UW Acute Care for Elders (ACE) Service

Description: This rotation occurs as a one-month block experience that emphasizes hospital care of older adults. It integrates time spent with the UW ACE service each morning with geriatrics consultation at the VA each afternoon. Emphasis is placed on providing supervised consultation on common geriatric problems and acute medical difficulties for older inpatients.

Supervisor Dr. Chapman and Colleen Foley, NP

Supervisor contact information:
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Goals
To become facile at providing inpatient consultation including thoughtful evaluation of a problem(s) in a hospitalized older adult, provision of appropriate therapeutic, preventive and rehabilitative advice, effective written and communication of recommendations, and appropriate follow-up on these matters. The fellows will also be capable of integrating the key components of an effective care transition into the discharge and post-discharge process.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to

(Medical Knowledge)
- Realize how aging modifies the presentation of a number of common medical illnesses such as myocardial infarction, pneumonia, and acute abdomen and urinary tract infections in hospitalized seniors
- Appreciate the striking heterogeneity found among hospitalized older persons with respect to health status, physiologic function, belief systems, values and personal preferences
- Recognize and prevent common circumstances that lead to the functional decline of hospitalized elders such as immobility, under-feeding, sensory deprivation, over-medication and inappropriate use of invasive technology

As measured by 1) performance on in-service examination at seven months (target is score >80% on items specific to this objective) and 2) global rating scales completed by faculty mentors at the end of the rotation

(Patient Care)
- Discuss the age associated physiologic responses to surgery/anesthesia, disease/procedure related risk and prophylactic therapy to prevent perioperative problems
- Diagnose and manage post-operative delirium
- Apply knowledge on the age-related changes in drug pharmacokinetics, pharmacodynamics and treatment responses seen in the hospitalized older adult toward recommendations
- Prevent common circumstances that lead to the functional decline of hospitalized elders such as immobility, under-feeding, sensory deprivation, over-medication and inappropriate use of invasive technology

As measured by 1) global rating scales completed by faculty mentors at the end of the rotation, 2) fellow-directed chart audits of their primary care patients in GEM that review documentation on medication dosing and use (pharmacology, delirium prevention)
(Interpersonal and Communication Skills)
  • Gain experience in running family meetings, discussing advanced directives and dealing with rehabilitation, discharge planning and/or end of life issues as a consultant
As measured by 1) global rating scales completed by faculty mentors at the end of the rotation, 2) multisource appraisals completed by SW and nursing, 3) mini-CEX on communication, therapeutic alliance and patient education conducted by an ACE attending

(Professionalism)
  • Appreciate the balance between the use of sophisticated and expensive technologies in appropriate circumstances, and the limits of medical intervention in an older inpatient with multiple chronic diseases
As measured by 1) global rating scales completed by faculty mentors at the end of the rotation

(Systems-based Practice)
  • Participate in the discharge planning process with a basic understanding of different options for post-hospital care
As measured by 1) multisource appraisals completed by SW and nursing

Type of Clinical Encounter
The fellow will perform hospital-based consultation that includes individual patient interaction, team discussion and then patient/family education.

Teaching Methods
Bedside teaching
Problem based learning in the setting of the interdisciplinary team meetings
Mini-didactic sessions with faculty and other learners
Case-based learning (case discussions with faculty preceptor)
Individual study using listed references and web-based materials
Multimedia learning

Patient Characteristics/ Mix of Diseases
Patients are inpatient and represent a mix of general medical patients who are primarily over age 55 with the typical patient being frail and over age 80.

Many older patients have one or more of the following chronic medical problems:
  a. Delirium
  b. Cognitive impairment/ dementia
  c. Functional impairment with inability to perform one or more activities of daily living (ADLs)
  d. Falls
  e. Sensory impairment
  f. Psychiatric Illness (e.g. depression, anxiety)
  g. Cerebrovascular disease
  h. Parkinsonism
  i. Hypertension
  j. Diabetes
  k. Osteoarthritis
  l. Chronic ischemic heart disease
  m. Chronic obstructive lung disease

Procedures
Cognitive assessment using standardized neuropsychological tools
Affective screening
Functional assessment using standardized tools
Gait and balance assessment using Tinetti gait and balance scales

**UW/VA Consults Bibliography:**

4. Dept. of Family Medicine, Providence Hospital, Georgetown University School of Medicine, Washington, DC. Adhering to inpatient geriatric consultation recommendations. J Family Pract, 1996; 42(30):259-263.

I have read and reviewed the goals and objectives for this rotation.

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Fellow Signature     Faculty Signature

Revised 6/30/2014