

GERIATRICS

Office for Clinical Affairs
(515) 271-1629
FAX (515) 271-1727

General Description

Geriatrics Rotation

The geriatrics rotation shall be four (4) weeks in length. It is a structured experience intended to expose students to clinical geriatric medicine in a variety of practice settings. Students should gain an understanding of the psychomotor, cognitive, and affective skills that are especially relevant to the practice of geriatric medicine.

Purpose

Clinical experiences are intended to assist the students' transition from didactics to integrated clinical evaluation, decision-making, and management of patients with medical problems. In addition to gaining specific skills in geriatric medicine during this rotation, the student should also develop skill in systematic medical problem solving and patient management abilities, establish or reinforce patterns of independent learning and self-evaluation, and improve skills in communication and medical record keeping.

At the completion of this rotation, the student should have reinforced certain broad goals, including:

- improved basic skills in physical diagnosis
- familiarity with ancillary diagnostic procedures (e.g., radiographic, endoscopy, etc.)
- an understanding of indications for appropriate laboratory and diagnostic tests

Students are expected to assist in the management of acute and chronic problems, under supervision. The student should also develop fundamental psychomotor skills by performing routine basic procedures under direct supervision.

Objectives

We recognize that four weeks is insufficient time to cover a comprehensive list of objectives in any area of practice. Clearly, subjects addressed in any clinical rotation are dependent on the number of patients and kinds of disease entities presenting to a particular service. Nevertheless, certain minimum content **must** be addressed, either by clinical exposure or by didactic materials so that students are prepared for Board examinations and other testing. Broad goals listed above are a minimum; objectives for rotations not specifically listed in these guidelines should include those listed below.

The following AOA Core Competencies are covered in this rotation: Osteopathic Philosophy and OMM, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

At the completion of the geriatric rotation, the student will:

1. Describe the scope and limitations of geriatric medicine.
2. Discuss disease processes, particularly common diseases, chronic diseases, and those, which endanger life or have serious complications or consequences, relevant to geriatric medicine.
3. Recognize common diseases which present differently in elders.
4. Be able to perform comprehensive geriatric assessment.
5. Formulate treatment plans.
6. Incorporate evidence-based medicine into geriatric medicine.
7. Describe the doctor/patient relationship in regards to geriatric medicine.
8. Explain the roles of the geriatrician and other disciplines in the care of older patients.
9. Identify the role of community resources/organizations in preserving functional independence of older adults.

Implementation

Course objectives are to be accomplished in a College affiliated hospital or clinical facility, under supervision. Basic objectives **must** be covered during the rotation to assure adequate student preparation for Board examinations and other evaluations such as post-rotation examinations. The use of diverse methods appropriate to the individual and the clinical site are encouraged, but patient-centered teaching is optimal.

Didactic methods to achieve required objectives include:

- reading assignments
- lectures
- computer-assisted programs
- student attendance at/participation in formal clinical presentations by medical faculty

Clinically oriented teaching methods may include:

- assignment of limited co-management responsibilities under supervision
- participation in clinic visits, daily patient rounds and conferences
- supervised and critiqued clinical work-ups of patients admitted to the service
- case presentations

Three levels of achievement are identified:

- familiarity with a variety of medical procedures through observation and assisting
- proficiency in clinical procedures through actual supervised performance
- awareness of the availability of various medical procedures and their use

Evaluations of students should be completed by the attending physician in the E*Value on-line system within one week from completion of the rotation. On the last day of service, the supervising physician should review the student's performance with the student and offer any constructive comments for improvement.

Recommended Texts

Geriatrics at Your Fingertips Publisher: FRY COMMUNICATIONS;16 edition

Hazzard's Geriatric Medicine and Gerontology, Sixth Edition (Principles of Geriatric Medicine & Gerontology)

The supervising physician may require additional reference materials including but not limited to: specific textbooks, journal articles, and audiovisual and computer materials.

Assignments

Supplemental readings may be assigned to address disorders and presentations seen most frequently in Geriatrics. The student must make continuing efforts to achieve comprehension of all stated objectives.