

GERIATRIC MEDICINE FELLOWSHIP – CLINICAL ACTIVITIES

The clinical components of the Geriatric Medicine Fellowship Program include exposure to patient care responsibilities in a broad range of clinical settings. All of these settings are characterized by an interdisciplinary approach to patient care. This broad range of clinical experiences meets all of the clinical training requirements for added qualifications eligibility in Geriatric Medicine. During the course of a one-year Geriatric Medicine Fellowship, approximately 85% of the time will be spent in these clinical activities, leaving 15% of the time for research training. Where there is demonstrated interest in research, a second year of training can be considered.

Major components of the clinical training experience are outlined below. More detailed descriptions of each clinical activity follow on subsequent pages.

A. Ongoing Clinical Experience Throughout a One Year Geriatric Medicine Fellowship

1. Turner Geriatric Services: 2 half days per week for Non-Family Practice Fellows.
2. Institutional Long Term Care at Glacier Hills Nursing Center.

B. Intermittent Clinical Experiences

1. Geriatric Evaluation and Management Unit and Consultation Service at VA Ann Arbor Healthcare System for 2 months: overall 100% clinical.
2. Geriatric Inpatient Consultation Service at University Hospitals for 2 months: overall 80% clinical and 20% research.
3. Glacier Hills Nursing Center for 3 to 4 half days per week for 2 to 3 months: overall 80% clinical, 20% research.

TURNER GERIATRIC SERVICES

Turner Geriatric Outpatient Services provides a variety of services including comprehensive geriatric evaluation and specialized interdisciplinary consultative assessments. This service is located in the Cancer Center Geriatrics Center Building and is staffed by faculty and fellows from the Division of Geriatric Medicine and residents from the Department of Internal Medicine.

In addition to assessment, physicians and other health care professionals provide ongoing primary care to approximately 3,000 patients per year over the age of 60 as part of the Turner program. The faculty and staff at Turner employ an interdisciplinary team approach to assure both medical and psychosocial care. The primary care team consists of physicians, social workers, nurse practitioners, and a pharmacist as well as on-site consulting psychiatrists and neurologists. The program emphasizes preventive medical care and health education for the older adult. Special outpatient programs are being developed for patients with diabetes mellitus, heart diseases, arthritis, depression, and those who have problems with falling.

The activities of Turner Outpatient Services are organized administratively and programmatically by the Division of Geriatric Medicine within the Department of Internal Medicine. Jeffrey Halter, M.D., serves as Chief of the Division with Neal Persky, M.D., serving as program Director for Outpatient Services. There are 10 half-day sessions per week at Turner, each of which is staffed by one attending physician, one fellow, one or two residents, one clinical nurse specialist, and one social worker. In academic 2001, Turner Geriatric Services recorded approximately 16,000 patient visits.

VA Ann Arbor Healthcare System

Extended Care Center (ECC)

INTRODUCTION:

The development of a 45-bed ECC at VA Ann Arbor Healthcare Center has provided the opportunity to care for veterans with a variety of medical and psychosocial problems. Instead of providing long-term care for 45 patients, the establishment of a facility with a rehabilitative focus and a rapid turnover permits delivering care to many more veterans in any given period of time. We have established a 25-bed Geriatric Evaluation and Management (GEM) Unit, a 15-bed treatment oriented therapeutic unit, and a 5-bed resident care unit. Each of these units within the ECERC has a different focus and goal for the patients. Robert V. Hogikyan, M.D., is Medical Director of the ECC.

GERIATRIC EVALUATION AND MANAGEMENT (GEM) UNIT

The GEM Unit is a 25-bed unit occupying rooms on the ground floor of the ECC Building. The purpose of the GEM Unit is to intensively evaluate patients, identify problems, formulate a complete treatment plan, and begin treatment. The average length of stay in the GEM Unit is 4-6 weeks. During this time the patient is evaluated by medicine, nursing, social work, physical therapy (P.T.), occupational therapy (O.T.), dietary, and other services as indicated.

Staffing:

The GEM Unit is staffed by a Geriatric Medicine fellow, 2 Internal Medicine residents (assigned to Geriatrics for 1 month), and a Geriatric Medicine attending physician. Nursing, social work, P.T., O.T., and dietary staff of the GEM Unit are supplied by the current staff of the ECC.

Rounds:

Rounds in the GEM Unit consist of work rounds, medical teaching rounds, and interdisciplinary rounds. Work rounds by the GEM Unit fellow and residents take place in the GEM Unit as scheduled by the fellow. Medical teaching rounds are twice a week and are held in the ECC. Interdisciplinary rounds are Wednesdays from 1:15-2:30 P.M. in the Geriatric Research, Education and Clinical Center (GRECC) conference room. All disciplines are present at this meeting to discuss short and long-term goals for the patients in the GEM Unit. The GEM Unit fellow is responsible for organizing and conducting this meeting.

Admissions:

Admissions to the GEM Unit can come from outside hospitals, nursing homes, the VA Ann Arbor Healthcare System acute hospital, or Geriatric Medicine Clinic. All in-house applications to the ECC are seen by a Geriatric Medicine fellow assigned to the Geriatric Medicine Consultation Service and staffed by a Geriatric Medicine attending. Outside applications are screened through the Extended Care Program Screening Committee and/or Geriatric Medicine clinic. The fellow coordinates admissions with the Consult Attending Physician. Patients are admitted Monday through Friday during the day only. For the past 2 years an average of 10-12 patients have been admitted to the GEM Unit each month.

Discharges:

Patients “discharged” from the GEM Unit can be transferred to the therapeutic unit, the resident care unit, to an outside facility, or home. Those transferred out of the facility will obviously be formally discharged.

Patient Responsibility:

Each admission to the GEM Unit is assigned to one of the medical residents who writes an admitting note and orders for the patient. Additionally, the GEM Unit fellow also evaluates each patient and writes a short note. The day-to-day care of the patients is the responsibility of the medical resident assigned to the patient. Night and weekend call is shared equally by the residents and fellow.

THERAPEUTIC UNIT

The purpose of the 15-bed therapeutic unit is to provide continuing active treatment for patients where an ongoing therapeutic plan has been developed. This plan can be primarily medical, psychiatric, rehabilitative, nursing or a combination of these features.

Staffing:

The medical staff of the therapeutic unit includes a Physician Assistant with a Geriatric Medicine Attending Physician.

Rounds:

The Physician Assistant rounds individually on his/her patients daily. Multidisciplinary rounds take place Wednesday from 2:00-3:00 P.M. in the conference room weekly. Attending rounds are once a week with Dr. Hogikyan.

Patient Responsibility:

The Physician Assistant is responsible for his/her own patients. Routine and emergent problems are managed by the physician assistant with attending assistance as needed. Emergencies will be managed by the GEM Unit medical staff. Night and weekend coverage is provided by the GEM Unit medical staff.

RESIDENT CARE UNIT

Five beds in the ECC have been assigned for long-term care. This does not imply permanent placement; these beds are used for patients not requiring further active treatment, who for a variety of reasons cannot be discharged to home or another facility at the present time.

Staffing:

The medical residents in the General Medicine clinic at the VAMC provide care for the patients in these beds. Each patient has been assigned to a physician team of 3 or 4 medicine residents. The residents are staffed by Geriatrics faculty.

Rounds:

The resident visits their patients twice weekly in place of attending their medicine clinic. At each visit the resident must see the patients, write a monthly progress note, order any necessary studies, and reorder medications. The clerks have a list of medical residents, their patients, and the dates of their current appointments.

Patient Responsibility:

The medical resident is primarily responsible for his/her patients. The medical staff of the GEM Unit will provide emergency coverage along with night and weekend coverage.

THE GERIATRIC INPATIENT UNIT ROTATION AT UNIVERSITY HOSPITALS

THE GERIATRIC INPATIENT CONSULTATION TEAM

The Geriatric Inpatient Consult Team (GICT) is a multidisciplinary resource for physicians and hospital staff caring for elderly inpatients at University Hospitals. The GICT consists of a physician, clinical nurse specialist, social worker. Consultation requests are routed to the GICT clinical nurse specialist, who performs an initial screening evaluation. Additional team members are involved as warranted by the clinical situation. The role of the fellow on this service is to serve as the primary consultant for medical issues identified as part of the screening evaluation.

Upon request, patients over the age of 60 with one or more of the following problems are seen by the GICT:

- 1) Age associated medical problems such as functional status deficits, falls, delirium, incontinence, osteoporosis, etc.
- 2) Frailty and /or medical complexity.
- 3) Potential problem returning to previous living situation.
- 4) Medical, social or psychological barriers to discharge.

The GICT also provides continuity of care for hospitalized patients who have been served by the Division of Geriatric Medicine at our other clinical sites including the Turner Geriatric Clinic, Outreach Clinics and Glacier Hills, our teaching nursing home facility.

A multidisciplinary patient care conference is conducted once per week and includes all GICT members. Multidisciplinary teaching rounds are conducted at the bedside twice per week and include the attending physician, fellow in Geriatric Medicine, clinical nurse specialist and social worker.

GLACIER HILLS NURSING HOME

Glacier Hills Retirement Center is a private non-profit institution. The facility has independent living quarters, assisted living as well as a nursing home facility. The nursing home section is a 162-bed facility with 36-bed sub-acute care unit and 36 bed Dementia unit. Lona Mody, M.D., is Glacier hills Medical Director.

Virtually all admissions to this service come from the University of Michigan Health System. Patients may come either for sub-acute care after hospitalization or for long-term stay. A full time clinical nurse specialist provides admission evaluations for new patients and is the primary on-site contact person to address medical needs of the patients. The role of the fellow on this service is to serve as the primary consultant for the clinical nurse specialist under the supervision of an attending physician from the Division of Geriatric Medicine. Weekly patient care rounds are made with the clinical nurse specialist and a weekly team care conference provides for coordination of rehabilitation efforts with the Department of Physical Medicine and Rehabilitation.

The educational goals for this experience are the following:

1. Emphasis on approach to diagnosis and treatment of acutely ill and chronically ill frail elderly in a less technologically sophisticated environment.
2. Greater awareness of and familiarity with sub-acute care physical and rehab medicine including methods used to assess patients with physical impairments and disability, including screening musculo-skeletal and neuromuscular examinations and the appropriate use of instruments that measure ADLs and IADLs; and to assess the extent of the disability and the patient's remaining functional capacity.
3. Ability to evaluate the patient's psychosocial setting, cognitive function, affect, and communication ability, and to determine the effect these may have on rehabilitation and discharge potential.
4. Challenge of the clinical and ethical dilemmas produced by illness in very old patients.
5. Administrative aspects of long-term care. Fellows are expected to attend the monthly CQOI (continuous quality improvement) meetings.