

COM GERIATRIC FELLOWSHIP TRAINING MODULE: NURSING HOME & SUB-ACUTE REHABILITATION

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES <i>The geriatric fellow will:</i>	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION
Osteopathic Principles & Practice (OPP)	<ol style="list-style-type: none"> 1. Describe the integration of Osteopathic principles and philosophy into the care of older adults and frail older adults. 2. Describe the musculoskeletal changes of normal and pathological aging and the limitations to consider when performing Osteopathic Manipulative Treatment (OMT). 3. Perform complete musculoskeletal exams and diagnose abnormalities as pertinent to the nursing home environment. 4. Perform individualized OMT to treat acute or chronic symptoms of the unique patient. 5. Utilize caring, compassionate, holistic, person-centered behavior with older adults and their families and caregivers. 	<ul style="list-style-type: none"> • SDPC • W/COM • CP • RC • IR • D 	<ul style="list-style-type: none"> • Analyze the capacity of older adults to function across many domains: <ul style="list-style-type: none"> • Physical • Functional • Cognitive • Emotional • Social • Spiritual • Describe the use of: <ul style="list-style-type: none"> • Selection • Optimization • Compensation that older adults use to adapt to life's challenges. 	<ul style="list-style-type: none"> • Chila • GRS8 Chapters: 56, 57 • Komara 	<ul style="list-style-type: none"> • PRR • ORAL • SP • S/M • OSCE • 360° • Mini-CEX • JC • PORTF • CEL

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<p align="center">Medical Knowledge (MK)</p>	<ol style="list-style-type: none"> 1. Analyze the biology and physiology of aging. 2. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences by application to patient care. <i>(ACGME)</i> 3. Incorporate theories of aging into practice. 4. Demonstrate current scientific knowledge of aging and longevity including theories of aging and epidemiology of aging populations. <i>(AGS)</i> 5. Utilize psychological models of late life development in planning care for older adults. 6. Demonstrate an in-depth understanding and knowledge of the following: <ul style="list-style-type: none"> • Adjustment disorders • Anemia • Appropriate prescribing • Atypical presentation • Behavior disturbances in dementia • Bereavement • Common infections, infection control, immunizations • Delirium • Dementia 	<ul style="list-style-type: none"> • SDRC • IR • D • CC • CP 	<ul style="list-style-type: none"> • Define optimal aging. • Compare/contrast optimal aging to successful aging. • Describe the eight (8) determinants of health (Health Field Model): <ul style="list-style-type: none"> • Function • Disease • Social environment and support system • Physical environment • Genetic endowment • Individual responses – behavior and biology • Healthcare system • Well-being • Recognize the unique individuality of older adults across cohorts and the continuum of care. 	<ul style="list-style-type: none"> • AGS-FT • AGS – pain (2 articles) • AMDA: acute change of condition; altered nutritional status; anemia; common infections; COPD management; dehydration & fluid maintenance; delirium & acute problematic behavior; dementia; depression; diabetes management; fall & fall risk; GI disorders; health 	<ul style="list-style-type: none"> • CSR • ORAL • MCQ • CEL • Mini-CEX • PORTF • JC

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	<ul style="list-style-type: none"> • Depression • Determining decision-making capacity, advance care planning & directives • Dizziness • Eating & feeding issues/problems • Elder abuse & fraud • Falls, gait impairment, balance problems • Geriatric syndromes • Grief/loss • Iatrogenics • Kidney diseases & disorders • Malnutrition • Musculoskeletal diseases & disorders • Polypharmacy • Pressure ulcers • Sensory impairment • Sexuality • Tests & measures of physical, cognitive, psychosocial, spiritual aging & functioning • Urinary & bowel incontinence • Vertigo <p>7. Recognize and treat common medical problems such as:</p> <ul style="list-style-type: none"> • Anxiety 		<ul style="list-style-type: none"> • Utilize exercises that promote optimal aging and improve balance and strength. • List the primary biological activities/factors known to increase the chance of aging optimally: <ul style="list-style-type: none"> • Exercise • Nutrition • Sleep • Avoidance of disease-causing agents • Practicing preventive medicine • Early treatment of disease and medical conditions • Avoidance of iatrogenic complications 	<p>maintenance; HF; osteoporosis & fracture prevention; pain management; PD; pressure ulcers; sleep disorders; stroke management & prevention; UI</p> <ul style="list-style-type: none"> • Baltes & Baltes • Brummel-Smith (2 articles) • Buckman • DSM-5 • Fick & Mion • Flaherty 	

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	<ul style="list-style-type: none"> • Arrhythmias • Arthritis (variations) • Cardiovascular diseases & disorders • Dermatologic conditions • Diabetes • Endocrine & metabolic disorders • Gastrointestinal diseases & disorders • GERD • HF • HTN • Neurologic diseases & disorders • Neuropathy • Osteoporosis • Pain/symptom management • Parkinson's disease • PVD • Respiratory diseases & disorders • Sleep problems • Stroke • Syncope • Thyroid disease • Unintended weight loss • Wound care <p>8. Interpret and utilize functional and cognitive assessment tools (screens) in the evaluation of</p>			<ul style="list-style-type: none"> • GRS8 Chapters: 1, 2, 3, 7, 11, 13, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 47, 48, 49, 50, 51, 52, 59, 60, 61, 62, • Hazzard • Kane • OEPEC • Oxford • Pain • POGOe • Rowe & Kahn • Stuart • Zemper (ACSM) 	

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	frail elderly patients. 9. Work effectively in providing comfort, palliative, Hospice, or end of life care. 10. Describe the roles of allied health professionals including physical therapists, occupational therapists, psychologists, speech and language pathologists, prosthetists, orthotists, and others. 11. Utilize educational resources available to develop specific and current knowledge in geriatrics and nursing home care. 12. Utilize clinical questions and cases for discussion, research, and quality improvement. 13. Synthesize the Minimum Data Set (MDS) and learn how to analyze the data for improved patient health and outcomes.				
Patient Care & Procedural Skills (PC/PS)	<ol style="list-style-type: none"> 1. Provide patient-centered care that optimizes function and/or well-being. <i>(EPA, 2013)</i> 2. Diagnose and understand the management of the most common problems in frail older adults. 3. Incorporate the practice of health promotion and disease prevention in patient care. <i>(ACGME, 2013)</i> 4. Conduct appropriately focused 	<ul style="list-style-type: none"> • SDPC • CP • IR • D 	<ul style="list-style-type: none"> • Promote optimal nutrition for each unique individual. • Promote optimal cognitive health and function. • Recognize social support systems as a critical 	<ul style="list-style-type: none"> • Beers • GRS8 Chapters: 6, 23 • Hazard • Kane • POGOe – 	<ul style="list-style-type: none"> • 360° • PRR • CSR • OSCE • Oral • S/M

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<p><i>* In long-term-care individuals are referred to as residents</i></p>	<p>history and physical exams.</p> <p>5. Recognize and interpret medical, mental/emotional, spiritual, and functional problems.</p> <p>6. Develop, prioritize, and justify differential diagnoses in frail older adults.</p> <p>7. Conduct appropriate and accurate assessment/evaluation of cognition, pain, and mood.</p> <p>8. Work to limit restraint use, falls, pressure sores, psychotropic drug use, and weight loss.</p> <p>9. Evaluate medications for necessity, dose accuracy, and interactions and prescribe appropriately considering physiologic changes and financial barriers.</p> <p>10. Conduct an appropriate post operative evaluation in the sub-acute rehabilitation environment.</p> <p>11. Develop plans of care that include clinical evaluation, treatment, and follow-up that meet the resident and/or family preferences.</p> <p>12. Prioritize and manage the care of older adults by integrating the patient's goals and values, co-morbidities, and prognosis into the practice of evidence-based medicine. (EPA, 2013)</p>		<p>factor in resident outcomes.</p> <ul style="list-style-type: none"> Demonstrate the ability to manage psycho – social – spiritual aspects of the care of older adults including interpersonal and family relationships, living situations, adjustment disorders, bereavement, and anxiety. (AGS) Incorporate knowledge of the benefits of social engagement and interaction in resident plans of care. 	<p>drugs & aging</p> <p><i>Instruments, Scales & Tools</i></p> <ul style="list-style-type: none"> Braden Scale PHQ9 GDS-SF CSDD MoCA Mini-Cog 	<ul style="list-style-type: none"> CL Mini-CEX CEL PORTF

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	13. Follow longitudinal care across the continuum including learning activities and effective patient management. 14. Analyze the health care continuum and discharge options for the elderly including community resources. 15. Incorporate preventative care into care of nursing home patients. 16. Demonstrate accurate skills in clinical documentation in the medical record.				
Interpersonal & Communication Skills (IPCS)	1. Communicate with frail (including the cognitively impaired and dying) nursing home patients and their families in a comfortable, compassionate, and effective manner. 2. Utilize cultural sensitivity in share decision-making with older adults and their families/guardians regarding health literacy, desired level of participation, preferences, and goals of care. (AGS) 3. Communicate with interdisciplinary teams, including nurses, social workers, physical therapists, occupational therapists, speech therapists, and other members of	<ul style="list-style-type: none"> • SDPC • JC • RC • IR • D • CC 	<ul style="list-style-type: none"> • Avoid use of ageist and stereotypical language when communicating with older adults. 	<ul style="list-style-type: none"> • Buckman (3 resources) 	<ul style="list-style-type: none"> • 360° • PS • OSCE • SP • CL • Mini-CEX • CEL • PORTF

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	<p>the nursing home team.</p> <ol style="list-style-type: none"> 4. Utilize therapeutic and effective communication with families/guardians in a manner that respects the patient's right to privacy. 5. Participate productively and cooperatively in interdisciplinary treatment planning. 6. Participate and conduct family discussions and care conferences regarding patient goals of care while understanding cultural norms/values and maintaining patient autonomy. 7. Assist patients and families in clarifying goals of care and making decisions. <i>(EPA, 2013)</i> 8. Develop satisfactory skill and competence in the supervision and teaching of Family Medicine or Internal Medicine residents, and medical students who are on the nursing home rotation. 9. Demonstrate positive leadership skills as head of a health care team. 10. Return family calls in a timely manner and address patient/family concerns ethically and appropriately. 11. Communicate with supervising 				

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	<p>attending physicians regarding patient care needs, care provided when on-call, and scheduling issues.</p> <p>12. Maintain comprehensive, timely, accurate, and legible medical records.</p>				
<p>Professionalism</p> <p>(P)</p>	<ol style="list-style-type: none"> 1. Utilize the Centers for Medicare and Medicaid Services (CMS) guidelines on patient privacy issues. 2. Demonstrate respect, compassion, and commitment toward patients and their families, staff, and other health care professionals at all times. 3. Provide compassionate care while establishing personal and professional boundaries with patients and families/caregivers. <i>(AGS)</i> 4. Utilize ethical considerations in the care of the nursing home patient. 5. Comprehend the legal parameters and rules governing nursing home facilities. 6. Incorporate principles of risk management in to practice. 7. Recognize and respect variances in ethnicity/culture, age range, gender, sexual orientation, disabilities, socioeconomic status, spiritual/religious 	<ul style="list-style-type: none"> • SDPC • IR • JC • CP • D • Zemper 		<ul style="list-style-type: none"> • Chila 	<ul style="list-style-type: none"> • 360° • PS • ORAL • CSR • PRR • CL • Mini-CEX • CEL • PORTF

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	<p>preferences, urban/rural settings across older adult cohorts.</p> <p>8. Arrive on time, stay engaged to the completion of assigned duties, and promptly communicate all patient issues with the attending physician.</p> <p>9. Dress appropriately for the environment and planned activity.</p> <p>10. Implement the national standards for the protection of patient health information (included in the <i>Standards for Privacy of Individually Identifiable Health Information</i> (privacy rule) and the <i>Health Insurance Portability and Accountability Act</i> of 1996 (HIPAA).</p> <p>11. Know the Omnibus Budget Reconciliation Act (OBRA) of 1987 and utilize the standards of care and rights for people living in certified nursing facilities.</p> <p>12. Demonstrate respect, courtesy and helpfulness toward all patients, preceptors, teachers, staff, peers, and colleagues.</p> <p>13. Demonstrate knowledge of the content of the rotation curriculum, schedules, verbal instructions, and timely completion of all components of the rotation.</p>				

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	14. Attend all planned and assigned activities and conferences unless proactively excused for mandatory clinical experiences. 15. Demonstrate knowledge and understanding of adult learning theory and principles through self-directed learning and accumulation of geriatric knowledge. 16. Practice self-care practices through recognition of the signs/symptoms of fatigue and sleep deprivation and seek treatment. 17. Complete a fellowship evaluation at the end of the rotation.				
Practice-Based Learning & Improvement (PBLI)	1. Utilize the principles of evidence-based medicine as they apply to care of the older frail adult. 2. Appraise and assimilate scientific evidence to continuously improve patient care based on ongoing self-evaluation and life-long learning. (ACGME) 3. Demonstrate the ability to investigate and self-evaluate care provided to patients. (ACGME) 4. Utilize the principles of andragogy (active adult	<ul style="list-style-type: none"> • SDPC • IR • D • SA • AA • MDM • M 	<ul style="list-style-type: none"> • Advocate for public education and public policy that can influence health promotion and wellness for older adults at a local, state, and national level. 	<ul style="list-style-type: none"> • AGS-FT • Hazzard • Kane • GRS8 	<ul style="list-style-type: none"> • JC • PRR • CSR • 360° • PS • PORTF • CEL • SCS

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	<p>learning) for meeting fellowship nursing home rotation objectives (inquiry, self-direction, reflection, problem-based, goal directed/oriented).</p> <ol style="list-style-type: none"> 5. Demonstrate self-initiative in the use of information technology to access and retrieve materials for self-education. 6. Demonstrate critical appraisal and self-education through use of supplementary readings and materials relevant to patients encountered during the rotation. 7. Demonstrate independent self-learning by showing progressive improvement in geriatric patient care that reflects learning from prior experiences. 8. Facilitate a family meeting. <i>(EPA, 2013)</i> 9. Utilize a patient case from the nursing home for a Morbidity and Mortality (M&M) conference to self-evaluate care provided. 10. Provide feedback on deficiencies in practice and provide methods to rectify the issues. 11. Systematically analyze practice utilizing quality improvement methods and implement changes with the goal of practice 				<p>Research Training & Evidence Based Modules (Zemper)</p>

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	<p>improvement.</p> <p>12. Achieve defined therapeutic outcomes that improve a patient's quality of life while minimizing patient risk (medical errors; iatrogenic conditions).</p> <p>13. Work diligently to promote and implement a culture of patient safety through involvement in improving patient care.</p>				
<p>Systems-Based Practice</p> <p>(SBP)</p>	<p>1. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve quality and transition of care.</p> <p>2. List services available in the nursing home and when to refer/consult for: podiatry, dentistry, wound care, optometry, audiology, psychiatry, social work, therapy, spiritual services.</p> <p>3. Demonstrate effective interaction with the nursing home care team including nursing staff, social workers, physical therapists, occupational therapists, speech and language pathologists, pharmacists, nurse practitioners, and others.</p> <p>4. Demonstrate the ability to</p>	<ul style="list-style-type: none"> • SDPC • AA • CC • CP • CM • IR • D 	<ul style="list-style-type: none"> • Become knowledgeable about community-based resources that promote optimal aging and refer/collaborate when appropriate for older adults in nursing facilities. 	<ul style="list-style-type: none"> • AMDA: transitions of care • ASBH • E&M • GRS8 Chapters: 18 & 19 • Hazzard • HIPAA • Jonsen • Kane • Veatch 	<ul style="list-style-type: none"> • 360° • PS • MCQ • CL • Mini-CEX • CEL • PORTF

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	<p>provide cost-effective care including the appropriate use of laboratory and radiology services.</p> <p>5. Facilitate curricular development through cooperative learning and constructive problem solving with faculty, internal medicine residents, family medicine residents, medical students, and nurse practitioner students.</p> <p>6. Compare/contrast the provision of care in the nursing home versus the acute care setting.</p> <p>7. Utilize accurate and appropriate E&M coding for nursing home services to maintain compliance, and eligibility with insurance regulations.</p> <p>8. Incorporate Advance Care Planning strategies into patient care.</p> <p>9. Describe the role of the Nursing Home Administrator.</p> <p>10. Discuss the Medical Director responsibilities applicable to patient care, including F-tags.</p>				

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