

Care of the Older Patient

Goal: Integrate care of the older patient throughout the resident's total educational experience. Training is accomplished through block rotations in the PGY-1 year, along with continuity care of patients in the outpatient setting, and didactic sessions. Emphasis is placed on team care, continuity of care on the inpatient and rehabilitation wards, outpatient preventive health and on recognition of the symptoms of dementia, depression and risks for falls. Unique to Smiley's is our diverse patient population allowing residents exposure to cross-cultural issues and elements of aging.

Rotational Experience:

Required Rotations

PGY-1 – Geriatrics Rotation: During the first year of training, resident one month required rotation with Dr. McCarthy in geriatrics. Residents are involved in team care, participate in lectures and supplement their learning with web based resources. Residents also experience geriatric care in the inpatient setting on TS, which includes care in a rehabilitation unit.

During their Behavioral Rotation, interns work for 1 week with the Palliative Care team, which includes but is not limited to home visits.

PGY-2 – During the second year of training residents are assigned continuity nursing home patients. These are patients of Fairview Partnership and are seen under the direction of Dr. MacCarthy. Residents learn how to incorporate nursing home care on a longitudinal basis that includes working with a GNP. While on call for the clinic, residents take nursing home calls which are supervised by Dr. McCarthy.

In addition, while working as seniors on the adult medicine service (TS) residents manage many geriatric inpatients, are involved with care management conferences with the social workers and nurse and thus gain invaluable experience in permanent and temporary placement of geriatric patients. Residents also participate in care conferences in the determination of hospice needs and palliative care.

PGY-3 – During the third year of training residents continue to care for their assigned continuity nursing home patients. Residents learn how to incorporate nursing home care on a longitudinal basis that includes working with a GNP. While on call for the clinic, residents take nursing home calls which are supervised by Dr. McCarthy.

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Family Practice Residency Curriculum

Elective Rotations

After completing the intern year, the resident has the opportunity to obtain further training in palliative care through elective rotations. The electives

- available are: 2 week palliative care rotation
- 4 week palliative care rotation
- General geriatric elective

Longitudinal Experience:

Continuity Clinic For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients. The panel includes elderly patients, of which some are participants in the MSHO program – an insurance based, case management program whose goal is to keep members healthy and in their homes.

Continuous Quality Improvement Smiley's Clinic is involved in several CQI projects that residents are expected to participate in. These include management of diabetes and asthma.

Didactic Sessions:

FPC Lecture Series – 3 hours of structured lecture are scheduled throughout the year as part of the FPC Lecture Series. The weekly adult inpatient lecture series also includes at minimum 5 lectures a year with a geriatric focus. Up to 12 additional hours are possible in crossover topics such as pediatric, emergency medicine and family/internal medicine lectures that are included in the series.

Required Skills: On completion of their geriatric experience the resident will:

- know and recognize the common clinical problems of the elderly, including those involved in daily living among ambulatory, home bound, and nursing home patients
- understand the psychological and social needs of elderly patients
- understand the appropriate use of psychiatric medications in the elderly
- know the common methods of functional assessment for evaluating the care requirements of elderly patients
- understand the legal and ethical aspects of medical care of the elderly, including guardianship, terminal care, and limited medical treatment plans
- understand the principles and admission requirement of alternative care programs, such as home care and skilled nursing care
- be familiar with the resources available to the elderly, including Medicare, Medicaid, alternative funding and care resources, and family caregiving resources

University of Minnesota/Fairview-University Medical Center
Family Practice Residency Curriculum

- integrate their knowledge in a working diagnosis and treatment plan for elderly patients, taking into account patients' special needs and the particular resources available to them.
- identify personal issues related to the elderly, e.g. beliefs and values about the elderly, or need for additional knowledge and skills in geriatrics.

Evaluation

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

Video Clinic – Residents are required to complete multiple video/shadowing sessions during continuity clinic throughout the training program. These are reviewed by faculty including psychologists and feedback is given to the individual resident. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Total Training Time

Total required rotations: 1 month geriatrics, 1 week palliative care

Total didactic hours per year: PGY-1 at least 13 up to 25

PGY-2 at least 8, up to 20

PGY-3 at least 8, up to 20

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Family Practice Residency Curriculum