VAMC Geriatrics - Learning Objectives

This is a list of the activities and actions that your attendings will be observing during this rotation to gauge your independence. Use the descriptions of each of these activities that you might do on the wards to solicit specific feedback as you grow towards independence over the three years of residency.

Perform a comprehensive initial assessment of an older adult.
Within this context, seek to: Accurately acquire clinical history from multiple sources such as the patient’s family, friends, and healthcare providers; perform a functional assessment including ADLs and iADLs, and integrate this into the patient’s management plan; 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; and incorporate strategies to reduce iatrogenic events.

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.

Work effectively with an interdisciplinary team in the care of older patients.
Within this context, seek to: Identify the roles and responsibilities of each member of the team; integrate recommendations of interdisciplinary team members into the patient’s care plan; communicate respectfully with team members during team meetings and in day-to-day patient care; and effectively lead an interdisciplinary team meeting/care conference.

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.

Care for patients at the end of life.
Within this context, seek to: Communicate respectfully with patients and families about goals of care and integrate these goals into the care plan; assess and manage symptoms including pain, nausea, constipation, and delirium; seek advice from palliative medicine specialists when appropriate; utilize interdisciplinary team members’ advice and services to maximize quality of life for the patient; and promptly and respectfully notify next of kin when a patient dies.