

GERIATRIC FELLOWSHIP TRAINING MODULE: GERIATRIC PSYCHIATRY

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES <i>The geriatric fellow will:</i>	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION
Osteopathic Principles & Practice	<ol style="list-style-type: none"> 1. Describe the integration of Osteopathic principles and philosophy into the care of older adults. 2. Utilize caring, compassionate, holistic, person-centered behavior with older patients and their families. 	<ul style="list-style-type: none"> • SDPC • W/COM • CP • RC • IR • D 	<ul style="list-style-type: none"> • Discuss the capacity of older adults to function across many domains – physical, functional, cognitive, emotional, social & spiritual. • Describe the use of selection, optimization, and compensation that older adults use to adapt to life's challenges. 	<ul style="list-style-type: none"> • Komara • Ward • Williams 	<ul style="list-style-type: none"> • PRR • OQ • PORTF • 360° • PC/L
Medical Knowledge	<ol style="list-style-type: none"> 1. Distinguish normal changes of aging from disease states. 2. Utilize psychological models of late life development in care of the older adult. 3. Demonstrate an in-depth 	<ul style="list-style-type: none"> • SDPC • AGS-FT • CP • IR 	<ul style="list-style-type: none"> • Define optimal aging. • Compare/contrast optimal aging to successful aging. • Describe the eight (8) determinants of health (Health 	<ul style="list-style-type: none"> ▪ Billings & Block ▪ Brummel-Smith (2 articles) ▪ Fox 	<ul style="list-style-type: none"> • CSR • OQ • MCQ • P/CL

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	<p>knowledge of the following:</p> <ul style="list-style-type: none"> • Adjustment disorders • Anxiety • Appropriate prescribing • Arrhythmias • Atypical presentation • Behavior disturbances • Bereavement • Delirium • Dementia • Depression • Elder abuse & fraud • Falls, gait, balance problems • Grief/loss • Malnutrition (STI's, Eating Disorders) • Mental health disorders • Nutrition • Pain/symptom management • Polypharmacy • Sexuality • Substance use & abuse • Thyroid disease <p>4. Describe the role of psychologists.</p>		<p>Field Model).</p> <ul style="list-style-type: none"> • Recognize the unique individuality of older adults across cohorts and the continuum of care. 	<ul style="list-style-type: none"> ▪ GRS8: Chapters 34, 35, 36,37, 39, 40, 41, 42, 43, and 44 ▪ DSM-5 ▪ Hazzard ▪ Kane ▪ POGOe ▪ AGS – Pain (2 articles) ▪ EPEC ▪ OEPEC ▪ Cognitive Tools ▪ Prognostication Tools 	<ul style="list-style-type: none"> • PORTF • GS/DL • JC / Literature Evaluation module • Research module • EBM module

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<p>Patient Care</p>	<ol style="list-style-type: none"> 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 individual. 2. Determine decision-making capacity. 3. Conduct an appropriately focused history and physical exams. 4. Recognize and interpret medical, mental/emotional, spiritual, and functional problems. 5. Develop, prioritize and justify differential diagnoses in older adults. 6. Develop treatment plans that include clinical evaluation, treatment and follow-up that meet the patient and/or family preferences. <ul style="list-style-type: none"> • Identify patient strengths & weaknesses 7. Assess appropriateness of social support networks. 8. Conduct appropriate and 	<ul style="list-style-type: none"> • SDPC • CP • IR • D 	<ul style="list-style-type: none"> • Promote optimal nutrition. • Promote optimal cognitive health and function. • Recognize social support systems as a critical factor in resident outcomes. • Incorporate knowledge of the benefits of social engagement and interaction in resident plans of care. 	<ul style="list-style-type: none"> ▪ POGOe - Drugs and Aging ▪ Beers ▪ Hazzard ▪ Kane ▪ Lo 	<ul style="list-style-type: none"> ▪ PRR ▪ CSR ▪ OQ ▪ CL ▪ P/CL ▪ PORTF ▪ 360° ▪ Mini-CEX ▪ GS/DL

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	<p>accurate assessment/evaluation of cognition and mood.</p> <p>9. Evaluate medications (including psychotropic) for necessity, dose accuracy, and interactions, and prescribe appropriately considering physiologic changes and financial barriers.</p> <p>10. Explain the health care continuum and available community psychiatric resources.</p> <p>11. Describe the types of living environments available to older adults.</p> <p>12. Participate in interprofessional teams and collaborate with resources in the community to coordinate care for the older adults experiencing complex psychiatric issues.</p> <p>13. Identify when to refer patients for neuro-psychiatric testing.</p> <p>14. Identify when to refer patients for inpatient psychiatric admit.</p>				

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Interpersonal & Communication Skills	<ol style="list-style-type: none"> 1. Communicate with all patients and their families in a compassionate and effective manner. 2. Discuss the importance of communicating with family member/guardians of older adults while respecting the patient's right to privacy and federal statutes. 3. Incorporate elements of health literacy in to practice with older adults. 4. Communicate effectively with interprofessional teams. 5. Provide clear, concise oral presentations to preceptors. 6. Communicate with supervising attending physicians regarding patient care needs, care provided when on-call, and scheduling issues. 7. Maintain comprehensive, timely, accurate, and legible patient medical records and include updated histories, problem lists, and medication lists at each visit. 	<ul style="list-style-type: none"> • SDPC • JC • RC • CP • IR • D 	<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) • CHAMP 	<ul style="list-style-type: none"> • PS • CL • PORTF • 360° • Mini-CEX

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	<ol style="list-style-type: none"> 8. Complete documentation and obtain the preceptor signature. 9. Dictate a concise report to referring health care providers outlining the assessment and recommendations derived from a psychiatric geriatric evaluation. 10. Return patient calls in a timely manner and address patient/family concerns ethically and appropriately. 				
Professionalism	<ol style="list-style-type: none"> 1. Utilize the Centers for Medicare/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. Apply ethical concepts and considerations in the care of the older adult. 4. Incorporate principles of risk management into practice. 5. Recognize and respect variances in 	<ul style="list-style-type: none"> • SDPC • IR • CP • D 			<ul style="list-style-type: none"> • PS • OQ • CSR • PRR • CL • PORTF • 360° • PS • Mini-CEX

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	<p>ethnicity/culture, age range, gender, sexual orientation, disabilities, socioeconomic status, urban/rural, and spiritual/religious preferences across older adult cohorts.</p> <p>6. 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 of 1996</i> (HIPAA) .</p> <p>7. Participate in diversity awareness opportunities as able.</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>				<ul style="list-style-type: none"> • SCS Ethics Course

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	10. Demonstrate respect, courtesy and helpfulness toward all patients, preceptors, teachers, staff, peers, and colleagues. 11. Demonstrate knowledge of the content of the rotation curriculum, schedules, verbal instructions, and timely completion of all components of the rotation. 12. Attend all planned and assigned activities and conferences unless proactively excused for mandatory clinical experiences. 13. Recognize the signs/symptoms and treatment for fatigue and sleep deprivation. 14. Complete a faculty/rotation evaluation at the end of the rotation.				
Practice-Based Learning & Improvement	1. Utilize principles of evidence-based medicine as it applies to the care of the older adult. 2. Identify personal areas of weakness in medical knowledge of psychiatric care and perform focused	<ul style="list-style-type: none"> • SDPC • AGS-FT • IR • D 	<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 	<ul style="list-style-type: none"> • Hazzard • Kane • SCS training modules regarding Research, 	<ul style="list-style-type: none"> • JC / Literature Evaluation modules • PRR

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	<p>reading for self improvement throughout the rotation.</p> <p>3. Demonstrate progression of learning through patient care discussions with preceptors.</p> <p>4. Demonstrate independent self-learning by showing progressive improvement in geriatric patient care that reflects learning from prior experiences.</p> <p>5. Demonstrate critical appraisal and self-education through use of supplementary readings and materials relevant to patients encountered during the rotation.</p> <p>6. Demonstrate self-initiative in the use of information technology to access and retrieve materials for self-education.</p>	<ul style="list-style-type: none"> SA 	<p>local, state, and national level.</p>	<p>Literature Evaluation, and EBM</p>	<ul style="list-style-type: none"> CSR PS PORTF SCS Research Training & Evidence Based Medicine Modules (Zemper) 360° Mini-CEX
<p>Systems-Based Practice</p>	<ol style="list-style-type: none"> Demonstrate effective interaction with staff. Demonstrate the ability to provide cost-effective care. Prescribe medications in 	<ul style="list-style-type: none"> SDPC AA CP 	<ul style="list-style-type: none"> Become knowledgeable about community-based resources that promote optimal 	<ul style="list-style-type: none"> Hazzard Kane JCAHO 	<ul style="list-style-type: none"> PS 360° MCQ

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	<p>compliance with patients' insurance coverage and medical standards of care.</p> <p>4. Identify sources of support or alternative lower cost regimens for patients with financial concerns.</p> <p>5. 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>6. Investigate what services are available in the community for older adults and know when to refer/consult.</p> <p>7. Coordinate referrals to appropriate specialists for further evaluation and treatment beyond area of expertise and implement appropriate recommendations from these consultations.</p> <p>8. Incorporate advance care planning strategies into</p>	<ul style="list-style-type: none"> • CM • IR • D 	<p>aging and refer/collaborate when appropriate for older adults in nursing facilities.</p>	<ul style="list-style-type: none"> • HIPAA • E & M • DSM-5 	<ul style="list-style-type: none"> • CL • PORTF • CSR • Mini-CEX

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	patient care. 9. Utilize accurate DSM5 information. 10. Apply insurance coverage guidelines when prescribing tests and medications. 11. Communicate with primary care physicians, consultants or referring physicians to improve continuity and quality of care.				

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