Geriatric Medicine Rotation

Rotation Director: Gwendolen Buhr, MD
E-mail: gwendolen.buhr@duke.edu
Phone: 919-660-7567  Pager: 970-1741

Rotation Coordinator: Michele Burgess
E-mail: Michele.Burgess@duke.edu
Phone: 919-660-7577

TABLE OF CONTENTS

- Learning objectives
- Required Assignments
- Things to Keep in Mind /Special Notes
- Directions to and instructions regarding clinical locations

Access to online resources:
Duke Care in Aging website  http://careinaging.duke.edu/clinicians/
Username: geriatrics  Password: geriatrics
See a separate document “Direction to Duke Care in Aging website” for details.
LEARNING OBJECTIVES

By the end of the geriatric medicine rotation, interns should be able to do the following:

1. Perform a functional status evaluation of older adults including assessment of ADLs, IADLs, mobility and fall risk, and cognitive status.

2. Demonstrate the ability to diagnose and initially manage common geriatric syndromes including:
   - Delirium
   - Dementia
   - Acute and chronic pain
   - Falls
   - Incontinence
   - Osteoporosis
   - Pressure ulcers

3. Generate a differential diagnosis for presenting symptoms based on the recognition of the unique presentations of common conditions in older adults and understanding of normal age-related changes in physiology.

4. Distinguish among different practice settings (e.g. skilled nursing facility, assisted living facility, continuing care retirement communities) commonly encountered in care of older adults including the services provided and differences from acute care settings.

5. Work effectively with a multidisciplinary team in the diagnosis and management of older adults and make appropriate referrals to nurse specialists, social workers, pharmacists, therapists, nutritionists, and others.

6. Practice optimal geriatric pharmacotherapy including recognition of potential drug related problems in older adults.

7. In hospitalized older adults, evaluate for potential hazards of hospitalization including delirium, fall risk, immobility, pressure ulcers, inadequate oral intake, pain, new urinary incontinence/retention, constipation, and inappropriate medication prescribing, and discuss prevention and treatment.

8. Assist in the care transition for a hospitalized elder including
   - Identify the appropriate information needed for a successful care transition (e.g. medication changes, increased care or equipment needs, and follow-up plans)
   - Complete the medication discrepancy tool for each medication discrepancy
   - Reflection with an attending or geriatric fellow on the experience

9. Discuss and document advanced care planning and goals of care with older adults (or their surrogates) with chronic illness in order to aide in the development of a treatment plan that incorporates the patient’s goals of care.
REQUIRED ASSIGNMENTS ➔ Details can be found on the careinaging website (http://careinaging.duke.edu/clinicians/) ➔ geriatric medicine rotation ➔ point of care resources

1. **Online Surveys:** You will be asked to complete a Hazards of Hospitalization Pre-Rotation survey (via Survey Monkey link). Please complete this within the first two days of your rotation. At the end of the rotation, you will be asked to complete a Geriatrics Post-Rotation Competencies survey as well as an Anonymous Evaluation survey (via Survey Monkey links) about the quality of the rotation as a whole. You must complete these two surveys by the last day of your rotation. If for some reason you do not receive links to any of these surveys, please contact Dr. Loren (Martinez) Wilkerson (loren.martinez@duke.edu) or Michele Burgess.

2. **Hazards of Hospitalization (HOH) (to be completed during Geriatrics Consults Week):** This activity will teach you about common hazards of hospitalization that elderly inpatients are at risk for as well as management strategies. **You will be emailed a link to the HOH online module at the beginning of your rotation – this should be completed before or on the first day of Geriatrics consults.** Please complete the HOH observer checklist throughout your consult week and submit it to Dr. Loren (Martinez) Wilkerson (scan and email) or Dr. Gwendolen Buhr by the end of your rotation. See the careinaging website under geriatric medicine rotation, point of care resources, Hazards of Hospitalization for complete instructions and resources. Username: geriatrics, Password: geriatrics. Any questions for the activity can be directed towards Dr. Loren (Martinez) Wilkerson (loren.martinez@duke.edu).

3. **Reflection Essay:** Please email a reflection essay **by the end of your rotation** to Dr. Gwendolen Buhr (gwendolen.buhr@duke.edu). You will find a template in Care in Aging website (under Reflection Essay). Take 10 minutes to reflect about a clinical case of an older adult that you have encountered in your previous rotations and respond to the following three questions: 1. What “geriatrics” related problems or issues arose in the case? 2. How might you have approached the case differently given your experience and knowledge gained during this rotation? 3. How has this rotation prepared you to deal with these problems in the future?

4. **Transitions of Care Experience:** Contact Dr. Buhr with questions 970-1741

   **Part 1:** E-mail or page the Geriatric consult fellow (970-0370) to be assigned a Duke inpatient to see. You should do part 1 during the week that you are assigned to the CLC or the Geriatric Consult Service (your schedule will specify). This patient should be from The Forest at Duke (TFAD) or Croasdaile Village (CV). This patient may be on the consult service or may be a liaison patient who is not being followed by the consult service. Please contact the fellow on Monday and he or she will assign you a patient as soon as one is available, sometime during the week. See the careinaging website under the geriatric medicine rotation, point of care resources, transitions of care experience for complete instructions and other resources. Use the transitions of care activities checklist from the website to interview the patient about their prior functional status, medication list, healthcare needs, and psychosocial support. Make sure to obtain a home phone number and contact information for the planned discharge location. **If you have not received a patient by Thursday of the week in which you are assigned part 1 please inform Dr. Gwendolen Buhr.**
Part 2: See the same patient that was seen in week 1 in their new location, and repeat the assessment using the activities checklist to identify new medications, medication discrepancies, need for follow up testing or visits, and new care or equipment needs. You may be able to see the patient more than once depending on when you are able to do Part 1. The patients will be residents of either CV or TFAD. (See driving directions and maps at website; if you cannot determine their current location, call the clinic secretary for assistance: Croasdaile 384-2571; TFAD 419-4020). If the patient you saw in week 1 is not available, contact the fellow or Dr. Buhr again to be assigned a new patient.

Part 2, debrief immediately after part 2: (see your schedule for specific time and location)
Meet with Dr. Buhr (or another faculty member or advanced fellow) to debrief on the transitions experience. Make sure you have read the required reading located on the careinaging website under the geriatric medicine rotation, point of care resources, transitions of care experience, Coleman article. Username: geriatrics, Password: geriatrics.

5. Academic Assignment (“CAT”): You will present a 5-10 minute summary of an article of your choice related to a patient or clinical problem that you encounter during the rotation. Bring 8-10 copies of your summary as well as a few copies of the original article to facilitate discussion. The date of your presentation is noted on your schedule. For a sample of a critically appraised topic (CAT) that would be appropriate for presentation, please see the example provided in this packet. Please review the Comprehensive List of CATs provided by Michele Burgess to ensure you do not duplicate CATs that have been presented in the past. Please email your completed CAT to Gwen Buhr at gwendolen.buhr@duke.edu and to Michele Burgess, michele.burgess@duke.edu after your presentation.

6. Required Readings: Articles are posted on the careinaging website for review during your rotation that cover the breadth of geriatric medicine.
Please keep the following in mind during your rotation:

- Please **be on time** to all experiences! If you must be late, please notify the preceptor as soon as possible. Afternoon experiences start at 1 pm unless otherwise noted.

- Your time with us is short. Any **absences** must be cleared by Gwen Buhr. Her pager is 970-1741. Please notify us if you are pulled to another rotation as well.

- Please direct any questions or problems with your schedule to Gwen Buhr (970-1741) or Michele Burgess (660-7577).

- The patient population on this rotation is frail and the continuing care retirement communities and nursing homes are vulnerable to viral outbreaks. Therefore, if you are sick with a fever we ask that you refrain from returning to work until your temperature has been normal for 24 hours without fever reducing medicines. If you are sick with gastroenteritis, we ask that you stay out of work until your symptoms have been gone for 48 hours. In these instances, if you need extra academic work to avoid using your vacation or sick days, contact Dr. Buhr.

Special notes:

- **Noon conferences**: While we understand that noon conferences are very important, we need to ensure that you are on time for experiences in which patients are scheduled expressly for your learning opportunity. During the Emergency Lecture Series, you are permitted to be 15 minutes late to afternoon clinics so that you can attend.

- **Care in Aging website**: Please read a separate document “Direction to Care in Aging website”, and review the topics on the careinaging website under the geriatric medicine rotation, point of care resources, and links to other core concepts. If you have questions, please contact Gwen Buhr 970-1741 or Michele Burgess 660-7577.

- **Evaluations**: A composite summary of evaluations from the preceptors you work with on this rotation will be compiled by the rotation director. If you would like to discuss these in person, please contact Dr. Buhr. You will also be asked to evaluate this rotation at the end of the rotation. We value your feedback and will act on it when possible! If there are concerns that need immediate attention, please contact Dr. Buhr.

- **Self-Directed Study**: You may have Self-Directed Study time on your rotation schedule. You are expected to use this time to work on your academic assignment, complete your readings, or utilize the Care in Aging website.

*Have fun!*
Clinic/Conference Locations and Instructions:

Lost?  Call Gwen Buhr at 970-1741 or Michele Burgess at 660-7577 for directions.

1. **Bone/Osteoporosis Clinic w/ Dr. Lyles:** Duke South Clinics 2F/2G
2. **Case Conference:** Learning Lab, Duke South Blue Zone room 1502
3. **Clinic report:** GRECC Conference Room, VAMC, C3012
4. **CLC Orientation:** Report to Room C3012 in the VA to meet with Dr. Twersky.
5. **CLC Wound Rounds:** Meet in the VA CLC, 1st floor by the nursing station.
6. **Core Curriculum:** Fellows core curriculum meets Tuesdays at 9am and Wednesdays at noon during the first 3 months of the academic year. An intern core curriculum meets Fridays at 10am for the remainder of the academic year. Your schedule will specify the location.
7. **Croasdaile Clinic and Pavilion (SNF):** 384-2571. The Croasdaile Clinic is located in The Homestead and the Skilled Nursing Facility is in The Pavilion. From Duke, take Fulton St./Hillandale Rd over I-85. Croasdaile Village Retirement Community is on the left side after Carver St and before Horton Rd (the sign is very small, but it is the only large complex on the street). From Hillandale Rd., take a left on Samuel Dr. **For the Pavilion,** take a left turn on Wesley Chapel Dr. and an immediate right. **For the clinic,** take a right turn on Wesley Chapel Dr. and a left on Philmore Dr. The clinic is immediately on your left hand side. Call the number provided to gain access to the Clinic and ask for Dr. Colón-Emeric or Dr. White. **Page Dr. White or Dr. Colon-Emeric at 1 pm on 970-5404 (Dr. White) or 970-0235 (Dr. Colon-Emeric) for PAVILION assignment.**
8. **Delirium Teaching Rounds:** A Monthly interprofessional case-based conference, Duke Medical Center Library, Room 212C on the Mezzanine Level, 12 – 1pm
9. **Geriatrics Conference/VA Fellows Conference:** (Friday morning after Medicine Grand Rounds) Durham VA Medical Center GRECC Conference Room, VAMC, C3012.
10. **Geriatric Consult Service** – Inpatient Consult Service – Duke Hospital North. Contact Geriatrics Fellow Pager: 970-0370 at 8:00 or 9:00 am (your schedule will specify) on assigned day to discuss agenda for the day. Interns/Residents work with the Fellows in the morning and with Attendings in the afternoons.
11. **GET (Geriatric Evaluation and Treatment) Clinic:** Duke South, Blue Zone, 2nd floor, room 2N. Please arrive 15 minutes early to review patient records.
12. **Geriatrics Grand Rounds:** (Wednesday mornings) Room 1103 Duke North, Department of Medicine Chairman’s Conference Room
13. **Geriatric Psychiatry,** Dr. Thakur: Sessions are held on Thursdays at the Outpatient Clinic (Civilian Building). Directions to Civilian Building from Duke North Hospital – Take Fulton Street to Elba Street. Turn right on Elba Street. Address is 2213 Elba Street. Page Dr. Thakur: 970 7725 upon arrival or ask the desk to have her paged.
14. **Geriatric Psychiatry Clinic,** Dr. Kamholz: Clinic 8B on the 8th floor at the VA
15. **GeroFit – Millennium Sports Club (Kroger Plaza), Miriam Morey:** Sessions are held on Monday, Wednesday and Friday from 8 – 10:30 am. The address is 3419 Hillsborough Road, Suite 7, Durham, NC 27705, 919-384-1992. Leave Duke North Hospital headed towards Hock Plaza (BP and Exxon Gas Stations on right) on Erwin Road. Continue on Erwin...
Rd to LaSalle St. Make right onto LaSalle St. Go over Train Tracks and enter the Kroger Plaza shopping center on the left hand side. (If you go too far, you will come to the light where Arby’s and Chick-Fil-A are on the corner). Turn left onto Hillsborough Road and turn left again into the shopping center. Please dress in comfortable clothing. You will be exercising with the patients. There is a locker room for you to change and shower.

16. **Hospice Home Visits - Duke Health Community Care (Jeff Perez).** Duke Health Community Care is located at 4321 Medical Park Drive Suite 101, Call 620-3853 the day before your scheduled visit to confirm your visit. From Duke, take Fulton St. /Hillandale Rd. Turn right onto Carver St. Turn left onto Roxboro Rd. Turn right onto Pacific Ave; turn right into the Independence park area. At Ben Franklin, turn left just past the pond (with the fountain on the left) turn left onto Medical Park Drive. DHCC is in the gray square building with the windows framed in red on the first floor. Go to front desk. Please ask for the hospice supervisor. You will receive a packet of information and reading material for end of life care.

17. **Interdisciplinary Team (IDT) Meetings:** You may be assigned a half day in which you will attend one of three IDT meetings. In each case the meeting will last for only a portion of the time. Read the **IDT Meeting Activity Overview** before the meeting and use the **Team Observation Tool** as a learning tool during the meeting. They are located on the Care in Aging website under geriatric medicine rotation, point of care resources, interdisciplinary team meeting activity.

- **For TFAD meeting:** Your schedule will specify a patient and a specific meeting time. You will want to familiarize yourself with the patient prior to the IDT meeting so that you will be able to follow the conversation more easily. The meeting is located in the conference room across from the clinic. See directions below for the clinic location.

- **For Croasdaile meeting:** E-mail Billie Jean Best (Billiej@umrh.org) the day before your scheduled experience to be assigned a specific meeting time and patient to evaluate prior to the IDT meeting. Write “Duke Intern IDT meeting” in the subject line. The meeting is located in a conference room just as you enter the door that leads to the Pavilion. See directions above for the Pavilion location.

- **For CLC IDT Mental Health Rounds:** Meeting will be held at 2pm on Tuesday in the CLC conference room n1010. Ask the CLC fellow at 1pm to tell you at least one patient that will be discussed that day. You will want to familiarize yourself with the patient prior to the IDT meeting so that you will be able to follow the conversation more easily.

18. **Memory Disorders Clinic:** 932 Moreene Rd, 668-2879. From Duke, turn left onto Erwin Rd. (toward 751). Turn right on Moreene Rd. 932 is on the left side just before the 15-501 overpass.

19. **Palliative Care Case Conference:** Room 1103 Duke North, Department of Medicine Chairman’s Conference Room, 4pm on Thursdays. You should attend this conference while you are on the consult service if time allows. If you are busy with clinical work you are not expected to attend.

20. **TFAD (The Forest at Duke) Clinic (Dr. Gwen Buhr):** 419-4020. 2701 Pickett Rd. From Duke, take Erwin Rd south until it ends at 751/Cameron Blvd where you will turn left. At the fifth stop light turn right onto Pickett Rd. The Forest will be on your left. At the main entrance, take the first right and follow for a short distance (you will see cottages on the right). Take
the first left and park in a Visitors parking space. Enter through sliding doors at the awning. The doors are locked and you will need to push the call button to gain entrance. The clinic is straight ahead on your right.

21. **VA Geriatrics Clinic**: Clinic 8B Durham VA Medical Center. A Geriatrics fellow working in the clinic will orient you to the clinic and the expectations for the afternoon.
Academic Assignment ("CAT"):
Each intern is required to read an article of their choice related to a patient or clinical problem that you encounter during the rotation and present a written critically appraised topic (CAT) of the article. Please bring 10 copies of your CAT on your assigned presentation day. A suggested format for the CAT is included below. Please review the Comprehensive List of CATs provided by Michele Burgess to ensure you do not duplicate CATs that have been presented in the past. Email your completed CAT to Gwen Buhr at gwendolen.buhr@duke.edu and to Michele Burgess, Michele.burgess@duke.edu after your presentation.

(Example) Critically Appraised Topic: Geriatric Medicine Rotation

House officer name: ___________________________ Date: __________________

Clinical question: (Patient population, Intervention, Comparison, Outcome) In elderly patients with atrial fibrillation, does anti-arrhythmic therapy, compared with rate control, reduce the rate of stroke, hospitalization, cardiac events, or death?


Design: Multi-center, randomized, outcome assessments blinded.

Patient population: 522 patients (mean age 68) with persistent a-fib recurring after at least 1 cardioversion. Exclusions were contraindication to warfarin, or class IV heart failure.

Intervention: Anti-arrhythmic therapy (sotalol, flecainide, propafenone, or amiodarone) plus cardioversion plus warfarin, or rate control (beta-locker and/or calcium channel blocker) plus warfarin. Follow up 2.3 years.

Outcome Measures: Composite of cardiovascular death, heart failure, thromboembolism, bleeding, pacemaker, severe adverse drug effects.

Results: The absolute risk reduction (ARR) of the primary outcome measure was 5.4% in favor of rate control. There were no significant differences in cardiovascular death, heart failure, thromboembolic complications, bleeding, or pacemaker need between the groups. There were significantly fewer severe adverse drug effects in the rate control arm. Nineteen patients need to be treated with rate control instead of rhythm control to prevent one “composite outcome” (NNT = 19).

Methodologic Issues: Patients and treating physicians were not blinded, and this may have biased toward certain outcomes (ie pacemaker implantation, recognition of adverse drug effects).

Bottom Line: Rate control is not inferior to rhythm control in terms of preventing cardiovascular complications, and is associated with fewer severe adverse drug effects.
Frequently Used Numbers

**VA**
Main Number – 286-0411
CLC-1 – 7700 OR 286-6955
CLC-2 – 7710 OR 286-6981
AOD - 6250
AOD pager 237 (voice message, NOT digital)
   INSIDE VA, dial 3237
   OUTSIDE VA, dial 286-6802
6A (Medical Floor) - 5863
Lab – 6999
ER – 6304
Pharmacy – 6314
Radiology – 6995

**Croasdaile Village**
1South – 384-2539
2South – 384-2554
1North – 384-2535
2North – 384-2551
Heritage 1st fl – 384-2514
Heritage 2nd fl – 384-2524
Friendship – 384-2494
Clinic – 384-2571

**TFAD**
Health Center 419-4022
Clinic 419-4020

**Duke**
Main – 684-8111
Transfer Center – 681-3440
ED main – 684-2413
   Side 1 Attending – 681-4407
   Side 2 Attending – 681-4408