Clinical Rotation in Geriatrics
Faculty Coordinator: Grant Studebaker, M.D.

Rotation Goals and Objectives:

Quality care of geriatric patients requires a knowledge base and skillset which are acquired throughout residency training. The following goals refer to the clinical rotation in geriatrics:

1. Residents will be exposed to a varied population of older adults in settings ranging from acute to post-acute care including outpatient primary care clinic, skilled nursing facility, palliative care service, outpatient hospice, long term care facility, and home care.
2. Residents will acquire skills needed to care for older patients in a variety of settings.
3. Residents will develop a working knowledge of issues involved in caring for the older adult population.
4. Residents will demonstrate basic skills in assessing and treating the unique medical and concomitant need of elderly patients and their families/loved ones including social problems and/or declining function pertinent to autonomy and independent living.
5. Residents will recognize polypharmacy and know specific medications that might be adjusted or discontinued.
6. Residents will recognize depression in older adults and initiate treatment or refer as appropriate.
7. Residents will be able to identify the roles of various interdisciplinary team members for meeting the needs of elderly patients and participate in multidisciplinary assessments and treatment planning.
8. Residents will be able to identify options for long term care of the frail older patient including home care with caregivers; board and cares and assisted living; and skilled nursing long-term care.
9. Residents will observe and participate in treatment planning for typical problems encountered by elderly patients such as osteoporosis, dementia, urinary incontinence, and falls/gait disorders.
10. Resident will have basic skills to assess for, recognize, document, and refer for elder abuse.
11. Resident will be able to identify community agencies which serve elderly clients and will know how to access them.

Rotation Experience:

Residents will spend 4 weeks with our Family Medicine attending physicians caring for older adults in a variety of settings with the primary location being Jackson Veterans administration outpatient facility. Additionally, they will see a predominantly older adult patient panel at our Jackson Veterans administration outpatient facility. When the opportunity for a home visit arises, they will make home visits with a residency faculty member. They will be responsible for reviewing and studying geriatric related topics throughout their rotation. They will be required to present a geriatric related topic during resident didactic lectures prior to the end of the rotation. They will attend core family medicine conferences that do not interfere with required patient care experiences.

Course Preceptors:
Chris Knight, M.D. - Family Medicine
David Maness, D.O. - Family Medicine
Brandon Churchill M.D.- Family Medicine
Gregg Mitchell, M.D. - Family Medicine
Scott Sadler, M.D.- Family Medicine
Grant Studebaker, M.D. - Family Medicine
Justin Turner, M.D. – Family Medicine
Kaitlyn Phillips, D.O. – Family Medicine
Charles White JR, M.D.- Family Medicine/ VA Jackson Outpatient Center

Locations:

Veterans Administration Outpatient Facility, UT Medicine, UT Medicine – North

If you have any specific problems, questions, or concerns regarding this rotation, please discuss these with the faculty rotation coordinator, Dr. Grant Studebaker.

Competency-based Objectives for the Geriatrics Rotation

I. **Professionalism**
   A. To respond to nurses and social workers for patient related questions in a timely manner
   B. To demonstrate follow up of diagnostic test results and notifying the patient and family
   C. To demonstrate proficiency in discussing advance directives and limitations of care
   D. To document in a timely manner all elements required for the medical record system including H&P with functional and cognitive status, progress notes, discharge summary, transfer notes, special notes (e.g., pain assessments, fall notes)
   E. To complete and update the computerized patient problem list
   F. To understand the ethical and legal implications of caring for frail older persons

II. **Patient Care and Procedural Skills**
   A. To complete comprehensive evaluations of new and established patients in a variety of settings, formulate a differential diagnosis, and develop a plan of care with a focus on preserving and improving functional status
   B. To use multiple information sources to develop a patient care plan based on current medical evidence
   C. To diagnose, manage, and integrate the care of patients of all ages in various inpatient and outpatient settings including outpatient office, home setting, and rehabilitation facilities.
   D. To assess community, environmental, and family influences on the health of patients
   E. To practice appropriate consultation technique including clarifying the consulting physician's questions, evaluating the patient, reviewing pertinent records and providing concise feedback to the consulting physician
   F. To improve skills of medication prescribing for the elderly, avoiding polypharmacy, avoiding side effects and controlling cost
   G. To work with the patient, caregiver, and utilize the interdisciplinary team appropriately
   H. To appropriately demonstrate use of other clinicians into the assessment phase of care

III. **Medical Knowledge**

A. To identify physiologic changes associated with aging versus those associated with disease
B. To demonstrate knowledge of the etiology and management of common geriatric syndromes and diseases commonly associated with aging including but not limited to the following:
    - Falls, Debility and Functional Impairments
    - Cognitive Impairment, Dementia, Depression, Anxiety
    - Acute and Chronic Pain, Polypharmacy
    - Sensory Impairment, Malnutrition
    - Common medical conditions in older adults such as CHF, CAD, PVD, DM, Arthritis, Osteoporosis, Arrhythmias
    - Stroke, Parkinson's disease, Various terminal cancers
C. To be able to administer the following screening tools:
    - Geriatric Depression scale
    - Montreal Cognitive Assessment
    - Tinnetti gait and balance
    - Katz and Lawton ADLs and IADLs
D. To understand the unique needs of the older veteran population
E. To know and understand the contributions of geriatricians, physician extenders, nurses, psychologists, psychiatrists, social workers, rehab therapists, and pharmacists in a non-acute setting
F. To understand the importance of addressing end-of-life issues with their patients and their families prior to the end stages of life; and assist patients with advance care planning that reflects the individual patient's goals and preferences

IV. **Practice-based Learning and Improvement**

A. To practice evidence-based medicine in the care of elderly in various institutional settings
B. To research topics relevant to patient care using web-based resources
C. To review patient outcomes, and how these might have been improved via self-evaluation and lifelong learning
D. To learn how to conduct an effective patient-family meeting

V. **Interpersonal and Communication Skills**

A. To communicate in a timely and effective manner with patient and family members in response to questions
B. To write a detailed clinical care note with a geriatric's focus
C. To learn how to conduct an interdisciplinary team meeting
D. To learn how to conduct an effective patient-family meeting
E. To demonstrate proficiency in handling potentially litigious geriatric care issues

VI. **Systems-based Practice**

A. To demonstrate knowledge of the resources available for elderly care in the community
B. Demonstrate efficient and effective use of consultations
C. To practice cost-effective medicine
D. To know the role of guardians, adult protective services, and power of attorneys

Assessment Method (Resident Evaluation)

Assessment methods include:

1. Direct feedback from preceptors on day-to-day basis.
2. Monthly rotation evaluations from preceptor.
3. Attendance at required conferences.
4. Completion of required rotation activities.

Assessment Method (Program Evaluation)

1. Written feedback on monthly evaluation form
2. Annual 360-degree program evaluation
3. Direct Feedback during Advisor/Advisee meetings quarterly
4. Direct Feedback during Program Director/Resident meetings monthly
5. Direct Feedback to preceptor(s) at end of rotation

Level of Supervision

Direct observation by precepting physicians

Educational Resources

1. Geriatrics at Your Fingertips 2019; 21st edition
2. Hazzard's Geriatric Medicine and Gerontology, Seventh Edition
3. UpToDate articles on common geriatric syndromes and diseases
4. AAFP articles on common geriatric syndromes and diseases

Updated 7/2/2026