

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY
**VA WEST LOS ANGELES GERIATRIC WARD
GOALS & OBJECTIVES**

Target: PGY 3
Updated September 2018

A. EDUCATIONAL OVERVIEW

The Geriatric Ward at the VA West Los Angeles (VA-WLA) Medical Center is an inpatient clinical training experience that extends subspecialty training in geriatric medicine within the Veterans Administration health system.

B. ROTATION DESCRIPTION AND STRUCTURE

The clinical rotation is based at the VA West Los Angeles Medical Center, and residents rotate for 2-4 weeks at a time for a total of 4 weeks as senior resident (PGY 3). Trainees integrate into the provider team consisting of an attending physician and two residents to provide direct patient care throughout the patient's hospitalization. Trainees will take regular call to admit patients, and duty hours are designed to be compliant with the Residency Review Committee (RRC) requirements. Specific orientation materials will be provided by the sponsoring Internal Medicine program at UCLA.

C. GOALS & OBJECTIVES

Trainees are expected to demonstrate competency in each of these by the completion of this assignment.

1. Provide comprehensive care to hospitalized geriatric patients.

- Gather accurate clinical data from history, examination, and analysis of laboratory and study data. (PC, ICS)
- Formulate a differential diagnosis and plan for evaluating and managing patients being admitted to the hospital. (PC, MK, PBLI)
- Efficiently and effectively chart daily progress notes in the medical record. (PC, ICS)
- Effectively cross-cover patients when other team members are not available. (PC, PROF, ICS)
- Appropriately consult subspecialty and ancillary services to enhance the management and care of patients. (PC, SBP)

2. Recognize and tailor treatment to special issues in the geriatric population (see core topics).

- Recognize common geriatric syndromes and provide appropriate management. (PC, MK)
- Explain differences in disease presentation in the geriatric population and identify those differences in hospitalized patients. (PC, MK)
- Gather a geriatric review of systems during patient evaluation. (PC)
- Perform screening assessments of basic and instrumental activities of daily living (ADL and IADL), cognitive function, and gait and mobility. (PC, MK)

- Identify high-risk medications, common drug-drug interactions, and modify medication lists as appropriate. (PC, MK)
 - Develop a comprehensive inpatient and discharge plan that addresses the patient's performance status and geriatric needs. (PC)
 - Apply evidence-based and cost-conscious strategies to disease management in geriatric patients. (PC, SBP, MK)
- 3. Leverage the multidisciplinary approach and group practice while coordinating care for geriatric patients across the healthcare system.**
- Identify the roles of multidisciplinary team members, including the nurse, case manager, pharmacist, and social worker, and engage them to advance and enhance the care of patients. (PC, ICS, SBP)
 - Explain the effect of insurance status on the provision of care for patients (Medicare, Medi-Cal, private insurance, out-of-pocket cost). (SBP)
 - Identify challenges to care of the patient outside the hospital, including medical care, personal care, supervision, and cost, and develop solutions through the team to effectively transition care at discharge. (PC, SBP)
 - Communicate with the patient's outpatient-based provider in a timely and accurate manner to effectively transition medical care at discharge. (ICS, PROF)
- 4. Incorporate a patient's goals of care into an appropriate medical management plan.**
- Direct and engage in family meetings effectively, including eliciting understanding, delivering medical recommendations, and explaining how the plan of care meets the goals of the patient and/or family. (PROF, ICS)
 - Elicit and address the goals of care and end of life issues with the patient and family members in a clear, confident, and empathetic manner. (ICS, PROF)
 - Keep patients and family members informed of the treatment plan and how this meets their goals of care. (ICS, PROF)

D. CORE TOPICS IN GERIATRIC MEDICINE

- Dementia
- Delirium and Agitation
- Depression
- Falls and Gait disturbances
- Constipation
- Fecal incontinence
- Urinary incontinence
- Vision impairment
- Pressure ulcers

- Polypharmacy
- Nutrition
- Outpatient levels of care (acute rehabilitation, subacute nursing, assisted living, board and care)
- Advanced care planning, Goals of care, and End of life care

E. TEACHING METHODS

Clinical education is provided through direct patient care and attending rounds with the supervising attending. Residents are expected to function as the primary provider of care for their assigned patients.

Additional education is provided through attending physician-led didactics addressing special topics in geriatric medicine.

F. SUPERVISION AND EVALUATION

All housestaff and patient care will be supervised by the attending physician.

Residents will be evaluated by the supervising attending. Direct verbal feedback may be provided throughout the rotation, and written evaluation will be submitted electronically in MedHub at UCLA at the end of the rotation. These evaluations will be forwarded to the trainee's home institution, and can be reviewed by the resident and program.

G. EDUCATIONAL RESOURCES

Electronic resources are also available through UCLA Health and UCLA.

- UpToDate
- Harrison's Principles of Internal Medicine
- PubMed
- UCLA Library