

Teaching Young Residents to Care for Older Patients: The Importance of a Geriatric Curriculum

Jason Wilbur, MD
University of Iowa Family Medicine Residency
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Disclosures

- I have no conflicts of interest related to this subject.
- I will not be speaking about off-label indications for medications or products.

Objectives

- Describe the elements of a geriatric curriculum that lead to sustained knowledge, skills and attitudes needed to care for older patients in a range of family medicine practice settings.
- Facilitate multidisciplinary case-based geriatric staffing sessions and multidisciplinary nursing home rounds and lead a geriatric journal club.
- Log-in to the Iowa Geriatric Education Center and employ online case-based educational modules, short videos, and pre-recorded brief lectures to reinforce geriatric medicine principles.

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Poll Question:

What percentage of your residents graduate feeling “very prepared” to care for geriatric patients?

- A. 100%
- B. 75%
- C. 50%
- D. 25%
- E. 0%

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Preparedness for Practice

	Very Unprepared, %	Somewhat Unprepared, %	Somewhat Prepared, %	Very Prepared, %
Care for the following types of patients				
Inpatients	...	4	41	55
Ambulatory	...	3	15	82
Critically ill	9	25	49	17
Terminally ill	2	11	45	42
Elderly	1	5	46	48
Chronically ill	1	7	49	43
Nursing home	4	16	52	27
HIV/AIDS	20	38	30	12
Substance abuse	3	26	50	21

Blumenthal D, et al. JAMA. 2001;286(9):1027-1034.

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Preparedness for Practice

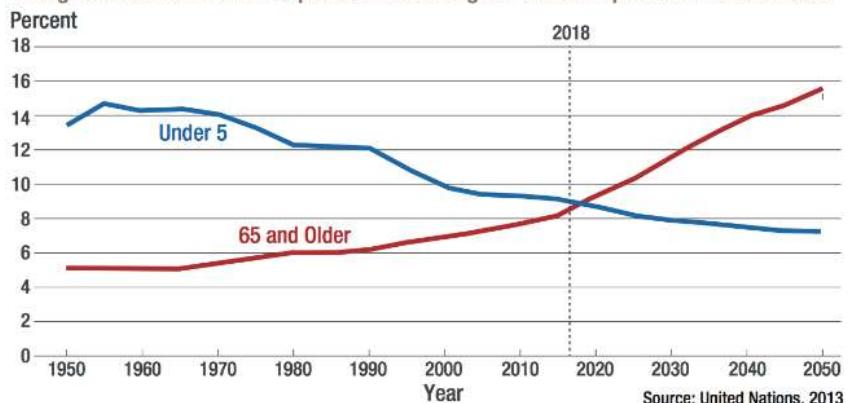
- Our alumni survey from February 2018:
 - 8 of 18 surveys completed
 - Graduates from 2015-2017
- 62.5% self-report “very prepared” for care of elderly patients
- 62.5% self-report “very prepared” for care of nursing home patients

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Reality vs the ACGME

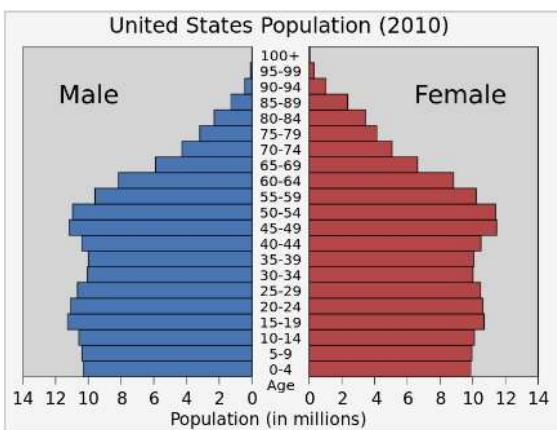
Young Children and Older People as a Percentage of Global Population: 1950 to 2050



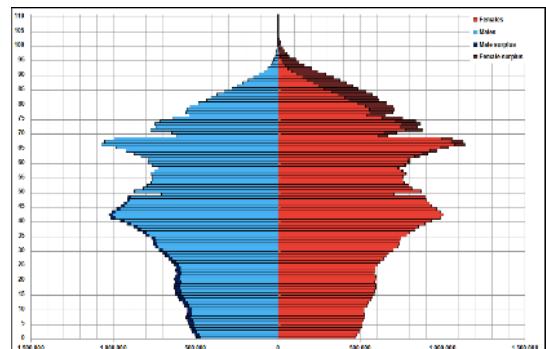
Source: United Nations, 2013

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US Census 2010 Figures



<http://www.stat.go.jp/english/data/nenkan/1431-02.htm>

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So, What Does ACGME Say?

- Residents must have:
 - At least 165 COC encounters with patients age 60 and older.
 - At least 100 hours (1 month) or 125 encounters “dedicated to the care of the older patient”.

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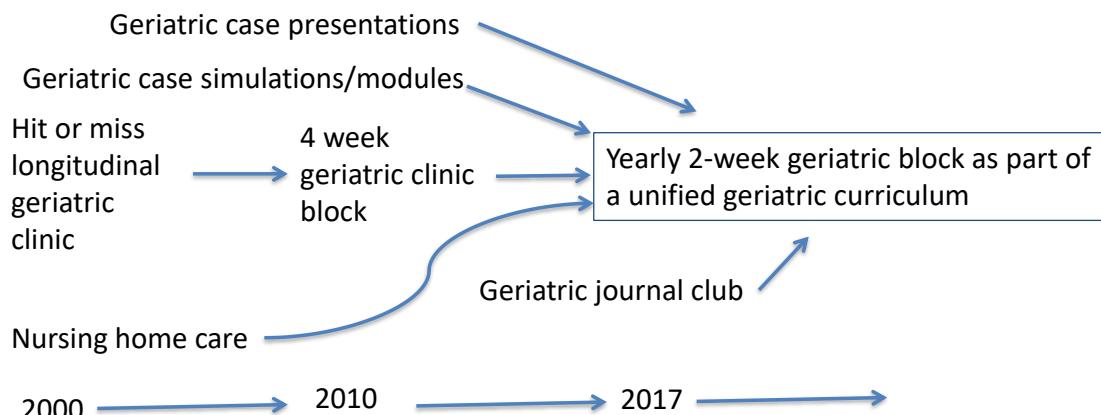
Poll Question: How does your program fulfill the ACGME requirements for care of older patients?

- A. Count all encounters with older patients.
- B. Schedule a longitudinal geriatric clinic experience.
- C. Provide a geriatric rotation of at least 100 hours or 1 month in duration.
- D. Other.
- E. Uh-oh. We're not doing this.

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Our Experience at Iowa



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Iowa Geriatric Education Center

- <https://igec.uiowa.edu>
- Case simulations, recorded lectures, other resources
- Free to use... So, check it out!
 - In fact, let's check out a case

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Geriatric Assessment Clinic

	Monday	Tuesday	Wednesday	Thursday	Friday
8 AM - 12 PM	COC Clinic	GAC IRL	GAC IRL	VA Geriatric Clinic or GAC IRL	COC Clinic
12 - 1 PM	NH Staffing	Family Medicine Noon Conference	Residency Meetings	Geriatric Journal Club or Residency Meetings	Family Medicine Noon Conference
1 PM - 5 PM	GAC IRL or NH Rounds	VA Geriatric Clinic or GAC IRL	Admin time ⁺	GAC IRL	COC Clinic

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Geriatric Assessment Clinic

- Evolved from:
 - Longitudinally scheduling residents in GAC to
 - A 4-week GAC block to
 - Three 2-week GAC blocks, one each year

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Geriatric Assessment Clinic

- 4 FM geriatricians
- 1 IM geriatrician
- Pharmacists
- Social services
- Dedicated nursing staff

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Geriatric Assessment Clinic

- Consultations
 - Geriatric syndromes
- Primary care
 - Focus on “oldest old” and those with greater need due to comorbidity and functional impairments
- Education and research missions

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Poll Question: What is your residents' nursing home experience like? (select all that apply)

- A. Luck of the draw – if a resident's patient is admitted to a nursing home, they follow them.
- B. Patients are assigned to residents at the beginning of residency.
- C. Residents follow patients for 2 years (the minimum requirement).
- D. Residents follow patients for all 3 years.
- E. Residents experience attending-led team-based care in the nursing home.

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Nursing Home

- Longitudinal experience
- Minimum of 2 NH patients per FM resident
- Carry patients throughout 3 years of residency
- Use 5 area nursing homes
- Precepting is done asynchronously

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Nursing Home

- Interdisciplinary team rounds occur weekly
 - Staff geriatrician, pharmD, learners from UIHC
 - NH staff: nurses, admin, SW
- Residents are scheduled to round with the team twice per year
- Objective: Engage in team-based assessment and management of a wide range of medical, social and end-of-life problems that are encountered in long-term care settings.

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Geriatric Journal Club

- Residents are scheduled to present once per year
- Occurs monthly: 3 presenters per month
- Open to all residents and faculty
- Attendees include neuropsychologists, geriatric psychiatrists, PharmDs, SWs, other professionals and learners

Geriatric Journal Club

- Residents are provided guidelines on how to choose and present their article
- Residents choose their article with suggestions from geriatric faculty
- Purpose is two-fold:
 - Learning more about a geriatric topic
 - Learning how to critically appraise the literature

Difficult Geriatric Cases

- Expectations for residents:
 - Prepare a 10 minute presentation of a difficult geriatric case in which the resident was the primary physician (any setting but the nursing home)
 - Patient should be 65 years old or older and have multiple issues, including comorbidities, psychosocial difficulties, functional impairments, etc.
 - Also, prepare 1 or 2 slides focused on a single learning point

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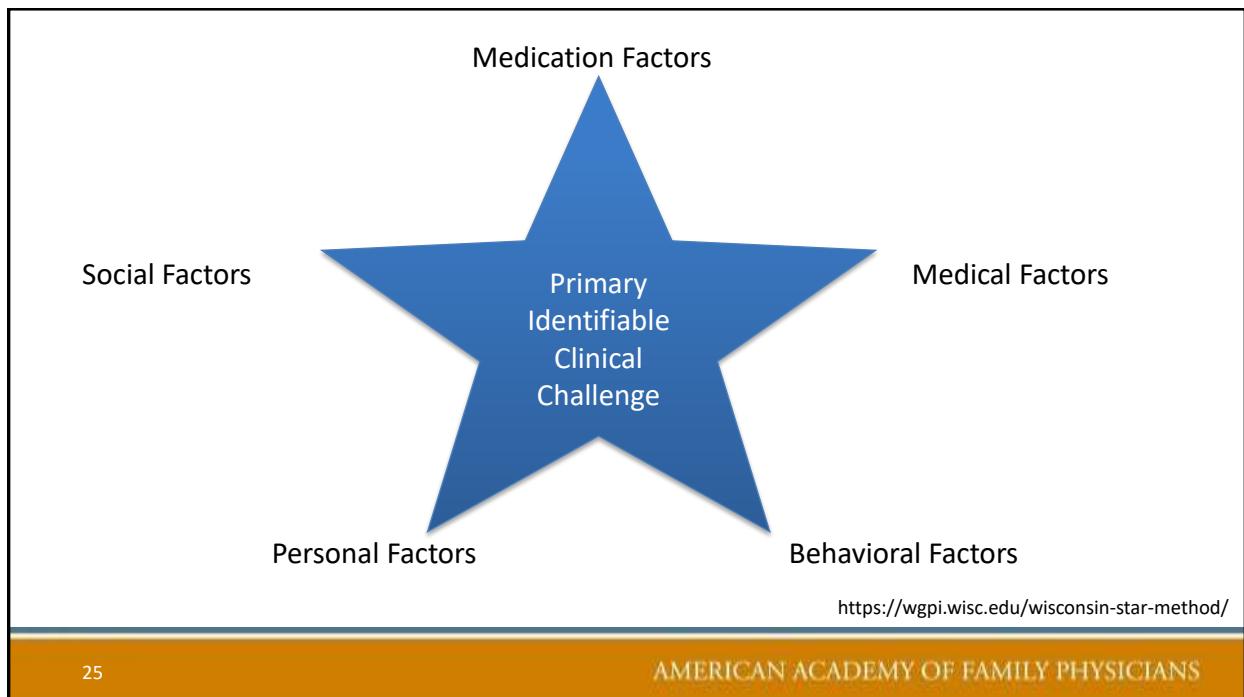
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Wisconsin “Star” Method

- A project of the Wisconsin Geriatric Psychiatry Initiative, spear-headed by Timothy Howell, MD
- A simple, concrete, graphic tool for addressing the problem of complexity in geriatrics

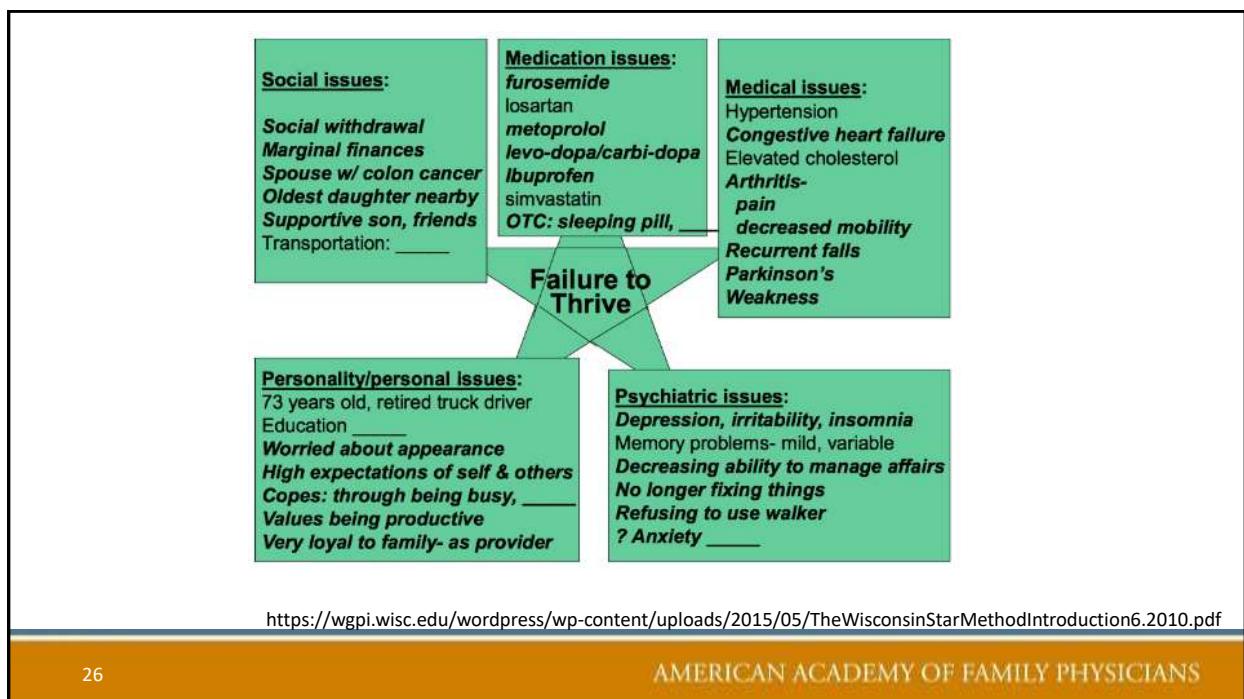
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Sample Case Presentation

- I will present a case
- We'll use audience participation and the Wisconsin "Star" method
- Any PharmDs, nurses, psychologists or other non-doctor health professionals here?
- Ready for some fun?!?!?

Sample Case

- 82 year old male presents for follow up with his son and daughter.
- Discharged from hospital 2 weeks ago for fall, confusion, exacerbation of CHF, AKI
- PMH: CHF, HTN, COPD, TIAs, Atrial Fib on anticoagulation, prostate cancer treated with ADT, incontinence, cognitive impairment, depression and anxiety

Sample Case

- Meds:
 - Furosemide 40 mg daily
 - Lisinopril 40 mg daily
 - Metoprolol succinate 50 mg daily
 - Warfarin 5 mg daily
 - Oxybutynin 5 mg BID
 - Venlafaxine 75 mg daily
 - Trazodone 50 mg QHS
 - Albuterol MDI 2 puffs Q4hrs PRN
 - Lupron 22.5 mg every 3 months

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Sample Case

- Soc Hx:
 - Former smoker, 100 pack years
 - Former drinker, heavy but quit 20 years ago
 - Single, lives alone, owns a farm
 - Drives very limited area
 - Son lives on property in another house

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Sample Case

- Function:
 - Performs all basic ADLs on own
 - Son now manages accounts and farm
 - Gets more anxious, confused at night and calls son multiple times between 8-11PM
 - Increasingly incontinent of urine
 - Falls in home every 1-2 weeks
- Rarely leaves home
- Appetite is poor and weight down 10 lbs in 1 month

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Sample Case

- BP: 154/72 seated; 126/64 standing
- O2 sat: 95% on RA while walking
- Walking speed 0.8 m/sec
- Walks with cane, wide-based antalgic gait
- Slow, 6-step turn
- Pushes off chair to stand

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Sample Case

- Exam:
 - CV – irreg rhythm, rate 80s, 2/6 SEM
 - Lungs – CTAB
 - No edema, no JVD, no HJR
 - No tremor, rigidity. Good grip strength.
 - Mild apraxia
- MOCA 18/30
- Geriatric depression scale 4/15

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Sample Case

- What's the main issue?
- What's the family's concern?
- What's your concern?

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Time to get interactive!

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What is missing in our curriculum?

- Expanded interdisciplinary team in GAC
- Routine, organized home visits
- More community involvement
- Inpatient geriatric curriculum
- (Caveats to all the above)

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Poll Question: What will you do with the information presented today?

- A. Completely re-write our geriatric curriculum
- B. Organize a “Difficult Geriatric Case” series using the Wisconsin “Star” method
- C. Explore the Iowa Geriatric Education Center
- D. Discuss this curriculum with our faculty and consider changes
- E. Nothing – I just came because I thought this was about genetics, not geriatrics

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

Questions?/Discussion!

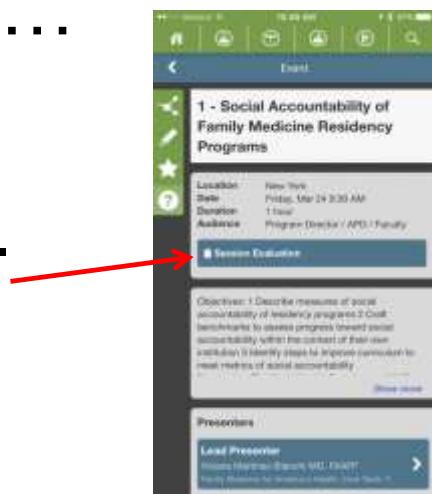


The screenshot shows the homepage of the University of Iowa Health Care Family Medicine Residency. The top navigation bar includes links for About, Benefits, Discover Iowa, People, Residencies, and Fellowships. Below the navigation is a large image of three healthcare professionals in a clinical setting. The text "Family Medicine Residency" is overlaid on the image. At the bottom of the page, there are links for About the Program, Our People, How to Apply, Related Fellowships, and Contact. The footer is orange and displays the text "AMERICAN ACADEMY OF FAMILY PHYSICIANS".

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Please...
Complete the
session evaluation.



Thank you.

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STRONG MEDICINE FOR AMERICA