

Geriatrics Rotation

I. General Information

- A. Rotation Director: Deanna Questad, MD
- B. Rotation Duration: Four weeks
- C. Orientation to Rotation: The resident will meet with Dr. Questad on the first day of the rotation at 8:30 a.m. Dr. Questad's office is located at 2515 State Street, Suite 100 in Ankeny. Her office phone number is 964-6929.

II. Objectives of Rotation

- A. Educational purpose: This rotation will provide a concise overview of geriatrics for primary care physicians.
- B. Areas to be covered during the rotation:
 - 1. Falls
 - 2. Urinary incontinence
 - 3. Confusion
 - 4. Iatrogenesis
 - 5. Altered homeostasis
 - 6. Geriatric psychiatry
 - 7. Geriatric preventive medicine and wellness
 - 8. Infectious disease in geriatrics
 - 9. Interdisciplinary collaboration
 - 10. Necessary tools for excellence in modern geriatrics

III. Educational Materials

- A. A core curriculum syllabus is available for resident use and should be reviewed during the rotation.
- B. In addition, there will be a series of formal didactic presentations by Dr. Questad.
- C. The resident will see geriatric patients with a wide variety of clinical disorders. Teaching specific to these clinical encounters will be provided.
- D. Use of the computer for record keeping and data retrieval will also be reviewed with the resident.

IV. Mechanics of Rotation

- A. Medical records: The resident will be responsible for record completion on patients seen as directed by the Geriatrics faculty.
- B. Daily schedule: The resident will meet in the office at 8:30 a.m. Monday through Friday. There will be no night or weekend patient care responsibilities during the rotation.
- C. Resident Continuity of Care Clinics: The resident will need to attend **two** of his or her weekly continuity of care clinics during the rotation. Please coordinate scheduling with Bea Martin.
- D. Conferences: The resident should attend Wednesday morning conferences and all noon lectures during the month.
- E. The resident will be directly and indirectly supervised by Dr. Questad.

V. Strengths and Limitations of the Rotation

- A. Strengths of the rotation
 - 1. One-on-one interaction with Dr. Questad.
 - 2. Wide variety of patients and clinical problems encountered during the rotation.
 - 3. Good reading syllabus and formal didactic presentations provided during the rotation.
- B. Limitations of the rotation: it will be primarily an outpatient evaluation experience.

VI. Evaluation

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with geriatric conditions and demonstrate competence with any procedures encountered during the rotation. This should include demonstrated competence performing comprehensive geriatric assessments during the rotation.

2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to geriatrics and demonstrate understanding of all assigned reading materials.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with geriatrics conditions and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate adequate communication abilities in dealings with geriatric patients and their families. Demonstrate timely and complete medical records.
5. **Professionalism:**
 - a. Demonstrate respectful behavior towards elderly patients and their families.
 - b. Demonstrate appropriate behavior towards colleagues, nurses and other allied health personnel.
 - c. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care sensitive to patient's request. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.

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Reviewed 4/3/12

William J. Yost, MD FACP