VA GEM Clinic (VA Continuity Clinic)

Description: This ambulatory clinic experience occurs in the VA geriatrics clinic over the entire year of training. Fellows become primary care providers for a panel of frail, older adults with complex medical and psychosocial problems (~80% male). They see patients ½ days once or twice per week (a second half day is sometimes necessary to deal with acute issues) with a geriatric faculty available to staff all patients. They also deal with all patient/family phone calls and correspondence with community nursing services through a nurse case manager.

Supervisor: Dr. Barczi; Dr. Teodorescu

Supervisor contact information:
Phone: 256-1901 ext 11696, 11311 or 280-7000
Pager: 4852, 6472

Goals
To become competent in providing primary care (medical, rehabilitative, palliative and preventive care) as a member of a well established outpatient interdisciplinary team of geriatric providers. To incorporate regular assessment of the medical, functional and psychosocial status of an older adult, and to understand the potential for future functional change.

Objectives and Steps to Evaluate Competency in this Objective
The fellow will be able to
(Medical Knowledge)
- apply relevant knowledge from the fields of internal medicine, psychiatry, neurology, dermatology and urology to the primary care of older patients
- understand the unique needs of the older veteran population (wartime exposures, service-connected disabilities, support available to veterans)
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 clinic mentors at 6 month intervals, 3) participation in 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.
- 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 the end of the rotation, 2) fellow-directed chart audits of their primary care patients in GEM that review documentation on the screening for falls, mood, functional status and age-appropriate health screening.

(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
• regularly contribute to the plan of care during interdisciplinary team rounds

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

(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 chart audits to modify the approach and documentation of patient encounters
• 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-directed chart audits of their primary care patients in GEM that review documentation on the screening for late-life depression and the process of referral of patients for community services, 2) A performance improvement project directed at fellow’s practices in their VA GEM clinic patients (spring PIP)

Type of Clinical Encounter
Clinic 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). All of the primary care clinic sessions are preceded by a pre-clinic staffing when the entire GEM team (MD, RN, SW, LPN, PharmD, others) is present to review the patients and their care needs.

Teaching Methods
Case-based learning (case discussions with faculty preceptor)
Individual study using listed references and web-based materials
e-learning using electronic library searches

Patient Characteristics/ Mix of Diseases
The patient's seen in the GEM clinic are primarily community-dwelling, older veterans (85% men) who have complicated psychosocial circumstances and a high burden of medical comorbidity. The typical patient may have 6 or more chronic health problems and be on >8 medications. The disease mix includes a constellation of chronic heart disease, COPD, diabetes, arthritis, chronic kidney disease, dementia/ cognitive impairment, depression, insomnia, gait/ mobility disturbance.
Procedures
Cognitive assessment using standardized neuropsychological tools
Affective screening
Functional assessment using standardized tools
Gait and balance assessment using Tinetti gait and balance scales
Small office procedures for primary care

Bibliography:

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

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Fellow Signature     Faculty Signature