UBC SPECIALIST IN GERIATRIC MEDICINE TRAINING PROGRAM

Revised July 10, 2008

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Introduction

Goal

To train physicians who have completed their training in Internal Medicine, through a minimum two-year program, to be consultants (specialists) in Geriatric Medicine and certified by the Royal College of Physicians and Surgeons of Canada by examination.

OVERVIEW OF THE PROGRAM

Schedule for the 24 Month Rotation in the Geriatric Medicine Rotation

The Fellowship will be divided into numerous blocks each with specific objectives. There is graded responsibility over the two-year fellowship and over time the resident is expected to demonstrate more autonomy in clinical decision making, leading team meetings and chairing family conferences.

- A minimum time must be spent on the following rotations:
  - A minimum of **3 months** will be spent at the Geriatric Day Hospital at SPH. This will allow fellows to develop expertise in dealing with community based Geriatric Medicine issues.
  - A minimum of **2 months** will be spent on a consultation geriatric medicine service at VGH. This is an acute care emergency driven services.
  - A minimum of **1 month** will be spent on an inpatient geriatric assessment and treatment unit at Providence Health care – SPH/MSJ. Residents will gain experience on inpatient geriatric assessment as the primary physician.
  - A minimum of **1 month** at the UBC expansion site in Victoria Community geriatric Medicine rotation.
  - A minimum of **1 month** in a community geriatric medicine rotation outside Vancouver, which can be in North Vancouver, Burnaby/New Westminster or White Rock. This must include adequate exposure to long term care facilities.
  - A minimum of **2 months** will be spent on ambulatory care geriatric medicine clinics at VGH, UBC and/or Providence health care. It is recommended that residents do a significant portion of their ambulatory care rotation at the end of their training to consolidate expert consultative skills.

All rotations *must* be supervised by Royal College Certified Specialists.

The above time periods are minimums only, and further time on above rotations should be requested and may be recommended to residents depending on desirability, training and career goals or for remediation.

- **Community** and **Long-term Care** objectives must be fulfilled and may be covered during STAT, community and/or ambulatory rotations.
- Three months will be spent in **Geriatric Psychiatry** at Mt. St. Joseph's Hospital, VGH, and community/long term care consultations.
- Two months will be spent in **Physical and Rehabilitation Medicine** at Providence Health care – Holy Family Hospital.
- Northern Outreach - at least 1 trip to the Northern Health Authority region for a Geriatric Medicine clinic of 1-3 days supervised by a Geriatrician

- The remainder of the 24 months are **electives**. The resident may choose to participate in a range of training opportunities. The resident may choose to do further geriatric medicine rotations in Vancouver or throughout BC, N. America or the world. The resident may also do related rotations including Research, geriatric cardiology, Alzheimer Clinic, rheumatology, neurology, Palliative Care.

RESEARCH

- During the program, trainees are expected to undertake a **research** project, either clinical or basic science, depending on individual interests and capabilities. Mentors are designated to facilitate this activity.

CALL

- Residents must participate in 14 weeks total of **call** in their two-year program (prorated if length of training is shorter). This will be equally spent at VHHSC (7 weeks) and Providence Health Care-SPH (7 weeks). When residents are rotating at one of the two hospitals, they are expected to be on call for the two hospitals if they are on service at that site. Residents may otherwise specify the timing of their call weeks, up to a maximum of 1 in 3 weeks for any 2 month duration. Residents are expected to engage in normal call responsibilities at the site of call, including but not exclusively limited to: consultation to emergency and other services, care for admitted patients on a geriatric unit, admissions. Residents will have a geriatric staff person available as back-up at all times. The staff person is expected to review new consultations and admissions with the resident in a timely fashion. Residents are not to be on call for more than one hospital site at once.

TEACHING

- Trainees are expected to **teach** at various levels while in the program and are involved with undergraduate students, residents, continuing medical education programs, community education activities, and programs for other health professionals.
- Residents are expected to lead division rounds on a regular basis during their training.
- Residents are expected to attend and participate in all fellows' academic sessions.

VACATION

- Residents are entitled to 4 weeks of vacation per year, excluding conference leave. Except in special circumstances, vacation must be taken in the academic year in which it is available. Vacation may be taken in one 4-week block to replace a 1 month rotation during the academic year if requested. All vacation requests should be made through the division secretary.

CONFERENCE LEAVE & REIMBURSEMENT

- Residents are entitled to two (2) conference leaves per year, and additional leaves if the resident is presenting at a conference. Residents will be reimbursed for all expenses for one conference in Canada and one in North America (eg. CGS, AGS). Funding is also available for conferences at which the resident is presenting. Alternately, international conferences will be reimbursed on an equivalent basis. Additional days off to travel to and from conferences are included in conference leave as per PAR-BC guidelines.

- Residents are entitled to leave and reimbursement for one Geriatrics Review course (eg.

UCLA, Harvard) in their 2 year residency.

BOOKS & MATERIALS

- The program will provide the AGS Geriatrics Review Syllabus and subscription to Up-to-Date to all residents. Further materials will be provided to residents on request and based on an availability of funding.
- The Oxford Textbook of Geriatrics and/or Hazzard Textbook of Geriatric Medicine will be available to all residents for study and reference.
- Computer access with high-speed internet access will be made available for residents on all core rotations.
- Residents are expected to provide their own physical examination equipment.

EVALUATIONS

All evaluations of residents are managed electronically via WebEval. Supervising attending geriatricians are responsible for providing feedback and evaluation to residents, preferably face to face. The resident is responsible for promptly reviewing all evaluations given and making appeals in a timely fashion. Mid-rotation evaluations are highly recommended.

All residents will complete the required **StACERs** (Standardized Assessment of Clinical Evaluation Reports) preferably in their second year of training. These will be arranged with the help of the Residency Secretary.

REMEDIATION

- Any resident that FAILS in their overall evaluation for a rotation OR has persistent deficiencies in rotations will undergo remediation at the discretion of the Residency Training Committee. A remediation program will be determined by the RTC.

APPEALS

If a resident wishes to appeal an evaluation this should be discussed internally with the RTC. If this process is unsatisfactory and the resident wishes to appeal via UBC the process is reviewed as per the UBC Postgraduate Deans office documents (http://www.med.ubc.ca/education/md_postgrad/Policies.htm)

END OF TRAINING

- At the end of two years of training, trainees who pass all rotations and have no significant persistent deficiencies will receive a passing FITER. The individual is then eligible to sit the **examination** for the Certificate of Special Competence in Geriatric Medicine, given by the Royal College of Physicians and Surgeons of Canada.

- **Subsequent training** is dependent on individual goals and may include further clinical activities, research pursuits, and study at other centres.

OVERALL PROGRAM OBJECTIVES

Medical Expert/Clinical Decision Maker

1. Understand the anatomic and physiologic characteristics of aging.

2. Recognize the impact of environment as it affects the health care of the elderly

3. Diagnose and manage diseases in the elderly:

   (a) Describe multiple disease patterns in the elderly and their relationships.
   (b) Diseases most often seen in the elderly - arteriosclerotic heart disease, Parkinson's Disease, cerebrovascular disease, neoplastic disease, urinary tract disease.

4. Understand and manage the common syndromes seen in the elderly:

   (a) change in mental status including dementia and delirium
   (b) falls and immobility
   (c) incontinence
   (d) polypharmacy
   (e) malnutrition

5. Understand and manage psychological and psychiatric problems of the elderly.

   (a) psychology of aging including grief
   (b) depression
   (c) alcoholism and substance misuse including pharmaceuticals
   (d) dementia

6. Understand and apply the pharmacology principles of drug therapy in the elderly and perform a rationalized drug review.

7. Obtain a history and perform a physical on each elderly patient, taking into account age-adjusted changes.

8. Demonstrate skills in assessment of physical, mental, and social status of elderly patients.

9. Apply age-adjusted standard to X-ray and laboratory data on elderly patients.

10. Understand the principles of rehabilitation in the elderly.

11. Understand management of the terminally ill and the ethical, legal, and discretionary aspects of treating mortal illness and irremedial disability.

12. Understand the impact of research and health care of the elderly. Become familiar with specific clinical literature related to the elderly.

Communicator

1. Demonstrate appropriate communication skills with the elderly and their families, or significant others.
2. Understand the impact of individual values on an elder's health care.
3. Counsel the elderly and make appropriate referrals.
4. Intervene appropriately with the elderly's family and be considerate of their background and beliefs.

Manager

1. Demonstrate an ability to schedule time in and out of the office.
2. Demonstrate physician leadership skills.
3. Understand and develop mechanisms for quality assurance for geriatric services.

Collaborator

1. Appreciate and demonstrate the physician's role as support collaborator within the multifaceted health care system.
2. Understand the multiple roles of support personnel in care of the elderly.
3. Demonstrate respect for the contribution of allied health professional personnel who care for the elderly. Work with support personnel and health care teams in caring for the elderly.
4. Employ community resources, including nursing homes, in an integrated approach with acute and chronic care of the elderly.

Health Advocate

1. Understand the nature of institutions and community resources providing care for the elderly.
2. Understand the organization and structure of health care delivery systems.
3. Recognize that health care of the elderly should not be separated from the mainstream of Canadian medicine.
4. Understand and apply principles of prevention in the elderly, including vaccination, screening, and lifestyle choices

Scholar

1. Demonstrate the ability to critically appraise relevant geriatric literature. Understand the limitations of evidence currently to manage the elderly, particularly those patients in those over age 80.
2. Demonstrate the ability to formulate a clinical question based on practice, and present to division members an answer based on critical appraisal of the appropriate literature.

3. Participate in a research program, including doing a relevant literature review, formulation of a research question and research design to answer the question, and work towards completing the research project.

Professional

1. Recognize and accept personal feelings about providing care for older people.
2. Recognize and accept responsibility for providing care for the elderly.
3. Understand the ethical, legal, and discretionary issues involved in determining the investigation and clinical management of elderly patients.
4. Demonstrate respect for other physicians, professionals and staff.

Geriatric Day Hospital, Providence Health Care Group
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

At the completion of the four month rotation at the Geriatric Day Hospital of St. Paul's Day Hospital, the fellow will have skills and understanding related to the care of elderly patients in the community and the effective use of inpatient versus outpatient care.

1. The Role of Medical Expert
To provide consultation and related follow-up in the community and in the office which takes advantage of the unique structure of a day hospital to closely and comprehensively evaluate and manage community-based patients. To provide appropriate documentation of the consultation and follow-up.

2. The Role of Communicator
To develop a problem-oriented record format both for medical and functional problems.
To meet with family, patient and community to review care plans in family and team meetings.
To effectively lead and participate in family and team meetings, including conflict resolution.

3. The Role of Collaborator
To understand the role of community resources, family doctor and family support in the care of the patient.
To understand the role of the consultant/specialist in Geriatric Medicine and to perform this role in the context of a specialised community-targeted team which is based at an acute care centre.
Demonstrate respect and knowledge of the roles of other team members in a day program setting.

4. The Role of Manager
To develop a broad understanding of resource allocation.
To develop an understanding of outcomes assessment and its practical application in an ambulatory setting. To understand how to access and implement a care plan in the community.

5. The Role of Health Advocate
To understand the ethical and legal issues involved in the care of patients with cognitive impairment and living in the community.
To understand the clinical issues pertaining to the care of long-term care residents in a nursing home environment plus in the home.
To be involved in the multi-disciplinary team process.

6. The Role of Scholar
To organize and present In-service education sessions to other residents, to peers, and to health care professionals.
To understand and appreciate research on outcome assessing the effectiveness of day hospital programs.

7. The Role of the Professional
To demonstrate ethical behaviour and professional integrity when dealing with frail and vulnerable patients.

A Hill, MD, FRCPC, Janet Kushner Kow MD FRCPC, Wendy Cook MD FRCPC
Last revised April 2006

Geriatric Assessment Unit – Providence Health Care
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

Patients admitted to a geriatric assessment and treatment unit generally suffer from multiple medical problems and social stressors, as well as cognitive and functional decline. They require intensive multidisciplinary team assessment and treatment. The goals of care are to return these pts. to their previous level of independence if possible, and to assist the pt and pt's caregivers in planning appropriate discharge. Length of stay is generally 2-3 weeks.

Fellows admit and follow pts. for the duration of their hospital stay, participate in multidisciplinary team conferences, and lead family conferences under the direction of a Geriatrician. There is also the opportunity to act as a junior consultant assisting in the care of pts. admitted to other services, and long term care residents.

Role of medical expert:

1. Perform a concise and comprehensive geriatric assessment, including history (seeking out appropriate collateral information), functional assessment, and detailed physical examination with attention to mobility, balance, and cognition.
2. Formulate an appropriate problem list with achievable goals
3. Recognize and address concomitant occult cognitive and affective disorders
4. Recognize and address Elder Abuse/Neglect
5. Know and take into account age related physiologic changes which may impact patient presentation and management

Role of communicator

1. Listen and respond effectively to patient, family and caregiver concerns
2. Recognize and address language and/or cultural barriers to effective communication
3. Participate in ongoing dialogue with multidisciplinary staff regarding patient management
4. Provide relevant info to family, family physician and patient in a timely and effective manner
5. Know how to deliver bad news, and be comfortable with discussing ethical issues (ie end of life decision making)
6. Know how to access, and when to appropriately use the services of an interpreter
7. Communicate effectively through written records and discharge summaries

Role of collaborator

1. Participate in Interdisciplinary Rounds with Social Work, Physiotherapy, Occupational Therapy, Speech Therapy, Pharmacist, Nursing, Dietician, and Pastoral Care to set team goals for patient care and discharge
2. Co-manage patients with other physician specialists (Geriatric Psychiatry, Palliative Care, Cardiology, etc.)

Role of Manager

1. Minimize use of health care resources by limiting duplication of tests and services

through liaison with the community and Family Physician,as well as review of previous hospital admissions.
2. Be able to prioritize admissions in order of acuity and need.
3. Utilize the time of multidisciplinary staff appropriately

Role of Health Advocate
1. Identify and address "gaps in care" leading to repeat, potentially avoidable hospital admissions
2. Advocate for community services required by the pt on discharge.

Role of Scholar
1. Attend Geriatric Medicine Rounds weekly
2. Provide Staff in-services when requested to facilitate their learning.

Role of Professional
1. Be prepared to deliver the highest quality care with integrity, honesty, and compassion.
2. Exhibit appropriate personal and interpersonal professional behavior at all times
3. Understand professional obligations to patients, caregivers, and medical colleagues

A. Maria Chung, MD, FRCPC, Janet Kushner Kow MD, FRCP
Division of Geriatric Medicine
Revised April 2006

Physical Medicine & Rehabilitation
Providence Health Care – Holy Family Hospital
Rotation Specific Objectives for Geriatric Medicine Sub-specialty Residents

The PM&R Rotation for Geriatric Medicine residents consists is of two months duration.
The experience will occur with outpatient clinics at Holy Family Hospital, St. Paul's Hospital, and Mount St. Joseph's Hospital. In addition, inpatient consultations could occur at the above-mentioned sites as well as other Vancouver hospitals.
If there is an opportunity for home visits as well as assessing patients in prosthetic and orthotic facilities, this may be included in the rotation.

Objectives

Role of Medical Expert
1. To understand a model for disability management and rehabilitation based on the traditional World Health Organization model and the new international classification of function.
2. To develop and implement a functional model of assessment to complement a general internal medicine and geriatric medicine model.
3. To develop an understanding of a functional/rehabilitation problem list for goal definition, planning, and intervention strategies based on a World Health Organization model.
4. To develop a basic understanding of rehabilitation therapeutics including potential benefits, adverse effects, and limitations.
6. To develop specific understanding of disease and functional deficits that a geriatrician would be expected to encounter in clinical practice (ie, stroke rehabilitation, orthopedic trauma rehabilitation, and orthopedic reconstruction rehabilitation).
7. Understand the following areas of focus:
   - De-conditioning and conditioning
   - Therapeutic exercise
   - Physical modalities
   - Perceptual dysfunction and re-training
   - Speech/language dysfunction
   - Swallowing
   - Pressure damage to skin
   - Contractures
   - Daily living skills
   - Assistive devices
   - Disability assessment
   - Malignancy and rehabilitation
   - Depression in the rehabilitation setting
   - Hypertonicity of skeletal muscles
   - Neurogenic viscera and incontinence
   - Geriatrics and the major disability groups, especially: stroke, spinal cord injury, cervical spondylosis and myelopathy, head injury, movement disorders, arthritis, and other musculoskeletal disorders
   - Orthopedic rehabilitation
   - Amputees

Role of Communicator
1. Discuss issues of rehabilitation and rehabilitation therapeutics with patients and families.

Role of Collaborator
1. To develop a Rehabilitation Medicine skill set required to assist in functional management of a disabled patient through a multi-disciplinary/interdisciplinary rehabilitation team model.

Role of Manager
1. Participate in making management plans for patients to ensure optimal usage of scarce resources, including services of other professionals.

Role of Health Advocate
1. Understand the functional scales by which patients are assessed in the health region, and how this affects patient care and can limit appropriate rehabilitation services.

June 18, 2005
Elliott P. Weiss, MD, FRCPC, MBA
Head, Division of Physical Medicine & Rehabilitation, Department of Medicine, PHC

EW/tl

Geriatric Psychiatry
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

COMMENT
Comment: January 30, 1995 These objectives are the comments of Les Sheldon for Psychiatry, SVH

The rotation of geriatric psychiatry for geriatric medicine specialists encompasses 3 months in recognized geriatric psychiatry programs involving:

a) Psychiatric consults
b) Participation in multi-disciplinary team assessments
c) Home visits
d) Continuous care of specific patients

The resident will perform consultations on inpatient units, medical/surgical wards, community including long term care facilities, and the inpatient/outpatient ECT program. Consultations are also done at select long term care facilities, with emphasis on patients with moderate to severe dementia with behavioural problems.

OBJECTIVES

Role of medical expert:

1. To learn to appropriately diagnose and treat or refer psychiatric disorders in the elderly through direct experience with geriatric psychiatrists.
2. To understand the principles of Epidemiology and natural history of psychiatric disorders.
3. To understand the importance of the natural history of the illness, collateral history and appropriately draw on it for purposes of assessment and treatment.
4. To learn DSM-IV diagnostic criteria of the common psychiatric illnesses of the elderly (ie: dementia, delirium, and depression). Knowledge of other common illnesses should also be acquired (ie: organic mood syndrome, organic personality syndrome, organic delusional syndrome, organic hallucinosis, adjustment disorder, dysthmic disorder, and bipolar affective disorders.
5. To understand and appreciate the differences on diagnostic parameters between DSM and ICD.
6. To become familiar with the treatment of the above disorders. This includes both pharmacologic and non-pharmacologic approaches. Special appreciation of the indications, contra-indications, doses, and prescribing techniques should be acquired for antipsychotic medications, lithium, antidepressants, benzodiazepines, and ECT.
7. To understand the interface between physical and psychiatric disorders.
8. To understand how early development experience and young adult life experiences affect adaptation to older age and disability.
9. To learn the indications for psychoactive medications, the side effects, dosage adjustments and response patterns, drug interactions, and compliance
10. To learn the indications for ECT and its application.
11. To learn the principles of biological, psychological, social and environmental management.
12. To understand the issues of financial and personal competency and to learn to make decisions about competency in specific patients.

Role of communicator

1. To improve interviewing skills with special focus on interviewing the elderly patient.
2. Trainees should become familiar with approaches to problems which commonly may interfere with communication (ie: deafness, suspiciousness, dysarthria, and organic brain syndromes (ie. subcortical dementia, cortical dementia)
3. To learn supportive psychotherapeutic principles.

Role of collaborator

1. To understand the roles of allied healthcare and professionals in the assessment and treatment of older patients with emotional disorders and/or dysfunctional psychiatric behaviour.
2. To observe the performance and understand the role of a specialised neuropsychological assessment in the diagnosis and management of elderly patients with psychiatric illness.

Role of manager

1. Perform the roles of both a team player and the team leader in a multidisciplinary setting.
2. To develop guidelines regarding when to refer a patient to a psychiatrist for consultation.

Role of health advocate

1. To understand the resources in the inpatient and community settings for elderly with psychiatric illnesses, including the mental health teams, day and residential services, counselling and social support.
2. Work with social services staff to facilitate transitioning of patients from inpatient to and from acute care.
3. Access appropriate community supports for elderly patients with mental health issues.

Role of professional

1. To become familiar with the topic of financial and personal competency. To be able to do an assessment, and to know the legal options available in British Columbia.

Role of scholar

1. To be involved with inservice education.
2. To undertake a supervised review of geriatric psychiatry literature of relevance.

Duration of rotation: 3 months

L. Sheldon, B.Sc. (Pharm), MD, FRCP(C),
Division of Geriatric Psychiatry
September 1999
Revised June 2005, April 2006

Community Experience
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

Goal:

The specialist in Geriatric Medicine can be in a position to optimize health care of elderly individuals and facilitate an effective health care delivery system. The trainee will gain knowledge of community services available for health care of the elderly and an understanding of the access to, scope of and linkages between such services. Community objectives are fulfilled throughout a number of rotations throughout training. This includes: outreach home visits through the Community Health Units during the ambulatory, inpatient and community rotation(s)

Roles:

Medical Expert
1. To understand the role of the Community Consultant in Geriatric Medicine in the health regions and make home/facility visits.
2. To perform adequate geriatric medicine consultations on home visits, given the unique benefits and drawbacks to the home visit setting.
3. To perform adequate geriatric medicine consultations and follow-ups in long term care nursing facilities and assisted living facilities. Demonstrate understanding of benefits and limitations in providing care in these facilities compared to hospital and home.

Communicator
1. Discuss health issues effectively with patients and their families in the home, liase with responsible family physicians and coordinate discussions with community workers.
2. Demonstrate understanding of the additional coordination of communication needed to effectively manage a client in the community including long-term care facilities.

Health Advocate
1. Identify the important determinants of health for the older adult population group
2. Effectively work with the elements of the system to improve access and utility for individual patients/ families.

Collaborator
1. Identify the relationships in the health systems in the community and between hospital and community that will facilitate patient care.
2. Identify how teams work within the different components of the system
3. To understand the evolving concept of the "Team" in Community Services and beyond in working in a community setting.
4. To understand the role, organization and functions of Adult/Older Adult staff at the Community Health Area level including making home visits with the staff of home care and long term care .

Manager

1. Identify how the health system is evolving for provision of care to the older adult.
2. To develop a broad understanding of the range of services available to the geriatric client in B.C., and compare the services in B.C. to other jurisdictions.
3. To review the organizational structure of the Ministry of Health, Regional Health Boards, and Hospital Boards and the linkages between these bodies.
4. To review the current directions and present issues in Long Term Care facility care and in Adult Day Care services with a visit to one of each type of facility.
5. To review the organization, linkages, services and functions of the Adult/Older Adult Program within Community Services and to review the area of Home Support Services. To understand the role and functioning of the Hospice and Palliative Care Program.
6. To understand how the Community Mental Health Services for the elderly are organized and care coordinated between them and Long Term Care.

Professional

1. Identify ethical issues relevant to the community environment and be familiar with the Ethics Framework and the Risk Assessment and Care Planning Approach used in the community.
2. To review the organization, role and functions of the Public Guardian and Trustee of B.C., understand their role in protecting incompetent adults, and be able to make appropriate referrals to their office.

Chris Rauscher, MD, FRCPC,
Division of Geriatric Medicine
Nov. 27, 2000
Revised Janet Kushner Kow MD FRCPC
June 2005, April 2006

Rotation Specific Objectives for Sub-specialty Residents in Consultation Liaison Services Geriatric Medicine - Vancouver Hospital and Health Sciences Centre (VGH).

The educational experience offered at the Vancouver Hospital and Health Science Centre focuses on providing care for frail older people with acute medical illnesses and complex functional needs. Training opportunities exist during this rotation to allow residents to act as junior consultants in the settings of a tertiary care hospital and participate in specialized Medical Clinics (GeriRap Clinic, Osteoporosis Clinic, Falls and Fracture Clinic).

Upon completion of this rotation, the resident will assume each of the following specialist roles and be able to:

1. Medical expert:

To perform comprehensive geriatric assessment (medical history, physical examination) that is accurate, relevant and sufficiently elaborate.

To evaluate the relative benefits and risks of investigations or interventions proposed for the frail elderly patient.

To construct effective and feasible care plans to solve the elderly patient's problem(s).

To perform and interpret a standardized assessment of cognition, depression, basic mobility, and physical function in the acute care setting.

2. Communicator:

To deliver information to the elderly patient, family and other health professionals in a manner that is understandable, encourages discussion and promotes Cupertino.

To demonstrate effective teaching skills, utilizing effective communication techniques.

3. Collaborator:

To develop a care plan for the elderly patient, including investigation, treatment and discharge planning, in collaboration with members of the interdisciplinary team via formal (e.g. team conferences) and informal settings.

To demonstrate knowledge of and skills in dealing with team dynamics.

4. Manager:

To make clinical decisions and judgements based on available evidence for the benefit of the elderly patient, while recognizing the practice of evidence-based geriatrics is constantly evolving.

To work effectively in the various settings (acute care for elders unit, consultation teams, rapid

access clinics, other specialty clinics) within a health care organization.

To understand the basic principles of quality improvement as they apply to the care of the elderly patient.

5. Health advocate:

To identify the risk factor(s) of frailty or vulnerability in the elderly patient, adapt the assessment and management accordingly, and assess the patient's ability to access various supportive services in the community.

6. Scholar:

To recognize gaps in knowledge and expertise around a clinical question and formulate a plan to fill such gaps by critically appraising the literature and/or consulting other physicians and health professional.

7. Professional:

To demonstrate integrity, honesty, compassion and respect for diverse patient populations.

To recognize and analyse ethical issues in the care of the elderly patient such. as informed consent, advanced directives, end-of-life care, disclosure, confidentiality, resource allocation, etc.

Roger YM Wong, MD, FRCPC
Revised June 2, 2005

Ambulatory Care Rotation
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

The resident is expected to do at least 2 months of geriatric medicine in an ambulatory care in a block rotation.
This is to be done in the outpatient clinics of attending geriatricians including but not limited to: VGH, UBC, MSJ, SPH. The resident will arrange a schedule of clinics and this may include problem-focused geriatrician-run clinics such as the Alzheimer's clinic, Falls and Fracture clinic, Osteoporosis clinic.

OBJECTIVES

Role of Medical Expert/Decision Maker
1. Perform expert geriatric medicine consultations, with assessment of medical, social and functional issues.
2. Be able to perform a complete mental status assessment.
3. Present well-documented assessments with appropriate recommendations.

Role of Communicator
1. Communicate effectively in an ambulatory clinic setting with patients and caregivers, listen to their concerns and incorporate this into therapeutic decision-making.
2. Demonstrate appropriate interviewing skills in the ambulatory setting, including visual and audio aids to assist in communication.

Role of Collaborator
1. Solicit and cooperate with primary family physicians and other specialists in care of older patients.
2. Work effectively with interdisciplinary professionals attached to outpatient geriatric clinics, and consult other team members when appropriate.

Role of Manager
1. Function effectively in the ambulatory care setting, demonstrating good time management skills while doing comprehensive assessments.
2. Order investigations and consult further services that show understanding of patient factors which may limit desirability of interventions.
3. Delegate functions to medical office assistants in an efficient and respectful manner.

Role of Health Advocate
1. Assess health care determinants in patients in an outpatient setting, including financial and social supports.

Role of Scholar
1. Use the medical literature to answer clinical practice issues in an evidence-based manner.
2. Educate other trainees and team professionals in the ambulatory setting where appropriate.

Role of Professional

1. Demonstrate ethically sound professional behaviours at all times.
2. Assess capacity and discuss issues of personal, health-care decision making, financial and driving competency with patients and caregivers.

Janet Kushner Kow MD, MEd, FRCPC
Division of Geriatric Medicine
June 2005

Northern Isolation Rural Rotation Outreach Elective
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

Objectives: To expose the trainee to the issues in delivering care to a geriatric population in a rural environment. This has been arranged contingent on funding being provided to allow the trainee to gain experience in assessing and delivering care in a venue other than a tertiary care teaching hospital.

The format of the outreach is a two or three day outreach visiting a number of small communities in Northern British Columbia. The trainee works with an attending physician. Consultations are usually arranged prior to arrival of appropriate amount of referral information. The patients are assessed, reviewed with the attending geriatrician and a note is dictated. Often they will be interacting with the attending physician. This interaction is sometimes informal and sometimes formal with noon rounds, dinner meetings etc. being encouraged. Follow up by telephone is encouraged once the trainee has returned to Vancouver.

It encourages development of consultation skills, working where resources are more difficult to access (physiotherapy, CT scan, ultrasound, home care) and sensitizes the trainee to the difficulties faced by family doctors working in these environments.

1. **Role of medical expert and clinical decision-mak**er:

To perform comprehensive geriatric assessment that is relevant, sufficiently elaborate, accurate and useful to solve the elderly patient's problem(s). To perform this in a rural setting with limited resources.

2. **Role of role of communicator**:

To deliver information to the elderly patient, family and other health professionals in a manner that is understandable, encourages discussion and promotes co-operation.

3. **Role of collaborator**:

To develop a care plan for the elderly patient, including investigation, treatment and discharge planning, in collaboration with members of the interdisciplinary teams in the rural communities and Long Term Care facilities.

4. **Role of manager**:

To make clinical decisions and judgements based on available evidence for the benefit of the elderly patient, while recognizing the practice of evidence-based geriatrics is constantly evolving and the scarcity and difficulty accessing resources.

To understand the basic principles of quality improvement as they apply to the care of the elderly patient.

5. **Role of health advocate**:

To identify the risk factor(s) of frailty in the elderly patient, adapt the assessment and management accordingly, and assess the patient's ability to access various supportive services in the community. To arrange where appropriate transfer to tertiary care centre. To demonstrate excellent care in a setting where this is not always available

Larry Dian, MB, ChB, FRCPC
November 15, 2000
Revised July 2008

Community Rotation
Rotation Specific Objectives for Sub-specialty Residents in Geriatric Medicine

Community Rotations are done in cities outside of Vancouver with Geriatricians who are spending almost all of their time in clinical and administrative activities (rather than education and research). These centres include North Vancouver, Burnaby/New Westminster, White Rock, Surrey and Victoria.

The rotation(s) provides an overview of the practice of Geriatric Medicine in the community. Training is provided across a continuum of clinical settings, including outreach home visits, outpatient clinics, long term care facilities, and a community hospital. Emphasis is placed on outpatient assessments in the home, facilities, or in the clinic.

Medical Expert

1. To perform an efficient and thorough history and physical examination of elderly patients in all settings, including the home.
2. To provide consultation, under supervision, in the hospital, clinic, long term care facilities, and outreach settings.
3. To incorporate functional, psychiatric, social and cognitive assessment.
4. To learn practical management of medical, social and psychiatric problems of seniors living in the community.
5. Develop comprehensive care plans in team conferences

Communicator

1. To learn effective documentation and communication of the consultant opinion.
2. Learn to communicate effectively with patients, their families, family physicians and other community health care providers.

Collaborator

1. To develop skill in working with the interdisciplinary team, understanding and respecting each members unique role and skills.
2. Attend weekly team meetings.
3. To work with an interdisciplinary team that provides short term assessment and treatment in the home.

Manager

1. To understand the role of the consultant in Geriatric Medicine, recognizing differences in Elder Care systems between tertiary centres and secondary centres, and between different health authorities.
1. To understand the role of the Medical Coordinator in long term care facilities
2. To review patients at facility care conferences and participate in the development of policies and procedures.
3. To gain an understanding of the importance of keeping a data base and evaluating a Geriatric Outreach Program.

Scholar

1. Participate in informal teaching of team members and other health care professionals.

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Rotation Specific Objectives for Sub-specialty Trainees in Geriatric Medicine:
R-5 Elective in Administration of Health Services for Older Adults

This rotation offers experience in health services administration as it relates to the care of complex elderly patients in a variety of community settings, including but not limited to the STAT Centre In-Patient Unit, STAT Centre Geriatric Day Hospital, MSJ Geriatric Day Hospital, the South, Evergreen, North and Three Bridges Health Units, and the STAT Centre Home Visiting Program.

Working as a partner to the Medical Director of each of these programs, the resident will spend no more than .4 FTE providing clinical care to a panel of frail older adult patients in these settings.

For no fewer than .6 FTE, the resident learn about the theory of health services management through a series of directed readings, attending management meetings, with the Medical Directors, at the unit, hospital, health centre, HSDA and Health Authority levels, and practicum discussions with a variety of managers and directors on the inter-professional team.

In addition, under the mentorship of one or more of the Medical Directors, the resident will take on a health services management practicum project that will include researching, designing and implementing and evaluating a small health services delivery program in geriatric care.

The rotation will be organized to emphasize the 'integrated' health services delivery model in a variety of aspects. At the end of the rotation, the resident will have enhanced understanding of health services organizational and systems theory, design and implementation of health services programming, management of health systems, and health unit management, in addition to a rudimentary understanding of service implementation, evaluation and improvement.

- **The Role of Medical Expert** (on occasion, not the main focus of the rotation)
  - Perform concise, comprehensive geriatric assessments, including a thorough history with collateral information, detailed physical examination, mental status assessment and cognitive testing.
  - Act as a resource of elder care medical knowledge for other interdisciplinary team members and referring physicians.
  - Provide expert clinical input to a management team that may not be comprised of persons with clinical training.

- **The Role of Expert Manager**
  - Conduct effective, goal orientated and inclusive needs assessment for a health services program for older adults
  - Develop a systems analysis of the impact of introducing a new health services program.
  - Develop, as part of an inter-professional management team, a health services management plan for the new program described above.

- Develop a business case for the program.
- Construct a rudimentary budget spreadsheet for new programming.
- Create an implementation and evaluation plan for new programming and devise an action plan for program improvement based on that evaluation.

- **The Role of Communicator**
  - Communicate respectfully with other health management professionals and the interdisciplinary team members.
  - Establish effective professional relationships with administrators and health professional stakeholders.
  - When involved in direct management, listen effectively and conduct accurate needs assessments for unit personnel.
  - Communicate professional news to colleagues and employees with clarity and empathy.
  - Communicate effectively through written means including but not limited to project descriptions, covers letters, electronic mail and financial documents.

- **The Role of Collaborator**

2. Understand the interdependence of acute, community, family and informal resources in program development, implementation and management.

3. Understand the role of the Geriatric Medicine consultant/specialist in an administrative framework.

- **The Role of Administrator**

3. Learn to prioritize time while providing excellent clinical and administrative services across venues.
4. Develop a broad understanding of resource allocation, specifically how this may affect elder care between Health Services Delivery Areas.

- **The Role of Health Advocate**

12. Contribute effectively to the improved health of patients in their communities, particularly regarding the need for efficient access to services, minimizing gaps in service delivery systems, and ageism in developing, implementing, evaluating and maintaining services.
13. Understand ethical and legal issues regarding the care of vulnerable patients with cognitive impairment, mental illness, or other conditions affecting decision-making capacity, and how these issues impact service development, delivery and safety.
14. Facilitate culturally appropriate service provision for patients, family members and caregivers.

- **The Role of Scholar**

2. Facilitate learning of patients, families, students, and other health professionals in the organization, administration and evaluation of older adult health services.

3. Attend Geriatric Medicine Academic Rounds each Tuesday morning develop one presentation on an administratively orientated topic.
4. Organize and present in-service educational sessions on health services delivery and organization for interdisciplinary team members across venues.

- **The Role of Professional**
  - Deliver the highest quality clinical and administrative service with integrity, honesty and compassion.
  - Exhibit appropriate personal and interpersonal professional behaviour at all times.
  - Understand professional and ethical obligations to patients, caregivers, and colleagues, and balance these domains in a context of finite resource allocation and service availability.

Dr. Reva Adler, 2008