

INTERNAL MEDICINE ROTATION PLAN

NAME OF ROTATION: IM Geriatrics

FOCUS OF THIS ROTATION

The goal of this rotation is to provide the Internal Medicine trainee (PGY1s, PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of patients with geriatric syndromes.

This rotation can be completed by residents at any level within the Internal Medicine training program. The goals listed will be completed, in part, during the subspecialty rotation. Completion of all goals is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- TTD
- FOD
- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1
- PGY2
- PGY3

Locations for rotation:

- SHSC
- SMH
- SHS-MSH
- UHN-TGH
- UHN-TWH
- UHN-TRI

Required training experiences included in this rotation: indicate all that apply

- **Required clinical training experiences (Foundations of Discipline = PGY1s):**
 - FOD 1 Clinical training experiences:
 - 1.1.1 Geriatric medicine inpatient service (SMH, SHS (MSH), TWH)
 - 1.1.3 Ambulatory care clinic in Geriatrics
 - 1.1.4 Acute care experience with patients presenting to emergency department with Geriatric conditions
- **Other training experiences (Foundations of Discipline = PGY1s):**
 - FOD 3 Clinical training experiences:
 - 3.3.2 Consultation service in Geriatrics
 - 3.3.3 Care of the elderly

- **Required training experiences (Core of Discipline = PGY2s and PGY3s)**
 - COD 1 Clinical training experiences:
 - 1.1.1 Geriatric medicine inpatient service (SMH, SHSC, SHS-MSH, TWH)
 - 1.1.2 Ambulatory care: clinic and/or day hospital. This must include experience with a broad spectrum of conditions as well as patients with complex disorders
 - 1.1.3 Service providing Geriatric consultation to other disciplines or to medical subspecialty inpatient units
 - 1.1.4 Service providing preoperative assessment and perioperative care
 - 1.1.6 Experience with critically ill patients. This must include ICU, CCU, and internal medicine consultation to the emergency department

- **Other training experiences (Core of Discipline = PGY2s and PGY3s)**
 - COD 4 Methods of delivery of internal medicine care
 - 4.4.1 Telehealth (SMH)
 - 4.4.2 Interprofessional ambulatory care

Blue = TTD; Green - FOD, Orange = COD

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care	2
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	1
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan.	0-1
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	0-1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings	1
FOD 2A Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part A: Patient Assessment and Management	1
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	1
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	0-1 (can do)

EPAs Mapped to this rotation:	Total # of EPAs 4+ per block
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan.	0-1 (can do)
FOD 4 Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings.	0-1 (can do)
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	0-1 (can do)
COD 2A Assessing and managing patients with complex chronic conditions Part A: Assessment, diagnosis, and management	1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 8Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	1
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	2
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	1
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	1
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	1
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 6 Assessing capacity for medical decision-making	Do whenever possible
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	1
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
9A Caring for patients at the end of life Part A: Symptom Management in End of Life Care	Do whenever possible
9B Caring for patients at the end of life Part B: Discussion about transition away from disease modifying treatment	Do whenever possible
COD 10 Implementing health promotion strategies in patients with or at risk for disease	0-1 (can do)

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Goals for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):

	Key Goals for this Rotation: By the end of the rotation the resident should be able to ...	CanMEDS Role(s):
1.	Take an appropriate geriatric history using collateral information when necessary including: a) Pertinent social factors; b) Functional history; c) Medication reconciliation.	Medical Expert
2.	Perform a thorough physical examination, including pertinent neurologic exam.	Medical Expert
3.	Correlate relevant pathophysiology to the ordering and interpretation of laboratory and imaging investigations commonly used in the assessment of geriatric syndromes.	Medical Expert
4.	Develop a patient-centred, evidence-based, cost effective approach to and evidence-informed rationale for the management of common geriatric syndromes	Medical Expert
5.	Determine patient's clinical frailty status and applies it appropriately to development of a management strategy.	Medical Expert
6.	Apply knowledge of unique aspects of pharmacotherapy in the older adult.	Medical Expert
7.	Engage the older patient and their families in developing plans that reflect the patients' health care needs and their goals of care.	Communicator
7	Participate in an effective manner with the interprofessional health care team involved in their patients' care, including conflict resolution when required.	Collaborator
8	Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment.	Health Advocate

Royal Collegae Internal Medicine Competencies emphasized on the Geriatrics rotation.

Numbers refer to items identified in the Royal College Competencies document

Symptoms

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

- Chronic pain
- Constipation 1.4.13.6.1.1.
- Decubitus ulcers
- Depression 1.4.13.6.1.2.
- Delirium 1.4.13.6.1.3.
- Falls and immobility 1.4.13.6.1.4.
- Frailty and functional decline 1.4.13.6.1.5.
- Gait instability 1.4.13.6.1.6.
- Urinary and fecal incontinence 1.4.13.6.1.7.

Disorders

Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications.

- Dementia including Alzheimer's disease, Lewy-body, vascular, and frontal lobe dementias 1.4.13.6.2.1.
- Nutritional deficiencies 1.4.13.6.2.2.
- Neglect/abuse 1.4.13.6.2.3.

Therapies

Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients with geriatric conditions:

- Appropriate drug prescribing 1.4.13.6.3.1.