

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

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FAMILY PHYSICIANS

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.

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%

Preparedness for Practice

| Care for the following types of patients | Very Unprepared, % | Somewhat Unprepared, % | Somewhat Prepared, % | Very Prepared, % |
|--|--------------------|------------------------|----------------------|------------------|
| 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

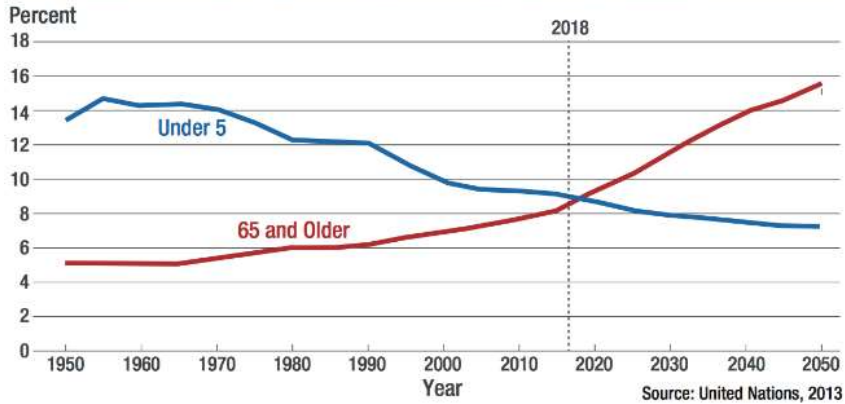
- Our alumni survey from February 2018:
 - 8 of 18 surveys completed
 - Graduates from 2015-2017
- 62.5% self-report “very prepared” for care of elderly patients
- 62.5% self-report “very prepared” for care of nursing home patients

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Reality vs the ACGME

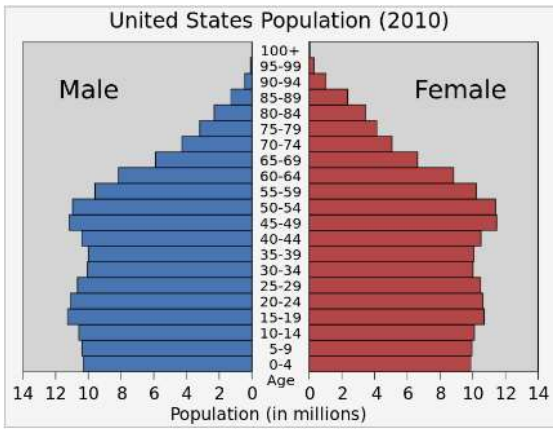
Young Children and Older People as a Percentage of Global Population: 1950 to 2050



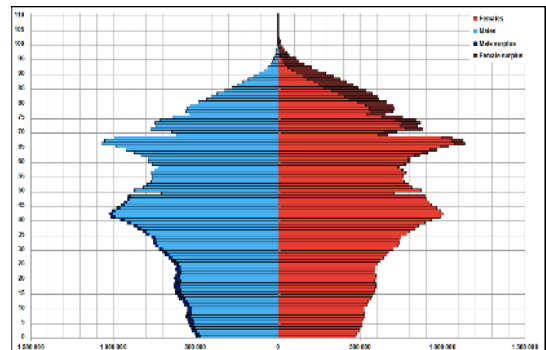
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United States Population (2010)



US Census 2010 Figures



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

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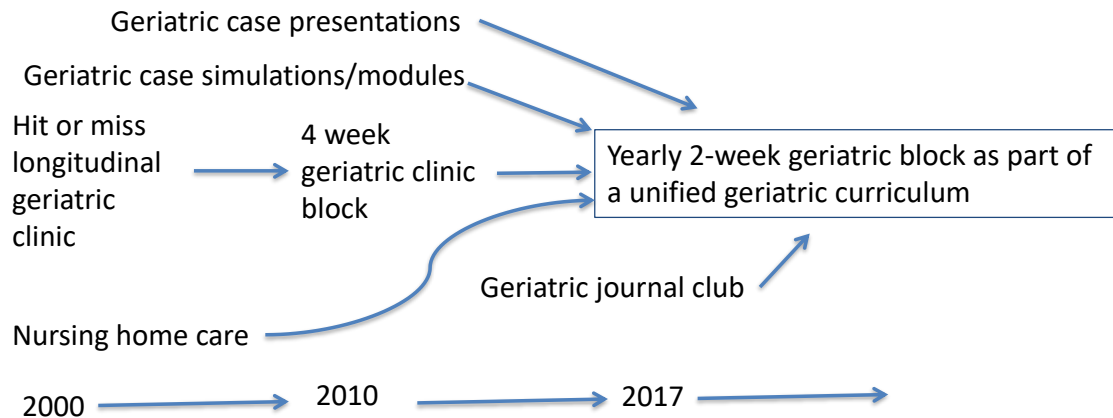
So, What Does ACGME Say?

- 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”.

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.

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 |

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

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

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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

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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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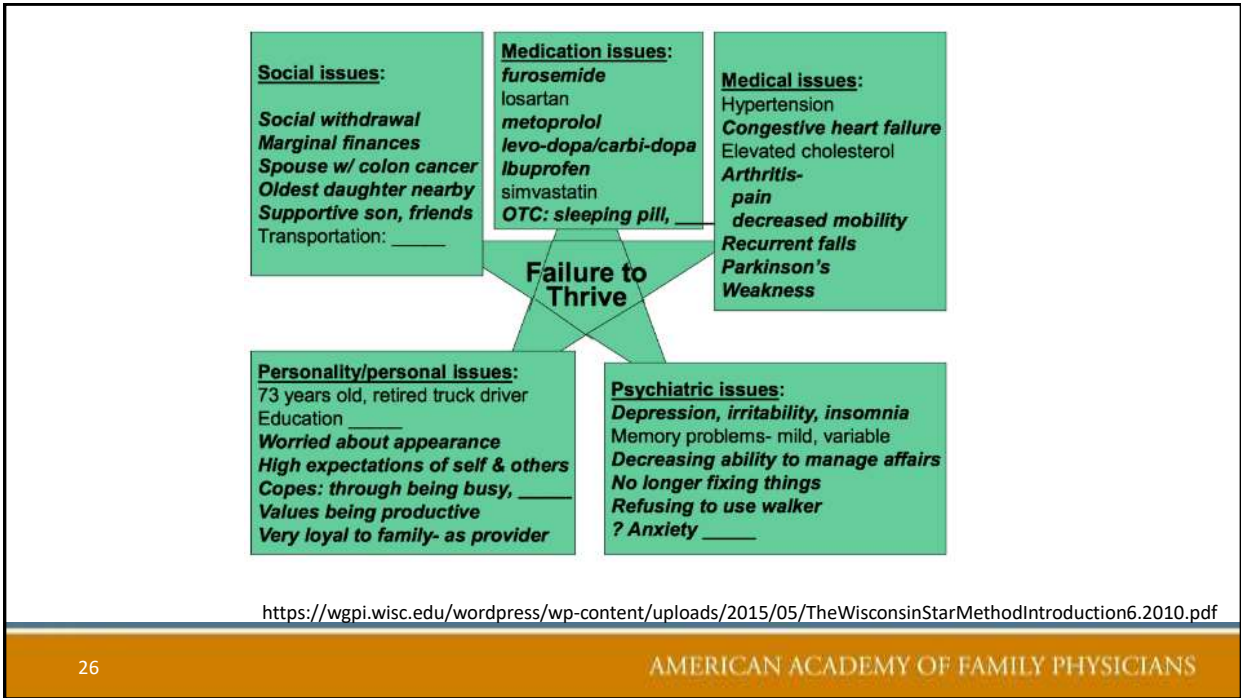
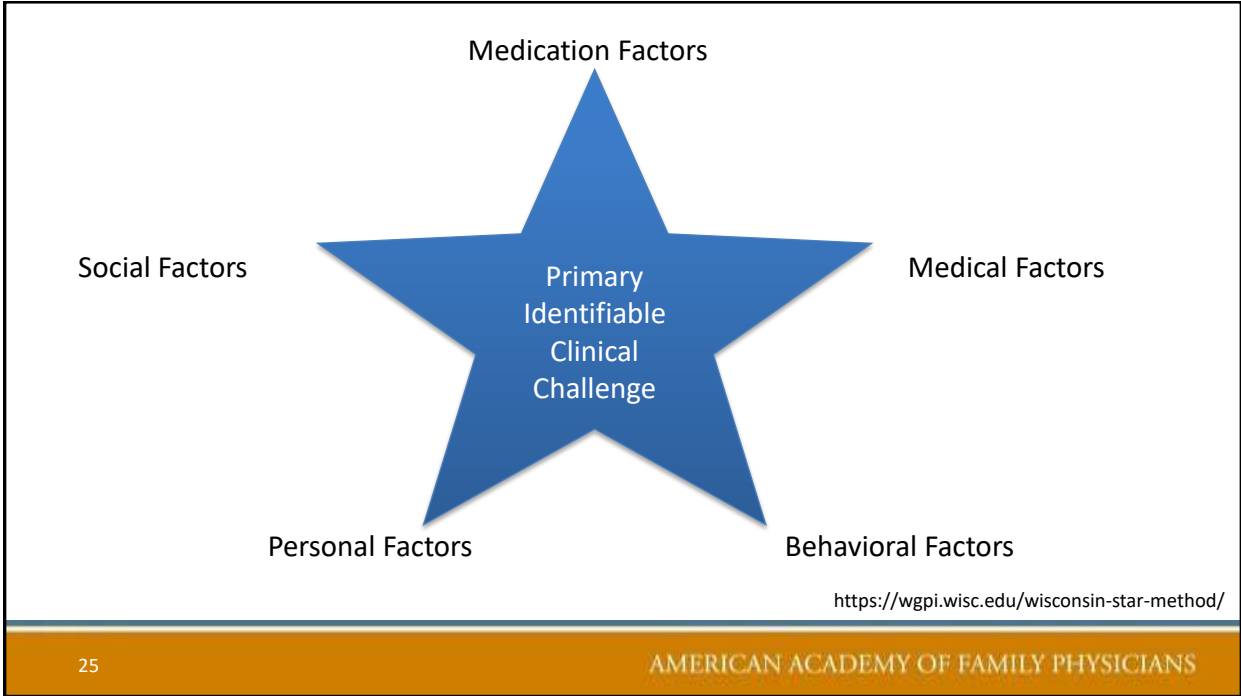
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Wisconsin “Star” Method

- 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?!?!?

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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

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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

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

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

Sample Case

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

Time to get interactive!

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)

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!

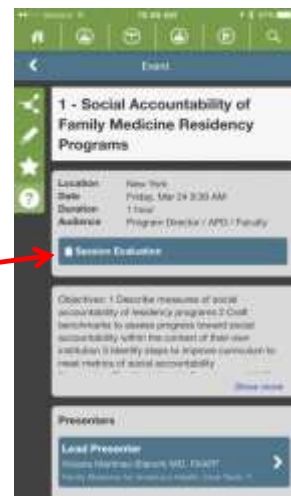


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Please...
Complete the
session evaluation.

Thank you.



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