

## Geriatrics/ACE Unit/Palliative Care Rotation Orientation

### Conferences:

Residents, Interns, and Students are expected to attend Morning Report at 8am and Noon Conference at 12pm daily

- a. Rotation specific conferences that interfere with this schedule are the only accepted reasons for excused absence from Morning Report
- b. Rotation specific conferences that interfere with this schedule along with necessity for travel to an alternate location are the only accepted reasons for excused absence from Noon conference

*Beginning October 1<sup>st</sup>, 2009, any Housestaff with <70% attendance rate at MR (tallied throughout the month and finalized on the last day of the month) will be required to enroll in Residency Education Process*

*1<sup>st</sup> Violation: meet with their Associate Program Director, have a letter placed in their file, and be assigned and complete a Core Curriculum Program (CCP) Exam*

*2<sup>nd</sup> violation: Housestaff will be required to repeat the month*

### Daily Work

#### Consults

1. As a guideline, Residents will be expected to see 2-4 new consult patients on a daily basis
2. As a guideline, Residents will see and write daily progress notes on an average of 8-10 follow-up patients per day until signed off by the attending
3. The Fellow or attending is expected to hold the Consult pager at all times
4. Residents are expected to see patients on the same day as the consult is called up to 5pm M-F and 12noon on Saturday
5. Emergent consults after 5pm or 12 noon on Saturdays are to be seen by the Fellow or Attending
6. Resident will be required to check out, *in person*, to the Night Float Intern daily at 4:45pm and check back in the following morning, *in person*, at 6:45am

#### Inpatient service

1. Patients must be admitted to the ACE Unit. If the ACE Unit is full, patients are to be admitted to the Medicine Service with a Geriatric Consult requested in the AM.
  - a. Criteria for admission to ACE unit include age>70 and patient not being ICU/CCU status
2. The ACE Unit Capacity is 14 beds, with the Geriatric Resident cap being 10; the additional 4 patients are to be seen by the Nurse Practitioner, Fellow or Attending Physician.
3. Resident will be required to check out, *in person*, to the Night Float Intern daily at 4:45pm and check back in the following morning, *in person*, at 6:45am

#### Evaluations

1. A verbal mid-month evaluation will be given by the attending to Housestaff
2. An end of month verbal and written evaluation will be given by the Attending to Housestaff
3. All Housestaff will be expected to give a written evaluation of the rotation and of their Attending

*Poor Performance on a specific rotation or in a particular Subspecialty on the October Inservice Training Exam will render assignment to that subject's Core Curriculum Program (CCP) Exam.*

*If the Resident fails the CCP or is a No-Show to take the assigned CCP, then the Resident must meet with their Associate Program Director for an Oral Exam*

Learning Objectives:

The Resident will be exposed to curriculum in all of the following topics in elder care:

1. Approach to the older patient/ Geriatric Assessment
2. Cognitive impairment
3. Mood disorders
4. Delirium
5. Functional decline or deficit
6. Falls
7. Frailty
8. Polypharmacy
9. Pain management and palliative care
10. Weight loss/Failure to thrive
11. Healthcare financing for the elderly
12. Transition of care
13. Wound care
14. Health care maintenance in the older person
15. Elder mistreatment
16. Incontinence
17. Insomnia
18. Common disease specific treatments in the elderly (i.e. HTN, DM type II)