

## GERIATRIC FELLOWSHIP TRAINING MODULE: AMBULATORY CARE

CORE COMPETENCY (AOA & ACGME)	OBJECTIVES <i>The geriatric fellow will:</i>	INSTRUCTIONAL STRATEGY	OPTIMAL AGING COMPONENT	CONTENT & RESOURCES	EVALUATION
<b>Osteopathic Principles &amp; Practice</b>	<ol style="list-style-type: none"> <li>1. Describe the integration of Osteopathic principles and philosophy into the care of older adults and the frail elderly living in the community.</li> <li>2. Describe the musculoskeletal changes of normal and pathological aging and the limitations to consider when performing Osteopathic Manipulative Treatment (OMT) on older adults.</li> <li>3. Perform complete musculoskeletal exams and diagnose abnormalities.</li> <li>4. Perform individualized OMT to treat acute or chronic symptoms of the unique older adult.</li> <li>5. Utilize caring, compassionate, holistic, person-centered behavior with older patients and their families.</li> </ol>	<ul style="list-style-type: none"> <li>• SDPC</li> <li>• W/COM</li> <li>• CP</li> <li>• RC</li> <li>• IR</li> <li>• D</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss the capacity of older adults to function across many domains – physical, functional, cognitive, emotional, social &amp; spiritual.</li> <li>• Describe the use of selection, optimization, and compensation that older adults use to adapt to life's challenges.</li> </ul>	<ul style="list-style-type: none"> <li>• Komara</li> <li>• Ward</li> <li>• Williams</li> </ul>	<ul style="list-style-type: none"> <li>• PRR</li> <li>• ORAL</li> <li>• SP</li> <li>• S/M</li> <li>• OSCE</li> <li>• 360°</li> <li>• PORTF</li> </ul>

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<p><b>Medical Knowledge</b></p>	<ol style="list-style-type: none"> <li>1. Analyze the biology and physiology of aging.</li> <li>2. Recognize the normal and expected changes of aging.</li> <li>3. Distinguish changes of aging from disease states.</li> <li>4. Apply theories of aging to the care of older adults.</li> <li>5. Utilize psychological models of late life development in care of the older adult.</li> <li>6. Apply the concept of medical genetics and applicability to patient testing and education.</li> <li>7. Demonstrate an in-depth knowledge of the following: <ul style="list-style-type: none"> <li>• Adjustment disorders</li> <li>• Anxiety</li> <li>• Appropriate prescribing</li> <li>• Arrhythmias</li> <li>• Arthritis (variations)</li> <li>• Atypical presentation</li> <li>• Behavior disturbances</li> <li>• Bereavement</li> <li>• Common infections,</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• SDPC</li> <li>• AGS-FT</li> <li>• CP</li> <li>• IR</li> <li>• D</li> </ul>	<ul style="list-style-type: none"> <li>• Define optimal aging.</li> <li>• Compare/contrast optimal aging to successful aging.</li> <li>• Describe the eight (8) determinants of health (Health Field Model).</li> <li>• Recognize the unique individuality of older adults across cohorts and the continuum of care.</li> <li>• Utilize exercises that promote optimal aging and improve balance and strength.</li> <li>• List the primary biological activities/factors known to increase the chance of aging optimally</li> </ul>	<ul style="list-style-type: none"> <li>▪ Billings &amp; Block</li> <li>▪ Brummel-Smith (2 articles)</li> <li>▪ Fox</li> <li>▪ GRS7: Chapter 2 – Biology of Aging</li> <li>▪ GRS7: Chapter 16 – Hospital Care</li> <li>▪ Hazzard</li> <li>▪ Kane</li> <li>▪ POGOe</li> <li>▪ AGS – Pain (2 articles)</li> <li>▪ EPEC</li> <li>▪ OEPEC</li> <li>▪ Cognitive Tools</li> <li>▪ Prognostication Tools</li> </ul>	<ul style="list-style-type: none"> <li>• CSR</li> <li>• ORAL</li> <li>• MCQ</li> <li>• LOG</li> <li>• PORTF</li> <li>• JC</li> </ul>

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	infection control, immunizations <ul style="list-style-type: none"> <li>• Delirium</li> <li>• Dementia</li> <li>• Depression</li> <li>• Diabetes</li> <li>• Dermatologic conditions</li> <li>• Determining decision-making capacity &amp; advance care planning &amp; directives</li> <li>• Dizziness</li> <li>• Elder abuse &amp; fraud</li> <li>• Falls, gait, balance problems</li> <li>• GERD</li> <li>• Geriatric syndromes</li> <li>• Grief/loss</li> <li>• Heart disease</li> <li>• HF</li> <li>• HTN</li> <li>• Hyperlipidemia</li> <li>• Incontinence</li> <li>• Male health issues</li> <li>• Malnutrition</li> <li>• Mental health disorders</li> <li>• Neuropathy</li> <li>• Nutrition</li> <li>• Osteoporosis</li> <li>• PAD</li> </ul>		(exercise, nutrition, sleep, avoidance of disease-causing agents, practicing preventive medicine, early treatment of disease and medical conditions, avoidance of iatrogenic complications).		

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	<ul style="list-style-type: none"> <li>• Pain/symptom management</li> <li>• Parkinsonism</li> <li>• Parkinsons' disease</li> <li>• Polypharmacy</li> <li>• Pressure ulcers</li> <li>• PVD</li> <li>• Seizure disorders</li> <li>• Sensory impairment</li> <li>• Sexuality</li> <li>• Stroke</li> <li>• Substance use &amp; abuse</li> <li>• Tests &amp; measures of physical, cognitive, psychosocial, spiritual aging &amp; function</li> <li>• Thyroid disease</li> <li>• Tremor</li> <li>• Vertigo</li> <li>• Weight loss/gain</li> <li>• Women's health issues</li> </ul> <p>8. Accurately diagnose and treat/manage the conditions in #5 above.</p> <p>9. Complete a pre-operative evaluation.</p> <p>10. Integrate appropriate post-operative care within the available community care resources.</p> <p>11. Interpret and utilize aging</p>				

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	<p>assessment tools and screening instruments in the evaluation of older adults.</p> <p>12. Describe the components of a home visit, home care, and available community resources for care.</p> <p>13. Work effectively in providing comfort, palliative, Hospice, or end of life care.</p> <p>14. Describe the roles of allied health professionals, including: physical therapists, occupational therapists, psychologists, speech and language pathologists, prosthetists, orthotists, and others.</p> <p>15. Utilize educational resources available to develop specific and current knowledge in current ambulatory geriatric care.</p> <p>16. Utilize clinical questions and cases for discussion, research, and quality improvement (QI).</p>				

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<p><b>Patient Care</b></p>	<ol style="list-style-type: none"> <li>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.</li> <li>2. Incorporate elements of family systems theory into practice.</li> <li>3. Discuss the impact of family systems theory on care planning.</li> <li>4. Determine decision-making capacity.</li> <li>5. Counsel patients regarding preventative care.</li> <li>6. Conduct an assessment of medical and functional status and identify and appropriately manage groups of older persons who differ in their needs for continuing care:               <ul style="list-style-type: none"> <li>• Vigorous &amp; healthy elderly</li> <li>• Elderly with a variety of acute &amp; chronic medical conditions</li> <li>• Frail older persons experiencing transitions</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>• SDPC</li> <li>• CP</li> <li>• IR</li> <li>• D</li> </ul>	<ul style="list-style-type: none"> <li>• Promote optimal nutrition.</li> <li>• Promote optimal cognitive health and function.</li> <li>• Recognize social support systems as a critical factor in resident outcomes.</li> <li>• Incorporate knowledge of the benefits of social engagement and interaction in resident plans of care.</li> </ul>	<ul style="list-style-type: none"> <li>▪ POGOe - Drugs and Aging</li> <li>▪ Beers</li> <li>▪ Hazzard</li> <li>▪ Kane</li> <li>▪ Lo</li> <li>▪ GRS7: Chapters 4, 15, 32, 33</li> </ul>	<ul style="list-style-type: none"> <li>▪ 360°</li> <li>▪ PRR</li> <li>▪ CSR</li> <li>▪ OSCE</li> <li>▪ SP</li> <li>▪ S/M</li> <li>▪ CL</li> <li>▪ LOG</li> <li>▪ PORTF</li> </ul>

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	<p>in their lives</p> <ul style="list-style-type: none"> <li>• Persons at the end of life requiring palliative care or hospice.</li> </ul> <p>7. Diagnose and understand the management for the most common acute and chronic medical problems in older adults and the frail elderly living in the community.</p> <p>8. Conduct an appropriately focused history and physical exams.</p> <p>9. Recognize and interpret medical, mental/emotional, spiritual, and functional problems.</p> <p>10. Develop, prioritize and justify differential diagnoses in older adults and the frail elderly.</p> <p>11. Develop treatment plans that include clinical evaluation, treatment and follow-up that meet the patient and/or family preferences.</p> <p>12. Conduct incremental and comprehensive geriatric assessments:</p> <ul style="list-style-type: none"> <li>• Look for unrecognized</li> </ul>				

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	<p>impairment in the Instrumental Activities of Daily Living</p> <ul style="list-style-type: none"> <li>• Utilize brief screens of function to identify poor nutrition &amp; potential dimensions of dysfunction</li> <li>• Arrange for medical evaluation &amp; select assessment tools for further assessment at a follow up visit</li> <li>• Clarify the significance of functional deficits</li> <li>• Utilize community resources &amp; put appropriate interventions in place to allow older adults to maintain a high quality of life while remaining as independent and safe as possible</li> <li>• Assess function in the home environment through examination of several areas of function: cognitive, physical, psychosocial, spiritual</li> <li>• Assess the living</li> </ul>				

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	<p>environment to determine characteristics that can either facilitate or hinder successful independent living</p> <ul style="list-style-type: none"> <li>• Identify strengths &amp; weaknesses</li> <li>• Assess social support networks</li> </ul> <p>13. Conduct appropriate and accurate assessment/evaluation of cognition, pain, and mood.</p> <p>14. Evaluate medications for necessity, dose accuracy, and interactions, and prescribe appropriately considering physiologic changes and financial barriers.</p> <p>15. Conduct an appropriate pre-operative evaluation.</p> <p>16. Explain the health care continuum and available community resources.</p> <p>17. Describe the types of living environments available to older adults.</p> <p>18. Identify the impact of living environments on the health of older adults.</p>				

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	<p>19. Incorporate preventative care into care of older adults utilizing evidence based screenings (exercise, nutrition, oral health).</p> <p>20. Participate in interdisciplinary teams and collaborate with resources in the community to coordinate care for the frail elderly experiencing complex medical and social issues.</p> <p>21. Develop plans of care that include clinical evaluation, treatment, and follow-up that meets the patient and/or family preference.</p> <p>22. Apply acquired knowledge of geriatrics in teaching others.</p> <p>23. Develop competency in rendering longitudinal outpatient primary care to older adults and frail elderly living in the community.</p>				
<b>Interpersonal &amp;</b>	1. Communicate with all patients and their families in a compassionate and	<ul style="list-style-type: none"> <li>• SDPC</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid use of ageist and stereotypical</li> </ul>	<ul style="list-style-type: none"> <li>• Buckman (3 resources)</li> </ul>	<ul style="list-style-type: none"> <li>• 360°</li> </ul>

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<b>Communication Skills</b>	<p>effective manner.</p> <ol style="list-style-type: none"> <li>2. Discuss the importance of communicating with family member/guardians of older adults while respecting the patient's right to privacy and autonomy.</li> <li>3. Incorporate elements of health literacy in to practice with older adults.</li> <li>4. Communicate effectively with interdisciplinary teams including: medical assistants, nurses, social workers, physician assistants, nurse practitioners, therapists, home health staff, and office staff.</li> <li>5. Participate in family discussions regarding patient care.</li> <li>6. Provide clear, concise oral presentations to preceptors.</li> <li>7. Communicate with supervising attending physicians regarding patient care needs, care provided when on-call, and scheduling issues.</li> <li>8. Maintain comprehensive,</li> </ol>	<ul style="list-style-type: none"> <li>• JC</li> <li>• RC</li> <li>• CP</li> <li>• IR</li> <li>• D</li> </ul>	<p>language when communicating with older adults.</p>	<ul style="list-style-type: none"> <li>• CHAMP</li> </ul>	<ul style="list-style-type: none"> <li>• PS</li> <li>• OSCE</li> <li>• SP</li> <li>• CL</li> <li>• PORTF</li> </ul>

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	<p>timely, accurate, and legible patient medical records and include updated histories, problem lists, and medication lists at each visit.</p> <p>9. Complete documentation and obtain the preceptor signature.</p> <p>10. Dictate a concise report to referring health care providers outlining the assessment and recommendations derived from a comprehensive geriatric assessment.</p> <p>11. Return patient calls in a timely manner and address patient/family concerns ethically and appropriately.</p> <p>12. Develop satisfactory skill and competence in the supervision and teaching of Family Medicine or Internal Medicine residents, and medical students.</p> <p>13. Demonstrate positive leadership skills as head of a health care team.</p>				

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<b>Professionalism</b>	<ol style="list-style-type: none"> <li>1. Utilize the Centers for Medicare/Medicaid Services (CMS) guidelines on patient privacy issues.</li> <li>2. Demonstrate respect, compassion, and commitment toward patients and their families, staff, and other health care professionals at all times.</li> <li>3. Apply ethical concepts and considerations in the care of the older adult.</li> <li>4. Incorporate principles of risk management into practice.</li> <li>5. Recognize and respect variances in ethnicity/culture, age range, gender, sexual orientation, disabilities, socioeconomic status, urban/rural, and spiritual/religious preferences across older adult cohorts.</li> <li>6. Implement the national standards for the protection of patient health information (included in the <i>Standards for Privacy of Individually Identifiable</i></li> </ol>	<ul style="list-style-type: none"> <li>• SDPC</li> <li>• IR</li> <li>• CP</li> <li>• D</li> </ul>			<ul style="list-style-type: none"> <li>• 360°</li> <li>• PS</li> <li>• ORAL</li> <li>• CSR</li> <li>• PRR</li> <li>• CL</li> <li>• PORTF</li> </ul>

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	<p><i>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> <p>10. Demonstrate respect, courtesy and helpfulness toward all patients, preceptors, teachers, staff, peers, and colleagues.</p> <p>11. Demonstrate knowledge of the content of the rotation curriculum, schedules, verbal instructions, and timely completion of all components of the rotation.</p> <p>12. Attend all planned and assigned activities and conferences unless</p>				

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	<p>proactively excused for mandatory clinical experiences.</p> <p>13. Recognize the signs/symptoms and treatment for fatigue and sleep deprivation.</p> <p>14. Complete a fellowship evaluation at the end of the rotation.</p>				
<p><b>Practice-Based Learning &amp; Improvement</b></p>	<ol style="list-style-type: none"> <li>Utilize principles of evidence-based medicine as it applies to the care of the older and frail adult living in the community.</li> <li>Identify personal areas of weakness in medical knowledge of ambulatory care and perform focused reading for self improvement throughout the rotation.</li> <li>Demonstrate progression of learning through patient care discussions with preceptors.</li> <li>Demonstrate independent self-learning by showing progressive improvement in geriatric patient care that reflects learning from prior experiences.</li> </ol>	<ul style="list-style-type: none"> <li>SDPC</li> <li>AGS-FT</li> <li>IR</li> <li>D</li> <li>SA</li> </ul>	<ul style="list-style-type: none"> <li>Advocate for public education and public policy that can influence health promotion and wellness for older adults at a local, state, and national level.</li> </ul>	<ul style="list-style-type: none"> <li>Hazzard</li> <li>Kane</li> </ul>	<ul style="list-style-type: none"> <li>JC</li> <li>PRR</li> <li>CSR</li> <li>360°</li> <li>PS</li> <li>PORTF</li> <li>SCS Research Training &amp; Evidence Based Modules (Zemper)</li> </ul>

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	<ol style="list-style-type: none"> <li>5. Demonstrate critical appraisal and self-education through use of supplementary readings and materials relevant to patients encountered during the rotation.</li> <li>6. Demonstrate self-initiative in the use of information technology to access and retrieve materials for self-education.</li> <li>7. Provide lectures to residents and student on geriatric syndromes.</li> <li>8. Provide feedback on deficiencies in practice and provide methods to rectify.</li> </ol>				
<p style="text-align: center;"><b>Systems-Based Practice</b></p>	<ol style="list-style-type: none"> <li>1. Demonstrate effective interaction with the office staff including administrative assistants, medical assistants, nurses, social workers, physician assistants, nurse practitioners, and others.</li> <li>2. Demonstrate the ability to provide cost-effective care including the appropriate use of laboratory and</li> </ol>	<ul style="list-style-type: none"> <li>• SDPC</li> <li>• AA</li> <li>• CP</li> <li>• CM</li> <li>• IR</li> <li>• D</li> </ul>	<ul style="list-style-type: none"> <li>• Become knowledgeable about community-based resources that promote optimal aging and refer/collaborate when appropriate for older adults in nursing facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Hazzard</li> <li>• Kane</li> <li>• JCAHO</li> <li>• HIPAA</li> <li>• E &amp; M</li> </ul>	<ul style="list-style-type: none"> <li>• 360°</li> <li>• PS</li> <li>• MCQ</li> <li>• CL</li> <li>• PORTF</li> </ul>

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	<p>radiology services.</p> <ol style="list-style-type: none"> <li>3. Prescribe medications in compliance with patients' insurance coverage and medical standards of care.</li> <li>4. Identify sources of support or alternative lower cost regimens for patients with financial concerns.</li> <li>5. Coordinate patient care within the health care system and work in teams to enhance patient safety and improve quality and transition of care.</li> <li>6. Investigate what services are available in the community for older adults and know when to refer/consult.</li> <li>7. Coordinate referrals to appropriate specialists for further evaluation and treatment beyond area of expertise and implement appropriate recommendations from these consultations.</li> </ol>				

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	<p>8. Order ancillary services such as home health care, physical therapy, occupational therapy, podiatry, ophthalmology, audiology, psychiatry, psychology, dentistry, nutritionist, social work, etc as medically necessary.</p> <p>9. Incorporate advance care planning strategies into patient care.</p> <p>10. Utilize accurate and correct E&amp;M coding for ambulatory services to maintain compliance and eligibility with insurance regulations.</p> <p>11. Demonstrate the ability to provide cost-effective care including the appropriate use of laboratory and radiology services.</p> <p>12. Apply insurance coverage guidelines when prescribing tests and medications.</p>				

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	<p>13. Communicate with primary care physicians, consultants or referring physicians to improve continuity and quality of care.</p> <p>14. 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>				

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