

UNIVERSITY OF ROCHESTER MEDICAL CENTER



GERIATRIC PSYCHIATRY FELLOWSHIP

2013 – 2014

Geripsychtraining.urmc.edu

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INTRODUCTION

Overview

The geriatric psychiatric fellowship training program is designed to fully meet the Special Requirements adopted by the Accreditation Council for Graduate Medical Education. It is our goal that by the end of twelve months of sub-specialty training the geriatric psychiatry fellow will be fully prepared to provide primary and consultative mental health care to geriatric patients in both inpatient and outpatient settings. He/she will have at his/her command a broad body of knowledge that includes an integrative understanding of normal aging and disease models, training in biological and psychosocial aspects of normal and abnormal aging, the psychiatric impact of acute and chronic physical illnesses, and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age. It is also our goal that the fellows' training takes a multi-dimensional biopsychosocial view of assessment, treatment, and management of geriatric patients in all settings. Fellows will gain skills through a combination of supervised clinical experiences and formal didactic conferences. In addition to the requisite body of knowledge, the fellow will hone the leadership and interpersonal skills, professional attitudes, and practical experiences required of a geriatric psychiatrist.

Specific learning objectives will be provided for each clinical rotation in which the fellow participates. The following objectives apply to the overall geriatric fellowship training experience. By the end of the fellowship, the fellow should be able to demonstrate the following core competencies. A variety of assessment tools will be utilized to determine competencies in these areas. Successful completion of the fellowship training will be based on satisfactory performance and completion of program requirements.

Core Competencies: Overall Fellowship Learning Objectives

The fellow will:

1. Knowledge

- A. Identify the biopsychosocial concomitants of aging, including:
 - i. Demographic changes in the population, and their implications for health care
 - ii. Sociocultural, legal, economic, cultural and ethnic aspects
 - iii. Psychological and sociological models of later life adult development
 - iv. Organ system-specific biological changes with normal aging, and with common age-associated diseases
- B. Describe each of the following aspects of each of the following disorders of later life:
 - i. *Aspects*
 - a. Epidemiology
 - b. Known etiological factors or other contributors to biopsychosocial pathogenesis
 - c. Clinical features (phenomenology)

- d. Differential diagnosis, with particular attention paid to how the probabilities are different in older persons as compared with younger adults, or in conditions of later age of onset as compared with younger age of onset
- e. Course and prognosis
- f. Basic approaches to treatment

ii. *Disorders*

- a. Delirium
- b. Dementia
- c. Secondary disorders, i.e., those due to general medical conditions or substance-induced
- d. Depressive disorders
- e. Bipolar disorder
- f. Psychotic disorders
- g. Anxiety disorders
- h. Substance use disorders
- i. Personality disorders/vulnerabilities
- j. Sleep disorders and sleep-related symptoms
- k. Somatoform disorders and unexplained somatic symptoms

2. **Patient Care**

A. Demonstrate ability to successfully interview older patients, including:

- i. Adapting interview technique to account for:
 - a. Age-related cohort/cultural differences between the fellow and the patient
 - b. Patient sensory impairments
 - c. Patient cognitive impairments
 - d. Other patient psychopathological phenomena, including mood, psychotic, or anxiety symptoms
- ii. Using the interview to accomplish the following:
 - a. Build a treatment alliance
 - b. Obtain historical information
 - c. Conduct a mental status examination, including a detailed cognitive examination
 - d. Impart information to the patient
 - e. Negotiate a treatment plan

B. Evaluate older patients with psychiatric symptoms and signs, taking into account factors #1-2 above as well as the following:

- i. Comorbid general medical illnesses
- ii. Functional assessment
- iii. Family and psychosocial assessment, including the role of culture and ethnicity
- iv. Ethical issues
- v. Selection and use of clinical laboratory tests, radiological and other imaging procedures, neuropsychological testing, and appropriate referrals to and consultations with other health care specialists.

- C. Develop a treatment strategy for older patients with psychiatric symptoms and signs, taking into account the following:
 - i. Psychotherapies
 - a. Use of psychodynamic, cognitive, behavioral, and other methods
 - b. Use of individual, family and group modalities
 - ii. Pharmacotherapies
 - a. Impact of normal aging, and diseases associated with aging, on drug pharmacokinetics, and on drug choice and dosage
 - b. Use of drugs including: traditional and atypical antipsychotics; antidepressants; mood stabilizers; benzodiazepines; psychostimulants; cholinesterase inhibitors
 - iii. Electroconvulsive therapy
 - iv. Social treatments

3. **Interpersonal and Communication Skills**

- A. Relate respectfully and effectively with team members.
- B. Relate respectfully and effectively with patients and families.

4. **Professionalism**

- A. Demonstrate high levels of professionalism at all times, consistently showing respect, compassion, integrity, and honesty, and teaching and role modeling responsible behavior, commitment to self-assessment (with willing acknowledgement of errors), and consideration for the needs of patients, families, and colleagues.

5. **Practice Based Learning**

- A. Accept feedback and perform self improvement.
- B. Incorporate feedback into future work.
- C. Teach more junior trainees in psychiatry and colleagues from other specialties and disciplines.
- C. Incorporate evidence-based approaches to patient care, including demonstration of skills in critically reviewing the literature and describing relevant research methodologies used in geriatric psychiatry.

6. **Systems Based Practice**

- A. Describe the organizational and administrative aspects of long-term care, home health care, outreach, and crisis intervention services.
- B. Care for patients in varied settings including inpatient psychiatry and general medicine, outpatient, and residential long-term care facilities, to include functioning as a consultant and as a member of the multidisciplinary health team.

Fellowship Training

Consistent with the goals of the fellowship, fellows are provided supervised clinical experiences and a didactic core and elective curriculum.

Selection and Eligibility

Applicants must meet the following qualifications:

- a. Satisfactory completion of an Accreditation Council for Graduate Medical Education (ACGME)-accredited psychiatry residency.
- b. Graduates of medical schools outside the U.S. and Canada who possess a valid ECFMG certificate or have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
 - i. The medical school must be listed in the World Health Organization Directory of Medical Schools.
- ii. The ECFMG assesses the readiness of international medical graduates to enter U.S. residency or fellowship programs that are accredited by the ACGME. To obtain an ECFMG certificate, candidates must:
 - complete all the educational requirements to practice medicine in the country in which they received their medical education
 - have their medical credentials verified by the appropriate officials
 - attain a passing score on the screening examinations (currently Step 1 and Step 2 of the USMLE exam)
 - and pass the ECFMG English test.
- c. Each applicant is required to complete the program application and provide a curriculum vitae listing educational background and experiences, scholarly and other accomplishments; a personal statement; medical school transcript; at least three letters of recommendation (including one from the previous program director stating the applicant will have fulfilled ACGME residency requirements); certificate of completion of accredited residency, state licensure, valid ECFMG certificate, USMLE scores. These credentials are reviewed by the program director for initial screening.
- d. Invitations to interview are extended following a review of the completed application by the program director and/or administrator of medical education. This is a subjective process based upon letters of recommendation, residency performance, medical school performance, other extenuating circumstances, and the USMLE scores.
- e. Applicants invited for interview typically meet several faculty members and a current fellow. Each interviewer records narrative impressions and assigns a preliminary rating score.

- f. A member of the Selection Committee reviews the complete file and assigns a summary score which guides the ranking of the candidate.
- g. No candidates are offered a position without benefit of an interview. One objective of the interview is to evaluate their command of English and their ability to communicate effectively with patients and teachers.
- h. To be considered, International Medical Graduates must either be a permanent resident, U.S. citizen or eligible for a J-1 visa.
- i. Eligibility for New York State licensure is not required but is considered highly advantageous.

GENERAL INFORMATION

Working hours: Typical working hours are 8:00 A.M. to 5:30 P.M., Monday through Friday. Hours may vary based on clinical issues onsite. There is no overnight call although fellows are expected to be available by beeper or phone for emergency telephone contacts. The schedule well meets Part 405 of the New York State Health Code, which states that a fellow:

- a. Shall not exceed 80 hours per week over a four-week period.
- b. Shall not be scheduled to work more than 24 consecutive hours.
- c. Must have scheduled on-duty assignments separated by not less than 8 non-working hours.
- d. Must have one 24 hour period off per week.

Moonlighting: Moonlighting is permitted with the understanding that it shall not interfere with training and educational objectives. Moonlighting hours count towards the limitations imposed by Part 405 of the New York State Health Code (above). Requests must be made and renewed via the *Request for Permission to Moonlight* form biannually. The institution where the fellow moonlights will be responsible for professional liability insurance.

Vacation: Four weeks or 20 days of vacation are permitted. An absence form must be completed and signed by the primary site team leader and program director. We ask that vacation is not taken during a special rotation, such as the two week Palliative Care rotation.

Educational Leave: Up to one week of leave is available to attend extra-curricular educational opportunities. Additional time may be allowed at the discretion of the program director. Up to four days will be given for ABPN or USMLE examinations. This will not be counted against either vacation or educational leave.

Sickness Leave: Specific “sick” days are not assigned. Fellows may call in sick when too ill to report to work; coverage will be provided by the attending physicians on the service. Appointments with doctors or dentists may be made as necessary during the day; fellows are expected to return to work.

Maternity and Paternity Leaves: Paid maternity leave is provided under the short-term disability leave. Paid paternity leave of no more than one week may be granted at the discretion of the fellowship program director.

Death in the Family: Time off without loss of pay will be granted to fellows who suffer the loss of a member of his/her immediate family. This paid time off is intended to allow for participation in events related to the death and funeral and is not to be granted if no such participation occurs. Up to three consecutive scheduled workdays may be excused by the program director. If out of state travel to attend the funeral is required and the maximum allowable time off under this policy is insufficient to permit timely round trip travel, up to 2 additional days off may be granted.

Definition: "Immediate family" is defined as a parent or guardian, brother or sister, son or daughter, including in-laws in each case, spouse, grandparents, grandchildren, ward of the fellow, or any other relative of the fellow (such as stepparents, stepchildren, or grandparents of a spouse) who was a permanent resident of the fellow's household at the time of death.

Professional Liability: Malpractice and professional liability insurance for fellows are provided by the University's insurance program for all activities that are a regular part of the fellowship.

Fellowship Training Committee: This committee meets twice annually to evaluate the educational effectiveness of the fellowship. At least one fellow will be elected to attend this meeting, along with the program director and representative faculty.

Logbook: Fellows are expected to keep a logbook of the patients they see during their rotations. The Fellowship coordinator will provide the logbook electronic template, and fellows are asked to keep the electronic file on a secured University of Rochester drive. The Fellowship director and the fellow will review patient logs routinely to ensure that the fellow is exposed to the necessary range of diagnoses and treatment modalities. Recorded information should include: patient name, age, gender, primary (and secondary) DX, setting, type of TX, frequency seen, and dates assigned and terminated.

Evaluations:

Of the fellow:

- Fellows will be evaluated semi-annually by the fellowship director and directors of the outpatient units (OAS and MCH Consults), and at the end of each inpatient rotation by the directors of the inpatient units.
- 360° evaluations will be obtained from appropriate staff members in each inpatient unit at the end of the rotation and semi-annually in outpatient units.
- Anonymous patient feedback surveys also will be obtained semi-annually.
- Fellows will complete self-assessments semi-annually

Of the program and faculty:

- The fellow will provide confidential written evaluations of attendings from each clinical unit and evaluations of their experience on the units upon completion of their rotations.
- The program and faculty will also be regularly reviewed by the program director and training committee

ACGME Core Competencies

Fellows will be expected to demonstrate competence in the following six areas:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. *Medical Knowledge* about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. *Practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. *Interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. *Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

These competencies are addressed in the goals and objectives stated for each clinical site.

PARTICIPATING INSTITUTIONS

UNIVERSITY OF ROCHESTER MEDICAL CENTER

The University of Rochester Medical Center includes ***Strong Memorial Hospital (SMH)***, the principal 739-bed teaching hospital of the University of Rochester School of Medicine and Dentistry. It houses the administrative offices, inpatient services, and much of the ambulatory program of the Department of Psychiatry. Many of the Department's educational functions are carried out here. With specific regard to the Geriatric Psychiatry Program, SMH is the site for the fellow's experience in acute inpatient geriatric psychiatry and psychiatry consultation to inpatient medical and surgical services. Strong programs also include the Older Adults Service (outpatient evaluation and longitudinal treatment) and other experiences such as rotations in physical medicine/rehabilitation, neurology, and palliative care. Within the University of Rochester Medical Center, ***Highland Hospital*** also serves as a teaching hospital and houses outpatient programs. The fellow will rotate through the Palliative Care Service at Highland Hospital and may alternatively rotate through the Highland Hospital Geriatric Program for geriatric medicine.

MONROE COMMUNITY HOSPITAL

The fellow also has a year-long experience providing consultations at MCH, a 566 bed long-term care residential facility (i.e., nursing home) operated by Monroe County and staffed by faculty from the University. MCH is the home of the Department's Alzheimer's Disease – Care, Research and Education (AD-CARE) program. MCH also affords for the geriatric psychiatry fellow training experiences in geriatric medicine, neurology, and physical medicine and rehabilitation and substantive contact with colleagues from these other disciplines, because it is a major training site for the University's programs in geriatric medicine.

ROCHESTER PSYCHIATRIC CENTER

The Rochester Psychiatric Center (RPC) is a free-standing New York State Office of Mental Health hospital that has a long affiliation with the Department of Psychiatry for educational purposes. RPC psychiatrists involved in educational functions are members of the University of Rochester faculty. The emphasis is on rehabilitative care, offering the fellow the opportunity for longer-term relationships in the active treatment of severely ill elderly patients. The RPC Psychiatric Rehabilitation Program Geriatric Unit, with a stay 2 months to multiple years in length, serves as an intermediate step between acute inpatient care and outpatient placement.

GERIATRIC FELLOWSHIP SAMPLE SCHEDULE

		Mon	Tues	Wed	Thurs	Fri
SMH C/L SERVICE ROTATION	AM	OAS	SMH C/L	ACADEMICS	MCH	SMH C/L
	PM	SMH C/L	MCH	SMH C/L	SMH C/L	OAS

		Mon	Tues	Wed	Thurs	Fri
RPC ROTATION	AM	OAS	RPC	ACADEMICS	MCH	RPC
	PM	RPC	MCH	RPC	RPC	OAS

		Mon	Tues	Wed	Thurs	Fri
SMH Geriatric Psychiatry Inpatient (3-9200) ROTATION	AM	OAS	3-9200	ACADEMICS/ 3-9200	3-9200	3-9200
	PM	3-9200	3-9200	3-9200	3-9200	OAS

		Mon	Tues	Wed	Thurs	Fri
SMH PALLIATIVE CARE ROTATION	AM	OAS	PALLIATIVE CARE	ACADEMICS/ PALLIATIVE CARE	PALLIATIVE CARE	PALLIATIVE CARE
	PM	PALLIATIVE CARE	PALLIATIVE CARE	PALLIATIVE CARE	PALLIATIVE CARE	OAS

		Mon	Tues	Wed	Thurs	Fri
Community, Memory, Interdisc. Geriatrics and Elective ROTATION	AM	OAS	Elective	ACADEMICS/ Elective	MCH	Interdisciplinary Geriatrics
	PM	Community	MCH	Memory Care	Elective	OAS

CLINICAL EXPERIENCES

INPATIENT

PSYCHIATRY CONSULTATION SERVICES (SMH C/L) Strong Memorial Hospital

Faculty:

Lisa L. Boyle, M.D., M.P.H., Rotation Director

Michael Privitera, M.D., M.S.

Eric Brewer, M.D.

Jennifer Richman, M.D., Medical Director of Inpatient Psychiatric Consultation/Liaison Services,

Barbara Olesko MS, RN, NP Coordinator

Mary Andolsek, NP

Beth Goldenberg, NP

Goals and Objectives

1. Demonstrate diagnostic and interviewing skills through focused patient evaluations.
2. Integrate biological, psychological, and social dimensions in the understanding of complex psychiatric disorders, medical conditions, and their interactions in the elderly.
3. Demonstrate mastery in the administration and interpretation of a thorough cognitive mental status examination.
4. Generate comprehensive differential diagnoses for delirium, dementia, somatoform disorders, affective disorders, psychoses and iatrogenic psychiatric illness of elderly patients in med/surg settings.
5. Identify work-up strategies in these disorders.
6. Demonstrate expertise in the use of psychotropics, behavioral therapy, and environmental manipulations in the treatment of the medically ill/geriatric patient.
7. Determine capacity in the medically ill patient, and identify its impact on patient management.
8. Employ appropriate communication skills in conducting psychiatric consultation to primary care providers and to medical and surgical units, including teaching of non-psychiatric physician and other colleagues.

Fellow Role and Responsibilities (all of the following applies only to the assigned consult days, 50% time)

1. Participate in the 8:30 a.m. morning “bed” meeting when clinically indicated.
2. Daily triage meeting at 9:00 a.m. (Thaler Room); 8:45 a.m. on Wednesday (if fellow is on service in the mornings) or 1 p.m. meeting (if on service in the afternoons)
3. At least 2 formal presentations during the C/L rotation. Anticipate the first presentation within the first month of the rotation as it is an important element in increasing leadership.
4. New consults as assigned daily
 - Discuss assessment and recommendations with attending prior to putting note into chart (patients will be seen by attending as well).
 - Assist in the supervision of medical students and PGY II students as they take on the primary evaluator role in consults.
5. Follow up on cases minimum 2-3 times/week
 - Round with attending a minimum of once a week for follow-ups (if clinically indicated).
 - Make changes in recommendations only with attending approval.
 - Complete transfers when indicated.
6. The fellow will receive individual supervision with rotation attendings weekly.
7. Provide supervision to medical students and residents as indicated. Serve as back-up preceptor to medical students, working closely with (attending) student preceptor.
8. As the fellow’s experience and skills progress and the fellow demonstrates competency in the rotation’s objectives, the PCLS faculty will determine when the fellow is able to take on progressive responsibilities, transitioning from direct to indirect supervision, with the goal by the end of the rotation, that the fellow will be able to act in the role as “junior” attending and staff medical student, resident or nurse practitioner cases.
9. Teach at least 1 session of didactics, case vignettes and topic paper discussions (presented by the medical student), assist with basic write-up techniques with medical students during each medical student rotation.
10. Readings as clinically indicated and assigned.
11. Available Monday through Friday 8:30 a.m. – 5:00 p.m. (minimum hours).
12. Contact Barbara Olesko, MS, RN, NP Coordinator, PCLS, at 275-4336 and Dr. Boyle (275-2824) with any conflicts, absences, etc. or contact via e-mail.

Goals/Objectives 1-8 relate to competence in the area of *Patient Care*
Goals/Objectives 1-6 relate to competence in the area of *Medical Knowledge*
Goals/Objectives 1,5-8 relate to competence in the area of *Practice-Based Learning and Improvement*
Goals/Objectives 1, 3, 6-8 relate to competence in the area of *Interpersonal and Communication Skills*
Goals/Objectives 1-8 relate to competence in the area of *Professionalism*
Goals/Objectives 2, 7-8 relate to competence in the area of *Systems-Based Practice*

PSYCHIATRIC REHABILITATION PROGRAM - GERIATRIC UNIT
Rochester Psychiatric Center (RPC)

Faculty:

Milarose Panaligan, M.D., Rotation Director
Larry Guttmacher, MD

Goals and Objectives

1. Function as the leader of the multidisciplinary health team.
 - a. Lead the multidisciplinary care of his/her patients.
 - b. Assimilate observations and information gathered by team members.
 - c. Effectively communicate the treatment plan to all team members.
 - d. Seek specialty consultation when appropriate.

2. Assess elderly patients with acute and chronic psychiatric illness.
 - a. Demonstrate skills in obtaining history from older adults with chronic mental illness and from collateral sources.
 - b. Elicit relevant behavioral observations on the ward.
 - c. Identify atypical presentations of mental illness, the impact of comorbid medical illnesses, and the impact of psychosocial factors on patients with chronic mental disorders.
 - d. Recite the indications for and interpretation of specialized assessment techniques including neuroimaging and neuropsychological testing.
 - e. Complete comprehensive written psychiatric assessments in a timely manner on all assigned patients. This assessment shall include DSM-IV multi-axial diagnosis, detailed functional and cognitive evaluations, hypotheses about the predisposing, precipitating, and perpetuating factors in the patient's illness, and a problem list with specific treatment goals, objectives and methods.

3. Lead the treatment team in implementing treatment interventions, including supportive psychotherapy, psychotropic drug therapies, use of the milieu, and rehabilitative services.
 - a. Translate treatment goals and objective into specific treatment methods.
 - b. Use supportive psychotherapies and behavioral programs in sophisticated fashion with the chronically ill/institutionalized elder, based on the successful development of a therapeutic alliance with each patient.
 - c. Demonstrate skilled application of psychotropic drug therapy principles to patient care.

- d. Communicate treatment plans effectively to patients and their families.
- e. Craft safe and effective disposition plans in coordination with community-based resources.

Fellow Role and Responsibilities

These goals and objectives shall be accomplished through the fellow's two-month part time rotation on the Psychiatric Rehabilitation Program Geriatric Unit. Under the supervision of the unit's attending geriatric psychiatrist, each fellow will carry a caseload of 5-8 patients, assuming primary responsibility for their evaluations and the management of the treatment team. The fellow will assess all assigned patients, construct and implement a treatment plan, communicate this plan to patient, family and staff. The fellow will act as team leader for his/her patients and as primary therapist for select cases. Fellows will participate in the daily morning report and weekly case conference/patient review. Fellows will receive one hour of supervision by the attending psychiatrist weekly to address clinical and administrative issues in addition to ongoing bedside teaching.

Goals/Objectives 1-3 relate to competence in the area of <i>Patient Care</i> Goals/Objectives 2, 3 relate to competence in the area of <i>Medical Knowledge</i> Goals/Objectives 2, 3 relate to competence in the area of <i>Practice-Based Learning and Improvement</i> Goals/Objectives 1-3 relate to competence in the area of <i>Interpersonal and Communication Skills</i> Goals/Objectives 1-3 relate to competence in the area of <i>Professionalism</i> Goals/Objectives 1, 3 relate to competence in the area of <i>Systems-Based Practice</i>
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GERIATRICS INPATIENT UNIT
Strong Memorial Hospital (3-9200)

Faculty:

Eric J. Brewer, M.D., Rotation Director

Lynn Wasserbauer, Ph.D., N.P.

Korry Stevens, M.S.W.

Goals and Objectives

1. Use appropriate communication skills to conduct interviews with geriatric inpatients, with proper attention to the difficulties posed by any sensory, cognitive, or physical difficulties.
2. Conduct a comprehensive mental status examination, and interpret the findings appropriately.
3. Discuss the impact of any functional limitations on the patient's care needs.
4. Assess the patient's family and support network.
5. Discuss the differential diagnosis and work-up for:
 - delirium
 - dementia
 - mood disorders
 - psychotic syndromes
 - aggressive behavior
6. Obtain any diagnostic tests, and integrate these with the results of the physical, neurological, and mental status examinations into a comprehensive biopsychosocial formulation.
7. Discuss the phenomenology and natural history of common inpatient psychiatric illnesses in late life, and specify how their presentation and treatment differs from those in younger patients.
8. Present the results of patient evaluations in a clear, concise manner in both oral and written formats.
9. Demonstrate both in verbal discussion and practical application an understanding of basic geriatric psychopharmacology, including the pharmacology of aging, drug interactions, and drug side-effects and toxicity in both cognitively intact elders and those with impaired brain function.
10. Identify psychotherapeutic issues common in the treatment of elderly patients, including age-specific transference and countertransference phenomena, the role of loss and the grieving process, and late life family issues.
11. Develop treatment plans using behavioral techniques for the management of aggression, agitation and confusion in cognitively-impaired patients.

12. Demonstrate short-term individual and family psychotherapeutic interventions in the acute inpatient setting.
13. Describe relevant issues for determining a patient's capacity to consent to treatment.
14. Demonstrate effective functioning as a psychiatrist leading a multi-disciplinary treatment team that includes representatives from the disciplines of Social Work, Nursing, and Activities Therapy.
15. Perform as a clinical teacher and role model for medical students and general psychiatry residents.

Fellow Role and Responsibilities

The Geriatric Inpatient Unit is a 11 bed unit providing acutely ill patients diagnostic and stabilization services. The fellow will spend 2 months 75% time on the unit. The fellow will serve, with the attending's daily individual supervision, as "junior" attending for the resident team, supervising the work of the PGY2 resident (who serves as primary therapist for approximately four elderly inpatients) and medical students on the service. The fellow will serve as team leader, working with the resident and medical students, as well as other interdisciplinary members of the team (e.g., nursing, social work, psych techs and other trainees). She/he will round daily with the attending, attend morning report and other relevant staff meetings, and participate actively in the unit milieu. The fellow will learn, in addition to the fundamentals of diagnosis and therapeutics of late life psychiatric disorders, to lead a multidisciplinary treatment team in the care of elderly psychiatric inpatients. The attending will work with the fellow to evaluate her/his skills during the rotation. The fellow will be primarily responsible for teaching the residents and medical students and other interdisciplinary team members and trainees who are on the service.

<p>Goals/Objectives 1-15 relate to competence in the area of <i>Patient Care</i> Goals/Objectives 1-7, 8-15 relate to competence in the area of <i>Medical Knowledge</i> Goals/Objectives 1-13 relate to competence in the area of <i>Practice-Based Learning and Improvement</i> Goals/Objectives 1, 2, 4, 11-15 relate to competence in the area of <i>Interpersonal and Communication Skills</i> Goals/Objectives 1-15 relate to competence in the area of <i>Professionalism</i> Goals/Objectives 4, 14-15 relate to competence in the area of <i>Systems-Based Practice</i></p>

OUTPATIENT

SMH OLDER ADULTS SERVICE (OAS) 315 Science Parkway

Faculty:

Katherine Duffy, M.D., Medical Director, Rotation Director
Deborah King, Ph.D., Director, Geriatric Psychiatry Clinical Services
E.J. Santos, M.D., M.P.H, Geriatric Psychiatry Attending
Joanne Romano-Egan, N.P.P.
Laurel Seifert, LCSW
Nicole Bondi, LMSW
Lee Ann Nelson, LCSW
Molly Larkin, RN

Goals and Objectives

1. Conduct comprehensive psychiatric assessment of elderly patients in an ambulatory setting, including the assessment of cognition, functional status, family and social networks.
2. Perform outpatient consultations, including critical evaluations, the provision of feedback to the referral source, and collaboration in providing ongoing patient care.
3. Demonstrate competence in assessing and managing crisis presentations.
4. Describe the complex relationships between medical and psychiatric illness in ambulatory patients.
5. Demonstrate skills in prescribing psychotropic medications appropriate to the elderly patient.
6. Identify the role of psychosocial factors including family relationships in an individual's presentation, and provide skilled psychotherapy appropriate to the elderly patient.
7. Mobilize available resources in the community to facilitate care.
8. Create and utilize smooth working relationships with other mental health disciplines, including nursing and social work services, as well as with physicians and other community resources involved in the patient's care.
9. State the advantages and limitations of ambulatory care for elderly psychiatric patients, and the indications and mechanisms for institutional care.

Fellow Role and Responsibilities

The geriatric psychiatry fellow will conduct diagnostic assessments and provide follow-up care for patients in the Older Adults Service. The fellow conducts outpatient consultation, crisis intervention, as well as evaluation and longitudinal treatment. Fellows are expected to provide ongoing care for their patients discharged from the acute psychiatric and medical services. After demonstrating his/her ability to act as primary therapist, the geriatric psychiatry fellow will transition from direct to indirect supervision and take on progressive responsibility as a leader of a mental health care team, providing diagnostic psychopharmacologic consultation to a social work therapist. Weekly individual supervision will be provided by Drs. Duffy and Santos as well as case-by-case supervision.

The fellow is responsible for timely completion of all documentation of patient visits and telephone contacts and treatment plans. Please see next page for guidelines regarding fellow tasking notes to be co-signed by attending.

<p>Goals/Objectives 1-9 relate to competence in the area of <i>Patient Care</i> Goals/Objectives 1, 3-7 relate to competence in the area of <i>Medical Knowledge</i> Goals/Objectives 1, 2,3,5,6 relate to competence in the area of <i>Practice-Based Learning and Improvement</i> Goals/Objectives 1-3, 6-9 relate to competence in the area of <i>Interpersonal and Communication Skills</i> Goals/Objectives 1-9 relate to competence in the area of <i>Professionalism</i> Goals/Objectives 2, 6-9 relate to competence in the area of <i>Systems-Based Practice</i></p>

Adult Ambulatory Service Fellow Supervision by Covering Attending
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Fellow Responsibilities:

- If necessary, will page covering attending for any urgent or emergent issues with patient that require personal supervision by attending.
- Will page covering attending before end of clinic time to briefly review all patients seen.
- Will task notes to covering attending through ERecord's "Cosign" task function. All notes must be tasked to attending on day of service, regardless of whether it is completed or not (attending will attest accordingly)
- Notes that are not completed on day of service must be tasked a second time to covering attending when completed for final attestation/sign off.



This workflow is intended for clinics with Resident Owned encounters, where the resident is considered the scheduling provider.

Resident Notes Require an Attestation

Resident notes require an attestation. In clinics where residents are the owner of the encounter, the resident should complete all documentation including the note and all Meaningful Use requirements and close the encounter. On closing the encounter, the resident will identify the attending who will cosign the encounter and a message will go to the attending’s Cosign-Chart folder. This workflow replaces selecting the Cosign Required check box in the note.

Try It Out

1. Complete all encounter documentation and write the note.
2. Click the Close Encounter button.
3. The Cosigner screen will appear. Identify the appropriate attending provider to cosign the encounter.

4. Since the encounter is closed, the attending will addend the encounter to add their attestation statement. An addendum notification will be sent when the attending addends the encounter.

Covering Attending Responsibilities:

- On site and beeper available to fellows.
- If necessary, available to personally see patient with fellow.
- Will review patients with fellow by pager.
- Will cosign patient notes.

GERIATRIC PSYCHIATRY CONSULTATION SERVICE
(MCH Consults)
Monroe Community Hospital

Faculty:

*Anton Porsteinsson, M.D.,
Director, AD-CARE and MCH Psychiatry Services, Rotation Director
Michael Hasselberg, NP, RN
Nancy Kowalski, NP*

Goals and Objectives

1. Demonstrate skills in the diagnosis and treatment of mental disorders in the long-term care setting, specifically including:
 - a. The biopsychosocial assessment and mental health or behavioral issues in long-term care residents.
 - b. The diagnosis of psychiatric syndromes in the presence of dementia.
 - c. The role of physiologic contributors to agitation, depression and anxiety.
 - d. The use of psychotropic medications in physically and/or cognitively compromised individuals.
 - e. The use of behavioral interventions.
 - f. The use of supportive psychotherapy.
2. Function as a psychiatric consultant to multidisciplinary care teams in the long-term care setting and to institutional administrators where relevant.
 - a. Elicit history from multidisciplinary staff members.
 - b. Coordinate and communicate with the care team regarding interventions, particularly environmental or behavioral interventions.
 - c. Write timely and complete assessments on all assigned patients.
3. Explain the organizational and administrative aspects of long-term care, specifically including:
 - a. The role of the consultant.
 - b. The scope and impact of OBRA regulations in long-term care.

Fellow Role and Responsibilities

These goals and objectives will be accomplished through the fellow's duties on the psychiatric consultation service. The fellow is expected to conduct new evaluations and follow-ups. The fellow is responsible for obtaining history from multiple sources, evaluating the patient, presenting the case, constructing a treatment plan which may include somatic therapies, psychotherapy, behavioral plan or environmental interventions. The fellow shall provide follow-up care as needed. While other geriatric medicine/psychology trainees may rotate through the service, cases shall not overlap except when the fellow provides supervision to medical students. The fellow will meet weekly for supervision with Dr. Porsteinsson. The fellow will spend two- half days per week on MCH psychiatry consult rotation for 10 months.

Goals/Objectives 1-3 relate to competence in the area of <i>Patient Care</i> Goal/Objective 1 relates to competence in the area of <i>Medical Knowledge</i> Goal/Objective 1 relates to competence in the area of <i>Practice-Based Learning and Improvement</i> Goals/Objectives 1-3 relate to competence in the area of <i>Interpersonal and Communication Skills</i> Goals/Objectives 1-3 relate to competence in the area of <i>Professionalism</i> Goals/Objectives 1-3 relate to competence in the area of <i>Systems-Based Practice</i>

GERIATRIC MEDICINE

GERIATRIC ASSESSMENT CLINIC MONROE COMMUNITY HOSPITAL

Faculty:

*Thomas Caprio, M.D., M.P.H., Rotation Director
Geria Furtuna MD, Suzanne Gillespie MD,
Annette Medina-Walpole MD,
Gary Warner PhD, Sharon Vincent MSW, Tifeny Thorpe RN*

Goals and Objectives

1. To develop the skills to comprehensively assess an older community dwelling patient with a focus on function and geriatric syndromes
2. To become familiar with evaluation and treatment of Geriatric Syndromes (in addition to expertise in evaluation and treatment of cognitive impairment/dementia/delirium and depression):
 - a. Falls, gait disorders, postural instability
 - b. Acute deterioration of ADLs
 - c. Hearing loss, visual impairment
 - d. Incontinence
 - e. Preventative measures (vaccinations, etc.)
 - f. Polypharmacy
 - g. Osteoporosis
3. To gain experience in communication and education of older patients, family members, caregivers, interdisciplinary team members and subspecialists.
4. To develop physician skills and recognize the importance of working effectively with other health care professionals in an interdisciplinary team dedicated to the care of older patients in the outpatient ambulatory care setting.
5. To develop experience in working with community agencies and knowledge of the various levels of available care to older community dwelling adults.
6. To address functional status (ADLs, IADLs, mobility, deconditioning, home and driving safety, dental, speech) and environmental concerns (safety, physical barriers, home layout, access to services) and gain experience in administering geriatric screening tools for depression and dementia.

**Geriatric Review Syllabus Reading Assignments:
Chapters 6, 10, 12, 20, 21, 22, 23, 29, 32, 37, 44**

Goals/Objectives 1-6 relate to competence in the area of *Patient Care*
Goals/Objectives 1-2, 5-6 relate to competence in the area of *Medical Knowledge*
Goals/Objectives 3 relate to competence in the area of *Practice-Based Learning and Improvement*
Goals/Objectives 3-4 relate to competence in the area of *Interpersonal and Communication Skills*
Goals/Objectives 3-5 relate to competence in the area of *Professionalism*
Goal/Objective 4-5 relates to competence in the area of *Systems-Based Practice*

University of Rochester Geriatric Assessment Clinic

Summary

This program aims to maintain frail older adults in the community at the most independent level as possible through an interdisciplinary approach of comprehensive geriatric assessment. The clinic also serves as a main teaching site for the University of Rochester and other local health professional schools for training in geriatrics.

Why: This clinic meets the needs of a local frail aging population, especially those with significant comorbid disease, functional decline, or requiring higher levels of personal care necessitating transition to alternative living settings. The clinic is designed to meet the goals of comprehensive assessment as outlined by the National Institutes of Health: improved diagnostic accuracy, guidance in selection of interventions to restore or preserve health, and aid in choosing an optimal environment for care.

Who: The clinic provides consultative services to adults age 65 and older through referrals from primary care physician offices and self-referral. Regardless of the referrals source or reasons for the consultation, the clinic seeks to engage the patient's primary care physician in the assessment by providing regular communication regarding the team findings and recommendations. A diverse group of trainees are taught in the clinic, ranging from geriatric fellows, resident physicians, social work graduate students, and pharmacy students.

What: A comprehensive assessment is performed by an interdisciplinary team consisting of geriatricians, nurses, neuropsychologists, pharmacists and social workers. Personalized recommendations are provided to patients, families, caregivers, and primary care physicians as a result of the consultative office visit, with referrals made to a variety of community resources and services agencies to assist in the long-term assistance to older adults in the Greater Rochester area.

When: The clinic operates weekly with ½ day session on Friday mornings.

Where: Marketing and recruitment of patients mainly focus on the Rochester area and Monroe County, but referrals are accepted from across the surrounding Finger Lakes region. The clinic is located at Monroe Community Hospital which is wheelchair accessible and has free parking.

How: Referrals are made by contacting the clinic directly **(585) 760-6589**

Rationale

Comprehensive geriatric assessment has been defined as a multidimensional interdisciplinary diagnostic process designed to quantify an elderly individual's medical, psychosocial, and functional capabilities and problems with the intention of arriving at a comprehensive plan for therapy and long-term follow-up (Rubenstein 1987 and 1995). The Consensus Development Conference at the National Institutes of Health (NIH 1987) concluded that a comprehensive assessment approach, when appropriately targeted, is effective in achieving the goals of improved diagnostic accuracy, guidance in selection of interventions to restore or preserve health, and aid both in choosing an optimal environment for care and in predicting outcomes and monitoring of clinical change over time.

Community Need

The aging population in the U.S. can present significant challenges to local health care systems. The most recent estimates for Monroe County show that 13.3% of the population is 65 years old and older (U.S. Census Bureau 2006). This translates to nearly 100,000 older adults currently, with estimates that this population could potentially double in the next 20 years. The most recent National Long-Term Care Survey (2004/2005) suggests that nearly 20% of people over the age of 65 are chronically disabled, meaning they have significant impairments in multiple areas of physical and/or cognitive functioning. This rate of chronic disability has decreased from prior decades; however, this is happening concurrently with decreases in nursing home utilization and higher use of rehabilitation services and assisted-living options. There are few community-based programs for specifically addressing the needs of these vulnerable elders, especially those with mild-to-moderate functional impairments due to chronic medical illness, prolonged or multiple hospitalizations, or dementia. It is this group of frail elders at greatest risk of progressing to chronic disability and needing to transition to institutional-based care to meet their needs, making them the ideal population to potentially benefit from a comprehensive assessment approach.

Limited Professional Resources

Medical providers with specialized training in geriatrics are uniquely positioned to provide the interdisciplinary approach to a comprehensive evaluation for frail elders. Unfortunately, as the Institute of Medicine (2008) has indicated, there are critical shortages in qualified physicians, nurses, social workers, and other allied health professionals to care for this aging frail population. This necessitates the establishment of consultative service models for communities to access expertise of geriatric professionals and the establishment of solid teaching programs to enhance the training for the next generation of health professionals. The challenge which remains is how to do this efficiently while ensuring quality in both clinical services and education. This program seeks to address both the clinical need and quality assurance in geriatric assessment.

Background: Comprehensive Geriatric Assessment

There has been mixed results in studies measuring clinical outcomes and cost-effectiveness for comprehensive geriatric assessment programs. Some of the reasons for these inconsistencies are due to the heterogeneity in the types of assessments conducted as well in the patient populations evaluated. This heterogeneity also makes it difficult to make comparisons between individual assessment programs. However, controlled trials of comprehensive geriatric assessment have provided evidence that these programs can decrease the use of institutional services, improve physical and mental functioning, and increase survival, particularly when the comprehensive assessment team continues to take primary responsibility for management and accomplishment of the goals determined (Stuck 1993 and 1995, Rockwood et al. 2000). Randomized clinical trials even suggests that a single comprehensive geriatric outpatient consultation, in combination with efforts to improve adherence to recommendations, could have effects on preventing functional decline and maintaining quality of life (Reuben et al. 1999, 2000).

The Veterans Administration has been on the forefront of comprehensive assessment with the development of the Geriatric Evaluation and Management (GEM) model for inpatient and outpatient care. One controlled trial demonstrated reductions in functional decline for inpatient GEM units and improvement in mental health for outpatient GEM clinics, without significant effects on survival or costs (Reuben et al. 2000 and Cohen et al. 2002).

A National Model: University of Rochester

The University of Rochester (UR) Geriatric Assessment Clinic is located at Monroe Community Hospital in Rochester, New York. The goal of this clinical program is to maintain frail older adults in the community at the most independent level as possible. The clinic was first established in 1980 by Dr. T. Franklin Williams, a national leader in the field of geriatric medicine. It was one of the first clinical settings in the U.S. to establish an interdisciplinary consultation model for older patients that were experiencing a decline in physical and/or cognitive functioning, and has since become known as a national model for subsequent clinical programs. Since its inception, referrals have come from families, local service agencies, physicians and caregivers. This assessment clinic functions as an interdisciplinary team of physicians, nurses, neuropsychologists, pharmacists and social workers. The current clinic is provided as a service to the Greater Rochester Community by the faculty and fellows at the University of Rochester Geriatrics & Aging Division. The clinic continues to receive requests from the health care community to expand both in appointment availability at its current location as well as utilizing other clinical sites across the Finger Lakes Region.

The primary care physician (PCP) is a critical component to the assessment model, since the clinical team does not provide continuity care to patients. The interdisciplinary team obtains medical records from the PCP office and any requested areas of focus from the physician prior to the patient's clinic appointment. The team then makes specific clinical recommendations for each patient which is then communicated to the PCP in a transcribed initial consultation note and brief follow-up letter.

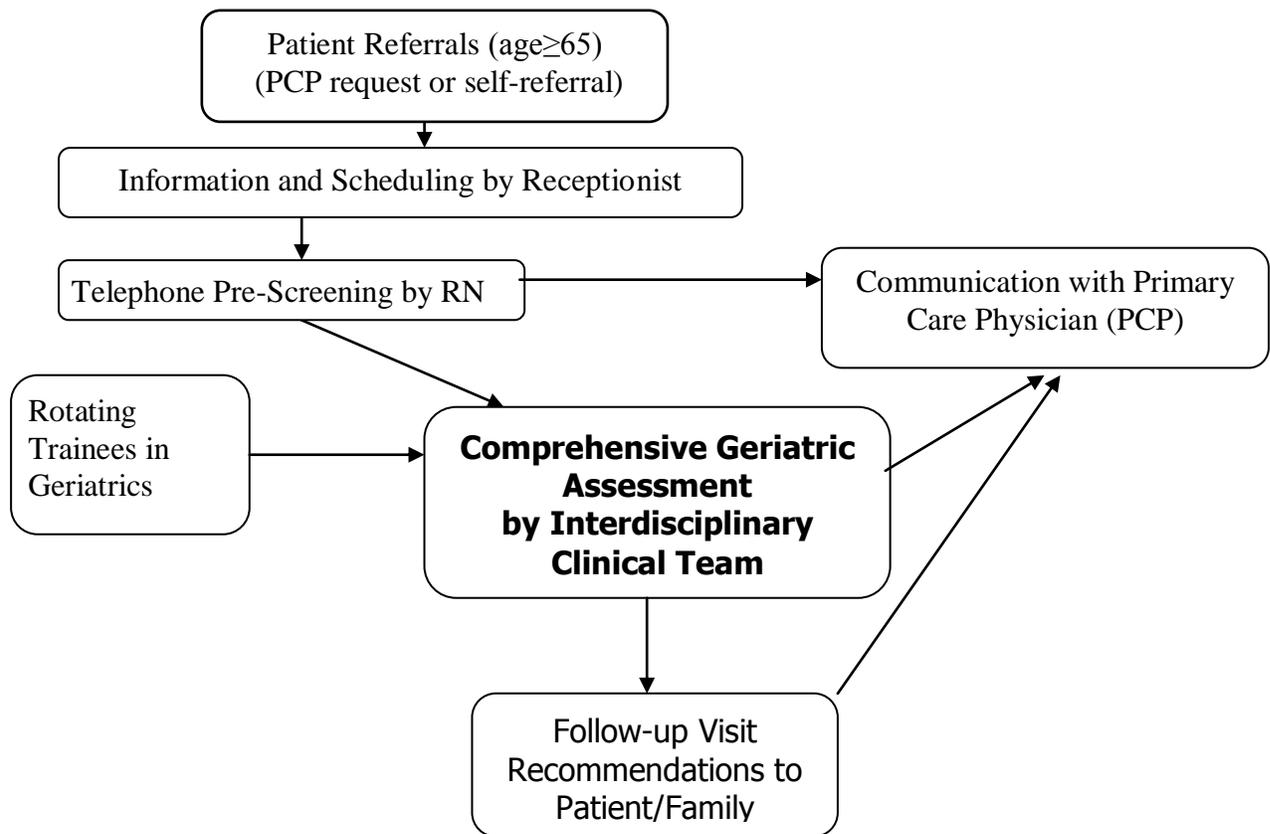
Fellow Role and Responsibilities

Fellows participate in this clinic based at Monroe Community Hospital to address the long-term health concerns faced by older individuals and their families. This comprehensive, interdisciplinary outpatient consultative program was one of the first of its kind in the nation, and has gained national recognition since its inception in 1980. Fellows will participate in the clinic regularly throughout their fellowship and will provide the medical assessment and consultative liaison service for the patients seen in the clinic. Fellows will work with a team of health professionals including an attending geriatrician, registered nurse, neuropsychologist, and social worker to thoroughly assess the health and functional ability of each individual patient by conducting a series of examinations and visits. This comprehensive process allows the team to fully understand the health care needs of each individual and their families in order to prepare a detailed customized care plan.

Geriatric Psychiatry fellows will participate in the clinic at least four times during the fellowship year. These times will be scheduled during the fellow's elective rotation months. Fellows are required to complete a detailed initial clinic dictation **within 48 hours, preferably dictated the afternoon of clinic.** A copy of the dictation should be sent to the patient's referring and primary care provider. Fellows also participate in the closure visits with the patient, family and interdisciplinary team. Fellows are required to complete a detailed closure visit dictation **within 48 hours.** A copy of every dictation should be sent to the patient's referring and primary care provider. Dictations must be dated the day of the clinic visit, not the day of dictation. Sample copies will be distributed.

Once per month, the clinic is held at the Anthony Jordan Health Center in Rochester, NY and the psychiatry fellow will be asked to accompany the geriatrics faculty to see the patients in this inner city clinic setting at least once. Closure visits are done the same day as the initial visit. The primary care doctor often attends the closure visits with the patient and family.

University of Rochester Geriatric Assessment Clinic



GERIATRIC NEUROLOGY

NEUROLOGY CLINIC SMH

Faculty:

*Frederick Marshall, M.D., Director, Memory Care Program Clinic
Clinton Crossing, Building C, Suite 210
919 Westfall Road, Rochester, NY 14618*

Goals and Objectives

1. To develop experience with the neurologic examination pertinent to geriatrics.
 - a. Observe and perform the neurologic examination under supervision.
2. To review the presentation and assessment of common geriatric neurologic syndromes.
 - a. To utilize readings and discussion to become familiar with geriatric neurologic syndromes i.e., stroke, dementia, and movement disorders.

Fellow Role and Responsibilities

The fellow will spend four half days with the attending neurologist in the memory care program clinic. These clinics will be scheduled during the fellow's elective rotation months. The fellow will see patients in conjunction with the attending neurologist, gather history, conduct relevant physical exam, review laboratory tests and imaging, and discuss differential diagnosis and treatment issues. Assigned readings will cover the Neurology and Neuropathology of Aging.

Goals/Objectives 1, 2 relate to competence in the area of *Patient Care*
Goals/Objectives 1, 2 relate to competence in the area of *Medical Knowledge*
Goal/Objective 2 relates to competence in the area of *Practice-Based Learning and Improvement*
Goals/Objectives 1, 2 relate to competence in the area of *Interpersonal and Communication Skills*
Goals/Objectives 1, 2 relate to competence in the area of *Professionalism*

GERIATRIC REHABILITATION

PHYSICAL MEDICINE AND REHABILITATION Strong Memorial Hospital

Faculty:

*Kanakadurga R. Poduri, M.D.
Chair and Residency Program Director*

Goals and Objectives:

1. To become familiar with the assessment of rehabilitation potential.
2. To recognize the selective contributions of speech therapy, occupational therapy, and physical therapy.
3. To participate in the multidisciplinary assessment and management of various rehabilitation patients.
4. To identify cognitive, physical, social, and psychiatric barriers to rehabilitation.

Fellow's Role and Responsibilities

Under the supervision of Psychiatrists, fellows will conduct physical examinations and participate in case reviews. She/he will observe physical, occupational and speech therapy evaluations and attend team and family meetings to discuss patients' progress. The fellow will participate in assessing patients for potential for rehabilitation.

The fellow will spend four half days with PMR, to be scheduled during the elective rotation months.

Goals/Objectives 1-4 relate to competence in the area of *Patient Care*
Goals/Objectives 1, 2, 4 relate to competence in the area of *Medical Knowledge*
Goals/Objectives 1-4 relate to competence in the area of *Practice-Based Learning and Improvement*
Goals/Objectives 1-4 relate to competence in the area of *Interpersonal and Communication Skills*
Goals/Objectives 1-4 relate to competence in the area of *Professionalism*
Goals/Objectives 1-3 relate to competence in the area of *Systems-Based Practice*

PALLIATIVE CARE

Hospice & Palliative Care at Highland Hospital

Faculty: *Thomas Caprio MD, Suzanne Gillespie MD
Robert McCann MD, Daniel Mendelson MD, Corey Romesser MD,
Egan Allen MD, Joseph Nicholas MD, Bilal Ahmed MD, Miyeon Oh MD*

Learning Objective	Competency Area(s)	Assessment Method
Understand the potential of palliative care to improve quality of life for all seriously ill patients, whether or not they are continuing active treatment	Patient Care Medical Knowledge	Global Faculty Assessment
Develop basic knowledge and skill about pain management, including equianalgesic dose conversions and basic knowledge and skill in the management of other symptoms that afflict seriously ill patients, including constipation, dyspnea, depression, and delirium	Patient Care Medical Knowledge Practice Based Learning/Imp	Global Faculty Assessment Direct Faculty Observation
Improve communication skills including learning to talk with and listen to severely ill patients and their families about nonphysical suffering, including issues of loss, hope, meaning, spirituality, and religion, as well as have timely discussions with patients and families about do-not-resuscitate, advance directives, prognosis, and risks and benefits of hospice and palliative care.	Patient Care Interpersonal /Communication Professionalism	Global Faculty Assessment Direct Faculty Observation Fellow Project Portfolio
Learn how to function as a member of an interdisciplinary team, and utilize the members to help address the many dimensions of patient and family suffering.	Interpersonal /Communication Professionalism Systems Based Practice	Global Faculty Assessment Direct Faculty Observation
Develop self-awareness about one's own personal responses to severely ill and dying patients	Professionalism Practice-Based Learning/Imp	Global Faculty Assessment

Geriatric Review Syllabus 7 Reading Assignments: Chapter 14, 15

**** Primer of Palliative Care, 5th edition. Quill et al. 2010**

Fellow Role and Responsibilities

This two-week experience is designed to introduce the geriatric psychiatry fellow to palliative care, specifically addressing symptom management, palliation and end of life issues. Fellows will participate in the palliative care consultation at Highland Hospital. Fellows facilitate pain management, patient and family discussions and longitudinal care of consult patients. Fellows will also complete home visits with VNS hospice nurses and attend their team care planning conferences with Dr. Caprio. Topics from the Educating Physicians in End of Life Care (EPEC) curriculum will be integrated into a lecture based fellows conference series throughout the year. Fellows also have the opportunity to visit and participate in the care of Hospice patients at non-for-profit private Hospice homes in the Rochester community.

Fellows will have the following experiences during the course of the block rotation and during the academic year:

Palliative Care Consultation (2 week block):

- Fellows will participate in a 2 week block rotation of palliative care consultations at Highland Hospital supervised by Dr. Daniel Mendelson or other attending physician on service
- Attendance at Palliative Care Interdisciplinary Team meeting at Highland Hospital as fellow's schedule allows

Hospice & Palliative Care Activity Checklist:

- Arrange VNS Hospice Nursing Home visits with nurses (Susan Kelly, RN or Vicki DeWolf, RN). (1-2 times per block). See Sue Darby to arrange schedule.
- Attend VNS Hospice Nursing Home Interdisciplinary Group (IDG) Meeting (1 time during block) with Dr. Thomas Caprio (scheduled every other Tuesday PM at VNS office Empire Blvd, Webster)
- Participate in face-to-face medical director hospice visits in nursing homes with Dr. Caprio (generally Tuesdays or Thursday but schedule varies weekly). Multiple nursing home sites in Monroe County. See Dr. Caprio to arrange schedule.
- Participate in inpatient hospice rounds at the Palliative Center for Caring (PCC) with Dr. Oh, Dr. Caprio, or nurse practitioner. This inpatient hospice unit is located at St. Ann's nursing home 2nd floor Heritage Building 1500 Portland Avenue (across the street from RGH). See Dr. Caprio to arrange schedule.
- Participate in VA Palliative Care Home Visits with Dr. Suzanne Gillespie (generally on Thursdays but schedule may vary). See Dr. Gillespie to arrange schedule.
- Participate with a site visit to a local comfort care home (Shepherd Home) with Dr. Lisa Vargish. Contact Dr. Vargish directly via e-mail to arrange a time for visit.

Longitudinal Palliative Care Experiences:

- 1) Topics from the Educating Physicians in End of Life Care (EPEC) curriculum will be integrated into a case-based lecture based series throughout the year and occur on a monthly basis during the Fellows' Conference.
- 2) Relevant palliative care topics will also be discussed in the Fellows' Reflection Group.

**Aging Services Network
Community Rotation**

**Community-Based Aging Services Mental Health
Eldersource, Inc.,
Alzheimer's Association, and other community agencies**

Faculty:

*Yeates Conwell, M.D.,
Vice-Chair of Psychiatry, Director, SHARE Alliance*

Lisa Boyle, MD, MPH

*Christine Peck, LMSW,
Supervisor, Eldersource Care Managers*

Goals and Objectives

1. Learn about the scope, composition, and activities of the aging services network broadly, and of Eldersource and the Alzheimer's Association, more specifically.
 - a. What is the Aging Services Network? In Rochester, what agencies provide aging services in the community? Who are the aging services providers? Who do they serve? What services are provided? How are aging services agencies funded?
 - b. How do older adults access aging services in the community? How do they pay for services?
 - c. How do aging services agencies measure/report outcomes?
 - d. What are the services/programs of the Alzheimer's Association? Who do they serve?
2. Understand the nature of social work practice, and specifically the roles and activities of community-based aging services care managers.
3. Appreciate the social services and mental health needs of older adults in the community, what social services interventions are available to help them, and what role mental health services may play in this setting (i.e., aging services providers' perceived needs of their clients, how this informs treatment plans, potential barriers to clients' accessing services and impact on outcomes).
4. Observe psychosocial assessments of community-residing older adults seeking care management.
5. Understand the broader effects of social stressors and/or support on the mental and physical health of older adults.
6. Apply obtained knowledge from assigned readings and experiences collaborating with community organizations to develop of two talks covering an aspect of geriatric mental health, one

targeted for aging services care managers, the other, for community dwelling older adults.

Fellow Role and Responsibilities

Fellows will devote ½ day per week during elective months, during which time they will be responsible for the following:

1. Accompany Eldersource care managers on home visits, senior center visits and naturally-occurring retirement community (NORC) visits.
 - a. Collaborate with the care manager to interview the client and family for psychosocial assessment and to evaluate the mental health needs of the Eldersource client.
 - b. Discuss with the care manager the psychosocial assessment and consult with her/him to develop a social services care plan that also addresses the mental health needs of the client.
2. Attend at least one Eldersource care managers' weekly case conference.
3. Meet with UR faculty supervisors (Yeates Conwell, Lisa Boyle) to review readings, and preparation of teaching project.
4. Complete assigned readings pertaining to the scope, composition and activities of the aging services network.
5. Prepare at least one educational presentation for the Eldersource care managers' conference to cover a geriatric mental health topic of interest and prepare at least one presentation targeted toward community-dwelling older adults – either who attend one of the senior centers or NORCs or through one of the community education projects associated with the Alzheimer's Association.
6. Meet with various staff at the Alzheimer's Association to learn about their organization and the programs and services that they provide. Attend one of the Early Diagnosis Support Groups if available.

Goals/Objectives 3-4 relate to competence in the area of <i>Patient Care</i> Goals/Objectives 3-5 relate to competence in the area of <i>Medical Knowledge</i> Goals/Objectives 6 relate to competence in the area of <i>Practice-Based Learning and Improvement</i> Goals/Objectives 4, 6 relate to competence in the area of <i>Interpersonal and Communication Skills</i> Goals/Objectives 4, 6 relate to competence in the area of <i>Professionalism</i> Goals/Objectives 1-3, 5-6 relate to competence in the area of <i>Systems-Based Practice</i>
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Suggested Readings for Aging Services Network Community Rotation

O'Shaughnessy CV: The Aging Services Network: Accomplishments and Challenges in Serving a Growing Elderly Population, Washington, DC, George Washington University, 2008

http://www.nhpf.org/library/background-papers/BP_AgingServicesNetwork_04-11-08.pdf

Steinman LE, Frederick JT, Prohaska T, et al: Recommendations for treating depression in community-based older adults. *Am J Prev Med* 2007; 33:175-181.

Ciechanowski P, Wagner E, Schmaling K, et al: Community-integrated home-based depression treatment in older adults: a randomized controlled trial. [see comment]. *JAMA* 2004; 291:1569-1577.

Simning A, Richardson TM, Friedman B, et al: Mental distress and service utilization among help-seeking, community-dwelling older adults. *Int Psychogeriatr* 2010; 22:739-749.

Web sites:

Lifespan <http://www.lifespan-roch.org/>

Eldersource <http://www.eldersource.org/>

CFC <http://www.cfcrochester.org/>

MCOFA <http://www.monroecounty.gov/aging-index.php>

PEARLS <http://www.perlsprogram.org/>

MEMORY CARE PROGRAM ROTATION

**MEMORY CARE PROGRAM CLINIC
SMH**

Faculty:

Anton Porsteinsson, M.D.,

Lisa Boyle, M.D., M.P.H.,

Mark Mapstone, Ph.D.

*Clinton Crossing, Buliding C, Suite 210
919 Westfall Road, Rochester, NY 14618*

Goals and Objectives

1. To develop competency in the evaluation and management of individuals with cognitive complaints and dementia.
 - a. Conduct comprehensive dementia evaluation including obtaining thorough history from patient with cognitive impairment, performing exam, and cognitive assessment.
 - b. Develop differential diagnosis for cognitive impairment and plan for additional workup as indicated
 - c. Collect collateral information from family informal caregivers and assimilate other available information from other providers and medical records to aid in evaluation, establishing diagnosis and informing treatment plan.
 - d. Enhance knowledge of treatment approaches for individuals living in the community with dementia and other cognitive disorders, including pharmacological and non-pharmacological management, paying special attention to issues related to patient safety.
 - e. Develop skills in communicating diagnosis and treatment recommendations to individuals with cognitive impairment or dementia and their family members
 - f. Develop skills in composing consultation reports to the primary care providers for patients evaluated in the memory care program clinic
2. To develop experience as a consultant in a specialized memory clinic, working as part of an interdisciplinary team
3. To develop understanding of scope of community services and supports for individuals with dementia living in the community and their family caregivers.
4. To become familiar with neuropsych testing for patients with possible dementia, including sitting in on a neuropsych evaluation, developing familiarity with tests that are used and interpretation of the test results and how neuropsych evaluations can be used to help diagnosis and treatment planning.
5. To develop competence in evaluation and management of complex neuropsychiatric complications of dementia.

Fellow Role and Responsibilities

The fellow will spend one half day per week with one of the attending geriatric psychiatrists in the memory care program clinic (and sit in on at least one neuropsych evaluation with the neuropsychologist). These clinics will be scheduled during the fellow's elective rotation blocks. The fellow will see patients in conjunction with the attending geriatric psychiatrist, gather history, conduct relevant physical exam, review laboratory tests and imaging, and discuss differential diagnosis and treatment issues. The fellow will be responsible for completion of documentation pertaining to the patients that he/she evaluates.

Assigned readings will be provided.

<p>Goals/Objectives 1-5 relate to competence in the area of <i>Patient Care</i> Goals/Objectives 1, 4-5 relate to competence in the area of <i>Medical Knowledge</i> Goal/Objective 2 relates to competence in the area of <i>Practice-Based Learning and Improvement</i> Goals/Objectives 1-2, 4-5 relate to competence in the area of <i>Interpersonal and Communication Skills</i> Goals/Objectives 1-5 relate to competence in the area of <i>Professionalism</i> Goals/Objectives 1-5 relate to competence in the area of <i>Systems-Based Practice</i></p>
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ELECTIVES

Fellows will have opportunities for elective time (part-time, up to 3.5 months). Fellows could construct clinical experiences in other areas pertaining to geriatric psychiatry, e.g., sleep medicine, neuroradiology, movement disorders, ethics; fellows may also elect to extend the time spent on required rotations based on professional goals and fellows' interests. Alternatively, elective time could be used to work on scholarly/academic projects, e.g., book chapters, journal articles, posters, presentations, teaching materials, community outreach or research. Fellows' planned use of elective time requires approval by the Fellowship Director.

INDIVIDUAL SUPERVISION

The fellow will receive a minimum of two (2) hours individual supervision per week. This will include one (1) hour/week with a designated individual supervisor (Dr. Boyle for 6 months, another geriatric psychiatrist attending for 6 months), as well as designated individual supervision time with faculty on Inpatient Services, the MCH Consultation Service, and the SMH Older Adults Service.

DIDACTIC SEMINARS AND CONFERENCES – REQUIRED

1. Geriatric Psychiatry Core Tutorial: The Geriatric Psychiatry Tutorials are delivered through a combination of an interdisciplinary lecture series as part of the Interdisciplinary Geriatrics Biopsychosocial Seminars (attended by trainees in Geriatric Psychiatry, Geriatric Medicine, Geriatric Dentistry, Geriatric Psychology and Behavioral Neurology) as well as supplemented through review of primary and secondary source readings; lectures/discussions with geriatric psychiatry fellowship faculty. The list of topics that are covered throughout the year represents essential material for training in geriatric psychiatry and are listed below. Areas covered include assessment, psychology and biology of normal aging, psychopathology and treatment, administrative psychiatry, and legal issues. (Weekly, July-June, MCH Wednesdays 1-2 pm and SMH times TBD)

NORMAL AGING

Theories of Development
Aging – Demography and Myths
Bereavement and Other Stressors
Race and Identity
Personality

ASSESSMENTS

Geropsychiatry Assessment
Social Assessment
Medical and Functional Assessment
Neuropsychological Testing and Assessment
Family Assessments

PSYCHIATRIC SYNDROMES AND TREATMENT

Delirium
Dementia – Phenomenology and Pathogenesis
Dementia – Treatments
Mood Disorders – Phenomenology and Pathogenesis
Mood Disorders – Treatments
Bereavement and Other Stressors
Suicide
ECT
Substance Use Disorders
Cognitive/Behavioral Therapy
Sleep and Sleep Disorders
Psychodynamic Psychotherapy
Psychosis and Psychotic Disorders
Evidence-Based Psychotherapies
Anxiety and Anxiety Disorders
Group Psychotherapy
Personality Disorders
Palliative Care
Family Approaches to Palliative Care

LEGAL, ADMINISTRATIVE, AND OTHER ISSUES

The Role of the Consultant in the Nursing Home
Medicare/Medicaid/OBRA Regulations
Competence, Guardianship, and Power of Attorney
Community Resources

2. Geriatric Psychiatry Case Conference and Journal Club: Cases are presented from sites throughout the psychogeriatric clinical services network. This is followed by comprehensive discussion of diagnosis and treatment as well as relevant ethical and cultural issues. The conference is facilitated by Geriatric Psychiatry attendings. The Geriatric Psychiatry Fellow takes a lead role as well. Also, second year psychiatry residents and medical students attend. Approximately 4 times/year, geriatric psychiatry journal club is held during this time to review relevant journal article in the geriatric psychiatry literature (Monthly; 4th Wednesday at 12 - 1pm / SMH Rivas Room 1-9031).
3. Department of Psychiatry Grand Rounds: A weekly to bi-weekly departmental conference that runs from September to June is attended by all clinical departmental faculty and trainees with presentations by various faculty and guest speakers. (Weekly; 12:00 – 1:00 p.m. Thursday/Helen Wood Hall Auditorium 1W-304).
4. Clinical Care Review and Discussion Series: This monthly departmental conference provides a forum for faculty, staff, and trainees within the department to identify, discuss and understand and learn from individual patient care experiences that are either of a complex and difficult nature and/or had a less than optimal outcome. It is attended by multidisciplinary providers within the department and includes presentations by various faculty and trainees. (Monthly/SMH)

DIDACTIC SEMINARS AND CONFERENCES – Elective

1. MCH Grand Rounds: Presentations are given by faculty and visiting experts from a wide range of disciplines on topics in related interest areas as well as geriatric medicine. (Weekly in the MCH Auditorium September-June on Wednesdays 8-9 a.m.)

2. Academic Core Curriculum Conference Series: Presentations are given by multidisciplinary faculty in this Medical Center-wide academic development lecture series developed specifically for fellowship trainees across disciplines. Topics vary, but include career development, such as professionalism, research methods, and trainee health promotion, such as physician impairment, fatigue and sleep deprivation, and other cross-disciplinary topics. (Schedule TBA)

3. University of Rochester Faculty Development Series and Annual Colloquium: Bi-weekly workshops and seminars are offered throughout the year for junior faculty in the Medical Center. The series culminates with an all-day Annual Colloquium in June. Topics focus on career development, including mentorship, teaching and supervising and other areas tied to developing skills as clinical educators and researchers. Seminars are led by a variety of multidisciplinary mid-career and senior faculty at the Medical Center, as well as guest faculty. All fellows throughout the Medical Center are encouraged to attend. (Schedule TBA)

4. Fellows Reflection Group: The Program has developed as a fellowship support group entitled the 'Fellows Reflection Group,' that meets every other week during the course of the academic year to focus on Self-Reflection and Physician Self-Care. This group discusses aspects of medicine and geriatric care which have not traditionally been included in the formal curriculum. Discussion topics include: balancing work and home, approach to challenging families and caregivers, ethical dilemmas, self-care, personal /spiritual care and spiritual assessment of patients and families. Additional topics include writing condolence letters, saying good-bye to terminally ill patients and gender differences in academic medicine, and career planning. Each year, the group decides on the topics to be discussed. This group allows for self-reflection as well as peer support. All interdisciplinary fellows will be active participants in this program.
Group Facilitator: Carol Podgorski, MS, PhD Scheduled Frequency: TBA

**QUALITY
IMPROVEMENT
ACTIVITIES**

Faculty:
Dr. Lisa Boyle

FELLOW TRAINING OBJECTIVES

1. The fellow is expected to attend the Clinical Care Review and Discussion Series.
7. The fellow will work with Dr. Boyle to participate in ongoing quality Improvement and patient safety activities.

SCHOLARLY PROJECT

Faculty:

Assigned through consultation with Dr. Boyle and/or other faculty according to fellow's specific agenda

FELLOW TRAINING OBJECTIVES

1. To develop an ability to critically appraise professional-scientific literature pertinent to geriatric psychiatry.
2. To gain familiarity with the research methodologies relevant to geriatric psychiatry, and an appreciation of research design, data management and data analysis.
3. To produce through the exercise a tangible result. This may take the form of a publication quality manuscript or scholarly presentation.

FELLOW ROLE AND RESPONSIBILITIES

All geriatric psychiatry fellows are required to engage in a scholarly exercise during the course of the year. Under the supervision of a mentor assigned by the program director and based on the fellow's individually defined interests and career objectives, she/he will develop and conduct a project the scope of which may range from a detailed literature review or presentation to participation in new or ongoing research efforts. Fellows are required to present their topic to the faculty for approval by the end of the 6th month of their fellowship.

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