

COMPETENCY-BASED CURRICULUM CONTENT AND SKILL AREAS

Geriatric Medicine Residency Program

Effective date July 1, 2006

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge, Patient Care, and Interpersonal and Communication Skills	1	Current scientific knowledge of aging and longevity, including theories of aging, the physiology and natural history of aging, pathologic changes with aging, epidemiology of aging populations, and diseases of the aged.	
Medical Knowledge and Practice-Based Learning and Improvement			These topics regarding the physiology and natural history of aging are required reading in the Geriatrics Review Syllabus and also in any of several geriatrics textbooks.
Patient Care			They are discussed from time to time in clinical context at each of the longitudinal clinical settings and in many of the block rotations.
Medical Knowledge and Practice-Based Learning and Improvement			Demonstration of achievement of mastery of the physiology and natural history of aging occurs as the GM resident gives a lecture on the subject at a FM noon conference as one of the six required lecture topics that he or she must present. The GM program director attends this lecture and determines mastery of the topics analogous to the process of an oral dissertation.

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge, Patient Care, Practice-Based Learning and Improvement and Systems-Based Practice	2	Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization and chemoprophylaxis against disease; instruction about and experience with community resources dedicated to these activities should be included.	
Medical Knowledge and Practice-Based Learning and Improvement			These topics regarding preventive medicine are required reading in the Preventive Care. <u>AAFP Home Study Self-Assessment Monograph</u> , Monograph #268. September, 2001, and the article titled “The Geriatric Patient: A Systematic Approach to Maintaining Health” in <u>Am Fam Physician</u> . 2000 Feb 15;61(4):1089-1104, and the chapter titled “Putting Prevention into Practice”, in: Miller KE, ed. <u>Primary Care</u> . Philadelphia, WB Saunders, 2000;2(2), pages 485-500, each of which were authored and co-authored by the GM program director.
Medical Knowledge, Interpersonal and Communication Skills, and Practice-Based Learning and Improvement			Demonstration of achievement of mastery of the preventive medicine topics occurs as the GM resident successfully completes the written exam questions that accompany the monograph and <u>Am Fam Physician</u> article.

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge, Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice	3	Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); medication review and the appropriate use of the history; physical and mental examination; and laboratory.	
Patient Care			Geriatric assessment is an activity that occurs nearly daily at the Program of All-inclusive Care for the Elderly (PACE) and with some regularity at the Alexian Healthcare Center and the U.T. Family Practice Center.
Medical Knowledge, Patient Care, and Systems-Based Practice			At PACE a comprehensive computerized medical records system facilitates the provision of comprehensive geriatric assessment.
Medical Knowledge, Patient Care, and Systems-Based Practice			At the U.T. Family Practice Center a standardized paper form titled the Prevention and Risk-Oriented Baseline Evaluation (PROBE) facilitates the provision of comprehensive geriatric assessment.

General Competencies	Item	Curriculum Content	Methods and Skills
Patient Care and Systems-Based Practice			In each case faculty in each location supervise and insure the successful accomplishment of comprehensive medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health; activities of daily living (ADL); the instrumental activities of daily living (IADL); medication review and other details of comprehensive geriatric assessment.
Systems-Based Practice	4	Appropriate interdisciplinary coordination of the actions of multiple health professionals including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment	
Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice			Appropriate interdisciplinary coordination of the actions of multiple health professionals occurs routinely at the Alexian Healthcare Center, the U.T. Family Practice Center, and at PACE. The faculty oversees and assures this interdisciplinary coordination. The program is rich with interactions between the GM resident and other physicians, nurses, social workers, dieticians, and rehabilitation experts of many disciplines.

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge and Patient Care	5	Topics of special interest to geriatric medicine, including but not limited to cognitive impairment, depression and related disorders, falls, incontinence, osteoporosis, fractures, sensory impairment, pressure ulcers, sleep disorders, pain, senior (elder) abuse, malnutrition, and functional impairment.	
Medical Knowledge and Practice-Based Learning and Improvement			Topics of special interest to geriatric medicine as listed above are defined in the rotating curricular topics at both PACE and the U.T. Family Practice Center noon conferences.
Medical Knowledge and Practice-Based Learning and Improvement			The subjects are topics for didactic discussion in all clinical settings, longitudinal and block, and are core to the zeitgeist.
Medical Knowledge, Patient Care, and Interpersonal and Communication Skills			The GM resident is expected to demonstrate expertise in word and deed on a continual basis in all settings. The periodic and monthly evaluations by faculty reflect the GM resident's competence in matters of special interest to geriatric medicine.

General Competencies	Item	Curriculum Content	Methods and Skills
Interpersonal and Communication Skills			The GM resident should further demonstrate expertise in these subjects by routinely and repetitively teaching FM and IM residents and medical students by way of narrative discourse of these topics repeatedly during numerous opportunities which shall arise throughout the academic year.
Medical Knowledge and Patient Care	6	Diseases that are especially prominent in the elderly or that have different characteristics in the elderly, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders.	
Patient Care			Diseases that are especially prominent in the elderly are commonly encountered in the block rotations that are specifically selected and designed to maximize such exposure.
Medical Knowledge, Patient Care, Interpersonal and Communication Skills			The subjects are topics for didactic discussion in all clinical settings, longitudinal and block, and are core to the zeitgeist. The GM resident is expected to demonstrate expertise in word and deed regarding diseases that are especially prominent in the elderly on a continual basis in all settings.

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge and Interpersonal and Communication Skills			The periodic and monthly evaluations by faculty should reflect the GM resident's competence in matters geriatric. The GM resident should further demonstrate expertise in these subjects by routinely and repetitively teaching FM and IM residents and medical students by way of narrative discourse of these topics repeatedly during numerous opportunities which shall arise throughout the academic year.
Medical Knowledge and Patient Care	7	Pharmacologic problems associated with aging, including changes in pharmacokinetics and pharmacodynamics, drug interactions, over-medication, appropriate prescribing, and adherence.	
Medical Knowledge, Patient Care, and Practice-Based Learning and Improvement			Pharmacologic problems associated with aging are an ongoing topic of discussion in the nursing home, on the geriatrics consultation service block rotation, and in each of the clinical settings, both block and longitudinal. The topic is of especially high interest to the GM program director, who is published on the subject and personally discusses it often, typically using the Socratic method. The subject topic is presented in several didactic lectures, both U.T. Family Practice Center noon conference and at PACE conferences.

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge, Patient Care, and Practice-Based Learning and Improvement			The GM resident is expected to demonstrate expertise in geriatrics pharmacotherapy in discussions with the GM program director and in clinical performance on a continual basis in all settings. The current textbook, Goodman & Gilman's The Pharmacological Basis of Therapeutics, the 11 th Edition, 2006, is the standard for the program.
Practice-Based Learning and Improvement			The Medical Letter is another source for reference. Personal digital assistant (PDA) sources provide “just in time information at the point of care”. Mastery of these references and practice-based utilization is required and monitored by the GM program director.
Interpersonal and Communication Skills and Systems-Based Practice	8	Psychosocial aspects of aging, including interpersonal and family relationships, living situations, adjustment disorders, depression, bereavement, and anxiety.	

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Interpersonal and Communication Skills and Systems-Based Practice			Psychosocial aspects of aging are integral to numerous aspects of GM residency training. Among these are the multidisciplinary team setting of PACE, the multidisciplinary team setting of the FM inpatient team during the GM consultation service block rotation (which benefits from the input from Dr. Bob Zylstra, director of behavioral science), the hospice rotation under Dr. Karl Miller, and the geriatrics psychiatry rotation under Dr. Terry Holmes, among other settings and experiences.
Interpersonal and Communication Skills and Systems-Based Practice			The periodic and monthly evaluations by faculty reflect the GM resident's competence in matters of psychosocial aspects of aging, including interpersonal and family relationships.
Practice-Based Learning and Improvement and Interpersonal and Communication Skills			The GM resident should further demonstrate expertise in these subjects by routinely and repetitively teaching FM and IM residents and medical students by way of narrative discourse of these topics repeatedly during numerous opportunities which shall arise throughout the academic year. All block and longitudinal rotations evaluate interpersonal and communication skills specifically.

General Competencies	Item	Curriculum Content	Methods and Skills
Systems-Based Practice	9	The economic aspects of supporting geriatric services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.	
Practice-Based Learning and Improvement and Systems-Based Practice			<p>The economic aspects of supporting geriatric services are addressed longitudinally through the practice management curricula as assigned and supervised by the GM program director. Assigned readings include articles recently published, including articles on Medicare Part D, capitation, and cost containment. Chapters from the AMDA Core Curriculum on Medical Direction in Long Term Care are also assigned. The GM resident is further encouraged to take advantage of CME resources (time and expense reimbursement) directed toward obtaining certification as a CMD through offsite course work.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
<p>Patient Care and Systems-Based Practice</p>			<p>The Hospice block rotation has an objective to develop an understanding of Medicare rules and regulations concerning Hospice care. Assigned time with a home health agency provides the same objective. The successful completion of these objectives will be assessed at the end of the rotation with an oral quiz about these issues.</p>
<p>Practice-Based Learning and Improvement and Systems-Based Practice</p>			<p>Practice management noon conferences are held monthly at the U.T. Family Practice Center. Active participation by the GM resident is expected and monitored by the GM program director. Accurate coding for medical services provided at the nursing home, at the hospital, and at domiciliary facilities, as well as home visits and office visits is taught in other noon conferences and real time at the various settings, is practiced by the GM resident, and is monitored by faculty and the business staff throughout the year.</p>
<p>Practice-Based Learning and Improvement and Systems-Based Practice</p>			<p>A collaborative paper titled “The Geriatrician Attrition” authored by the GM resident and the GM program director further explores economic aspects of geriatric medicine in its socioeconomic context.</p>

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Patient Care and Systems-Based Practice			<p>The GM resident is expected to reflect on the economic impact of his/her decisions regarding patients and demonstrate the ability to describe the potential implications of that impact. Cost effective medical care is modeled, expected, and evaluated throughout the GM residency.</p>
Patient Care and Systems-Based Practice	10	<p>The ethical and legal issues especially pertinent to geriatric medicine, including limitation of treatment, competency, guardianship, right to refuse treatment, advance directives, designation of a surrogate decision maker for health care, wills, and durable power of attorney for medical affairs.</p>	
Patient Care and Systems-Based Practice			<p>The ethical and legal issues inherent to geriatric medicine, are encountered during every patient visit at every practice setting. These issues present perhaps most frequently at the Alexian Healthcare Center a form the basis for moral dialogue between the GM resident and the GM program director. Formative evaluations regarding these issues are done real time and are documented at the time of periodic (summative) evaluations.</p>

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<p>Patient Care, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice</p>			<p>The geriatric medicine consultation service block rotations, which occur in the context of the family medicine inpatient service, includes hospital teaching rounds that are accompanied by Dr. Robert Zylstra, a doctorate level social worker, who is full-time faculty and director of behavioral science at the family medicine residency program. Dr. Zylstra is highly versed in the ethics of medicine and as such provides additional evaluation of the GM resident's interactions, skills, and behavior regarding the ethics of medicine, said evaluation being in writing at the conclusion of the geriatric medicine consultation service block rotation. The GM resident is expected to reflect on the social, ethical, and legal impact of his/her decisions regarding patients and demonstrate the ability to describe the potential implications of that impact.</p>
<p>Patient Care, Professionalism, and Systems-Based Practice</p>			<p>Cultural sensitivity, patient confidentiality, respect for patient values and wishes (e.g., advance directives) are modeled, expected, and evaluated throughout the GM residency. The GM resident is expected to attend ethics committee meetings at Erlanger hospital and at PACE.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
<p>Patient Care and Systems-Based Practice</p>	<p>11</p>	<p>The general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, pulmonary, and neurologic impairments; these principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling.</p>	
<p>Patient Care and Systems-Based Practice</p>			<p>Siskin Rehabilitation Hospital, one of the nation’s premier rehabilitation facilities, offers a psychiatric medicine team of geriatric rehabilitation specialists who provide training in the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education, and psychosocial and recreational counseling. Defined rotational goals and objectives satisfy competency standards for this block rotation in a sub acute setting.</p>

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<p>Patient Care, Interpersonal and Communication Skills and Systems-Based Practice</p>			<p>PACE offers similar clinical experiences in a chronic care setting. The Alexian Healthcare Center provides opportunities for the GM resident to apply the principles of geriatric rehabilitation in collaboration with a physical therapy department in a nursing home setting. The geriatrics consultation service block rotation offers collaboration with a physical therapy department in an acute care hospital setting. Podiatric, orthopedic, rheumatologic, cardiac, pulmonary, and neurologic rehabilitation experiences are additionally available through the respective block rotations. In each case and setting, the faculty monitors and evaluates performance in a systematic manner. Rehabilitation of pressure sores is an area of special attention. Collaboration with wound care teams is a component of training at Siskin Rehabilitation Hospital, PACE, and the Alexian Healthcare Center.</p>
			<p>Demonstration of achievement of mastery of the care of pressure sores occurs as the GM resident gives a lecture on the subject at a FM noon conference as one of the six required lecture topics that he or she must present.</p>

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Practice-Based Learning and Improvement and Interpersonal and Communication Skills			The GM program director attends this lecture and determines whether mastery of the topic is accomplished.
Patient Care and Systems-Based Practice	12	Management of patients in long-term care settings, including palliative care, knowledge of the administration, regulation, and financing of long-term institutions, and the continuum from short- to long-term care.	
Patient Care and Systems-Based Practice			Each resident is required to make Long term Care Institutional rounds one half-day a week on an assigned panel of patients during and throughout the PGY4 year of geriatrics residency training. This activity occurs at the Alexian Healthcare Center and is directly supervised onsite by the geriatric medicine program director. Each session involves on average 4 subsequent care visits, any new patient admissions that might be necessary, plus acute and preventive care. Discussion of patient care issues (teaching rounds) with the GM program director follows work rounds. Palliative care is a component of patient care within the Long term Care Institutional setting at the Alexian Healthcare Center.

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<p>Patient Care and Systems-Based Practice</p>			<p>Each resident is required to make Long term Care Non-Institutional visits and home visits periodically on patients during each month and throughout the PGY4 year of geriatrics residency training. This activity occurs at the Alexian Inn (an assisted living facility) and in the homes of appropriate continuity patients assigned to the program director or the geriatric medicine resident at the University of Tennessee Family Practice Center. These visits are directly supervised, usually onsite, by the geriatric medicine program director. Each session involves subsequent care visits, any new patient admissions that might be necessary, plus acute and preventive care.</p>
<p>Patient Care</p>			<p>Each resident is required to make rounds on patients in a comprehensive multidisciplinary geriatric day care facility 5 half-days a week for 2 months initially, then 4 half-days a week for the remaining 10 months, during and throughout the PGY-4 year of geriatric residency training.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
Patient Care			<p>This activity occurs at the Program of All-inclusive Care for the Elderly (PACE) and is directly supervised onsite by the geriatric faculty. Each session involves subsequent care visits, comprehensive geriatric assessments, any new patient admissions that might be necessary, plus acute care. Didactics with the geriatrics faculty follows teaching rounds.</p>
Patient Care and Systems-Based Practice			<p>Palliative care is a component of patient care within the Long term Care Non-Institutional setting at PACE. Each GM resident is required to develop an understanding of government agency regulations involving long term care and appropriate business practices that apply to the practice of geriatric medicine during the PGY-4 year of geriatric residency training.</p>
Practice-Based Learning and Improvement			<p>Attendance at quality assurance team conferences, ethics committees, and other institution specific meetings is required and occurs in a team setting with the geriatric medicine program director or other faculty present. Attendance at national conferences designed to prepare the resident for certification as a medical director (CMD) of a long term care facility is encouraged and funded but not required.</p>

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Patient Care, Interpersonal and Communication Skills, and Professionalism			Supervision responsibilities in the development of practice management and administrative skills are primarily those of the geriatric medicine program director and secondarily are those of the family medicine faculty.
Medical Knowledge and Practice-Based Learning and Improvement	13	Research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.	
Medical Knowledge and Practice-Based Learning and Improvement			Scholarly activities are an important component of the academic GM residency program. The GM program director models research and publication and collaborates with the GM resident to submit articles for publication. The GM program director meets with the GM resident early in the academic year to formulate projects that include the potential for population based research using the compiled computerized data at PACE and systematic reviews of the literature. Progress is tracked throughout the academic year and reported in writing on periodic evaluations using a structured form. Dr. Karl Miller is particularly expert in the areas of research methodologies clinical epidemiology, decision analysis, statistics, and critical literature review, and provides didactic lectures on these topics.

General Competencies	Item	Curriculum Content	Methods and Skills
Medical Knowledge and Practice-Based Learning and Improvement			A geriatric journal club meets evenings on a periodic basis to perform critical literature review on articles containing a geriatrics focus. The GM program director attends these sessions to guide critical assessment of the quality and validity of published research.
Medical Knowledge and Patient Care	14	Perioperative assessment and involvement in management.	
Medical Knowledge, Patient Care, and Interpersonal and Communication Skills			The geriatrics consultation service block rotation offers collaboration with the critical care surgical service that consults the GM resident as needed for assistance with perioperative and postoperative assessment and involvement in management of geriatric patients displaying delirium, frailty issues, and other geriatric syndromes. Several block rotations, but prominently orthopedics and gynecologic oncology, offer perioperative, operative, and postoperative experiences. Faculty evaluations for predetermined competencies are documented in writing on structured forms.
Systems-Based Practice	15	Iatrogenic disorders and their prevention.	
Systems-Based Practice			Iatrogenic disorders and their prevention is an area receiving intense and appropriate national focus. Nowhere in medicine are Systems-Based competencies more called for and institutionalized.

General Competencies	Item	Curriculum Content	Methods and Skills
<p>Practice-Based Learning and Improvement and Systems-Based Practice</p>			<p>The GM resident and residency program strives for full compliance with the policies of Erlanger hospital and the U.T. Family Practice Center designed to eliminate medical errors. Conferences, workshops, and written materials are produced toward this end. The GM resident reviews the Minimum Data Set (MDS) compiled at the Alexian Healthcare Center on each patient to assess risks and promote prevention of iatrogenic disorders. Pharmacy-based computer systems and personal digital assistants (PDAs) with programs such as Epocrates© are utilized to help prevent drug interactions. Unnecessary polypharmacy is avoided where possible. The topic of drug interactions is taught vigorously. Demonstration of achievement of mastery of the subject occurs as the GM resident gives a lecture on the subject at a FM noon conference as one of the six required lecture topics that he or she must present. The GM program director attends this lecture and determines whether mastery of the topic is accomplished.</p>

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Interpersonal and Communication Skills and Practice-Based Learning and Improvement	16	Communication skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers, when appropriate, to peers and lectures to lay audiences.	
Interpersonal and Communication Skills and Practice-Based Learning and Improvement			Communication skills development is a life-long process. The science and methodology are described in the required reading -- a chapter titled "Putting Prevention into Practice", in: Miller KE, ed. <u>Primary Care</u> . Philadelphia, WB Saunders, 2000;2(2), pages 485-500, which was authored by the GM program director, and which focuses on communication principles first championed by Bertram Stoffelmayr. Dr. Bob Zylstra, the director of behavioral science, and other faculty suggest counseling techniques as situations arise during precepting interactions at the U.T. Family Practice Center during ambulatory patient care. The GM program director observes and provides constructive feedback regarding interactions with patients during teaching rounds at the Alexian Healthcare Center and on the geriatrics consultation service block rotation at Erlanger hospital.

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<p>Interpersonal and Communication Skills and Professionalism</p>			<p>As one of the six core curricular items, the topic receives attention at noon conferences and the quarterly faculty development series – “teaching teachers how to teach”. Communication skills with patients are integral to numerous other noon conferences, from smoking cessation to supportive counseling skills, and form a framework for discussion for essentially all patient encounters in all settings. A patient education area at the U.T. Family Practice Center is dedicated to providing supportive materials and audiovisual programs; computers provide timely access to patient education materials; chart design prompts timely patient education discussions; and patients are surveyed to ascertain whether communication between residents and patients is perceived by the patient to be caring, sufficient, and unhurried. Questionnaires are employed to determine if patients are given time to ask all the questions they wish, if they are treated respectfully, and if medical issues are explained such that the patient can understand. Active listening skills, respect, and accurate empathy are modeled by faculty and expected of residents.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
<p>Patient Care, Practice-Based Learning and Improvement, and Interpersonal and Communication Skills</p>			<p>Communication with colleagues is similarly given instruction and experience, with opportunities involving consultations, referrals, transfers, and collaborative care. Interactions with families during rounds at the Alexian Healthcare Center and on the geriatrics consultation service block rotation at Erlanger hospital provide opportunities and settings for family meetings and discussion of bereavement and end-of-life issues. These patient and family sessions are alternately led by the GM resident (wherein the GM program director observes and provides constructive feedback) and on other occasions modeled by the GM program director. Opportunities and expectations for professional speaking and talks to lay groups, presenting a poster, and publishing in a peer-reviewed journal are clearly delineated in the goals and objectives. Assessment of these scholarly activities occurs formatively by the GM program director, as well as verbally by the group, formally by written group evaluation, and through feedback from a medical journal's editorial staff.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
Systems-Based Practice	17	The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.	
Patient Care, Professionalism, and Systems-Based Practice			<p>In all areas of care for the older person, whether it occurs in the hospital, nursing home or community, person-centered care is the desired operational framework. Holistic care is person centered. Therefore, what geriatricians do for older persons and their families, how they do it and how they feel about what they do, all matter. This is the basis for all therapeutic encounters, acting as a creative impetus as well as a buffer from stress. This clinical focus supports the patient and their families in ways that are empowering, uplifting, hopeful and powerful. The essential and defining characteristic of family medicine, and by extension its gerontologic perspective, is that the family and the patient are integrally linked with bonds that support or conversely diminish the health, optimism, functionality, and general well-being of one another. A geriatrician is but one person with finite time resources and competing demands.</p>

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<p>Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice</p>			<p>Balancing these limitations requires learning to project values and expertise within a geriatrics team setting to provide extended acute and chronic medical care, and to utilize community resources to provide additional supportive care.</p>
<p>Systems-Based Practice</p>			<p>Agencies such as the Area Agency for the Aged, the Alzheimer’s Association, Kidney Foundation, home health and hospice organizations, the health department, Meals on Wheels, Health and Human Services agencies and many more are available for assisting older patients as indicated. Dr. Bob Zylstra, social worker and director of behavioral science, functions as a resource at the U.T. Family Practice Center to facilitate access to these agencies and to familiarize residents with these agencies. Representatives of these agencies are periodically invited to present at noon conference, describing their agency’s function and methods for consulting and collaborating in patient care.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
<p>Medical Knowledge, Professionalism, and Systems-Based Practice</p>	<p>18</p>	<p>Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment of culture-specific beliefs and attitudes towards health care, and the use of an interpreter in clinical care; also issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds.</p>	
<p>Patient Care, Professionalism, and Systems-Based Practice</p>			<p>The GM resident experiences cross-cultural exposure to geriatric patients at the U.T. Family Practice Center and at the Program of All-inclusive Care for the Elderly (PACE). Orientation programs sponsored by the University of Tennessee College of Medicine Chattanooga at the beginning of the academic year include a workshop on cross-cultural issues. At the U.T. Family Practice Center, multilingual patient education materials are available and the use of an interpreter in clinical care is facilitated by several of our multilingual faculty, our current GM resident (who is multilingual), and the availability of interpreters for several languages. Sensitivity to issues of ethnicity and respect for cultural differences are modeled and expected in all clinical settings.</p>

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<p>Practice-Based Learning and Improvement and Systems-Based Practice</p>			<p>Issues involving access to healthcare are a socioeconomic and political area of intense interest of the GM program director. These issues are addressed in a paper currently being co-authored by the GM program director and the GM resident, successful completion of which will define competency in the area for the current GM resident. Culture-specific beliefs and attitudes towards health care are required to be recognized, acknowledged, respected, and discussed as necessary if health risks are generated therein.</p>
<p>Practice-Based Learning and Improvement and Systems-Based Practice</p>			<p>Teaching these values is facilitated by a multi-ethnic faculty and residency program. Dr. Bob Zylstra, social worker and director of behavioral science, and indeed other faculty function as a resource at the U.T. Family Practice Center to facilitate understanding of and tolerance for cultural diversity through example and discussion generated at noon conferences.</p>

General Competencies	Item	Curriculum Content	Methods and Skills
<p>Medical Knowledge, Practice-Based Learning and Improvement, and Systems-Based Practice</p>			<p>Knowledge about demographics, issues concerning health care status of older persons of diverse ethnicities, and special issues relating to urban and rural older persons of various ethnic backgrounds are ongoing topics for discussion and reading as related articles are published on a regular basis and disseminated to the GM resident among others.</p>
<p>Patient Care and Systems-Based Practice</p>	<p>19</p>	<p>Home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting.</p>	
<p>Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice</p>			<p>Home visits are a particularly robust and fun component of GM residency training. Settings range from private dwellings to assisted living facilities, and typically involve that cusp of frail elderly patients selected because of difficulty or inability to arrange office visits, and involve an attempt to help keep the patient functional at home longer. The GM program director accompanies the GM resident on home visits to model and teach the basics of assessing the safety and functionality of the environment, assessing support systems and key people, and building additional rapport with the patient and family, who are typically overwhelmed by the gesture.</p>

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<p>Patient Care, Interpersonal and Communication Skills, and System-Based Practice</p>			<p>The home visit becomes a luxury that reaps immense intangible rewards for the GM resident. The home visit occurs through the settings and involves the populations of the U.T. Family Practice Center and the Program of All-inclusive Care for the Elderly (PACE). The experience is supervised directly by the respective faculty of those institutions. During the block rotation in Hospice principles and home health care practice, the GM resident has additional experience in home visits involving hospice care and home health care separately. Enrolling patients in home health care and functioning as the supervising physician is an additional experience afforded the GM resident throughout the longitudinal care provided at the U.T. Family Practice Center while providing care for his or her panel of patients.</p>
<p>Patient Care and Systems-Based Practice</p>	<p>20</p>	<p>Hospice care, including pain management, symptom relief, comfort care, and end-of-life issues.</p>	
<p>Patient Care</p>			<p>A one-month block rotation in Hospice principles and home health care practice is required.</p>

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<p>Patient Care, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, and Systems-Based Practice</p>			<p>Direct supervision is provided by Dr. Karl Miller, a professor in the Department of family medicine, who is medical director of a hospice agency and holds certification in palliative care. The GM resident accompanies hospice care teams to the homes of hospice patients. The principles and practice of end-of-life care is emphasized and modeled, and appropriate readings are assigned. The number of patients followed by this agency averages 150. The frequency of visits varies for a given patient from daily to weekly. During the one-month block rotation in Hospice principles and home health care, the GM resident observes and participates in the organizational and administrative aspects of home health care at both a local hospice agency and Erlanger hospital's home health care agency. Legislative and regulatory aspects of home health care, as well as billing practices and other aspects of fiscal administration, are included in the design, goals, and objectives of the rotation. The objectives are provided in writing at the beginning of the rotation and are assessed verbally by Dr. Karl Miller at its conclusion.</p>

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Patient Care, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, and Systems-Based Practice	21	Behavioral sciences such as psychology/social work.	
Patient Care, Interpersonal and Communication Skills, and Systems-Based Practice			<p>The GM residency is fortunate to have Dr. Bob Zylstra, social worker and director of behavioral science, to oversee individual training and noon conferences in the fields of psychology and social work. Highly published and well respected, Dr. Bob Zylstra functions within the program to promote insights into the field and improve supportive counseling skills. At PACE Drs. Jon Cohen and Denis Ferguson provide psychiatry consultations while staff social workers provide meaningful input regarding patients' social situations and stresses. At the Alexian Healthcare Center social workers provide meaningful input on each patient to assess appropriateness for admission to various levels of care and work with families to facilitate transitions from home or hospital so as to minimize the associated stress.</p>

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<p>Patient Care, Practice-Based Learning and Improvement, and Systems-Based Practice</p>			<p>With each of these opportunistic experiences and settings the GM resident is expected to demonstrate insight into the processes and demonstrate growth in his or her abilities to fully utilize resources involving psychology and social work. He or she is further expected to demonstrate personal skills in psychology and social work sufficient to improve his or her patients' well being and situation. The GM program director provides periodic summative evaluations reflecting such achievements.</p>

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