Geriatric Fellowship Guide

2016-2017

University of Wisconsin School of Medicine and Public Health and the Madison VA GRECC
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1. General Information:

VA Phone numbers:
    VA main: 256-1901
    VA GRECC 280-7000/ fax 280-7291
    VA clinic A 17011/ conference room 11370
    VA pharmacy outpatient: 11038/11041

Calling to VA from UW: 9-256-1901 then extension
Calling to UW from VA: 9-26 then extension

Printers at VA:
    VA GRECC printer at front desk: mad D 4206
    VA GRECC printer at back: mad D 4244
    VA clinic A printer: mad A 1035

UW Phone numbers:
    UW Division Office: Debra Swann 262-8597, Eva Gray 265-5862
    U station: 263-6796/ fax: 262-6048/ patient appts: 263-7740
    U station MAs: 265-1782/262-2693
    UW paging main: 262-2122

UWHC pager – automatic number: 265-7001,
1= available on pager, 2 = not available, 3 = pager forwarded to a cell phone number,
4= pager covered by another pager ID.

Planning vacation/days of absence (Please note the VA required a 45 day notice for any
calendar attendance or conference attendance to cancel clinics):
Vacations and conference attendance you must fill out form In Medhub (under
Request Forms)

If you will be out sick please email Debra Swann at dls@medicine.wisc.edu , Amy and
Bre in the GRECC at vhamadgreccadmin@va.gov and Stacie Monson at
Stacie.monson@va.gov

**If you are on VA Consults or UW On-call you must try to find a replacement when
taking a vacation, if you are unable to find coverage, you must get approval from the
attending to be away for your scheduled time.
Moonlighting:
You must complete a moonlighting request in MedHub, you can print this form, fill it out, review it with Dr. Barczi and once it is signed Debra can submit it in MedHub for GME approval. Please note that when moonlighting, you must NOT see those patients during UW Fellowship hours.

2. Call:

Schedule:
Call goes from Monday through Sunday, 5 pm – 8 am on weekdays, 24 hours on weekend days. Pages are mostly from facilities regarding patients of our geriatricians. Pages come through the UW operator.

Process tips:
- Ask for operator for MRN number and reason for call
- When talking to nurse from facility, good to write down vitals
- If there seems to be a need for transfer to the ER – ask first if patient and family want transfer. Ask what ambulance service they will use and which ER (UW, Meriter, local ER, etc.). Staff calls family. You call the ER 262 2122 ask for transfer to the ER.
- Document the call in EPIC if change in patient’s status, medications ordered, want to inform other providers of the call.

Documentation:
Log into epic under U station – geriatrics, select patient, select Telephone call from top bar, provider is you and location is U station geriatrics. Type in reason for call, then description of the call in the content box. Route the encounter to PCP and to Bruce Grau, NP (if he has been following patient, follows most nursing home patients who have UW geriatricians as pcp; check to see if he has been writing notes on the patient)

3. VA geriatrics primary care clinic:

Location: Clinic A on 1st floor
LPNs: Miriam and Jo Ellen (ext 17885) NCM: Stacie Monson (ext 11661) SW: Teresa Swader (ext 12798)
Time: Friday AM or PM
If your clinic is in AM, you show up to conference room at 7:45 for pre-clinic huddle with interdisciplinary team (IDT). From 8-9 there is Grand Rounds provided by the department of medicine in the VA auditorium (next to clinic A). In PM, preclinic huddle is 12:45. Discuss with attending if o.k. to see the patients then staff all at same time at end (in order to keep clinic on schedule)

To look up your schedule in CPRS:
Click clinics, then type Mad Gem then your last name. Click list appointments for today.

To create your personal template:
Select a patient, select notes on the bottom bar. On the top bar select options – create new template. Name the new template, then free text the template. If you right click with the mouse you get the option to insert patient data – scroll through the list and select. Save.
4. Rotations

**Rotation Name**: Acute Care for Elders (ACE) Consultations

**Contact Information:**
Colleen Foley, CNS (leads the service, including distributing patients and orienting learners)
Office: UW Hospital, F6/5**
Phone: 608-890-6093
Email: cfoley@uwhealth.org

Cynthia Carlson, NP (sees patients, fills in for Colleen when she is not available)
Office: UW Hospital, E5/5**
Phone: 608-890-7983
Email: ccarlson@uwhealth.org

Elizabeth Chapman, MD
Office: VA Hospital, D4238 GRECC
Phone: 414-416-2818 (cell)
Pager: 4085
Email: echapman@uwhealth.org

Kurt Hansen, MD
Office: HSLC, 2136
Pager: 4064
Email: kwh@medicine.wisc.edu

**Location**: You will see patients throughout the UW Hospital and in all levels of care (general care through ICU status). The meeting point for each morning is Colleen’s office. To find it, take the F elevators to the 5th floor. Go to the right, through the double doors, to enter F6/5. Turn right at the unit coordinator’s desk and continue to the next hallway intersection (before another set of double doors). Turn right down the intersecting hallway. Colleen’s office is the first door on the right.

**Schedule**:

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<th></th>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td>Morning</td>
<td>ACE</td>
<td>ACE</td>
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<td>ACE</td>
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<tr>
<td>Afternoon</td>
<td>ACE</td>
<td>ACE</td>
<td>GEM Clinic</td>
<td>ACE</td>
<td>ACE</td>
</tr>
<tr>
<td>Other activities</td>
<td>Geropsych Colloquium 3:30 pm - 4:30 pm on selected Monday afternoons</td>
<td>Core Lecture from 7:30 am – 8:30 am; Noon Conference from 12:00 pm – 1:00 pm</td>
<td></td>
<td></td>
<td>Medicine Grand Rounds 8:00 am – 9:00 am if patient volumes allow</td>
</tr>
</tbody>
</table>

You will rotate with ACE for one month at a time, three rotations total. There are no clinical duties on the weekends.

The daily routine is as follows: Stop by Colleen’s office (or Cynthia’s office if Colleen is out) around 8:00 am. She will assign patients to be seen and give you a cognitive screen (we use the SLUMS exam) and a history taking sheet. If it is busy, the history-taking may be divided up a bit more. For instance, Colleen might gather the functional history and do the SLUMS exam while you collect the HPI, do the exam, etc. Somebody also tries to call the family or a caregiver (if the patient will allow) to get collateral history. Between 8:00 am and 10:00 am (or 11:00 am on Mondays), you see new patients, plus any follow-ups you have time to see. If you can’t get to the follow-ups physically, just
be acquainted with the events of the prior evening. Then, at 9:45 or 10:00 (or 11:00 on Mondays), you will meet at Colleen’s office to start walk rounds with the attending and any other team members who may be present. You will see the new patients and any follow-ups during this hour. By 11:00 (or 12:00 on Mondays), you will meet with the rest of the team (usually in the G5 area near the cafeteria) to go through the patients. Colleen or Cynthia lead the rounds, but you will briefly present any patient you saw (reason for admission, reason for consultation, any medical issues you note). Then, each other member of the team presents their assessment and recommendations, including PT, pharmacy, and social work. Colleen also contributes nursing recommendations.

After interdisciplinary rounds, the team disperses to complete notes and call the primary teams to convey recommendations. At times, new consultations will be ordered after the initial 8:00 am distribution of patients. In this case, you may be asked to see another patient in the afternoon. On days where you have clinic in the afternoon, this would not be the case, however.

**Fellow Duties:** The fellow is expected to regularly see new consultations throughout the rotation but is not expected to cover all the patients on the service. Incoming fellows do not have to pick up patients seen by the outgoing fellow, though if a case is particularly instructive, it may be encouraged. Because the service is consult-based, patient volumes vary considerably. By the end of the first month, however, fellows should be able to see up to two new patients in a morning. Fellows will see their follow-up patients daily, as well, until the service decides to sign off (or follow peripherally). New consultations should be seen in person before rounds, but follow-ups can be seen as a group during walking rounds if need be. If there are any rotation learners besides the fellow (i.e. Internal Medicine residents, Family Medicine residents, or medical students), they get priority for new consultations, as they spend a limited time on the service. If time allows, the fellow is encouraged to work with the learners to offer assistance or other guidance to complete the consult. The fellow is considered next in line after rotating non-fellows learners for new patients, followed by Cynthia Carlson, the NP. Thereafter, the attending may take one or more patients by him/herself. Fellows are expected to complete documentation on new consultations in a timely fashion, ideally signing new consultation notes before 5:00 pm. The primary team should be contacted in person or via pager/phone with recommendations after the interdisciplinary team meeting.

**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)

(Internostal 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

Rotation Assignments:

<table>
<thead>
<tr>
<th>Mini-CEX Name</th>
<th>Number</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Cognitive Screening Evaluation</td>
<td>1</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Medication Management and Appropriate Prescribing in Older Adults Evaluation</td>
<td>1</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Depression Clinical Evaluation</td>
<td>1</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Falls Clinical Evaluation</td>
<td>1</td>
<td>Last day of rotation</td>
</tr>
</tbody>
</table>

Recommended Reading:


Rotation Name: Nursing Home

Contact Information:
Irene Hamrick, MD
Email: Irene.Hamrick@fammed.wisc.edu

Location:
Capitol Lakes Health Center
334 Doty Street
Madison, WI
Main phone: 283-2100
Park in the garage under the Health Center (nursing home), enter through 334 Doty Street. There is also a bike rack. Pick up the phone to be let in and take the stairs immediately to your left. Dr. Hamrick’s office is across the hall on the right.

Schedule:

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<th>Monday</th>
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<tbody>
<tr>
<td>Morning</td>
<td>Nursing Home Rotation*</td>
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<td>Nursing Home Rotation*</td>
<td>GEM Clinic</td>
<td></td>
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<tr>
<td>Afternoon</td>
<td>Nursing Home Rotation</td>
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<td>Nursing Home Rotation</td>
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<td>Nursing Home Rotation*</td>
</tr>
<tr>
<td>Other Activities</td>
<td>Geropsych Colloquium 3:30 pm - 4:30 pm on selected Monday afternoons</td>
<td>Core Lecture from 7:30 am – 8:30 am; Noon Conference from 12:00 pm – 1:00 pm</td>
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<td>Medicine Grand Rounds 8:00 am – 9:00 am</td>
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*Indicates days where MD rounds and didactics take place. You will have opportunities to work with other providers from therapy services, etc. during half days where no rounds are taking place.

Fellow Duties: Fellows will attend didactics with other learners (Internal Medicine residents and Family Medicine residents) and round on nursing home patients with Dr. Hamrick (or Dr. Magar if Dr. Hamrick is unavailable) on Monday and Wednesday mornings and Friday afternoons. You will be assigned patient(s) to see and then complete documentation and orders as appropriate in the Health Link chart and then print the note for the paper chart at the facility. Dr. Hamrick will have opportunities for fellows to work with PT, OT, etc. during the rotation at times when she is not there to round. Timely documentation and close communication with facility staff are expected. See also Dr. Hamrick’s introduction to the rotation email for more detailed information.

Goals
To demonstrate competence in the clinical management and administrative components of nursing home care. Fellows will develop skills and knowledge to care for residents on multidisciplinary teams taking into consideration the unique aspects of health care in this setting.

Objectives and Steps to Evaluate Competency in this Objective

The fellow will be able to

(Medical Knowledge)
- List clinical areas of medico-legal risk and strategies for managing potential risk
- Understand and address ethical dilemmas that arise in nursing homes: do not resuscitate, withdrawal of care, terminal/palliative interventions, tube feeding/nutritional support
• Review payment sources and financial infrastructure of for-profit and non-profit care facilities

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

(Patient Care)
• Manage common clinical problems among nursing home residents: dementia, falls, incontinence, osteoporosis, depression, mobility impairment, and behavioral issues
• Prevent sub acute and acute illnesses and manage them rapidly when they occur
• Restore and maintain the highest possible level of functional independence for residents under their care
• Maximize individual autonomy, functional capabilities and quality of life in nursing home residents while considering patient and family preferences for care
• Demonstrate proficiency in practice management as it pertains to the requirements of medical directorship, federal and state regulations, documentation and billing
• Preserve individual autonomy for residents with thoughtful NH orders and referrals
• Accomplish accurate completion of billing forms determining the appropriate level of service for a patient encounter at a SNF

As measured by 1) global rating scales completed by faculty mentors at the end of the rotation, 2) multisource appraisals completed by RN and NP

(Interpersonal and Communication Skills)
• Demonstrate how and when to communicate with nursing home staff and families
• Participate in routine committee meetings required of a nursing home medical director

As measured by 1) global rating scales completed by faculty mentors at the end of the rotation

(Professionalism)
• Provide comfort and dignity, especially for terminally ill residents and their loved ones

As measured by 1) global rating scales completed by faculty mentors at the end of the rotation

(Systems-based Practice)
• Define transitional care issues that make transfers to and from the hospital problematic in long-term care settings

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

Rotation Assignments: None

Recommended Reading:
(Available at ebling.library.wisc.edu → E-books → by Topic → Geriatrics → Hazzard’s Geriatric Medicine and Gerontology; see Chapters 20-21)

Rotation Name: Hospice and Palliative Care

Contact Information:
Agrace Hospice Portion
Jill Drazkowski
Email: Jillian.Drazkowski@agracehospicecare.org

VA Inpatient Palliative Care Consults Portion
Matt LoConte, MD
Email: Matt.LoConte@va.gov
Marlene Johnson, RN
Marlene.johnson3@va.gov

Location:
Agrace HospiceCare
5395 E Cheryl Parkway
Fitchburg, WI

VA Hospital

Schedule:

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<tr>
<th></th>
<th>Monday</th>
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<th>Wednesday</th>
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<tbody>
<tr>
<td>Morning</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
<td>GEM Clinic</td>
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<tr>
<td>Afternoon</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
<td>Palliative Care/Hospice</td>
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<tr>
<td>Other</td>
<td>Geropsych Colloquium</td>
<td>Core Lecture from 7:30 am – 8:30 am; Noon Conference from 12:00 pm – 1:00 pm</td>
<td>Medicine Grand Rounds from 8:00 am – 9:00 am</td>
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Agrace: The daily routine will vary depending on what activities are assigned for the day. Jillian Drazkowski will contact you with a schedule and the contact information for the various providers with whom you will be working. You will generally meet a provider at either their first home/facility visit location of the day or meet at the Agrace campus and then depart to a visit. You will also spend time seeing patients on the inpatient unit in Fitchburg, where they care for patients who are actively dying, need acute intervention to control symptoms or have caregivers who need respite.

VA Inpatient Palliative Care: You will convene in the team room around 8:00 am to review the new consults received and any overnight events. Then, at 8:30 am there is a team meeting to discuss triage of cases, etc. Thereafter, you will see patients, write notes, and staff as appropriate.

Fellow Duties: During the Agrace experience, much of the time is spent shadowing with either Hospice and Palliative Medicine physicians or other providers. You are expected to be timely and actively engaged despite the shadowing role. During the VA Inpatient Palliative Care consultations portion of the rotation, fellows will be given priority for seeing new patients and should follow up on old patients as directed by the team. Fellows may be given the opportunity to lead family meetings and to break bad news to patients. Fellows should staff all consultations with the attending
physician and work closely with the team social worker and Marlene Johnson, the team RN, to evaluate patients and develop treatment plans.

Goals
To provide the geriatric fellow the opportunity to gain a core base of knowledge, refine attitudes and develop skills to improve competence in caring for people at the end of life.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to
(Medical Knowledge)
  • Clarify the role of the physician & members of the hospice care team in end of life care.
  • Understand the course of chronic illnesses and the difficulty in predicting when death will occur
  • Recognize the clinical parameters associated with end-stage disease in CHF, COPD, renal disease and cancer
As measured by 1) performance on in-service examination at seven months (target is score >80% on items specific to this objective), 2) global rating scales completed by faculty mentors at the end of the rotation
(Patient Care)
  • Enhance knowledge and skills to manage pain and other physical symptoms (e.g. dyspnea, constipation, nausea, delirium) that occur during palliative/terminal care.
  • Become comfortable addressing the physical and emotional needs of actively dying patients and their families
As measured by 1) global rating scales completed by faculty mentors at the end of the rotation
(Interpersonal and Communication Skills)
  • Gain experience in the advanced care planning process through participation in goal-setting discussions with patients and families, with a particular focus on becoming aware of the limitations of treatment
  • Learn to deliver bad news using a standardized method that is more compassionate and effective
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
(Professionalism)
  • Appreciate the patient’s ambivalence and uncertainty about making the transition from curative or life-prolonging treatment to palliative care
  • Learn how to negotiate with patients and families to resolve conflict in futile patient care situations
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
(Systems-based Practice)
  • Understand the role of other disciplines in end of life care and learn how to refer appropriately
  • Learn about the role of specific interventions that may alleviate distress such as dream work, meditation, music therapy etc.
As measured by 1) global rating scales completed by faculty mentors at the end of the rotation

Rotation Assignments: None
**Recommended Reading:**

Rotation Name: Subspecialty Clinics

Contact Information:
Elizabeth Chapman, MD
VA Hospital GRECC, D4238
Pager: 4085
Email: echapman@uwhealth.org

Additionally, you will receive separate information regarding the various attendings with whom you will work.

Location: You will rotate at various sites and clinic locations between the UW and VA systems. See your specific schedule for more details.

Schedule:

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<tr>
<td>Morning</td>
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<tr>
<td>Subspecialty Rotation</td>
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<td>Subspecialty Rotation</td>
<td>Subspecialty Rotation</td>
<td>GEM Clinic</td>
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<td>Afternoon</td>
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<tr>
<td>Subspecialty Rotation</td>
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<td>GEM Eval Clinic</td>
<td>Subspecialty Rotation</td>
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<td>Medicine Grand Rounds 8:00 am – 9:00 am</td>
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You will be assigned roughly five half-days of clinic per week, in addition to your GEM clinic on Friday mornings and your second UW continuity clinic experience. The schedule will vary based on provider availability and learning interests. Each rotation is two months long, and you will rotate on Subspecialty Clinics twice during the year. The goal is to get you broad exposure to the various subspecialties in Geriatrics, and the second rotation can be tailored to your future career goals and interests.

Fellow Duties: Fellows are expected to show up in a timely fashion and see patients as recommended by your attending or team. If you have planned absences during this rotation, notify the attending so he/she does not expect you. Fellows will write notes on the patients he/she sees and help formulate treatment plans to the best of his/her abilities. When there are other learners present, i.e. in GEM Eval clinic or VA Memory Clinic, fellows may assume the role of a junior attending and help staff patients of other learners, depending on patient load and attending preferences. During this rotation, fellows also will take VA Inpatient Geriatrics consultations. These consults should be performed outside of assigned clinic times, which may require seeing patients during a lunch break, before clinic begins or after clinic has completed.

Goals
To become competent in rendering continuing care, coordinate specialty care, provide preventive care and assist in end of life planning in a community-based clinic. Fellows will also be exposed to administrative and billing aspects of ambulatory care.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to
(Medical Knowledge)
describe accepted guidelines that pertain to chronic disease management and care of the vulnerable elder

apply relevant knowledge from the fields of internal medicine, psychiatry, neurology, dermatology and urology to the primary care of older patients

As measured by 1) global rating scales completed by faculty clinic mentors at 6 month intervals, 2) participation in quarterly board review sessions with program director with direct observation of responses to questions taken from the Geriatric Review Syllabus © of the American Geriatrics Society.

(Patient Care)

integrate state-of-the-art approaches in managing common geriatric syndromes (e.g. dementia, urinary incontinence, osteoporosis, falls, dizziness, pain) into an office-practice setting

demonstrate proficiency in determining level of service during patient visits (to be capable of appropriately completing Medicare billing)

practice age appropriate prevention and patient safety principles including immunizations, injury prevention, cancer screening, medication reconciliation and falls risk reduction

apply common geriatric assessment screening tools and instruments into primary care practice

As measured by 1) global rating scales completed by faculty mentors at 6 and 12 months

(Interpersonal and Communication Skills)

discuss end of life planning, advance directives and re-location issues with older adults in a compassionate and efficient manner

learn how to conduct an effective patient-family meeting

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

(Professionalism)

determine the interdisciplinary needs of patients and formulate a plan of care both as the geriatric physician and as a member of the team

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

(Systems-based Practice)

understand the principles of care management across the clinic setting, hospital setting and home setting including interaction with home care organizations and services

learn how to make appropriate use of community resources

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

(Practice-based Learning and Improvement)

use results of patient surveys to modify the approach and interaction with patients

review patient surveys that provide the patient’s perceptions of the providers communication strategies, professionalism and capacity to provide understandable patient education

As measured by 1) fellow-created commitment to change statements to respond to any areas of potential improvement based upon the results of the patient surveys, 2) option to complete a performance improvement project (fall PIP)
Rotation Assignments:

<table>
<thead>
<tr>
<th>Mini-CEX Name</th>
<th>Number</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Screening Evaluation</td>
<td>2</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Medication Management and Appropriate Prescribing in Older Adults Evaluation</td>
<td>2</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Depression Clinical Evaluation</td>
<td>2</td>
<td>Last day of rotation</td>
</tr>
<tr>
<td>Falls Clinical Evaluation</td>
<td>2</td>
<td>Last day of rotation</td>
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</tbody>
</table>

Recommended Reading:
(Available at ebling.library.wisc.edu → E-books → by Topic → Geriatrics → Hazzard’s Geriatric Medicine and Gerontology; see Chapters 54-57, 59, 64-67, 70, 72-73)


**Rotation Name:** Home Care  
**Contact Information:**  
VA C-TraC/COMPASS week  
Laury Jensen, RN  
Office: VA Hospital GRECC, D4247  
Email: Laury.jensen@va.gov

UW Transitional Care week  
Kris Leahy-Gross, MSN, RN, CPQH  
Phone: 608.890.7258  
Pager: 9408  
Email: Kleahy-gross@uwhealth.org

UW Home Health week  
Sandy Ligon, RN  
Email: Sligon@uwhealth.org

GRECC Connect week  
Ryan Bartkus, MD  
Email: rbartkus@uwhealth.org

**Location:** This rotation takes place at multiple different sites. The VA portion occurs first. On the first day of the rotation, meet at Laury Jensen’s office (GRECC D4247) for orientation to the rotation. The second portion, UW Transitional Care, will involve working with various providers. You will spend time in various locations at the UW Hospital and in various locations around Dane County to perform home visits with the Transitional Care nurse practitioner. Kris Leahy-Gross is the program specialist and will contact you with a meeting time/location for your first day with the team. The UW Home Health portion will also involve seeing patients in their homes. Sandy Ligon will provide you with a schedule and contact information for the provider with whom you will work on a given day. For the GRECC Connect portion of the rotation, you will speak with Ryan Bartkus. The rotation occurs at the VA Hospital using their telemedicine equipment.

**Schedule:**

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<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td><strong>Morning</strong></td>
<td>Home Care</td>
<td>Attend to CPRS view alerts, patient calls, etc.</td>
<td>Home Care</td>
<td>Home Care</td>
<td>GEM Clinic</td>
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<tr>
<td><strong>Afternoon</strong></td>
<td>Home Care</td>
<td>Home Care</td>
<td>Home Care</td>
<td>Home Care</td>
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<tr>
<td><strong>Other activities</strong></td>
<td>Geropsych Colloquium 3:30 pm - 4:30 pm on selected Monday afternoons</td>
<td>Core Lecture from 7:30 am – 8:30 am; Noon Conference from 12:00 pm – 1:00 pm</td>
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<td>Medicine Grand Rounds 8:00 am – 9:00 am</td>
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**Fellow Duties:** This rotation is primarily one of shadowing, but active engagement and timeliness are expected.
Goals
The Geriatric Fellow will demonstrate the rudimentary knowledge and skills necessary to participate in interdisciplinary team management of acutely- and chronically-ill and frail elderly in a less technologically sophisticated environment than the acute-care hospital, and appreciate the distinct aspects and challenges for providing care at home.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to
(Medical Knowledge)
- Recognize the gap in the current health care system for the homebound
- Explain the functions of home health agencies and other community service providers
- Describe the role of Medicare in regulating and financing home care and CMS demonstration projects
- Describe a physician house call in terms of the process and intended/perceived outcomes

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

(Patient Care)
- Perform case reviews and home visits with the nurse practitioners regarding older adults with specific geriatric problems
- Provide medical care to home-bound chronically ill adults who otherwise would have limited access to comprehensive health care.
- Become familiar with team delivery of care providing for psychosocial, medical and functional needs
- Define key components of good care transitions including medication reconciliation, effective documentation, appropriate communication and patient/family education

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

(Interpersonal and Communication Skills)
- Refine skills in interacting with patients, caregivers and family members via telephone care and triage

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

(Professionalism)
- Incorporate HIPAA required approaches into patient care to ensure confidentiality and privacy in patient care
- Participate as an active member of an interdisciplinary team and demonstrate respect and collegiality toward other disciplines

As measured by 1) multisource appraisals completed by SW and nursing

(Systems-based Practice)
- Describe organizational, administrative and financial aspects of care in a non-institutional setting (home care and care within assisted living facilities)
- Model the role of a geriatrician in providing consultation to nurse practitioners delivering care to patients whose primary care is provided by non-geriatricians (internists, family practitioners).

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
(Practice-based Learning and Improvement)

- To acquaint the Geriatric Fellow with mechanisms of quality assurance in a capitated managed care organization providing social and medical care to frail older adults

As measured by 1) A performance improvement project directed at care practices followed by staff at Care Wisconsin.

**Rotation Assignments:** None

**Recommended Reading:**


**6. Professional Conferences**

As a geriatric fellow you will have the opportunity to attend one conference during your fellowship year, usually either the American Geriatrics Society Annual Meeting (Spring) or the Gerontological Society of America Annual Meeting (Fall). You can register at the student/trainee rate for either of them. Submit the SF-182 form to the GRECC Administrative Office in order for the GRECC to pay your registration fee directly. The GRECC does not give reimbursements and will not pay any membership fee. Travel expenses are reimbursed through the UW, please contact Debra Swann prior to making any travel arrangements to ensure the proper policies are followed. Flights and hotel must be booked through Debra.

**7. Advanced Fellowship Opportunities**

There are several opportunities for additional training beyond the clinical year in geriatric medicine:

<table>
<thead>
<tr>
<th>Fellowship</th>
<th>Focus</th>
<th>Contact(s)</th>
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<tbody>
<tr>
<td>GRECC Advanced Geriatric Fellowship</td>
<td>Research or Education</td>
<td>Steven Barczi, Sanjay Asthana</td>
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<tr>
<td>Older Women’s Health Fellowship</td>
<td>Research</td>
<td>Molly Carnes</td>
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<tr>
<td>Acronym</td>
<td>Meaning</td>
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<tr>
<td>ABIM</td>
<td>American Board of Internal Medicine</td>
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<tr>
<td>ACGME</td>
<td>The Accreditation Council for Graduate Medical Education</td>
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<tr>
<td>ACE</td>
<td>Acute Care of the Elderly</td>
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<td>ADRC</td>
<td>Alzheimer's Disease Research Center</td>
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<tr>
<td>AGS</td>
<td>American Geriatrics Society</td>
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<tr>
<td>AO</td>
<td>Administrative Officer (VA)</td>
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<tr>
<td>AOB</td>
<td>Administrative Office Building for UWMF - located in Middleton, Wisconsin</td>
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<tr>
<td>CCC</td>
<td>Clinical Competency Committee</td>
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<tr>
<td>CME</td>
<td>Continuing Medical Education</td>
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<tr>
<td>C-Trac</td>
<td>Coordinated Transitions of Care Program (VA)</td>
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<td>ERAS</td>
<td>Electronic Residency Application Service</td>
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<tr>
<td>eReimbursement</td>
<td>electronic system for reimbursement of travel expenses</td>
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<td>GAC</td>
<td>Geriatric Assessment Clinic</td>
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<tr>
<td>GADC</td>
<td>Geriatric Adult Day Center</td>
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<tr>
<td>GET Tool</td>
<td>Guided Expense Tool (new e-reimbursement)</td>
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<tr>
<td>GRECC</td>
<td>Geriatrics Research, Education and Clinical Center</td>
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<td>GSA</td>
<td>Gerontological Society of America</td>
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<tr>
<td>HPC</td>
<td>Hospice and Palliative Care</td>
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<tr>
<td>HSNC</td>
<td>Health Sciences Learning Center</td>
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<tr>
<td>IOA</td>
<td>Institute on Aging</td>
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<tr>
<td>Mini-CEX</td>
<td>Mini - Clinical Exam</td>
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<tr>
<td>MCI</td>
<td>Mild Cognitive Impairment</td>
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<td>MFCB</td>
<td>Medical Foundation Centennial Building</td>
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<tr>
<td>NHR</td>
<td>Nursing Home Rotation</td>
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<td>National Resident Matching Program</td>
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<td>PEC</td>
<td>Program Evaluation Committee</td>
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<td>UBOB</td>
<td>University Bay Office Building - health services research center</td>
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<td>UWHC</td>
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<td>VA CPRS</td>
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<tr>
<td>WAI</td>
<td>Wisconsin Institute of Medical Research 1 &amp; 2</td>
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