

## Rotation Objectives

### Resident's Role:

- To optimize patient care, particularly focusing on geriatric multimorbidity, goals of care, and optimizing patient function.
  - To promote physical activity with patients by completing a Bed Mobility Assessment, working with nursing and placing appropriate activity orders (out of bed to chair, PT eval, RHT)
  - Other aspects of patient care will include standard wards processes, such as admissions, placing orders, completing sign out and effectively communicating with consultants and the rest of the geriatrics team.
- To learn about geriatric conditions to empower your future practice and educate other providers in care for older adults
- To support the fellow in optimizing the discharge process.
- To learn about the health care system available for geriatric patients
- To discern the evidence base for how aging impacts management of acute care conditions
  - In line with this goal, the resident will be expected to complete a journal club during the course of their rotation, on either the first or second Monday.
- Cross-cover when other resident is post-call or off (this includes notes, orders, and signout)
- To triage patients effectively for the geriatric service.
  - Any patient appropriate for the general medicine wards and with age greater than or equal to 70
  - Also note that during sign out, if there are admissions overnight, you should take these holdovers.

### Fellow Role:

- To develop their leadership skills as the primary leader of the team. The fellow will be pre-rounding with the team and should learn to lead rounds during the course of the rotation.
  - To determine for which patients there should be interdisciplinary (IDT) meetings at bedside to align patient care. For scheduling, timing is generally 11AM on Mondays or Thursdays.
- To keep track of admissions at sign out and number of admissions per day.
- To further develop teaching skills and review certain lectures for the geriatrics team:
  - To give the delirium and Choosing Wisely lectures (a powerpoint and list of the choosing wisely items are provided), and consider giving the falls and polypharmacy, and disposition lectures (these are more freeform). Note you are not expected to give a lecture on the first day of your rotation.
- To act as an ambassador for geriatrics with various staff, such as nursing, PT, and pharmacy.

- Important focuses include delirium and mobility.
- To focus on care transitions, especially discharge with med reconciliation and reviewing paperwork with the patient, in addition to follow up appointments.
  - With discharge, the fellow is expected to speak with the patient with printed discharge instruction note and to review this information with a caregiver when patients have caregivers. Ideally, this process is a teaching opportunity (take a student with you)
- To act as source of continuity for patient care
- To act as a teacher for students, preparing them for presentations and observing them completing the geriatric assessment.
- To act as part of the team and assist the residents with the work load. For example, the fellow can assist with sign out, placing orders, communicating with families or other providers, or goals of care meetings.
- To provide residents and students with targeted, constructive feedback by the midway point of their rotation and by the end of their rotation.
- Please also alert your attending when you clinic is and when your long term continuity will take place.

#### **Attending Role:**

- To provide focused teaching, feedback on skills, knowledge, attitudes appropriate for inpatient geriatric care.
  - To review expectations on the attending's first day on service with the team, and then review expectations with the residents / fellows on their first day of the rotation.
  - To provide feedback at the midway point of the resident's rotation and at the end of the rotation.
  - To give the introduction to acute in-patient geriatrics lecture on the start of the rotation for residents. To decide with the fellow who should give the disposition, falls and geripharma lecture.
  - To also provide feedback when leaving the service.
  - To provide feedback to the fellow weekly.
- To delineate how healthcare structure effects care delivery.
- To act as oversight and back up for the fellows and residents in patient care
- To help resolve communication differences by talking with other attendings (Consultants, Surgeons, Hospitalists) or family members.
- To attend morning dispo rounds, either in person or over the phone, from 7:45 AM to 8AM daily.