COM GERIATRIC FELLOWSHIP MODULE: NEUROLOGY

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS

Osteopathic Principles & Practice
 	
(OPP)
	1. Describe the integration of Osteopathic principles and philosophy into the care of older adults.
	2. Recognize the limitations necessary to consider when performing OMT on older adults and frail older adults.
	3. Perform individualized OMT to treat acute or chronic symptoms of the older adult neurology patient.
	4. Utilize caring, compassionate, holistic, person-centered behavior with frail older adult patients and their families/caregivers.
	5. Role model caring for the whole person versus merely treating symptoms.
		• SDPC
		
		• W/COM
		
		• CP
		
		• RC
		
		• IR
		
		• D
			• Analyze the capacity of older adults to function across many domains:
			  ▪ Physical
			  ▪ Functional
			  ▪ Cognitive
			  ▪ Emotional
			  ▪ Social
			  ▪ Spiritual
			  ▪ Cultural
			
			• Describe the use of selection, optimization, and compensation that older adults use to adapt to life's challenges.
				• Komara
				
				• Ward
					• PRR
					
					• OQ
					
					• Mini-CEX
					
					• CEL
					
					• P/CL
					
					• PORTF
					
					• 360°

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
Medical Knowledge (MK)	1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences by application to patient care. *(ACGME)* 2. Recognize the biology & physiology of aging and the clinical implications to neuromuscular changes in geriatric outpatient or in a facility. *(AGS)* 3. Recognize and treat the following common medical disorders and issues impacting older adults: o Atypical presentation of illness o Delirium o Dementia o Falls o Gait & balance disorders o Infections o Parkinsonism o Parkinson's disease o Movement disorders o TIA o Subdural Hematoma o Intracerebral Bleed o Meningitis o Alcohol Related Neurologic	• SDPC • CP • IR • D	• Describe the eight (7) determinants of health (Health Field Model): o Function o Disease o Social environment and support system o Physical environment o Individual responses – behavior and biology o Healthcare system o Well-being • Recognize the unique individuality of older adults across cohorts and the continuum of care. • Utilize exercises that promote optimal aging and improve balance and strength.	• AGS-FT • Baltes & Baltes • Billings & Block • Brummel-Smith (2 articles) • DSM-5 • Fick & Mion • Flaherty • Fox • GRS8: Chapters 24,25,26,27,31,32,34,36, 37, & 59 • Hazzard • Herr & Mobily • Kane • Kotthoff-Burell • POGOe • Rowe & Kahn • Stuart • Tools: o Cognition o Function • TUGT • POMA	• CSR • PRR • OQ • MCQ • GS/DL • PORTF • JC / Literature Evaluation module • P/CL • EBM module

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES The geriatric fellow will:	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	o Insomnia o Seizure disorders o Carpal Tunnel Disorder o CNS Tumors o Peripheral Neuropathy o Headache o Vertigo/Dizziness o ALS o Myasthenia Gravis o Myopathy o Gilliam Barre Syndrome o Polypharmacy o Sensory impairment o Stroke 4. Discuss depression, anxiety, and behavioral issues often present in neurology patients. 5. Describe the roles of interprofessional team members. 6. Know when to refer for Neurology consult.				
Patient Care & Procedural Skills (PC/PS)	1. Demonstrate an understanding of the importance of knowing a patient's values, his/her definition of quality of life, and assist in determining goals of care for that person. 2. Determine decision making capacity and understand use of ethical principles, advance	• SDPC • CP • IR • D	• Promote optimal cognitive health and function. • Recognize social support systems as a critical factor in patient outcomes.	• GRS8: Chapters (listed on Page 2) • Hazzard • Kane • Labella	• PRR • CSR • OQ • CL

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	directives, guardianship, power of attorney, next-of-kin, guardianship, and surrogate decision maker. 3. Provide patient-centered care that optimizes function or well-being. *(EPA, 2013)* 4. Develop a plan of care that includes clinical evaluation, treatment, and follow-up that meet the patient, family and/or caregiver preferences. 5. Determine risk vs. benefit of management of behavioral problems & risk of falls. 6. Order testing in a medically appropriate and fiscally responsible manner, including Lumbar puncture, EEG and EMG. 7. Identify the health care continuum and transition of care upon discharge and options for older adults.			• Lo • Silverstein & Flaherty • Zembrzuski	• Mini-CEX • CEL • PORTF • 360º • PS • P/CL • GS/DL
Interpersonal & Communication Skills (IPCS)	1. Communicate with all patients and their families in a compassionate, culturally aware and effective manner. 2. Utilize cultural sensitivity in shared decision-making with older adults and their	• SDPC • JC • RC	• Avoid use of ageist and stereotypical language when communicating with older adults.	• Buckman (3 resources) • CHAMP	• CL • Mini-CEX • PORTF

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
(aimed at patient & health care team members)	families/caregivers regarding health literacy, desired level of participation, preferences, and goals of care. *(AGS)* 3. Work as a productive member of the interprofessional team. 4. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. *(ACGME)* 5. Participate and conduct family discussions and care conferences regarding patient goals of care while understanding cultural norms/values and maintaining patient autonomy. 6. Assist patients and families in clarifying goals of care and decision making. *(EPA, 2013)* 7. Assess and incorporate family/caregiver needs and limitations including stress and burden in the older adult's transition and management plans. *(AGS)* 8. Listen attentively and therapeutically, ask questions slowly when needed, and allow a pause/silence for the	• CP • IR • D			• CEL • PS • 360°

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	patient to provide information during care conferences. 9. Provide clear, concise oral presentations to preceptors. 10. Maintain comprehensive, timely, and legible medical records on consults and progress notes. 11. Return family calls in a timely manner and address patient/family concerns appropriately.				
Professionalism (P)	1. Demonstrate respect, compassion, integrity, and commitment at all times. 2. Role model respect of patients and their families across all cultures, ages, genders, sexual orientation, religions, and mental/physical disabilities. 3. Utilize CMS guidelines for all patient privacy issues. 4. Demonstrate a commitment to carrying out professional responsibilities and adherence to ethical standards. *(AGS)* 5. Demonstrate responsiveness to a patient's welfare that superseded self-interest. 6. Imbed into personal practice style the bio-ethical principles	• SDPC • Zemper • IR • CP • D		• SCS Ethics Course	• OQ • CSR • PRR • CL • Mini-CEX • PORTF • CEL • PS • 360 • SCS Ethics

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	of respect for patient autonomy, nonmaleficence, beneficence, fidelity, and justice. 7. Recognize the elements of the physician-patient relationship. 8. Provide compassionate care while establishing personal and professional boundaries with patients and families/caregivers. *(AGS)* 9. Arrive on time, stay to the completion of assignment duties, and promptly communicate all patient issues with the attending physician. 10. Dress professionally and appropriately for the environment and scheduled activities. 11. Apply ethical principles of conduct related to interactions with vendor representatives. 12. Implement the national standards for the protection of patient health information included in the *Standards for Privacy of Individually Identifiable Health Information* (privacy rule) and the *Health Insurance Portability and Accountability Ac*t of 1996 (HIPAA) .				Course

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	13. Demonstrate appropriate professional behavior in all clinical/academic settings through respect, courtesy, and helpfulness toward all patients, preceptors, teachers, and staff. 14. Demonstrate accountability and responsibility for content knowledge, schedules, and verbal instructions. 15. Demonstrate knowledge and understanding of adult learning theory and principles through self-directed learning and accumulation of geriatric knowledge. 16. Implement self-care by recognition of the signs/symptoms for fatigue and sleep deprivation and seek appropriate treatment. 17. Complete all components of the rotation in an agreed upon timeframe. 18. Complete a faculty and rotation evaluation at the end of the rotation and submit to the fellowship office with attendance attestation form.				
Practice-Based	1. Utilize the principles of andragogy (active adult	• SDPC		• AGS-FT	• JC / Literature

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Learning & Improvement (PBLI)	learning) for meeting fellowship neurology objectives (inquiry, self-direction, reflection, problem-based, goal directed/oriented). 2. Demonstrate the ability to investigate and self-evaluate care provided to patients. *(ACGME)* 3. Appraise and assimilate scientific evidence to continuously improve patient care based on on-going self-evaluation and life-long learning. *(ACGME)* 4. Demonstrate self-initiative in the use of information technology to access and retrieve materials for self-education. 5. Utilize principles of evidence-based medicine as they apply to care of the older adult in neurology. 6. Conduct focused up-to-date reading for self improvement and growth throughout the rotation. 7. Demonstrate the ability to deliver efficient and thorough holistic patient care discussions with preceptors.	• IR • D • SA		• Hazzard • Kane • SCS Training Modules regarding Research, JC / Literature Evaluation, EBM	Evaluation modules • PRR • CSR • Mini-CEX • PORTF • P/CL • SCS Research Training & Evidence Based Medicine Modules (Zemper) • 360°

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	8. Demonstrate independent self-learning by showing progressive improvement in geriatric patient care that reflects learning from prior experiences. 9. Systematically analyze practice utilizing quality improvement methods and implement changes with the goal of practice improvement. 10. Achieve defined therapeutic outcomes that improve a patient's quality of life while minimizing patient risk (medical errors). 11. Work diligently to promote/implement a culture of patient safety through involvement in improving patient care. 12. Utilize appropriate and effective teaching skills and techniques when educating patients, families, and other health care professionals.				
Systems-Based Practice	1. Coordinate patient care within the health care system and work in interprofessional teams to enhance patient safety and	• SDPC • AA	• Become knowledgeable about community-based resources that promote optimal aging and	• ASBH • BEERS 2012	• CL • Mini-CEX

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
(SBP)	improve quality and transition of care. 2. Refer patients to support services as appropriate. 3. Participate in advocacy activities that enhance the quality of patient care. 4. Demonstrate the ability to provide cost-effective care including the appropriate use of laboratory, radiology, and consultation services. 5. Incorporate cost awareness and risk-benefit analysis in patient care. 6. Utilize accurate and appropriate E&M coding and documentation for rehab services to maintain compliance with insurance regulations. 7. Collaborate and work as a leader or member of the interprofessional health care team. *(EPA, 2013)* 8. Prescribe medications in compliance with current medical standards of care.	• CP • CM • IR • D	refer/collaborate when appropriate for older adults after neurology services intervention.	• E & M • GRS8 Chapters: (See previous page 2) • Hazzard • HIPAA • JCAHO • Jonsen • Kane • Veatch	• PORTF • CEL • 360º • MCQ • CSR

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES *The geriatric fellow will:*	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION METHODS
	9. Utilize accepted guidelines for prescribing durable medical equipment and evaluating appropriate use. *(AGS)* 10. Communicate with primary care physicians, consultants or referring physicians and other providers to improve continuity, transitions, and quality of care. 11. Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. *(ACGME)*				