBJECTIVES</b>  |
|           |  | 3 | b. Interprets complex diagnostic tests accurately<br>c. Understands the concepts of pre-test and test performance characteristics<br>d. Teaches the rationale and risks associated with common procedures and anticipates potential complications when performing procedures |

#### Evaluation Methods

Faculty evaluation, Direct observation, Conference Attendance

#### CORE COMPETENCY: SYSTEMS BASED PRACTICE

| PGY LEVEL |  | 3 | GOAL – Works effectively within an interprofessional team |
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|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Understands the roles and responsibilities of and effectively partners with, all members of the team.</li> <li>b. Actively engages in team meetings and collaborative decision making</li> </ul>  |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Recognizes system error and advocates for system improvement</b>  |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Identifies systemic causes of medical error and navigates them to provide safe patient care</li> <li>b. Advocates for safe patient care and optimal patient care systems</li> <li>c. Activates formal system resources to investigate and mitigate real or potential medical error</li> <li>d. Reflects upon and learns from own critical incidents that may lead to medical error</li> </ul> |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Identifies forces that impact that cost of health care, and advocates for, and practices cost-effective care</b>  |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Consistently works to address patient specific barriers to cost effective care</li> <li>b. Advocates for cost conscious utilization of resources</li> <li>c. Incorporates cost awareness principles into standard clinical judgments and decision making including screening tests</li> </ul>   |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Transitions patients effectively within and across health delivery systems</b>  |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Appropriately utilizes available resources to coordinate care and ensures safe and effective patient care within and across delivery systems</li> <li>b. Proactively communicates with past and future care givers to ensure continuity of care.</li> </ul>   |
| <b>Evaluation Methods</b>                                       |  |   |   |
| Faculty Evaluation  |  |   |   |
| <b>CORE COMPETENCY: PRACTICE BASED LEARNING AND IMPROVEMENT</b> |  |   |   |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Monitors practice with a goal for improvement</b>   |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Regularly self reflects upon one’s practice or performance and consistently acts upon those reflections to improve practice</li> <li>b. Recognizes sub-optimal practices or performance as an opportunity for learning and self-improvement</li> </ul>  |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Learns and improves via feedback</b>  |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Solicits feedback from all members of team and patients</li> <li>b. Consistently incorporates feedback</li> <li>c. Welcomes unsolicited feedback</li> </ul>   |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Learns and improves at the point of care</b>  |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Routinely “slows down” to reconsider an approach to a problem, ask for help, or seek new information</li> <li>b. Routinely translates new medical information needs into well-formed clinical questions.</li> </ul>   |
| <b>Evaluation Methods</b>                                       |  |   |   |
| Faculty Evaluation, Direct Observation                          |  |   |   |
| <b>CORE COMPETENCY: PROFESSIONALISM</b>                         |  |   |   |
| <b>PGY LEVEL</b>  |  |   | <b>GOAL – Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team</b>   |
|   |  |   | <b>OBJECTIVES</b>   |
|   |  | 3 | <ul style="list-style-type: none"> <li>a. Demonstrates empathy, compassion and respect to patients and caregivers in all situations</li> <li>b. Demonstrates a responsiveness to patient that supersedes self-interest</li> <li>c. Anticipates, advocates for, and proactively works to meet the needs of patients and caregivers</li> </ul>  |

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|  |  |   | d. Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care as appropriate.  |
| <b>PGY LEVEL</b>   |  |   | <b>GOAL</b> – Accepts responsibility and follows through on tasks<br><b>OBJECTIVES</b>   |
|  |  | 3 | a. Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner<br>b. Willingness to assume professional responsibility regardless of the situation   |
| <b>PGY LEVEL</b>   |  |   | <b>GOAL</b> – Responds to each patient’s unique characteristics and needs<br><b>OBJECTIVES</b>   |
|  |  | 3 | a. Recognizes and accounts for the unique characteristics and needs of the patient/caregiver<br>b. Appropriately modifies care plan to account for a patient’s unique characteristics and needs  |
| <b>PGY LEVEL</b>   |  |   | <b>GOAL</b> – Exhibits integrity and ethical behavior in professional conduct<br><b>OBJECTIVES</b>   |
|  |  | 3 | a. Demonstrates integrity, honesty and accountability to patients<br>b. Actively manages challenging ethical dilemmas and conflicts of interest<br>c. Identifies and responds appropriately to lapses of professional conduct among peer groups  |
| <b>Evaluation Methods</b>                                      |  |   |  |
| Faculty Evaluation, Peer Evaluation, Direct Observation        |  |   |  |
| <b>CORE COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS</b> |  |   |  |
| <b>PGY LEVEL</b>   |  |   | <b>GOAL</b> – Communicates effectively with patients and caregivers<br><b>OBJECTIVES</b>   |
|  |  | 3 | a. Incorporates patient specific preferences into plan of care<br>b. Identifies and incorporates patient preference in shared decision making across a wide variety of patient care conversations<br>c. Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different socioeconomic and cultural backgrounds |
| <b>PGY LEVEL</b>   |  |   | <b>GOAL</b> – Communicates effectively in interprofessional teams<br><b>OBJECTIVES</b>   |
|  |  | 3 | a. Consistently and actively engages in collaborative communication with all members of the team<br>b. Verbal, non-verbal and written communication consistently acts to facilitate collaboration with the team to enhance patient care.   |
| <b>PGY LEVEL</b>   |  |   | <b>GOAL</b> – Appropriate utilization and completion of health records<br><b>OBJECTIVES</b>  |
|  |  | 3 | a. Health records are organized, accurate, comprehensive, and effectively communicate clinical reasoning<br>b. Health records are succinct, relevant and patient specific  |
| <b>Evaluation Methods</b>                                      |  |   |  |
| Faculty Evaluation   |  |   |  |

## ROTATION STRUCTURE

### STARTING THE ROTATION

Before the first day on service, please make sure to watch the Orientation Video prior to starting this rotation. Videos can be accessed through MyEvaluations or on the Chief's website ([uscmedicine.blog / Resources / Rotation Orientation & Objectives / Geriatrics](http://uscmedicine.blog/Resources/Rotation%20Orientation%20&%20Objectives/Geriatics)).

### WEEKLY SCHEDULE

|               | MONDAY           | TUESDAY                      | WEDNESDAY        | THURSDAY         | FRIDAY           |
|---------------|------------------|------------------------------|------------------|------------------|------------------|
| 8AM - 8:30AM  | Didactics        |                              | Didactics        | Didactics        | Didactics        |
| 8:30AM - 12PM | Geriatric Clinic |                              | Geriatric Clinic | Geriatric Clinic | Geriatric Clinic |
| 9AM - 12PM    |                  | Palliative Care<br>Didactics |                  |                  |                  |

### DAILY SCHEDULE

8:00 AM - 8:30 AM                      Morning Didactics  
 8:30 AM - 12:00 PM                  Patient Care and Management (except Tuesdays)

#### **Patient Care and Management**

Each resident will be assigned to a panel of patients in the Geriatrics Clinic in OPD3p22. Patients seen will be reviewed and evaluated by the attending physician. There is to be a strong emphasis on patient function and medications. A medication reconciliation should be performed for each patient seen (please actually review the medications a patient brings with them to clinic).

The Geriatric Clinic has several other disciplines that may be learning alongside our internal medicine resident. These may include geriatric medicine fellows, family medicine residents, medical students, nurse practitioner students, dental students, occupational therapy students, physician assistant students, and gerontology students.

New patients will receive a comprehensive geriatric assessment. This will include an assessment of function (activities of daily living, instrumental activities of daily living), nutritional status, cognitive status, depression, and gait and balance.

All patients are to be reviewed with the geriatric faculty.

### DAYS OFF

The Geriatrics rotation is primarily an outpatient rotation. Days off on this rotation occur on the weekends unless otherwise specified.

## CURRICULUM

### EDUCATIONAL PLAN

The purpose of this rotation is to train residents to competently care for the elderly patient in the outpatient setting. The internal medicine resident will obtain experience in comprehensive geriatric assessment. This experience will be obtained in the Geriatric Assessment Clinic at LAC+USC Medical Center. The following is a set of guidelines to outline the attitudes, knowledge, and skills necessary for the successful care of older persons by internists.

### LEARNING OBJECTIVES

| <b>PGY3</b>              |   |
|--------------------------|---|
| <b>Patient Care</b>      | <ul style="list-style-type: none"> <li>• Effectively interview geriatric ambulatory patients</li> <li>• Effectively examine geriatric ambulatory patients</li> <li>• Maintain focus and timeliness in the evaluation and management of ambulatory problems</li> <li>• Understand and implement appropriate strategies for disease prevention and health promotion</li> <li>• Develop strategies to efficiently evaluate and manage common geriatric ambulatory medical problems in certain subspecialties</li> </ul>  |
| <b>Medical Knowledge</b> | <ul style="list-style-type: none"> <li>• Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of geriatric ambulatory patients</li> <li>• Access and critically evaluate current medical information and scientific evidence relevant to geriatric ambulatory patient care</li> <li>• Age-related changes in epidemiology of diseases, presentation of illnesses, response to therapy, pharmacokinetics, and pharmacodynamics.</li> <li>• Care at the end-of-life, including management of pain, dyspnea, and other symptoms.</li> <li>• Detection, evaluation and management of the common geriatric syndromes, including:               <ul style="list-style-type: none"> <li>Cognitive impairment/dementia</li> <li>Depression</li> <li>Incontinence (urinary and fecal)</li> <li>Gait and balance disorders</li> <li>Immobility</li> <li>Pressure ulcers</li> <li>Polypharmacy</li> <li>Sensory impairment</li> <li>Pain</li> <li>Falls</li> <li>Delirium</li> <li>Elder abuse, neglect, and self-neglect</li> </ul> </li> <li>• The elements of Comprehensive Geriatric Assessment.</li> <li>• Screening assessments of basic and instrumental activities of daily living (ADL and IADL).</li> <li>• The ability to perform comprehensive geriatric assessment: a thorough history, physical examination, and specific assessment for common geriatric syndromes (including falls, incontinence, dementia, depression, osteoporosis, polypharmacy and sensory impairment).</li> <li>• Screening assessments of basic and instrumental activities of daily living (ADL and IADL).</li> </ul> |

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|--|---|
|  | <ul style="list-style-type: none"> <li>•Assessment of social support of the elderly patient as well as an understanding of available community resources for elders.</li> <li>•Cognitive assessment, including proficiency with the Mini-Mental status exam (MMSE) and evaluation of dementia in elderly patients.</li> <li>•Psychological assessment of elders, including proficiency with the Geriatric Depression Scale.</li> <li>•Gait and balance assessment, including proficiency with the Tinetti Gait and Balance Assessment.</li> <li>•Screening for abuse, neglect and self-neglect.</li> <li>•Pharmacological considerations in elderly patients, including changes in dosage required with age, drug-drug interactions, and drug-disease interactions.</li> <li>•The ability to diagnose and manage acute and chronic multiple illnesses in older adults.</li> </ul> |
| <b>Practice Based Learning and Improvement</b> | <ul style="list-style-type: none"> <li>• Identify and acknowledge gaps in personal knowledge and skills in the care of ambulatory patients</li> <li>• Develop real-time strategies for filling knowledge gaps that will benefit patients in a busy practice setting</li> </ul>  |
| <b>Interpersonal and Communication Skills</b>  | <ul style="list-style-type: none"> <li>• Communicate effectively with patients and families across a broad range of socioeconomic and ethnic backgrounds</li> <li>• Communicate effectively with physician colleagues and members of other health care professions to assure comprehensive patient care</li> </ul>  |
| <b>Professionalism</b>                         | <ul style="list-style-type: none"> <li>• Behave professionally toward patients, families, colleagues, and all members of the health care team</li> </ul>  |
| <b>Systems Based Practice</b>                  | <ul style="list-style-type: none"> <li>• Understand and utilize the multidisciplinary resources necessary to care optimally for ambulatory patient care</li> <li>• Collaborate with other members of the health care team to assure comprehensive ambulatory patient care</li> <li>• Use evidence-based, cost-conscious strategies in the care of ambulatory patients</li> <li>• Begin to understand the business aspects of practice management in a variety of settings</li> </ul>  |

**CONFERENCES**

**Morning Didactics**

Please arrive on time at 8:00 am to Geriatric clinic for didactics from 8-8:30AM. This is an opportunity to learn from geriatricians/pharmacists/dentists some of the important aspects of geriatric care that you can then put into practice in seeing patients.

**Palliative Care Didactics**

Palliative Care Didactics is held every Tuesday morning from 9:00 AM – 12:00 PM in IPT C5G100 with a member of the Palliative Care faculty. The purpose of this conference is to discuss topics pertinent to end-of-life care. Attendance at this conference is mandatory.

**EDUCATIONAL METHODS**

Direct observation of patient care and bedside teaching occur in the setting of daily outpatient encounter with indirect supervision from the attending. Residents evaluate and treat patients both in the capacity of follow-up as well as initial evaluation. The supervising attending reviews and

critiques the resident's interpretation of diagnostic studies and formulation of assessments and plans. Residents additionally attend didactic conferences as indicated above. Residents are expected to read the current literature regarding their patient's that have Geriatric diagnoses. Core curriculum on Geriatric topics is delivered in the residency.

### **EDUCATIONAL RESOURCES**

- Geriatric Review Syllabus, 9<sup>th</sup> Edition 2016 (available in the Geriatric Clinic)
- Hazzard WR et al. Geriatric Medicine and Gerontology. Ed. 7, 2017, New York.
- Selected Geriatric Readings/Articles available in clinic.

### **EVALUATION TOOLS**

The attending physician is responsible for providing verbal feedback and must submit evaluations of the resident physicians in MyEvaluations. The attending must meet face-to-face to provide mid-point and end-of-rotation feedback with all of the house officers they evaluate and indicate that discussion on the evaluation form. Evaluations must be completed within one week of completing a rotation. Peer evaluations for other trainees on the team should be completed in a timely manner.



## **PATIENT CARE**

### **LOCATION & PATIENT CHARACTERISTICS**

The LAC+USC Medical Center Geriatric Clinic/Adult Protection Team is located in the Outpatient Building 3p22. This clinic provides care for patients over the age of 65 with multiple medical problems as well as patients under 65 who have a disability. The Adult Protection Team is LAC+USC Medical Center's Elder and Dependent Adult Abuse Response Team. This team cares for victims of abuse, neglect or self-neglect who are over 65 or 18 and older with a physical or mental disability. The internal medicine resident should be aware of the issues involved in abuse and neglect of vulnerable adults and will be exposed to this group of patients as well as geriatric patients.

### **DOCUMENTATION**

All documentation must be completed electronically in ORCHID. Each note needs to end with "Discussed with Attending Dr. [Name]" and be forwarded to the attending on service for review. In ORCHID, please choose the Geriatric Outpatient Provider Note and title the note "Geriatric Clinic."