

The trainee will participate in the evaluation of new problems and the ongoing treatment of patients, on both the geriatric psychiatry ward and the outpatient clinic or home setting

### Scholarly Activity

Trainees in the twelve-month stream will have a month of protected time to devote to their scholarly project.

### Electives

Clinical electives help the trainee achieve their particular goals in Care of the Elderly. Commonly chosen electives include palliative care, rheumatology, and neurology. Electives in teaching, research, and administration can be tailored to suit individual needs.

## **Rotation-Specific Objectives**

In addition to the global program objectives, rotation-specific objectives have been developed for each of the learning experiences in the program.

### **Home Care**

#### Family Medicine Expert

1. Assess the patient's home environment for possible health risks and develop a management plan tailored for the patient at home.
2. Appropriately modify investigations and assessments to minimize patient's preferences regarding displacement.

#### Communicator

1. Interview patients in their home setting while protecting confidentiality.

#### Collaborator

1. Maintain continuous communication with home care team to respond to patient needs between medical visits.
2. Collaborate with medical teams in assessing the patient outside of their home setting.

#### Leader

1. Develop systems to ensure continuity of care in a home environment.

#### Advocate

1. Advocate for resources to maintain patient autonomy and dignity at home.

#### Scholar

1. Appraise and apply relevant medical literature in home care to their practice.

Professional

1. Maintain professional boundaries during home visits.

**Consults**

Family Medicine Expert

1. Effectively evaluate and manage delirium.
2. Develop management plan that minimizes risk of iatrogenic complications.

Communicator

1. Obtain collateral history from family members and referring institutions.
1. Clearly communicate professional both written and verbal opinion with source of referral.

Collaborator

1. Obtain collateral history from family members and referring institutions.
2. Clearly communicate transfers of care with team members, family and community health care providers.

Leader

1. Manage consultation team to provide professional expertise in an appropriately timely manner.

Advocate

1. Advocate for systems change in inpatient care to favour positive outcomes in the elderly.

Scholar

1. Identify the learning needs of trainees and other health care professionals.
2. Deliver effective teaching to address those learning needs.
3. Provide effective feedback to learners on their progress towards learning goals.
4. Appraise and apply relevant medical literature in care of the elderly to their practice.

Professional

1. Effectively manage differing opinions between colleagues in a professional manner.

## **Long-Term Care**

### Family Medicine Expert

1. Adapt medical management appropriately to patient's goals of care and life expectancy in long term care.
2. Assess and manage common medical issues in long term care including wound care, advanced dementia and end of life care.

### Communicator

1. Update patient and family on patient medical issues and treatment decisions on a regular basis.

### Collaborator

1. Collaborate with allied health professionals as well as non-regulated staff (example: sitters, music therapists) in patient care.

### Leader

1. Judiciously use transfers to acute care settings.
2. Manage medical care while minimizing use of external resources.

### Advocate

1. Advocate for appropriate resources for this marginalized patient population.

### Scholar

1. Appraise and apply relevant medical literature in long term care to their practice.

### Professional

1. Appreciate and respect standards of practice unique to long term care.

## **Geriatrics Clinics**

### Family Medicine Expert

1. Assess and manage common geriatric syndromes including falls, incontinence, frailty and cognitive impairment.
2. Consider the variety of potential causes of cognitive impairment and assess for all possible reversible causes.
3. Make use of standardized instruments in cognitive evaluations.
4. Assess for and manage caregiver burnout.

### Communicator

1. Provide a written response to the referring primary care physicians with clear diagnostic and management plans.

Collaborator

1. Utilise and seek feedback from allied health professionals in evaluations.

Leader

1. Manage the appropriate use of the available clinic resources.

Advocate

1. Develop strategies to maintain patient autonomy in the community.

Scholar

1. Appraise and apply relevant medical literature in geriatric syndromes and cognition to their practice.

**Geriatric Day Hospital**

Family Medicine Expert

1. Assess and manage common geriatric syndromes including falls, incontinence, frailty and cognitive impairment.
2. Understand and assess the factors that can lead to driving impairment.

Communicator

1. Communicate with referring primary care physicians and family, especially with regards to ongoing management after completion of the day hospital program.

Collaborator

1. Collaborate with other health professionals on day hospital team.
2. Understand role of allied health professionals in establishing therapeutic goals of the program.

Leader

1. Allocates community resources for optimal patient care.

Advocate

1. Advocate for mechanisms to maintain autonomy in a community setting.
2. Identify adaptations to maximize patient function.

Scholar

1. Appraise and apply relevant medical literature in rehabilitation to their practice.

#### Professional

1. Understands the ethical implications of a driving assessment.

### **Geriatric Psychiatry**

#### Family Medicine Expert

1. Appreciate how mental health problems present differently in the elderly.
2. Identify and manage depression in the elderly.
3. Appreciate the potential for overlap between cognitive and mood symptoms in the elderly.
4. Understand the determinants and spectrum of capacity and appropriately evaluate capacity.

#### Communicator

1. Adapts psychiatric interview for older adults.

#### Collaborator

1. Collaborates with community mental health workers.

#### Leader

1. Be familiar with community resources for elderly with mental health problems.

#### Advocate

1. Understand residual elements of capacity and insure patient participates in shared decision making.
2. Recognise signs of elder abuse and proactively evaluate for abuse.
3. Recognise high level of vulnerability of elderly with psychiatric disease and appropriately advocate for them.

#### Scholar

1. Appraise and apply relevant medical literature in geriatric psychiatry to their practice.

#### Professional

1. Understand the ethical and legal implications of a capacity assessment.
2. Respect patient confidentiality and autonomy while collaborating with care givers.

## **Geriatric Ward**

### Family Medicine Expert

1. Effectively evaluate elderly patients in the hospital setting.
2. Effectively evaluate and manage delirium.
3. Develop management plan that minimizes risk of iatrogenic complications.

### Communicator

1. Obtain collateral history from family members and referring institutions.
2. Clearly communicate transfers of care with team members, family and community health care providers.

### Collaborator

1. Collaborate with other health professionals during interdisciplinary rounds to develop management and discharge plans for patients.

### Leader

1. Manage team of trainees of varying levels to effectively care for roster of hospitalised patients.

### Advocate

1. Appropriately advocate for patients desires in discharge planning.

### Scholar

1. Identify and facilitate the learning needs of trainees and other health professionals.
2. Deliver effective presentations to address those learning needs.
3. Provide effective feedback on progress of learning goals.
4. Appraise and apply relevant medical literature in care of the elderly in the acute hospital setting to their practice.

### Professional

1. Effectively balance personal needs with professional expectations.

## **Scholarly Project**

### Family Medicine Expert

1. Utilise knowledge from scholarly project to improve patient care.

### Communicator

1. Clearly presents project and findings to medical community.

#### Collaborator

1. Effectively collaborate with other professionals, including librarians, statisticians and research assistants, during scholarly project.

#### Leader

1. Shares knowledge from scholarly project with goal to improve systems of patient care.

#### Advocate

1. Assesses community needs when identifying scholarly question.

#### Scholar

1. Understand and apply scientific principles to scholarly inquiry.
2. Uses appropriate research methods to answer scholarly inquiry.

#### Professional

1. Considers how findings of scholarly inquiry could impact standards of practice.

### **Rehabilitation**

Trainees who pursue a twelve-month rotation will do a rotation in inpatient rehabilitation. The competencies for this rotation are the same as those of the day hospital and geriatric ward rotations.

#### **Scholarly Activity**

Each trainee is responsible for completing a scholarly project on a subject of their choosing, with a view to presentation at the annual McGill Research Day, or at other national/ international conferences.

Alternatively, the resident can elect to complete a literature search on a topic of choice/clinical case, with a view to publication in an appropriate journal, such as the Canadian Family Physician.

A new research course is in the process of being developed to aid our trainees with this process.

Trainees actively participate in a Care of the Elderly Trainee Seminar Series, often conjointly with fellows in the specialty Geriatric Medicine training program, held approximately once a month, depending on the number of trainees in the program at one time.

Trainees are often involved in teaching activities (sometimes to family medicine residents and students, and members of the multidisciplinary team). They may be invited to give talks to community audiences.

#### **Evaluation Process**

The evaluation process is the same as the process followed during the family medicine residency program. Daily field-notes are used to collect feedback. There is a mid-rotation evaluation during each

period (informally with the supervisor of that rotation) and a final evaluation at the end of each period (via ONE-45 system).

Each trainee will be assigned an academic advisor to review their academic progress every three months throughout the training to set updated learning objectives and to allow for further mentoring when needed.