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

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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.

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

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
Reality vs the ACGME


US Census 2010 Figures

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

- Geriatric case presentations
- Geriatric case simulations/modules
- Hit or miss longitudinal geriatric clinic
- 4 week geriatric clinic block
- Yearly 2-week geriatric block as part of a unified geriatric curriculum
- Geriatric journal club
- Nursing home care

2000 2010 2017

Iowa Geriatric Education Center

- [https://igec.uiowa.edu](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
Geriatric Assessment Clinic

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 AM – 12 PM</td>
<td>COC Clinic</td>
<td>GAC IRL</td>
<td>GAC IRL</td>
<td>COC Clinic</td>
</tr>
<tr>
<td>12 – 1 PM</td>
<td>NH Staffing</td>
<td>Family Medicine Noon Conference</td>
<td>Residency Meetings</td>
<td>Geriatric Journal Club or Residency Meetings</td>
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<tr>
<td>1 PM – 5 PM</td>
<td>GAC IRL or NH Rounds</td>
<td>VA Geriatric Clinic or GAC IRL</td>
<td>Admin time†</td>
<td>GAC IRL</td>
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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
Geriatric Assessment Clinic

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

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
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.

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
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.
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

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
Primary Identifiable Clinical Challenge

Medication Factors

Social Factors

Medical Factors

Personal Factors

Behavioral Factors

https://wgpi.wisc.edu/wisconsin-star-method/
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

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

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
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!

Family Medicine Residency

Please…

Complete the session evaluation.

Thank you.