**Dementia Care Rotation**

**Description:** This experience occurs as a four-week rotation. It consists of three ½ days per week in U.W. Memory Clinics, V.A. Memory/Dementia Clinic and selected Wisconsin Alzheimer’s Association community clinics based upon the learners' longer-term career goals. Fellows will also observe specialized programming at the Covenant Oaks dementia-specific assisted living site. This education occurs under the tutelage of several geriatricians that specialize in memory care, a neuropsychologist and allied health professionals experienced in managing cognitive disorders. The fellows should contact Dr. Barczi one week prior to the rotation to confirm the timing of some of the specialized programming at the Oakwood Covenant Oaks site.

Supervisors: Dr. Asthana, Dr. Carlsson, Dr. Gleason, Dr. Kind

Supervisor contact information:

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**Goals**
To educate fellows in the compassionate diagnosis and comprehensive management of persons with dementia, and in the needs of families that provide care for persons with this diagnosis. To introduce trainees to novel programming available to optimize the quality of life of individuals afflicted with these conditions.

**Objectives and Steps to Evaluate Competency in this Objective**

The fellow will be able to

(1) Medical Knowledge
- List the common causes for cognitive impairment and dementia and the putative mechanisms that lead to the pathophysiology in these conditions
- Recognize commonly prescribed medications that have adverse effects on cognition and behavior in the context of dementia
- Differentiate dementia, delirium and pseudo-dementia (depression)

As measured by 1) a geriatrics in-service examination, 2) their ability to discuss pertinent clinical data in their case presentations and 3) their participation in case discussions during dementia journal clubs

(2) Patient Care
- Demonstrate proficiency in administering basic in-office cognitive screening instruments (e.g. Verbal fluency, Trails Making Task A/B, Clock Drawing Task)
- Discern the evidence for and against various therapies for Alzheimer’s disease and related conditions
- Develop plans of care that incorporate behavioral interventions, environmental modifications and medication management

As measured by 1) direct faculty observation with performance rated at global end-of-rotation evaluations and 2) fellow-directed chart audits of their primary care patients afflicted with dementia (5 and 11 months)
(Interpersonal and Communication Skills)
- Compassionately communicate information about a new diagnosis of dementia or MCI to a patient and/or family member
- Participate on an interdisciplinary care team to create a multifaceted plan-of-care

As measured by 1) global end-of-rotation evaluations, 2) multi-source evaluations completed by interdisciplinary team members and 3) patient surveys collected in their VA and UW primary care clinics (4 and 8 months)

(Systems-based Practice)
- Provide education and referrals to support patients with dementia, their caregivers and family
- Observe dementia-specific programming that is patient and family centered

As measured by 1) global end-of-rotation evaluations and 2) multi-source evaluations completed by interdisciplinary team members

Type of Clinical Encounter
Clinic consultation/evaluation of patient with supervision by faculty preceptor (the fellow will review the medical record, interview and examine the patient, synthesize information and then present the case to a geriatric faculty member). The fellow will participate in a team discussion of the patient consisting of input from the social worker, neuropsychologist and physician.

Teaching Methods
- Mini-didactic sessions with faculty and other learners
- Case-based learning (case discussions with faculty preceptor and dementia care team)
- Individual study using listed references and web-based materials

Patient Characteristics/ Mix of Diseases
Patients are referred from their PCP with underlying memory complaints, observed cognitive decline and/or functional impairment. Diseases seen in this clinic include Dementia of Alzheimer’s type, vascular dementia, mixed dementia, dementia with Lewy Bodies and other atypical dementias. Patients also have other confounding illnesses such as behavioral and psychological symptoms of dementia, depression, sleep disturbance and co-morbid vascular risk factors.

Procedures
- Cognitive assessment using standardized neuropsychological tools
- Affective screening

Bibliography:
3. AMA Program on Aging and Community Health. Diagnosis, Management and Treatment of Dementia, 1999


8. Alzheimer's Caregiving Strategies CD ROM (see Dr. Barczi)