Geriatric Medicine Fellowship Program

Procedure Manual

Division of Geriatrics and Nutritional Science
Washington University
4950 Children's Place
St. Louis, Missouri 63110
Phone: 286-2700 Fax: 286-2701
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Introduction

This manual is designed to orient fellows (PGY Level 4) to our clinical, educational, and research activities in the Division of Geriatrics and Nutritional Science at Washington University. Please report at the designated time on your first day to our academic offices, located in the Wohl Clinic Building, 3rd floor, 4950 Children's Place, St. Louis, MO 63110.

Educational Goals and Objectives

The fellowship in Geriatric Medicine is designed to expose the fellow to numerous aspects of clinical care, education, and research methodology for older adults. The trainee will participate in a variety of clinical experiences including outpatient geriatric assessments, inpatient geriatric consults, outpatient nursing home-based, and home-based primary care, acute geriatric rehabilitation, and inpatient palliative care. You will also have the opportunity to learn about other disciplines and services, including geropsychiatry, movement disorders, wound care, uro-gynecology, hospice, dentistry, podiatry, and community outreach programs for Alzheimer's disease and related disorders. It is our hope that your fellowship experience will provide a framework and foundation for your future career. We believe our curriculum will ensure the opportunity for you to achieve the knowledge, clinical skills, professional attitudes, and practical experience required of a physician who specializes in Geriatrics. You will meet with the Program Director every three months for feedback. In addition, supervising attendings for the major rotations will provide immediate and direct feedback to you upon completion of each rotation.

The fellowship objectives for the general competency of **Patient Care** (PC) will be for the trainee to effectively and consistently gather and synthesize data from history taking and physical examinations as related to geriatric patients, demonstrate the ability to make diagnostic and therapeutic decisions based on all information, which utilize your clinical judgment and patient preferences, and demonstrate that you can appropriately modify care plans based on the patient's clinical course, patient preferences and cost effectiveness principles. By the end of the year, fellows should demonstrate exceptional **Medical Knowledge** (MK) pertinent to Geriatric Medicine through the ability to recognize common, multifactorial causes for geriatric syndromes, disease presentations that deviate from usual patterns, complex relationships between diseases, provide appropriate interpretation of common screening and diagnostic tests for geriatric patients, develop an understanding of end-of-life care issues and management strategies, and acquire knowledge of the varied mechanisms of disease in patient care. You will gain experience in giving scholarly presentations at our weekly clinical and Topics in Aging conferences, and will complete a research, educational or patient safety project. The goals for **System Based Practice** (SBP) are for you to actively engage in interdisciplinary team care and be able to coordinate aspects of such care, recognize the potential for system errors and advocate for safe and optimal patient care systems, and to reflect and learn from your own clinical decisions that may lead to errors or patient harm. We also expect you to gain an awareness of cost issues relevant to geriatric care, and to incorporate this into clinical decision-making. Lastly, we expect you gain skills in communicating across transitions in care, anticipating patient and caregiver needs, and to be proactive about communicating with other practitioners, team members, patients, and family members to address such needs. **Practice-Based Learning**

Improvement (PBLI) activities will be conducted to regularly provide feedback so that you can self-reflect upon your practice and performance, as an opportunity for learning and self-improvement. You will gain an understanding of the principles and techniques of quality improvement and apply this knowledge to a panel of patients. We expect you to search medical information resources on a regular basis to address questions relevant to your clinical activities, appraise clinical literature, and to eventually be able to translate new information needs into well-formed clinical questions. During the course of your training, you are expected to maintain and/or develop a high degree of **Professionalism** (PROF) by demonstrating empathy, compassion, integrity, accountability, honesty, and to treat other patients and colleagues with the utmost respect. Although many trainees enter with these qualities, mentorship by our faculty should enhance these skills. Geriatricians often encounter ethical dilemmas in clinical practice, and our goal is for you to be able to identify and manage such challenges, and to provide leadership for managing clinical teams, as the need arises. Trainees are expected to willingly acknowledge errors, limitations or areas of weakness, and demonstrate efforts to improve in these areas. We expect all of our trainees to improve in this difficult area. In the area of **Interpersonal and Communication Skills** (ICS), we expect trainees to develop a highly effective and therapeutic relationship with patients and families from a variety of socioeconomic and cultural backgrounds, that includes narrative and nonverbal skills, along with counseling and the provision of education to our patients and families, and to other trainees/colleagues**.** We expect you to maintain health records that are organized, timely, accurate, comprehensive, and effectively communicate clinical reasoning, and demonstrate accurate interpretation of clinical findings.

To ensure you are receiving adequate exposure to a range of geriatric conditions, we require that you keep a log of your patient encounters relative to targeted geriatric syndromes and common age-related disorders (See Clinical Assessments and Screens Log-A).

Evaluation of your performance with regards to ACGME Geriatric Medicine competencies will utilize the following tools: Multi-Source Assessments, the Mini-CEX exam, patient/caregiver feedback surveys, a written examination (passing score is 70%), and a standardized oral examination (See Geriatric Fellowship Evaluation Tools-Appendix B for the description of our assessment tools and the frequency of their administration). You are expected to serve as a member of the Program Evaluation Committee (PEC), which meets once per academic year, typically in early June. You will have an opportunity to provide feedback after each of your clinical rotations and at any time during the fellowship; the PEC committee meeting is an excellent venue to provide such feedback.

Schedule/Absences

A schedule is provided on a monthly basis to organize your week. This is intended as a framework to assist you in organizing your rotations, but allows flexibility for clinical or research experiences as your interests dictate. Your schedule should be updated monthly with a copy provided to the Program Coordinator and Program Director. Please discuss any planned absences with the Program Director in advance, so that any potential schedule

or coverage conflicts can be worked out. You are expected to inform the Program Coordinator of approved absences so that she can make adjustments to call schedules, our Division out-of the-office calendar, etc. Unplanned absences should be communicated to the Program Coordinator, Program Director, and rotation/clinic attending as soon as possible.

Please refer to the GME Consortium Operating Principles (http://gme.wustl.edu/About the GME Consortium/Policy/Pages/GME%20Consortium%20Operating%20Principles.aspx), Appendix E – Leave Policy (http://gme.wustl.edu/About the GME Consortium/Policy/Leave Benefits and Support/Documents/Leave%20Policy.pdf) for more information.

Textbooks and Reading Material

We provide you with your own copies of two books, ***Essentials of Clinical Geriatrics*** and ***Geriatrics at Your Fingertips***. Articles on core topics in Geriatric are available in a shared WUSTLBox folder. We expect you to read the articles in the within the first couple months of your fellowship, and to be familiar with all sections of the books by the end of the year. The Geriatrics library/conference room also has a copy of *Principles of Geriatric Medicine* for your use. It is our only copy so please leave it in the library, or temporarily in your office. The ***AGS Geriatric Review Syllabus*** has multiple choice questions with answers and an extensive bibliography and is available upon request from our Fellowship Coordinator. The online resource ***Up to Date*** is available at no cost to all BJC/WU trainees. We encourage you to obtain an account (free of charge) for the **Portal of Online Geriatrics Education (POGOe)**, which includes a comprehensive collection of educational materials. Geriatric Medicine faculty may request you to complete specific learning modules in POGOe, based on your educational needs.

Major Clinical Rotations

Outpatient Primary Care Clinic (12 months)

This educational experience includes emphasis on management of common primary care geriatric medical problems, health prevention (such as outpatient screening), exposure to managed care, administrative aspects of practice, and interprofessional team work. There is emphasis on clinical assessment skills, including history taking, physical exam, primary and secondary data collection, prioritization, problem solving and decision-making skills, appropriate diagnostic testing, communication skills, and self-directed learning. The fellow will work with an assigned faculty member in an outpatient primary care practice setting and devote at least a 1/2 day a week continuously for 12 months.

Outpatient Primary Care Practice Locations

BJC Medical Group
Charles Crecelius, MD
3009 N. Ballas - #C383
St. Louis, MO 63131

David Ban, MD
3009 N. Ballas - #387
St. Louis, MO 63131

(P) 314-996-4545
(F) 314-996-4546
Email: charles.crecelius@bjc.org
Staff Contact: Ada Austin, Office Manager
Email: Ada.Austin@bjc.org

(P) 314-996-5900
Email: djb3651@bjc.org

Wednesdays – All Day, Tuesday AM, Friday AM

Monday, Tuesday, Thursday – All Day, Wednesday AM

Educational Objectives and Competencies

The goal of the program is to provide experience in the practice of primary care geriatric medicine in an outpatient setting so that upon completion of the fellowship the trainee is well prepared for practice in this venue. Key to the training is an ongoing relationship with the attending for mentorship. The following are the competencies that are evaluated for the primary care rotation(s).

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) including performing a thorough history and physical exam, identifying geriatric syndromes, and eliciting subtle findings from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Can obtain a complete Geriatric Review of Systems, and comprehensive social history. Demonstrates skill in assessments of cognition, gait and balance hearing, vision, musculoskeletal and neurological exam. Can recognize atypical presentations of disease and physical frailty. Can recognize signs of Elder Abuse. Can generate a prioritized differential diagnosis and problem list. Effectively uses the history and exam to minimize the need for further diagnostic testing.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Recognizes disease presentations that deviate from common patterns that require complex decision-making and incorporating diagnostic uncertainty. Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

PC3 Manages patients with progressive responsibility and independence. Provides appropriate preventive care, acute and chronic disease management.

PC4 Demonstrates skill in performing and interpreting noninvasive procedures and/or testing to assess for common geriatric syndromes, including cognitive impairment, depression, fall risk, mobility impairment, nutritional risk, BPH, and osteoporosis risk.

PC5 Appropriately integrates recommendations from other consultants to effectively manage patient care. Communicates effectively with referring providers and other consultants.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for primary care practice of for older adults, including topics/issues such as the physiology of aging, atypical clinical presentation of illness in older adults, pharmacology, multimorbility, and epidemiology. (MK1)

MK2 Understands the rationale, indications for, limitations of, and risks associated with common diagnostic and therapeutic procedures in primary care geriatrics, including cognitive screening, cancer screening. Can interpret screening tests accurately while accounting for limitations and biases. Understands the concepts of pre-test probability and test performance characteristics, as applied to older adult populations. Understands when it is appropriate to forgo testing.

Recognizes limitations in one's knowledge and judgment; asks for help when needed from supervising primary care geriatric attending.

Uses information technology effectively to locate and manage information, in support of self-education in the primary care setting. Readily integrates new information from the fields of geriatrics and gerontology into primary care practice.

System-Based Practices – SBP

SBP2 Recognizes the potential risk for error in the context of the primary care practice and takes necessary steps to mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.

Advocates for safe patient care and optimal patient care systems. Reflects upon and learns from own critical incidents that may lead to medical error.

SBP3 Recognizes external factors that influence a patient's utilization of health care and may act as barrier to cost-effective care.

Utilizes knowledge of entitlements and eligibility for national/regional/local programs to recommend most appropriate, least resource intense, least restrictive sites of care.

Incorporates cost-awareness principles into standard clinical judgments and decision making, including screening tests.

SBP4 Appropriately utilizes available resources in the outpatient or home practice setting to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems.

Actively communicates with past and future health providers and caregivers to ensure continuity of care.

Anticipates needs of the patient, caregivers, and future care providers and takes appropriate steps to address those needs.

Practice-Based Learning and Improvement – PBLI

PBLI1 Regularly self-reflects upon one's practice and performance, and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.

PBLI2 Learns and improves via performance audit.

PBLI3 Learns and improves via feedback..

PBLI4 Learns and improves at the point of care. Routinely translates new medical information needs into well-formed clinical questions. Is able to incorporate the patient's clinical and functional status, goals, and preferences when applying evidenced-based guidelines.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations; demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF2 Accepts responsibility and follows through on tasks.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

Demonstrates ability to discuss and documents goals of care and advance care planning for primary care patients.

Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

PROF4 Exhibits integrity and ethical behavior in professional conduct. Adheres to ethical principles for documentation, follows formal policies and procedures. Acknowledges and limits conflicts of interest. Consistently able to identify and manage conflicts of interest. Can actively manage challenging ethical dilemmas.

Demonstrates integrity, honesty, and accountability to patients, society and the profession of geriatrics.

Interpersonal Communication Skills – ICS

ICS1 Communicates effectively with patients and caregivers. Demonstrates caring and respectful behaviors with older adults and families, and with all members of the health care team. Engages patients in shared decision making in patient care conversations and the plan of care.

Establishes a therapeutic relationship with patients and caregivers, including those of different socioeconomic and cultural backgrounds.

ICS3 Appropriate utilization and completion of health records. Patient specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical information and reasoning.

Medical information and test results/interpretations are effectively and promptly provided to physicians and/or other health care provider, and patients.

Educational Content

The important educational content includes the development of:

- A thorough base of medical knowledge in geriatric medicine and related areas
- Proficiency in the fundamental clinical skills of history-taking and physical examination as they pertain to the older adult
- Proficiency in interpretation of common diagnostic tests and their application in the clinical context
- Appropriate clinical judgment including formulation of a differential diagnosis, prioritization of problems, formulation of diagnostic and therapeutic plans, and demonstrating awareness of risks, benefits and costs in frail older adults
- An ability to cope with uncertainty in medical decision making
- Excellent communication skills with patients, families and members of the multidisciplinary team
- A habit of thoroughness and compulsiveness in outpatient clinical care
- Attention to efficient utilization of resources
- An understanding of the ethical and psychosocial issues in the care of the geriatric patient
- A habit of self-directed learning to keep up with the ever-changing field of geriatric medicine
- An ability to interpret the medical literature critically
- An ability to translate the pertinent literature into clinical practice
- Proficiency in the technical skills necessary for the practice of outpatient geriatric medicine
- Knowledge of primary care in a managed care setting

Patient Characteristics, Clinical Encounters, and Mix of Diseases

The clinical encounters include new patient examinations and follow-up visits. The mix of disease includes the typical outpatient internal medicine issues for older adults (addressing HTN, sensory deprivation, Diabetes, Hypercholesterolemia, etc.) and common geriatric syndromes.

Procedures and Services

You will be expected to administer geriatric screens and assessments when appropriate. Laboratory services are available on site and radiological services are available locally.

Teaching and Evaluations Methods

The designated primary care attending will observe the fellow regularly in order to provide ongoing teaching and feedback and opportunities for role modeling. Methods for teaching include oral presentations to the attending in clinic, review of pertinent physical exam findings by the attending, and review of the written history, physical exam, and care plans by the attending. Informal feedback from the supervising attending is expected throughout

the rotation. Formal feedback from the supervising attending will be provided every three months. Evaluation methods will include the Mini-CEX exam and the Multi-Source Evaluation, and completion of the Clinical Skills and Geriatric Syndromes Checklists.

You will provide an evaluation of the rotation and the attending at 6 and 12 months. The Program Director will meet with you informally on a monthly basis during the first 6 months of the fellowship, to determine if there are any issues related to quality or quantity of the teaching experience.

VA Home-Based Primary Care Program (2 Months)

The VA Home-Based Primary Care (HBPC) program provides interdisciplinary team-based care to homebound and/or otherwise frail and medically complex veterans in the St. Louis area who cannot easily travel to their Clinic appointments. The fellow will rotate for two months with the VA Home-Based Primary Care Program, during which he/she will be responsible for an assigned panel of patients and participation in weekly interdisciplinary team meetings. The fellow will work with an assigned VA HBPC faculty member and devote approximately 2 days a week continuously for 8 weeks.

VA-HBPC Practice Location

Lakshmi Bandi, MD
Medical Director, Home and Community-Based Care (H & CBC)
Jefferson Barracks
Building 53T, Room 115
1 Jefferson Barracks Drive
St. Louis, MO 63125
(P) 314-845-5040
(F) 314-894-5706
lakshmi.bandi@va.gov

Educational Objectives and Competencies of the Rotation:

1) To be familiar with interdisciplinary assessments of older adults in the home setting.
2) To gain proficiency at collaborative, interdisciplinary team management of the frail elderly in the home setting.

Competencies for this rotation are the same as those described above for outpatient primary care, as applicable to home-based primary care, but the emphasis is on the home environment, rather than the community clinic.

Patient Characteristics, Clinical Encounters, and Mix of Diseases

The clinical encounters include new patient examinations and follow-up visits. In addition to typical outpatient internal medicine issues for older adults (addressing HTN, sensory deprivation, Diabetes, Hypercholesterolemia, etc.), and common geriatric syndromes, the

VA HBPC program enrolls patients who are frail and/or have complex medical and psychosocial issues.

Procedures and Services
You will be expected to administer geriatric screens and assessments when appropriate. Laboratory services are available on site and radiological services are available locally.

Teaching and Evaluations Methods
The designated HBPC attending will supervise the fellow weekly to provide ongoing teaching and feedback and opportunities for role modeling. The attending will review the fellow's oral and written history, physical exam, and care plans.

Informal feedback from the supervising attending is expected throughout the rotation. Formal feedback from the supervising attending will be provided at the end of the rotation, using the Multi-Source Evaluation. You will provide an evaluation of the rotation and the attending at the end of the 8-week rotation. The Program Director will meet with you informally on a monthly basis to determine if there are any issues related to quality or quantity of the teaching experience.

Outpatient Geriatric Consultation Clinic (12 Months)

Older Adult Health Center
Center for Advanced Medicine (CAM)
Medicine Multispecialty Center (MMC)
4921 Parkview Place5th Floor, Suite C
Dr. Ellen Binder: Mon PM
Dr. Lenise Cummings-Vaughn: Wed PM
Contact: Barbra Guilford, RN
(P): 747-8647
Email: BGUILFOR@DOM.wustl.edu

You will participate in one half-day session per week for 48 weeks and will work with two different faculty members, each for six months continuously. Our clinical team includes a physician faculty member, nurse specialist, and a PharmD. The clinic is also a training site for Internal Medicine residents and WUSM medical students. New patient evaluations usually take one hour to complete; follow-up visits are 30 minutes; family conferences are allotted 45 minutes. Since we work as a team, it is important for you to observe all staff during your first few weeks of clinic in order to understand their roles and responsibilities. By your third or fourth week, you are expected to perform the assessments with supervision by the attending. Our goal is for you to be able to perform the physician assessment independently (with supervision), and also provide guidance to Internal Medicine residents and students as they learn components of geriatric assessment.

Educational Objectives and Competencies
To provide outpatient Geriatric Medicine consultation services to other health care providers, assess (medically, socially, functionally, and psychologically) frail older adults

and those with cognitive impairment in the outpatient setting, provide management of geriatric syndromes, and work in a multidisciplinary team; to be proficient at leading a family/caregiver meeting; to be able to discuss and document goals of care and advance care planning in the outpatient setting.

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) including performing a thorough history and physical exam, identifying geriatric syndromes, and eliciting subtle findings from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Can obtain a complete Geriatric Review of Systems, and comprehensive social history. Demonstrates skill in assessments of cognition, gait and balance hearing, vision, musculoskeletal and neurological exam. Can recognize atypical presentations of disease and physical frailty. Can recognize signs of Elder Abuse. Can generate a prioritized differential diagnosis and problem list. Effectively uses the history and exam to minimize the need for further diagnostic testing.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Recognizes disease presentations that deviate from common patterns that require complex decision-making and incorporating diagnostic uncertainty. Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

PC3 Manages patients with progressive responsibility and independence. Provides appropriate acute and chronic disease management.

PC4b Demonstrates skill in performing and interpreting noninvasive procedures and/or testing to assess for common geriatric syndromes, including cognitive impairment, depression, fall risk, mobility impairment, nutritional risk, BPH, and osteoporosis risk.

PC5 Provides consultation services for patients with basic and complex geriatric syndromes and age-related morbidities. Appropriately integrates recommendations from other consultants to effectively manage patient care. Communicates effectively with referring providers and other consultants.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for Outpatient Geriatric Consultation of older adults, including topics/issues such as the physiology of aging, atypical clinical presentation of illness in older adults, pharmacology, multimorbility, and epidemiology.

MK2 Recognizes limitations in one's knowledge and judgment; asks for help when needed from supervising Outpatient Geriatric Consultation Clinic attending.

Uses information technology effectively to locate and manage information, in support of self-education in the Outpatient Geriatric Consultation Clinic setting. Readily integrates new information from the fields of geriatrics and gerontology into Outpatient Geriatric Consultation Clinic practice.

System-Based Practices – SBP

SBP1 Understands the roles, responsibilities, and expertise of all team members and effectively partners with other team members.

SBP2 Recognizes the potential risk for error in the context of the Outpatient Geriatric Consultation Clinic practice and takes necessary steps to mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.

Advocates for safe patient care and optimal patient care systems. Reflects upon and learns from own critical incidents that may lead to medical error.

Practice-Based Learning and Improvement

PBLI1 Monitors practice with a goal for improvement. Regularly self-reflects upon one's practice and performance as applied to outpatient geriatrics consultation, and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.

PBLI3 Learns and improves via feedback. Consistently incorporates feedback (solicited and unsolicited) from all members of the interprofessional team, and is able to reconcile disparate or conflicting feedback.

PBLI4 Learns and improves at the point of care. Routinely translates new medical information needs into well-formed clinical questions, as related to outpatient geriatric consultation. Is able to incorporate the patient's clinical and functional status, goals, and preferences when applying evidenced-based guidelines.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing,

ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations; demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Positively acknowledges input of members of the interprofessional team and incorporates that input into care plans, as appropriate.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

Demonstrates ability to discuss and documents goals of care and advance care planning for Outpatient Geriatric Consultation Clinic patients.

Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

Interpersonal Communication Skills – ICS

ICS1 Communicates effectively with patients and caregivers. Demonstrates caring and respectful behaviors with older adults and families, and with all members of the health care team. Engages patients in shared decision making in patient care conversations and the plan of care.

ICS2 Establishes a therapeutic relationship with patients and caregivers, including those of different socioeconomic and cultural backgrounds. Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).

ICS3 Appropriate utilization and completion of health records. Patient specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical information and reasoning.

Medical information and test results/interpretations are effectively and promptly provided to physicians and/or other health care provider, and patients.

Educational Content

Learning how to identify and manage geriatric syndromes, interview, and communication skills with patients and families; understanding the role of a geriatric consultant in the outpatient setting; working effectively in an interdisciplinary team to provide outpatient geriatric services; appropriate referrals and networking with community resources and other physician providers.

Patient Characteristics, Clinical Encounters, and Mix of Diseases

Patients are typically brought to the Older Adult Assessment Clinic by a family member or caregiver. The clinical encounters include new patient consultations and follow-up visits. Common geriatric syndromes that are addressed and managed include; dementia, delirium, incontinence, falls, polypharmacy, depression, malnutrition, and failure to thrive.

Procedures and Services

You will be expected to administer geriatric screens and assessments, as appropriate. You are also expected to become proficient in administering our psychometric test battery, and to be able administer the tests in the event the clinical nurse specialist is not available. Laboratory and radiology services are available on site. Pharm D services are available in the outpatient clinic.

Teaching and Evaluation methods

The faculty attending will directly supervise the fellow during each clinic, allowing for role modeling and ongoing informal feedback. The attending will direct observe the fellow's clinical interviews, physical exams, and conduct of family conferences; review progress notes in the electronic medical record and letters to referring physicians.

Methods for evaluation include the Mini-CEX exam, Multi-Source Assessment, and completion of the Clinical Skills and Geriatric Syndromes Checklists. Formal feedback from the attending will be provided at 3-month intervals, and a summary evaluation at 6 and 12 months. You will formally evaluate the rotation and the attending at 6 and 12 months.

Long Term Care/Nursing Home (12 Months)

Parc Provence
605 Coeur De Ville Ct
St. Louis, MO 63141
Facility Phone: 314-542-2500

Delmar Gardens West
13550 South Outer 40 Road
Chesterfield, MO 63107
Facility Phone: 314-878-1330

Faculty: Lenise Cummings-Vaughn, MD	Faculty: Charles Crecelius, MD
Medical Director: David Carr, MD	Medical Director: Charles Crecelius, MD
Wednesday AM and Friday PM	Monday AM or Thursday PM

You will have two 6-month longitudinal clinical experiences, at each of two nursing home sites, with an assigned panel of nursing home patients for whom you will provide primary care, under the supervision of a faculty attending. Nursing home rounds are conducted during a one half-day session per week. At the Parc Provence nursing home site, you will typically supervise the Internal Medicine residents (usually two) and medical students on the Geriatrics rotation.

Educational Objectives and Competencies

To obtain experience in management and treatment of common diseases and issues in the long term care setting (LTC); to become proficient in discussing and documenting goals of care and advanced care planning; to be able to manage end-of-life care issues and understand the roles and responsibilities of hospice staff in the LTC setting; to be proficient in managing dementia and related behavioral symptoms in the LTC setting. Our goal is for you to take responsibility for physician assessments, and also to provide guidance to Internal Medical residents and medical students as they learn about primary care in the nursing home setting. The competencies for this rotation are as follows:

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) including performing a thorough history and physical exam, identifying geriatric syndromes, and eliciting subtle findings from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Recognizes disease presentations in the nursing home population that deviate from common patterns that require complex decision-making and incorporating diagnostic uncertainty. Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

PC3 Manages patients with progressive responsibility and independence. Provides appropriate preventive care, acute and chronic disease management.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care primary care of older adults in the long-term care setting.

MK2 Understands the rationale, indications for, limitations of, and risks associated with common diagnostic and therapeutic procedures in Long Term Care patient population. Understands when it is appropriate to forgo testing.

Recognizes limitations in one's knowledge and judgment; asks for help when needed from supervising Long Term Care/Nursing Home geriatrics attending.

Uses information technology effectively to locate and manage information, in support of self-education in the long-term primary care setting. Readily integrates new information from the fields of geriatrics and gerontology into Long Term Care/Nursing Home practice.

System-Based Practices – SBP

SBP1 Understands the roles, responsibilities, and expertise of all team members and effectively partners with other team members.

SBP2 Recognizes the potential risk for error in the context of the Long Term Care/Nursing Home practice and takes necessary steps to mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.

Advocates for safe patient care and optimal patient care systems. Reflects upon and learns from own critical incidents that may lead to medical error. ()

SBP3 Recognizes external factors that influence a patient's utilization of health care and may act as barrier to cost-effective care.

Utilizes knowledge of entitlements and eligibility for national/regional/local programs to recommend most appropriate, least resource intense, least restrictive sites of care.

Incorporates cost-awareness principles into standard clinical judgments and decision making, including screening tests.

SBP4 Transitions patients effectively within and across health delivery systems. Appropriately utilizes available resources in the outpatient or home practice setting to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems.

Actively communicates with past and future health providers and caregivers to ensure continuity of care.

Anticipates needs of the patient, caregivers, and future care providers and takes appropriate steps to address those needs.

Practice-Based Learning and Improvement – PBLI

PBLI1 Monitors practice with a goal for improvement. Regularly self-reflects upon one's practice and performance and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.

PBLI2 Learns and improves via performance audit.

PBLI3 Learns and improves via feedback. Consistently incorporates feedback (solicited and unsolicited) from all members of the interprofessional team, and is able to reconcile disparate or conflicting feedback.

PBLI4 Learns and improves at the point of care. Routinely translates new medical information needs into well-formed clinical questions, as related to the long-term care and SNF care settings. Is able to incorporate the patient's clinical and functional status, goals, and preferences when applying evidenced-based guidelines.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations; demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Positively acknowledges input of members of the interprofessional team and incorporates that input into care plans, as appropriate.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF2 Accepts responsibility and follows through on tasks.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

Demonstrates ability to discuss and documents goals of care and advance care planning for Long Term Care/Nursing Home patients.

Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

PROF4 Exhibits integrity and ethical behavior in professional conduct. Adheres to ethical principles for documentation, follows formal policies and procedures. Acknowledges and limits conflicts of interest. Consistently able to identify and manage conflicts of interest. Can actively manage challenging ethical dilemmas.

Demonstrates integrity, honesty, and accountability to patients, society and the profession of geriatrics.

Interpersonal Communication Skills – ICS

ICS1 Communicates effectively with patients and caregivers. Demonstrates caring and respectful behaviors with older adults and families, and with all members of the health care team. Engages patients in shared decision making in patient care conversations and the plan of care.

Establishes a therapeutic relationship with patients and caregivers, including those of different socioeconomic and cultural backgrounds.

ICS2 Uses effective listening and interviewing skills; is sensitive to subtle or nonverbal cues in older adult patients such as those with sensory deprivation and/or dementia.

Uses verbal, non-verbal and written communication consistently to work effectively with others as a member or leader of a geriatric health care team, and enhance patient care.

ICS3 Appropriate utilization and completion of health records. Patient specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical information and reasoning.

Medical information and test results/interpretations are effectively and promptly provided to physicians and/or other health care provider, and patients.

Principal Teaching Methods

Rounds with the attending are conducted on a weekly basis on site at the LTC facility. The fellow is responsible for organizing rounds and managing a panel of approximately 25-30 patients at Parc Provence, and a smaller number of patients at Delmar Gardens. The attending will observe the fellow weekly, allowing for ongoing feedback and opportunities and for role modeling during rounds. Additional learning opportunities include didactic sessions with the attending, review of relevant journal articles, and review of written history, physicals, and progress notes by the attending.

Educational Content

You will learn approaches to diagnosis and treatment of acutely and chronically ill/frail elderly in a less technologically sophisticated environment than the acute-care hospital, work within the limits of a decreased staff-patient ratio compared with acute-care hospitals, manage or co-manage psychiatric symptoms related to dementia and depression, manage communication related to end-of-life issues, and supervise end-of-life care in the LTC setting.

Patient Characteristics, Clinical Encounters, and Mix of Diseases

Nursing home patients have the typical geriatric syndromes, but also have a significant number of common internal medicine illnesses (CHF, COPD, DM, HTN). The clinical encounters include new patient evaluations and follow-up visits. Common geriatric syndromes that are addressed and managed include; dementia, delirium, incontinence, falls, polypharmacy, depression, malnutrition, and failure to thrive.

Procedures and Services

You will be expected to administer geriatric screens and assessments, as appropriate. Laboratory services and some radiological services, including portable x-rays and arterial/venous Doppler exams are available on site. When necessary, more sophisticated tests such as MRIs, CTs, DEXA exams are performed at a local hospital as directed by the family, although we prefer that a BJC-affiliated hospital be used for our patients because we can view test results using Clinical Desktop software.

Evaluation Methods

Methods for evaluation include the Mini-CEX, Multi-Source Assessment, and completion of the Clinical Screens and Assessments Logs. You will receive formal feedback from the

attending at 3-month intervals and a summary evaluation at 6 months. You will formally evaluate the rotation and the attending every six months.

PARC PROVENCE NEWSLETTER

Parc Provence has a family newsletter that is produced quarterly. You are required to write an article for the newsletter in lay language on a topic related to dementia or long-term care. Please refer to the list of topics that have been covered in the past. This aspect of the fellowship is intended to develop your written communication skills, as directed to patients and families.

Inpatient Consult Service (6, 1-Month Rotations)

The Inpatient Geriatric Consultation Service serves patients at Barnes-Jewish Hospital and The Rehabilitation Institute of St. Louis (TRISL). The geriatric fellow is responsible for managing the consultation team in collaboration with the attending faculty member. The team usually includes medical residents and students. Consultations are typically provided on the day of the request, although sometimes within 24-36 hours, depending upon the reason for the request and the schedule of the consult attending and/or fellow on a particular day. Each fellow will complete six one-month rotations on the consult service over the course of the 12-month fellowship period, with the goal of completing at least 25 consultations over the course of the fellowship.

Procedure

Consult Intake

- The requesting team will page fellow assigned to the consult service with a new consult.
- Gather the following information:
    - Patient's name _____
    - Date of birth
    - Hospital room number
    - Attending for the patient
    - Question/reason for consult
- There will be an IM resident assigned to consults everyday (unless otherwise noted). Based on availability and urgency, it will be the decision of the fellow as to whether they will see the consult themselves or delegate it to the IM resident assigned to consults that day. It is suggested that the fellow on service complete the first consult called each week to ensure they are meeting the requirement of 25 consults for the year.
- Use EMR to look-up the patient
- You may need to, or instruct the resident to, contact the collateral source, family member or caregiver for the patient
- After information has been collected, go see the patient.

- To help determine where a patient is located, the following should be used as a guide to which elevator to take (note: X = the floor #)
    - X-100: Queeny Tower
    - X-200, -300: Rand Johnson/West Pavilion
    - X-400: Central
    - X-500: Est Pavilion
    - X-900: Schoenberg/CAM

- ALL psychometrics (SBT, Clock and Trails) MUST be completed PRIOR to contacting the attending to staff
- You will need to take patient stickers from the patient's chart for the coordinator to track consults
- You will need to log ALL inpatient consults that are completed while you are on the consult service (electronic log provided on WUSTLBox)
- You should use guidelines and journal articles to help guide your decision making.

Staffing

- You should feel free to contact the attendings by email about cases,
    - Attendings do not mind answering questions about management.
- Once ALL psychometrics (SBT, Clock and Trails) are completed, you or the resident will contact the attending and ALL OTHER CONSULT TEAM MEMBERS to staff (IM residents, medical students and attending)
- The fellow/resident completing the work-up on the patient will sign the note in COMPASS

Educational Objectives and Competencies

To provide consultation services for older adults in the inpatient setting, provide comprehensive inpatient geriatric assessments, assist with management of geriatric syndromes, and provide guidance for appropriate level and location of care at discharge.

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) including performing a thorough history and physical exam, identifying geriatric syndromes, and eliciting subtle findings from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Can obtain a complete Geriatric Review of Systems, and comprehensive social history. Demonstrates skill in assessments of cognition, gait and balance hearing, vision, musculoskeletal and neurological exam. Can recognize atypical presentations of disease and physical frailty. Can recognize signs of Elder Abuse. Can generate a prioritized differential

diagnosis and problem list. Effectively uses the history and exam to minimize the need for further diagnostic testing.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Recognizes disease presentations that deviate from common patterns that require complex decision-making and incorporating diagnostic uncertainty. Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

PC5 Provides consultation services for patients with basic and complex geriatric syndromes and age-related morbidities. Appropriately integrates recommendations from other consultants to effectively manage patient care. Communicates effectively with referring providers and other consultants.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for Inpatient Consult Service practice of for older adults, including topics/issues such as the physiology of aging, atypical clinical presentation of illness in older adults, pharmacology, multimorbility, and epidemiology.

MK2 Recognizes limitations in one's knowledge and judgment; asks for help when needed from supervising Inpatient Consult Service geriatric attending.

Uses information technology effectively to locate and manage information, in support of self-education in the Inpatient Consult Service setting. Readily integrates new information from the fields of geriatrics and gerontology into Inpatient Consult Service practice.

System-Based Practices – SBP

SBP2 Advocates for safe patient care and optimal patient care systems. Reflects upon and learns from own critical incidents that may lead to medical error.

SBP3 Recognizes external factors that influence a patient's utilization of health care and may act as barrier to cost-effective care.

Utilizes knowledge of entitlements and eligibility for national/regional/local programs to recommend most appropriate, least resource intense, least restrictive sites of care.

Incorporates cost-awareness principles into standard clinical judgments and decision making, including screening tests.

Practice-Based Learning and Improvement – PBLI

PBLI1 Monitors practice with a goal for improvement. Regularly self-reflects upon one's practice and performance and consistently acts upon those reflections to improve practice. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.

PBLI3 Learns and improves via feedback. Consistently incorporates feedback (solicited and unsolicited).

PBLI4 Learns and improves at the point of care. Routinely translates new medical information needs into well-formed clinical questions, as related to in-patient geriatric consultation. Is able to incorporate the patient's clinical and functional status, goals, and preferences when applying evidenced-based guidelines.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations; demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF2 Accepts responsibility and follows through on tasks.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

Interpersonal Communication Skills – ICS

ICS1 Communicates effectively with patients and caregivers. Demonstrates caring and respectful behaviors with older adults and families, and with all members of the health care team.

ICS3 Appropriate utilization and completion of health records. Patient specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical information and reasoning.

Medical information and test results/interpretations are effectively and promptly provided to physicians and/or other health care provider, and patients.

Principal Teaching Methods

Methods for learning include oral presentations to the attending and other trainees, review and discussion of consult and progress notes by the attending, didactic sessions with the attending, and the Mini-CEX exam.

Patient Characteristics, Clinical Encounters, and Mix of Diseases

Common geriatric syndromes that are addressed and managed include; dementia, delirium, incontinence, falls, polypharmacy, depression, malnutrition, and failure to thrive.

Procedures and Services

You will be expected to administer geriatric screens and assessments when appropriate. Laboratory services and radiological services are available on site. The full range of services is available, as expected for a tertiary referral center.

Evaluation Methods

Faculty assigned to the Inpatient Consult Service will observe the fellow directly and provide ongoing feedback and opportunities for role modeling. The attending will formally assess your performance and provide direct feedback at the end of each 1-month rotation. You will also formally evaluate the rotation and the attending at the end of each 1-month rotation. The Program Director will meet with you periodically to determine if there are any issues related to quality or quantity of the teaching experience.

Geriatric and Stroke Inpatient Rehabilitation (4 weeks)

The Rehabilitation Institute of St. Louis (TRISL)
4455 Duncan Avenue
St. Louis, MO 63110
Facility Phone: 314-658-3800
Faculty Contact: David Carr, M.D.

You will participate in a four-week rotation at The Rehabilitation Institute of St. Louis (TRISL), which is an acute inpatient rehabilitation facility (IRF). The rotation can be

completed as one 4-week block, or two 2-week blocks, though our preference is for a 4-week block because of enhanced continuity of care and learning. Your experience at TRISL will be focused on inpatient primary care of the older adults with stroke, general deconditioning, or other neurological disease. You will be assigned a panel of 4-5 older adult inpatients to manage under the supervision of a TRISL/Stroke Service attending. You are expected to perform a limited or comprehensive examination (as appropriate), complete a problem list and care plan, and write admission and progress notes using an electronic medical record (EMR). Admission and discharge summaries are dictated. Participation in weekly interdisciplinary care rounds is expected.
TRISL is located on the WU Medical Center Campus.

Please contact Amanda Conway at Amanda.Conway@healthsouth.com for an introduction to the electronic records system and passwords to access the system.

***You may be excused from some regular program activities during this block, so PLEASE notify the appropriate attending (Geriatric Assessment clinic, some Nursing Home, Primary Care sessions.) if you cannot be available during a particular week. You are expected to attend required conferences during this block, so long as it does not disrupt Rehab duties.

Educational Objectives and Competencies

1. To be familiar with the Functional Independence Measure (FIM) including assessment and scoring methodology and utilization for patients treated in acute rehabilitation facilities (ARF);
2. To be able to evaluate the patient's psychosocial setting, cognitive function, affect, and communication ability, and to determine the effect these may have on rehabilitation and discharge potential;
3. To understand the expertise, and specific role of each member of the rehabilitation interdisciplinary team; to be familiar with the process for the development, review, and revision of each patient's rehabilitation goals, including discharge planning, in consultation with other team members, the patient and family;
4. To be familiar with the principles therapeutic exercise, including indications and contraindications;
5. To understand the indication for, and appropriate use of equipment such as canes, walkers, wheelchairs, and adaptive devices.
6. To know the evidenced-based medicine regarding state-of-the-art treatment for neglect, spasticity, aphasia, and incontinence.

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) including performing a thorough history and physical exam, identifying geriatric syndromes, and eliciting subtle findings

from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Recognizes disease presentations that deviate from common patterns that require complex decision-making and incorporating diagnostic uncertainty. Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

PC3 Manages patients with progressive responsibility and independence. Provides appropriate preventive care, acute and chronic disease management.

PC4b Demonstrates skill in performing and interpreting noninvasive procedures and/or testing to assess for common geriatric syndromes, including cognitive impairment, depression, fall risk, mobility impairment, nutritional risk, BPH, and osteoporosis risk.

PC5 Appropriately integrates recommendations from other consultants in order to effectively manage patient care.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for Geriatric and Stroke Inpatient Rehabilitation practice of for older adults, including topics/issues such as the physiology of aging, atypical clinical presentation of illness in older adults, pharmacology, multimorbility, and epidemiology.

MK2 Recognizes limitations in one's knowledge and judgment; asks for help when needed from supervising Geriatric and Stroke Inpatient Rehabilitation geriatric attending.

Uses information technology effectively to locate and manage information, in support of self-education in the Geriatric and Stroke Inpatient Rehabilitation setting. Readily integrates new information from the fields of geriatrics and gerontology into Geriatric and Stroke Inpatient Rehabilitation practice.

System-Based Practices – SBP

SBP1 Understands the roles, responsibilities, and expertise of all team members and effectively partners with other team members.

SBP2 Recognizes the potential risk for error in the context of the Geriatric and Stroke Inpatient Rehabilitation practice and takes necessary steps to mitigate that risk. Willing to receive feedback about decisions that may lead to error or otherwise cause harm.

Advocates for safe patient care and optimal patient care systems. Reflects upon and learns from own critical incidents that may lead to medical error.

SBP3 Recognizes external factors that influence a patient's utilization of health care and may act as barrier to cost-effective care.

Incorporates cost-awareness principles into standard clinical judgments and decision making, including screening tests.

SBP4 Transitions patients effectively within and across health delivery systems. Appropriately utilizes available resources in the outpatient or home practice setting to coordinate care and manage conflicts to ensure safe and effective patient care within and across delivery systems.

Actively communicates with past and future health providers and caregivers to ensure continuity of care.

Anticipates needs of the patient, caregivers, and future care providers and takes appropriate steps to address those needs.

Practice-Based Learning and Improvement – PBLI

PBLI1 Monitors practice with a goal for improvement. Recognizes sub-optimal practice or performance as an opportunity for learning and self-improvement.

PBLI3 Learns and improves via feedback. Consistently incorporates feedback (solicited and unsolicited) from all members of the interprofessional team, and is able to reconcile disparate or conflicting feedback.

PBLI4 Learns and improves at the point of care. Routinely translates new medical information needs into well-formed clinical questions, as related to inpatient rehabilitation practice. Is able to incorporate the patient's clinical and functional status, goals, and preferences when applying evidenced-based guidelines.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations;

demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Positively acknowledges input of members of the interprofessional team and incorporates that input into care plans, as appropriate.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF2 Accepts responsibility and follows through on tasks.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

PROF4 Exhibits integrity and ethical behavior in professional conduct. Adheres to ethical principles for documentation, follows formal policies and procedures. Acknowledges and limits conflicts of interest. Consistently able to identify and manage conflicts of interest. Can actively manage challenging ethical dilemmas.

Demonstrates integrity, honesty, and accountability to patients, society and the profession of geriatrics.

Interpersonal Communication Skills – ICS

ICS1 Communicates effectively with patients and caregivers. Demonstrates caring and respectful behaviors with older adults and families, and with all members of the health care team. Engages patients in shared decision making in patient care conversations and the plan of care.

Establishes a therapeutic relationship with patients and caregivers, including those of different socioeconomic and cultural backgrounds.

ICS2 Uses effective listening and interviewing skills; is sensitive to subtle or nonverbal cues in older adult patients such as those with sensory deprivation and/or dementia.

Uses verbal, non-verbal and written communication consistently to work effectively with others as a member or leader of a geriatric health care team, and enhance patient care.

ICS3 Appropriate utilization and completion of health records. Patient specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical information and reasoning.

Medical information and test results/interpretations are effectively and promptly provided to physicians and/or other health care provider, and patients.

Principal Teaching Methods

The designated TRISL attending will observe the fellow during daily rounds allowing for ongoing feedback opportunities. Methods for teaching include oral presentations to attending during rounds and review of admission and progress notes by the attending, didactic sessions with the attending, participating in IDT meetings.

Educational Content

As a fellow at TRISL, you will learn how to provide appropriate acute medical rehabilitation care for older adults and address geriatric syndromes while enhancing mobility and independence in the ARF setting; learn approaches to diagnosis and treatment of acutely and chronically ill frail elderly in a less technologically sophisticated environment than the acute-care hospital; work within the limits of a decreased staff-patient ratio compared with acute-care hospitals; have familiarity physical medicine practices and evidence-based guidelines, and ARF services; function effectively in an interdisciplinary team to provide optimal patient care.

Patient Characteristics, Clinical Encounters, and Mix of Diseases

The fellow will become familiar with the assessment and rehabilitation of those conditions most frequently seen in medicine geriatric patients: disabilities caused or aggravated by immobilization, deconditioning and restricted activities, malnutrition, adverse drug reactions, stroke, including characteristics of right- and left-sided lesions, Parkinson's syndrome, arthritis with impaired mobility of the back, knees, hips, shoulders, or other joints, spinal stenosis, Paget's disease, osteoporosis, cervical or lumbar spondylosis, fractures of the hip, arm or vertebrae, joint replacement of the knee or hip, lower extremity amputation, and stump care.

Procedures and Services

The fellow is expected to administer geriatric screens and assessments when appropriate. Laboratory and radiological services are available on site or at Barnes-Jewish hospital. Patients are transferred to Barnes-Jewish Hospital for emergency care or dialysis services.

Evaluation Methods

The designated rehab attending will observe the fellow regularly allowing for ongoing feedback opportunities and for role modeling. Methods for teaching include oral presentations to the attending during rounds, reviewing pertinent physical exam findings, review of written history and physicals by the attending. The attending will assess your performance and give you direct feedback at the end of your rotation and also complete a Multi-Source Assessment. Additionally, you will be evaluated via the written exam at the end of your training.

Inpatient Palliative Care (4 weeks)

Barnes Jewish Hospital South
Queeny Tower Building, Suite 3320
Service pager: 747-4462 (7-4GOC)
Faculty: Maria Dans, MD, Medical Director
Pager: 360-4349

The Palliative Care Service at Barnes-Jewish Hospital is an interdisciplinary professional team that addresses many facets of care for patients with life-limiting diagnoses. The team consists of physicians, nurse practitioners, social workers, and chaplains; they work together to support patients and their families by providing symptoms relief, including pain, and psycho-social or spiritual distress. Trainees participate on this rotation for one 4-week block, working as a member of the inpatient Palliative Care Consult Service. You are expected to work as an active physician member of the inpatient Palliative Care Consult Team, perform comprehensive assessments as related to palliative care issues, make follow-up inpatient visits on your assigned patients, attend daily rounds, family meetings, and interdisciplinary team meetings.

***You will be excused from some regular program activities during this block, so PLEASE notify the appropriate attending (Geriatric Assessment Clinic, some primary care and nursing home sessions) that you will not be available. You are expected to attend required conferences during this block, so long as it does not disrupt Palliative Care duties.

Educational Objectives and Competencies

1. Pain and other symptoms
    a. Assessment and management of pain syndromes
    b. Assessment and management of common non-pain symptoms, including expected adverse effects of pain medications

c. Basic pharmacology of NSAIDs, opioids, and adjuvant analgesics
d. Concepts of tolerance, physical dependence, and addiction
e. Non-pharmacologic pain management techniques, including both behavioral and procedural options
f. Unique uses and routes of administration of medications for comfort

2. Psychological & Spiritual dimensions of care
    a. Identification of psychological issues associated with life-limiting diagnoses
    b. Identification of social and cultural issues associated with life-limiting diagnoses
    c. Identification of spiritual and existential needs of patients and families dealing with chronic illness
    d. Differences & areas of overlap in each of the roles of Palliative Care team members
3. End of Life issues
    a. Strategies for communicating effectively with patients and families about difficult subjects
    b. Common symptom complexes during the last hours of life
    c. Anticipatory grief and bereavement
    d. Stress-reduction techniques for caregivers (including health care professionals)
    e. Timely and appropriate use of consultation of other medical sub-specialties
    f. Exploration of cultural, societal, and personal attitudes toward death and dying

The competencies of the palliative care rotation are as follows:

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) and goals of care, including performing a thorough medical and social history and physical exam, and eliciting subtle findings from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Recognizes disease presentations that deviate from common patterns that require complex decision-making and incorporating diagnostic uncertainty.

Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

PC3 Manages patients with progressive responsibility and independence. Provides appropriate preventive care, acute and chronic disease management.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for Inpatient Palliative Care practice of for older adults, including topics/issues such as the physiology of aging, atypical clinical presentation of illness in older adults, pharmacology, multimorbility, and epidemiology.

System-Based Practices – SBP

SBP1 Understands the roles, responsibilities, and expertise of all team members and effectively partners with other team members.

Practice-Based Learning and Improvement – PBLI

PBLI3 Learns and improves via feedback. Consistently incorporates feedback (solicited and unsolicited) from all members of the interprofessional team, and is able to reconcile disparate or conflicting feedback.

PBLI4 Learns and improves at the point of care. Routinely translates new medical information needs into well-formed clinical questions, as related to outpatient geriatric consultation. Is able to incorporate the patient's clinical and functional status, goals, and preferences when applying evidenced-based guidelines.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations; demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Positively acknowledges input of members of the interprofessional team and incorporates that input into care plans, as appropriate.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF2 Accepts responsibility and follows through on tasks.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

Demonstrates ability to discuss and documents goals of care and advance care planning for Inpatient Palliative Care patients.

Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

PROF4 Exhibits integrity and ethical behavior in professional conduct. Adheres to ethical principles for documentation, follows formal policies and procedures. Acknowledges and limits conflicts of interest. Consistently able to identify and manage conflicts of interest. Can actively manage challenging ethical dilemmas.

Demonstrates integrity, honesty, and accountability to patients, society and the profession of geriatrics.

Interpersonal Communication Skills – ICS

ICS1 Communicates effectively with patients and caregivers. Demonstrates caring and respectful behaviors with older adults and families, and with all members of the health care team. Engages patients in shared decision making in patient care conversations and the plan of care.

Establishes a therapeutic relationship with patients and caregivers, including those of different socioeconomic and cultural backgrounds.

ICS2 Uses effective listening and interviewing skills; is sensitive to subtle or nonverbal cues in older adult patients such as those with sensory deprivation and/or dementia.

Uses verbal, non-verbal and written communication consistently to work effectively with others as a member or leader of a geriatric health care team, and enhance patient care.

ICS3 Appropriate utilization and completion of health records. Patient specific health records are organized, timely, accurate, comprehensive, and effectively communicate clinical information and reasoning.

Medical information and test results/interpretations are effectively and promptly provided to physicians and/or other health care provider, and patients.

Principal Teaching Methods

The Palliative Care attending will provide clinical teaching and role-modeling during daily rounds and team meetings. Trainees will also spend time working with members of each of the various disciplines represented on the Palliative Care team. The Palliative Care attending will provide prompt feedback on the trainees' presentations, consult notes, and interactions with healthcare professionals, patients, and families. Trainees should review the literature on topics pertinent to the care of patients on the service in order to provide a short presentation to the Palliative Care team during rounds, as assigned by the attending.

Patient Characteristics, Clinical Encounters, and Mix of Diseases

Similar to other consultative services, new consults and follow-ups will be assigned; this service, however, will focus on participation in interdisciplinary care of patients, including family conferences and team meetings. Most patients have incurable and frequently life-limiting illness; for some, the condition is chronic; for others, it represents a new diagnosis.

Educational Materials

Resources include journal articles provided by the attending physicians, residents, house officers, and medical students; palliative care journals, textbooks and the UNIPAC and EPEC materials (copies of all of these may be found in the Palliative Care Service office); as well as online resources, formal didactics, and conferences.

Evaluation Methods

You will receive feedback throughout the course of your rotation from the Palliative Care attending and members of the multidisciplinary team. You will be evaluated by the Palliative Care attending at the end of the rotation, and you will have the opportunity to provide your evaluation of the rotation through the Multi-Source Assessment. If you have comments or suggestions regarding the Palliative Medicine Rotation at any time, please contact the Palliative Care Medical Director.

Outpatient Geropsychiatry (8 sessions)

Practice Location: 1201 Bellevue Ave.
St. Louis, MO 63117 Phone: 647-4488

Faculty Contact: Dr. Adam Sky

In addition, we have a clinical experience with Dr. Adam Sky, a private practitioner that was trained in the geropsychiatry program at St. Louis University. This hands-on experience will last for eight (8) ½ days during your fellowship. The goals are to provide fellows with the knowledgebase, skills, and attitudes needed to properly manage patients with common co-existing psychiatric disorders encountered in a typical Internal Medicine practice. In addition, fellows should know which patients with underlying psychiatric problems may be managed by a general internist and which patients require emergent and non-emergent referral to a psychiatrist.

Educational Objectives and Competencies

1. To conduct an effective psychiatric interview in the evaluation of older adults with sensitivity to social and environmental issues that are common in this population.
2. Know important depression inventory questions and mental status examination
3. To increase general knowledge in the recognition/identification of various dementias and other psychiatric illnesses in older adults.
4. To gain knowledge of the various pharmacological modalities used in treating psychiatric and behavioral disorders in older adults and the literature related to their indications, effectiveness and possible side-effects.
5. To learn psychosocial assessment of caregivers, and the myriad of community services/agencies available for the treatment of psychiatric illnesses in older adults.
6. Know the indications for geropsychiatry and neuropsychological referral and for electroconvulsive therapy.

Teaching Methods

You will learn by reading the core syllabus and didactic lectures, but will also gain knowledge with your clinical experiences in other areas. It is anticipated that you will read and review the literature on topics pertinent to your specific cases.

Educational Content

Learning how to diagnose and treat common psychiatric disorders in the older adult and to become familiar with psychotropic agents that are preferred in the treatment of these disorders.

Patient Care and Procedural Skills – PC

PC1 Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s) including performing a thorough history and physical exam, identifying geriatric syndromes, and eliciting subtle findings from the interview and exam. Can modify communication for history from patients with cognitive, hearing or vision impaired, and obtain reliable information from the patient or an informant.

Utilizes knowledge in clinical reasoning for both common and unfamiliar clinical problems; adapts clinical decision making to the individual patient's situation and preferences.

PC2 Develops and achieves comprehensive management plan for each patient. Seeks additional guidance and/or consultation as appropriate. Considers issues such as home safety, behavioral and psychiatric issues, social and family problems in management plans.

Medical knowledge – MK

MK1 Possesses the scientific, socioeconomic and behavioral knowledge required to provide care for Outpatient Geropsychiatry practice of for older adults, including topics/issues such as the physiology of aging, atypical clinical presentation of illness in older adults, pharmacology, multimorbility, and epidemiology.

Professionalism – PROF

PROF1 Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). Demonstrates empathy, compassion, and respect to all patients and caregivers in all situations; demonstrates a responsiveness to the needs of older adult patients that supersedes self-interest; anticipates, advocates for and proactively works to meet the needs of patients and caregivers

Demonstrates reliability and accountability for clinical tasks, interprofessional communication, and provision of clinical care.

Demonstrates a commitment to excellence and on-going professional development.

Positively acknowledges input of members of the interprofessional team and incorporates that input into care plans, as appropriate.

Recognizes and responds to self, peer and team member maladaptive behaviors and reinforces healthy behaviors.

PROF3 Responds to each patient's unique characteristics and needs. Demonstrates sensitivity and responsiveness to patients' and caregivers' culture, age, gender, and disabilities. Practices culturally sensitive shared decision making. Appropriately modifies care plans to

account for a patient's unique characteristics and needs, including issues of related to cognitive and sensory impairment, multimorbidities, and psychosocial stressors.

Demonstrates ability to discuss and documents goals of care and advance care planning for Outpatient Geropsychiatry patients.

Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

PROF4 Exhibits integrity and ethical behavior in professional conduct. Adheres to ethical principles for documentation, follows formal policies and procedures. Acknowledges and limits conflicts of interest. Consistently able to identify and manage conflicts of interest. Can actively manage challenging ethical dilemmas.

Demonstrates integrity, honesty, and accountability to patients, society and the profession of geriatrics.

Evaluation Methods
You will be given formal direct feedback by the attending physician at the end of your rotation and through the Multi-Source Assessment. You will be expected to fill out an evaluation form at the end of the rotation.

Minor Clinical Rotations

(These rotations involve primarily observation experiences and the fellow will **NOT** be evaluated on ACGME competencies).

Memory and Aging Project (MAP) (2 sessions + CDR training)

Knight Alzheimer's Disease Research Center
4488 Forest Park, Suite 101, 1st Floor (Basement)
St. Louis, MO 63108
Faculty Contact: Dr. Cummings-Vaughn

Thursdays at 1:30pm

The Washington University Memory and Aging Project (MAP) serves as the clinical research and neuropsychological evaluation unit for the Alzheimer's Disease Research Center (ADRC). Research participants are independently living volunteers who are recruited from the community for the longitudinal studies of health aging and dementia. Geriatrics fellows attend Dr. Cummings-Vaughn's MAP clinic ½ day a week, for 2 weeks. To

attain sufficient training for certification in the administration of the Clinical Dementia Rating (CDR) assessment, you are also expected to complete the CDR training tapes. An ADRC staff member will assist you with this process. We strongly encourage you to complete the CDR training within the first month of your fellowship, as we utilize the CDR for assessments in the Older Adult Assessment Center.

Please remember:

- Observers are limited to two, so someone may have to watch tapes, but the Geriatric Fellow will have priority.
- There have been some difficulties in the past with observers either falling asleep or using their cell phones. If we observe anyone doing this, they will be asked to leave. If the residents/fellows park at the meters, they should not excuse themselves during the assessment to add more money to the machine.
- If your schedule changes and you are unable to observe, please let Doris Jones, 314-286-2683; jonesd@abraxas.wustl.edu know in advance.

Memory Diagnostic Center (MDC) Clinic (4 sessions)

Center for Advanced Medicine
4921 Parkview Place
6th Floor, Suite C
St. Louis, MO 63110
Faculty Contact: Dr. David Carr
Tuesdays at 1:00pm

The Memory Diagnostic Center (MDC) provides clinical evaluations for patients with concerns about their memory and cognitive function. Geriatrics fellows attend Dr. Carr's MDC clinic ½ day a week, for four weeks.

Educational Objectives

1. To understand interdisciplinary research assessments of cognitive impairment and dementia, and some of the research opportunities for older adults at the WU ADRC.
2. To learn the WU Clinical Dementia Rating (CDR) instrument, and to be able to apply it to assess standardized patients (videotapes) and clinic patients being evaluated for cognitive impairment.
3. To become familiar with the diagnosis, work-up, and management of Alzheimer's disease and other less common causes of dementia.

Hospice and Home Health Care (4 sessions)

BJC Hospice Program
1935 Belt Way Drive
St. Louis, MO 63114
Colleen Gilmore, RN, MSN, ANP-BC

(P) 314-575-4006
E-mail: crg8391@bjc.org

As part of your fellowship experience you are expected to spend four half-days with the BJC Hospice program, and four half-days with a Physical Therapist affiliated with the BJC Home Care program.

BJC Hospice conducts interdisciplinary team (IDT) meetings weekly on Tuesday and Wednesday mornings at 8:30 a.m. You are expected to attend at least one IDT meeting, to gain an understanding of the format of the program and what is discussed. The remainder of your time is spent accompanying Colleen Gilmore, RN, NP on her rounds visiting hospice patients at home and at nursing home locations. In general, Colleen make hospice rounds on Mondays-Thursdays, but her schedule varies weekly. Please contact Colleen a few weeks in advance of the month that you choose to do your hospice visits. Medical residents and students who rotate on Geriatrics also shadow Colleen, so there will be days when she cannot accommodate extra trainees, including our fellows. Geriatric fellows spend four (4) ½ days with the BJC Hospice Program.

Educational Objectives

1. To understand the guidelines and criteria used for determining the eligibility for hospice care under the Medicare A hospice benefit, and the services provided.
2. To understand the medical and psychosocial management of patients enrolled in a hospice program.

BJC Home Health Physical Therapy (4 sessions)

BJC Home Health Care
BJC Commons

Fridays at 8:30am

Educational Objectives

1. To enhance the understanding of home health principles and practices.
2. To understand the role, responsibilities, and common practices of home-based physical therapists.
3. To understand the referring/supervising physician's role in managing patients who receive home care services.

Subspecialty Clinics

Geriatrics fellows participate in the following subspecialty clinics: Bone Health Center (Osteoporosis), Movement Disorders clinic (Neurology), Uro-GYN clinic (Gynecology), Wound Care service (at TRISL or BJH/General Surgery). Some of these clinical experiences are more observational than others, but are an invaluable part of your fellowship experience. Articles on some of these topics are available in the Dropbox folder.

Bone Health Program (Division of Bone & Mineral Metabolism) (4 sessions)

Center for Advanced Medicine (CAM)
Medicine Multispecialty Center (MMC)
4921 Parkview Place 5th Floor, Suite C
St. Louis, MO 63110
Faculty: Dr. Roberto Civitelli
Email: rcivitel@dom.wustl.edu

2nd and 3rd Mondays of the month

This clinic focuses on the comprehensive evaluation and management of metabolic bone disease, primarily osteoporosis. Geriatrics fellows participate in new patients assessments and follow-up visits, under the supervision of a faculty attending. Geriatric fellows attend four (4) ½ day clinics.

Educational Objectives

1. To understand screening and diagnostic guidelines for osteoporosis in women and men.
2. To understand pharmacological and non-pharmacological strategies to prevent and treat osteoporosis in the elderly.
3. To understand how to interpret DEXA test results for osteoporosis screening and management.

Movement Disorders Clinic (Dept. of Neurology) (4 sessions)

Center for Advanced Medicine (CAM) McMillan Hall, Basement
4921 Parkview Place 6th Floor, Suite C Monday – All Day, Wednesday PM
St. Louis, MO 63110
Wednesday AM
Dr. Brenton Wright

Contact: Amy Bain
(P) 314-362-6908,
baina@neuro.wustl.edu

Fellows participate in new patient and follow-up assessments, under the supervision of a faculty attending. Geriatric fellows attend four (4) ½ day clinics. Dr. Criswell's clinic is on the 3rd Friday of each month.

Educational Objectives

1. To understand how to diagnose and manage common movement disorders in the elderly, especially Parkinson's disease.

2. To be able to detect subtle neurological impairment on physical examination.
3. To understand the side effects of drugs that are used in the treatment of movement disorders, which drugs to avoid which may exacerbate movement disorders, and alternative management strategies.

Female Pelvic Medicine and Reconstructive Surgery (Uro-GYN) Clinic (4 sessions)

Missouri Baptist Medical Center	Center for Advanced Medicine (CAM)
Center for Women's Wellness, Suite 450	4921 Parkview Place
Building D, 4th Floor	13th floor, Suite C
**Preferred location for Geriatric Fellows	
Monday AM, Thursday AM	Monday PM, Wednesday PM

Dr. Chiara Ghetti
Email: ghettic@wudosis.wustl.edu

Contact: Heather Licavoli, Administrative Assistant
(P) 314-747-1402
Email: licavolih@wudosis.wustl.edu

Board certified and fellowship trained female pelvic medicine and reconstructive surgery providers treat women with pelvic floor disorders including: urinary incontinence (including urgency, stress, and mixed and refractory urgency urinary incontinence), pelvic organ prolapse (including uterine, vaginal prolapse and post-hysterectomy vaginal vault prolapse), fecal incontinence, bladder/pelvic pain.

Fellows participate in new patient and follow-up assessments, under the supervision of a faculty attending. Fellows will also have the opportunity to observe office procedures including urodynamic testing and cystoscopy.

Geriatric fellows are to attend a lecture on Urinary Incontinence **(TBD)** and attend four (4) ½-day clinics. **Contact Heather 1 month in advance to arrange attendance in clinic.**

Educational Objectives

1. To understand the outpatient evaluation including obtaining a pertinent history in a patient with a suspected pelvic support defect, urinary incontinence, or fecal incontinence.
2. To become familiar with components of a focused physical examination in patients with urinary incontinence and prolapse, identify specific pelvic support defects and identify pelvic floor musculature.
3. To understand management options including non-surgical and surgical treatment options for urinary incontinence and pelvic floor support defects.

4. To understand indications for referrals, the role of the female pelvic medicine and reconstructive surgeon (urogynecologist) as well as pelvic floor physical therapists in the management of pelvic floor disorders.

Wound Care Services (TRISL and WU) (4 sessions)

Center for Outpatient Health
4901 Forest Park Ave, St. Louis, MO 63108
1st Floor
Dr. John Kirby
(P) 314-362-5298, kirbyj@wudosis.wustl.edu

Contact: Gay Sellers
(P) 314-362-1272, sellersg@wudosis.wustl.edu

Missouri Baptist Medical Center
Wound Healing Center
3015 N Ballas Rd, St. Louis, MO 63131
Dr. Mark Ludwig

Contact: Allison Schilling
(P) 314-203-4978
aws9152@bjc.org

Educational Objectives

1. To understand the various etiologies of wounds; including pressure, PVD, venous stasis, diabetes, and appropriate management strategies.
2. To understand the techniques for wound prevention in the outpatient, LTC, and inpatient setting, and assessment tools used to determine those at-risk.
3. To understand how to properly describe and stage wounds, particularly pressure ulcers.

Fellows receive an overview of wound care services and management from a certified wound care nurse. Fellows participate in new patient and follow-up assessments at the WU/BJC/MOBAP Wound Care clinic, under the supervision of a faculty attending and/or a wound care nurse.
Fellows have the opportunity to participate in rounds on the in-patient Wound Service, though this is optional.

WU Ophthalmology Clinic (1 session)

Washington University Eye Center
Center for Advanced Medicine
4921 Parkview Place, Suite C, 12th Floor
St. Louis, MO 63110

Dr. Rithwick Rajagopal
Email: RajagopalR@vision.wustl.edu

Contact: Kelly Cuellar
(P) 314-747-5848,
CuellarK@vision.wustl.edu

Geriatric fellows attend one clinic with the attending, with a focus on retinal diseases.

Dentistry (online training module)
Details will be provided by the Program Director and Coordinator.

Conferences

Core Curriculum – Journal Club and Clinical Review

When: 1st, 3rd and 4th Monday at 12:00pm
Where: 338 Wohl Clinic Building Conference Room

Core Curriculum – Friedman Center on Aging

When: 2nd Monday at 12:00pm
Where: FL&TC, Rm 214A/B or Danforth Campus – DUC, Rm 276
Required: YES, please sign the attendance sheet.

We hope this experience will allow you to improve in your ability to rigorously review the medical literature and learn about research design and statistics.

Instructions
Oral presentations for our Core Curriculum are scheduled on Mondays at 12:00 noon. You will select one topic in geriatric medicine to focus on for a 30 or 60 minute (depending upon how many trainees are presenting that day) oral presentation, using PowerPoint software.

For Journal Club, the first 10-15 minutes of your presentation will focus on a brief clinical review of the specific content area (e.g. sleep disorders in the elderly); epidemiology, important history, exam findings, differential diagnosis, and if there is time, interventions for common conditions. For the last 15-20 minutes of a 30-minute presentation we expect you to review a recent article on this area, preferably one that might change your management or treatment of this condition in older adults. We would ask that you also provide your opinion on the strengths and limitations of the article.

For Clinical Review sessions, we expect you to provide a more extensive review of a clinical topic, and present information from several relevant articles, although you can utilize a review article to assist you in organizing your talk. You are expected to e-mail the article of your choice to Dr. Birge one week prior to the conference, and arrange a time to meet with him in advance of the Monday conference to discuss the article/topic.

Please email the title of your presentation to the Program Coordinator by the preceding Wednesday at 12:00n and any handouts that you would like copied by

Friday. Your PowerPoint presentation should be emailed to the Program Coordinator by Monday at 8:00am. Please bring your presentation on a flash drive as back-up. The Program Coordinator sets up the laptop in the Division Conference Room by 11:50am.

MANDATORY: Because this is a CME activity, residents/students must complete the annual financial disclosure and Course Faculty Agreement information on line. Go to https://cme.wustl.edu and click on "submit disclosures". You should logon by using your email address and the first-time password is "disclose". If you have made a previous disclosure and do not remember your password, you should contact the CME office at 362-6891 or 362-6521 so your password can be reset. This should be done at least 48 hours prior to your presentation.

Core Curriculum Topics

1. Science of aging: epidemiology, physiology, theories of aging
2. Preventive medicine: nutrition, oral health, exercise, screening
3. Geriatric assessment: cognitive, functional, medical, laboratory
4. Interdisciplinary coordination: care coordination
5. Geriatric Syndromes: depression, falls, incontinence, osteoporosis, sensory impairment, pressure ulcers sleep disorders, pain, elder abuse, malnutrition, functional impairment
6. Geriatric issues associated with common disease: neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, pharmacologic
7. Pharmacological issues associated with aging: polypharmacy, pharmacokinetics, inappropriate drugs in the elderly, cholinergic burden.
8. Psychosocial aspects of aging; family interactions, living arrangements, adjustment disorders
9. Economics of geriatric services: Medicare, Medicaid, Older Americans Act, cost containment.
10. Ethical and legal issue relevant to geriatrics: competency, guardianship, advanced directives, durable power of attorney
11. Geriatric rehabilitation: OT and PT for specific conditions
12. Long-term Care medical and financial issues: patient management, Hospice, Palliative care, regulations, financing.
13. Research methodology: epidemiology, statistics, critical review, level of evidence
14. Perioperative assessment: preoperative assessment, management of specific post-operative conditions, hip fracture
15. Iatrogenic disorders: prevention: cholinergic burden, inappropriate use of drugs
16. Communication skills: patients, families , health professionals
17. Support systems: family, community, organizations, AA
18. Cultural aspects of aging: demographics, ethnicity, culture-specific beliefs and attitudes, role of the interpreter, education, urban vs. rural
19. Home care: resources, financing, components of the home visit
20. Hospice care: pain management, end-of-life issues
21. Psychosocial aspects of geriatric care

Clinical Case Conference

When: 1st and 4th Monday of each month at 11:30am
Where: 338 Wohl Clinic Building Conference Room
Required: YES, please sign the attendance sheet.

Geriatrics fellows are assigned cases to present from the following clinical sites: Older Adult Health Center clinic, Primary Care Geriatrics clinic, Inpatient Geriatric Consult Service, Parc Provence nursing home, and TRISL Rehabilitation service.

Board Review Session

When: 3rd Monday of each month at 11:30am
Where: 338 Wohl Clinic Building Conference Room
Required: YES, please sign the attendance sheet.

Trainees and faculty discuss a set of approximately 10 board review questions from the current Geriatric Review Syllabus.

ADRC Weekly Seminar

When: Tuesday at 12:00pm
Where: East Pavilion Conference Room
Required: YES, please sign the attendance sheet.

This conference focuses on the basic and clinical science of Alzheimer's disease and related disorders. The conference schedule is distributed in September and January. This is an important mandatory conference for all clinically-related topics.

Geriatric and Nutritional Science Noon Research Seminar

When: Thursday at 12:00pm
Where: 213 West Building Conference Room
Required: YES for Research track if doing research with Dr. Klein or Metabolism faculty, please sign the attendance sheet; NO for 1-year clinical fellows.

Medicine Grand Rounds

When: Thursday at 8:00am
Where: Clopton Auditorium
Required: NO, Optional

PODCASTS

Your core curriculum needs will also be provided by downloading podcasts and reviewing key lectures provided by the Department of Medicine at Washington University. The podcast website has many excellent lectures that they provide to the internal medicine residency program that are up to date, concise, evidenced-based, and are pertinent to your growth as a clinician in the field of geriatrics. These lectures are one hour in length and will count as part of your core curriculum lecture series. Although it is understood that many of these lectures were either provided or part of your previous training in internal medicine, we do require your review if you have not had this specific lecture in your training (e.g. recent graduate of the Barnes residency program).

We ask that you provide us with a checklist with the lectures you have reviewed by the end of the fellowship. Please turn this list into Sheila Barry and it is part of your requirement to complete the fellowship.

Patient Safety Quality Improvement (PSQI) Project

All Geriatric Medicine fellows are required to complete a PSQI project under the supervision of Dr. Binder and a faculty mentor. In past years, QI projects have been conducted at Parc Provence, but we encourage projects at any of our training sites. You will work closely with a faculty attending to design your project. We encourage you to attend PSQI training sessions organized by the WU GME office, and to visit the online WUSM Patient Safety Library (see below). Your project proposal must be reviewed and approved by Dr. Binder prior to implementation. To allow sufficient time for initial data collection, data analyses, implementation of an intervention, and repeat data collection/analysis, we strongly advise you to submit your proposal no later than the end of Month 3 (September) of your fellowship year. Our PSQI quarterly conference is designed to assist you with development and implementation of your project. For that conference, you are expected to present/discuss your PSQI proposal, implementation challenges, and results.

Resources: WUSM Patient Safety Library **http://patientsafety.wusm.wustl.edu**
Articles and a template for your project are available in the shared Dropbox PSQI folder.

Research and Teaching

There are numerous opportunities for research related to aging at Washington University. We are involved in several ongoing projects in clinical geriatrics, many of which could provide the basis for research studies. These include nutrition and obesity, drug studies on aging issues, the effect of exercise on aging and frailty, osteoporosis, long term care, medical conditions that affect driving, and case reports of unusual presentations of disease in the elderly. The annual scientific meeting of the American Geriatrics Society is held in May, and provides an excellent forum to present a paper or poster. However, the deadline

for abstracts is December of your fellowship year, so you need to start working on a project early in your fellowship training. Our faculty would be delighted to provide guidance for this type of experience, and encourage your participation in a research project, but this aspect of the rotation is optional. As you progress through your training, you will have the opportunity to teach personnel such as nurses, allied health personnel, medical students, and residents. The fellowship director will ask you to participate in lectures/seminars in a variety of settings, when appropriate. The Becker Medical Library has training courses for database searches, Excel, and EndNote, among others. If you are interested in taking a class, please ask our Program Coordinator for assistance.

Clinician Partners Program (CPP)

Contact: Jennifer Phillips
Phone: (314) 286-2882

The Clinician Partners Program (CPP) is an educational outreach program of the WU Alzheimer's Disease Research Center (ADRC). It is structured as a 3-day "mini-residency" for physicians and other health professionals who provide primary care or specialty services to older adults. The primary goal of the CPP is to enhance clinical training related to the diagnosis, treatment and care of patients with dementia. An important emphasis of the CPP is early detection of Alzheimer's disease (AD) through well-validated clinical interviewing and assessment procedures.

The CPP curriculum encompasses 3 days of training at the Center and includes a mix of didactic, observational, and skill-based educational methods. Clinician Partners learn about the neuropathology and genetics of AD and other dementing disorders, differential diagnosis, diagnostic interviewing and screening procedures, treatment options, and various specialty topics (e.g., Driving & Dementia, Grief & Coping). CPP graduates are encouraged to apply newly learned techniques in support of their patients and to develop an ongoing collaborative relationship with the ADRC.

The CPP course is held in March. There is no formal registration or charge. Please contact Jennifer Phillips at phillipsj@abraxas.wustl.edu to inform of your interest in attending the program.

Job Opportunities

The Program Director and Coordinator will forward information about career opportunities that are sent to their attention to the fellows. Also, the Program Coordinator will put information about career opportunities and job fairs in the fellows' mailboxes.