

Shannon Skinner

Development of an inpatient geriatric rotation for Internal Medicine residents

Shannon Skinner, M.D.,¹ Maria E. Carlo, M.D.,^{1,2} Erin Leahy, M.D.^{1,2}

¹Department of Medicine, Division of General Internal Medicine and Public Health, Vanderbilt University School of Medicine, Nashville, Tennessee

²Geriatric Research Education and Clinical Center, Department of Veterans Affairs, Tennessee Valley Healthcare System, Nashville, Tennessee

Background:

There is a nationwide need for improved geriatric training among internal medicine residents. Internal medicine residents perceive gaps in their knowledge in caring for older adults and perform less quality care for aging patients than attending physicians.^{1,2} Many internal medicine residents also have negative attitudes towards aging patients.^{2,3} The geriatric clinical experience for Vanderbilt internal medicine first-year residents includes outpatient primary care clinics, subspecialty clinics, a nursing home experience, and didactics throughout the year. However, it currently lacks inpatient training for all interns.

Incorporating an inpatient experience into the geriatric clinical rotation has potential to improve Vanderbilt internal medicine resident attitudes about geriatrics, competence in caring for geriatric patients, and satisfaction with the rotation.

Objective: To develop an inpatient geriatric rotation for internal medicine residents.

Methods:

This study was conducted as a quality improvement project at the Vanderbilt University Medical Center and the Nashville Veterans Affairs Hospital. We conducted focus groups with internal medicine interns and chief residents to determine the strengths and weakness of the current clinical experience, perceived knowledge gaps among trainees, and overall satisfaction with the program. We met individually with the Internal Medicine residency program director and associate program directors. We reviewed the medical literature to identify best practices and professional society recommendations for education for internal medicine residents. We engaged academic geriatric experts and local geriatric faculty to determine priorities for educational structure and topics. The rotation structure will then be proposed to the Internal Medicine program director and associate program directors.

Results:

Six core geriatric syndrome topics were identified and aligned to achieve the ACGME milestones (**Table**).^{4,5,6} During the inpatient rotation, an interdisciplinary team including a geriatric attending, resident, and intern were designed to care for 8-10 geriatric patients. Six learning activities led by a geriatric attending and involving interdisciplinary team members were recommended to cover the six core geriatric syndrome topics. The intern will also participate in a transitions of care activity two half days to follow-up discharged patients at nursing homes and patient's homes

Conclusion:

By engaging the medical literature, field experts, and local leadership, we have developed an inpatient rotation based on current literature and best practice guidelines for geriatric education.

Table: Six Core Geriatric Topics Aligned with Milestones and Competences

Core Geriatric Topics	ACGME Milestones⁶	Geriatric Competencies⁴
1. Polypharmacy	Develops and achieves comprehensive management plan for each patient	Prescribe appropriate drugs and dosages.
2. Delirium prevention and management		Evaluate patients with a change in affect, cognition, and/or behavior.
3. Functional assessment and fall prevention		Screen yearly for falls or fear of falls. If positive, assess, evaluate for causes, and implement interventions.
4. Perineal care (management of incontinence and pressure ulcers)	Works effectively within an interprofessional team	Discontinue or document indication for use of indwelling bladder catheter.
5. Transitions of care	Transitions patients effectively within and across health delivery systems	Ensure that a summary of hospital course be completed and transmitted to the patient and receiving health care providers.
6. Goals of care	Responds to each patient's unique characteristics and needs	Discuss and document advance care planning and goals of care with all patients with chronic or complex medical illness.

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