Perform a comprehensive geriatric consultation in hospitalized older patients.
Within this context, seek to: Clearly identify the clinical question(s) and role from the requesting service; accurately acquire history from multiple sources such as patient’s family, friends, and healthcare providers; demonstrate knowledge of common geriatric syndromes such as multi-morbidity, falls and injury prevention, cognitive impairment and dementia, mood disorders, polypharmacy, and urinary incontinence; arrive at an integrated assessment, recognize areas of clinical uncertainty, and propose a rational plan of care; reduce iatrogenic events; demonstrate effective communication of recommendations and anticipatory guidance to the primary service; and skillfully counsel patients and families/caregivers of the consultant role and recommendations.

Recognize and manage delirium in hospitalized older patients.
Within this context, seek to: Identify patients with hyperactive and/or hypoactive delirium; consistently document the presence or absence of delirium in daily hospital notes; recognize delirium as an urgent medical condition; comprehensively evaluate for reversible contributors; develop and implement a multifaceted treatment plan focusing on modifiable risk factors; incorporate evidence based delirium prevention strategies into daily rounds; and minimize use of antipsychotic medications in the management of delirium.

Prescribe medications appropriately for hospitalized older patients.
Within this context, seek to: Demonstrate understanding of medication classes to be avoided or used with caution in older adults; adjust medication dosage and frequency to account for age-related pharmacokinetic/dynamic changes, drug-drug interactions and drug-disease interactions; optimize medication adherence by practicing conscientious prescribing; individualize pain control utilizing pharmacologic and non-pharmacologic strategies; and utilize the expertise of clinical pharmacists when selecting and dosing medications.

Perform pre-operative risk assessments in hospitalized older patients.
Within this context, seek to: Appropriately prioritize the urgency of consultation; accurately capture a patient’s functional status and risk factors for hospital complications in oral and written communications; incorporate functional assessment and physical examination with standardized cardiac risk assessments; identify when further diagnostic testing is needed; optimize chronic medical issues prior to surgery; anticipate and document the impact of patient’s social support and functional status on disposition post-operatively; provide timely effective communication to consulting teams; and communicate the pre-operative assessment to the surgical team, the patient, and the family/caregivers.

Perform a falls evaluation and provide recommendations to reduce falls risk in hospitalized older patients.
Within this context, seek to: Accurately obtain a thorough falls history; identify extrinsic and intrinsic patient risk factors for falls; identify risk factors for further injury from future falls; recommend strategies to reduce likelihood of falls and injury during this hospitalization and in the community; counsel patients, families, and caregivers in further fall and injury prevention; and communicate recommendations to the primary team and outpatient providers.

Identify cognitive impairment and manage hospitalized patients with dementia.
Within this context, seek to: Identify cognitive impairment in patients by accurately obtaining and corroborating history; perform and appropriately interpret cognitive assessment tools; work with other healthcare providers to develop care plans to keep patients with dementia safe; minimize the use of chemical and physical restraints; recognize when surrogate decision-makers are needed; and select the appropriate community resources and level of care for patients with cognitive impairment when planning for disposition.

Effectively manage transitions of care to and from the hospital in a manner that will maximize patient safety and reduce the patient’s likelihood for readmission.
Within this context, seek to: Synthesize information from multiple sources (other healthcare providers, family/caregivers, and patients) to develop an effective plan of care; work with pharmacists to reconcile an accurate medication list; incorporate functional assessment to identify the appropriate discharge environment for a patient; communicate discharge instructions clearly to outpatient/SNF providers to avoid errors and unnecessary readmissions; and follow-up on pending tests at discharge and communicate any changes to management if needed.