

EMORY UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PSYCHIATRY
AND BEHAVIORAL SCIENCES
GERIATRIC PSYCHIATRY RESIDENCY PROGRAM GOALS

Goals of Program:

The primary goal of the geriatric psychiatry program is to produce specialists in the delivery of skilled and comprehensive psychiatric medical care of older adults suffering from psychiatric and neuropsychiatric disorders. This goal is achieved by providing a strong base in psychiatric principles and fostering a program with the following objectives:

- I. To provide supervised training on the prevention, diagnosis, evaluation, and treatment of mental disorders and disturbances seen in older adult patients.
- II. To influence the trainee to emphasize scholarship, self-instruction, development of critical analysis of clinical problems, and the ability to make appropriate treatment decisions.
- III. To establish trainee's expertise in multi-dimensional biopsychosocial and functional concepts of treatment and management, with emphasis on medical and iatrogenic aspects to illness, sociocultural, ethics, economic, and legal issues that affect psychiatric management.
- IV. To promote the trainee's ability to provide a high level of quality of care.
- V. To provide training in the biological and psychosocial aspects of normal aging; the psychiatric impact of acute and chronic physical illnesses; and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances beginning in or continuing into older age.
- VI. To provide the trainee with a background in basic research methodology and opportunities for assisted research.
- VII. To provide opportunities to assess and manage elderly inpatients and ambulatory patients of both sexes with a wide variety of psychiatric problems.

VIII. To promote the ethical care of patients and the development of professional attitudes consistent with being a physician.

Specific Goals/Objectives of Rotations

A. Wesley Woods Geriatric Hospital Inpatient Service

Patient Care Goal: Provide patient care that is compassionate, appropriate, and effective for mental disorders seen in older adults in the inpatient setting.

Objectives:

- Demonstrate expertise in the initial assessment, evaluation, and diagnosis of geriatric psychiatry inpatients.
- Demonstrate expertise in the treatment and complex management of geriatric psychiatry inpatients with a wide range of psychiatric illness and medical comorbidity.
- Demonstrate expertise in discharge planning of geriatric psychiatry inpatients.

Evaluation Methods: Global Evaluations, 360 Evaluations

Medical Knowledge Goal: Demonstrate knowledge of established and evolving biomedical, epidemiological, and social-behavioral sciences, as it relates to geriatric psychiatry inpatients.

Objectives:

- Demonstrate knowledge in the epidemiology, diagnosis, and treatment of all major psychiatric disorders seen in geriatric psychiatry inpatients.
- Demonstrate knowledge of performing a multi-dimensional geriatric mental status exam.
- Demonstrate knowledge of selection and use of clinical laboratory tests, imaging procedures, and neuro-psychologic tests.
- Demonstrate knowledge of selection, use, and possible complications of all medications applicable to treating geriatric psychiatry inpatients.

Evaluation Methods: Global Evaluations, 360 Evaluations

Practice-Based Learning and Improvement Goal: Develop skills and habits to systematically analyze practice and implement changes to improve the inpatient geriatric psychiatry practice.

Objective:

- Locate, appraise, and assimilate evidence from studies related to geriatric psychiatry patients in an inpatient setting.

Evaluation Methods: Global Evaluations

Interpersonal Skills and Communication Goal: Demonstrate interpersonal and communication skills that result in effective exchange of information to optimize inpatient geriatric psychiatry care.

Objectives:

- Demonstrate these skills with geriatric psychiatry inpatients, including clear presentation of diagnosis, tests, treatment, and medications; and incorporating feedback into the discussion.
- Demonstrate these skills with families of these inpatients, including clear presentation of diagnosis, tests, treatment, and medications; and incorporating feedback into the discussion.
- Demonstrate these skills with other healthcare providers in the system, including legible and timely medical record keeping.

Evaluation Methods: Global Evaluations, 360 Evaluations

Professionalism Goal: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles to maximize geriatric psychiatry inpatient care.

Objective:

- Demonstrate punctuality, dependability, and cooperation with patients, families, caregivers, and healthcare providers in the geriatric psychiatry inpatient setting.
- Demonstrate skills regarding the ethical and legal issues with geriatric psychiatry inpatients, such as competence, guardianship, right to refuse treatment, wills, informed consent, elder abuse, and withholding of medical treatment.

Evaluation Methods: Global Evaluations, 360 Evaluations

Systems-Based Practice Goal: Demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to optimize geriatric psychiatry inpatient care.

Objectives:

- Demonstrate an awareness of current support services in this healthcare system and in the community.
- Demonstrate an awareness of legislative issues regarding the care of this population, such as Medicaid and Title II of the Older Americans Act.

Evaluation Methods: Global Evaluations, 360 Evaluations

1. To develop expertise in the initial assessment, evaluation, and diagnosis of geriatric psychiatry inpatients.
2. To develop expertise in the treatment and complex management of geriatric psychiatry patients with a wide range of psychiatric illness and medical co-morbidity.
3. To develop expertise and understanding of the multi-disciplinary approach to treatment and management.
4. To develop expertise in discharge planning of geriatric psychiatry patients.

B. Wesley Woods Geriatric Hospital Partial Hospital Program

1. To develop expertise in less-restrictive treatment modalities
2. To understand and develop skills in using intensive outpatient group therapies
3. To develop expertise in the management of patients that have been recently discharged from inpatient while having continued active psychiatric illness

C. Wesley Woods Outpatient Clinic

1. To develop skills and expertise in the diagnosis, assessment, treatment, and management of geriatric psychiatric outpatients
2. To develop skills in the management of long-term outpatients
3. To learn skills in addressing continued care issues of outpatients

D. Nursing Home Rotations

1. To develop expertise in diagnosis, assessment, treatment, and management of nursing home patients
2. To learn skills in working with nursing home staff to better the quality of care of nursing home residents
3. To enhance long-term skills in the use of psychopharmacology in the frail elderly
4. To provide opportunities to teach nursing home staff the psychiatric care and management of patients

E. Consultation Liaison Rotations

1. To develop expertise in the diagnosis, assessment, treatment and management of geriatric patients on rehabilitation therapy and medical units.
2. To learn skills in working with other medical doctors in the management of geriatric patients with significant psychiatric comorbidity.
3. To provide opportunities to teach other medical specialties about psychiatric evaluation and care of the patient.

F. Electroconvulsive therapy (ECT)

1. To properly diagnosis patients for indications for ECT
2. To properly evaluate patients for ECT
3. To properly obtain consent for ECT
4. To properly conduct ECT
5. To develop expertise in ECT pharmacology
6. To manage complications from ECT
7. To develop expertise in maintenance ECT

G. Rehabilitation Medicine

1. To develop skills and expertise in the diagnosis, assessment, treatment, and management of geriatric outpatients in a rehabilitation medicine setting.
2. To develop skills in the management of long-term outpatients in a rehabilitation medicine setting.
3. To learn skills in addressing continued care issues of outpatients in a rehabilitation medicine setting, with co-occurring psychiatric concerns

H. Community

1. To develop expertise in diagnosis, assessment, treatment, and management of residents in independent living facilities, assisted living facilities, and nursing homes
2. To learn skills in working with healthcare providers in independent living facilities assisted living facilities, and nursing homes to better the quality of care of residents
3. To enhance long-term skills in the use of psychopharmacology in the frail elderly
4. To provide opportunities to teach healthcare providers in independent living facilities assisted living facilities and nursing homes the psychiatric care and management of patients

I. Internal Medicine

1. To develop skills and expertise in the diagnosis, assessment, and treatment of medical problems in the outpatient setting of geriatric patients.
2. To develop skills in the management of long-term outpatients in a medicine setting.
3. To learn skills in addressing continued care issues of outpatients in a medicine setting, with co-occurring psychiatric concerns

J. Neurology

1. To develop skills and expertise in the diagnosis, assessment, treatment, and management of common neurological comorbidities in geriatric outpatients.
2. To develop skills in the management of long-term outpatients in a neurology setting.
3. To learn skills in addressing continued care issues of outpatients in a neurology setting, with co-occurring psychiatric concerns.

The goals and objectives of the program meet the six ACGME competency requirements:

1. *Patient care:* The inpatient and outpatient settings of care in the residency program provides an environment in which the residents learn to provide medical care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in the geriatric psychiatry population;
2. *Medical Knowledge:* The learning environment in the Geriatric Residency promotes an understanding of the patient from the pharmacological and pharmacokinetic changes with aging to the clinical care of elderly patients that is specific to the challenges of managing patients with multiple medical, rehabilitative and psychiatric needs;
3. *Practice-based learning and improvement:* Dr. Brown is a leader in quality initiatives both nationally and at Emory and is one of the primary members of the geriatric residency faculty. Dr. Tune is recognized as an expert in the management of dementia and delirium. Dr. McDonald, Dr. Hermida and Dr. Goueli have expertise in the area of geriatric mood disorders and ECT. Dr. Young has expertise in the treatment of psychiatric conditions in medically ill patients. The faculty provides a basis for the development of evidence based treatment strategies both clinically and in the didactic sessions. Residents receive state of the art training in developing treatment plans with the research from current evidenced based literature. Wesley Woods has an electronic medical records system and is now using computerized physician order entry based on research in geriatric psychiatry. The residents are repeatedly challenged on the wards and in didactic sessions to defend their treatment strategies based on their diagnosis and review of the scientific evidence and develop plans that improve patient care;

4. *Interpersonal and communication skills:* The residents are given training and directed feedback on their interpersonal skills with faculty, staff, patients and families. This is considered an important competency of the geriatric psychiatry residency and residents who have difficulty in this area are noted early in the year and counseled by the faculty;

5. *Professionalism:* The residents are given the responsibility of being the primary caregiver for both their inpatients and outpatients. They are expected to demonstrate a professional attitude toward the faculty, staff, patients and families.

6. *Systems-based practice:* The residents are provided with instruction on managed care and Medicare and the faculty work with the residents to provide an understanding of an increasingly complex system of healthcare. The residents are given specific guidance in providing healthcare to frail older adults in both inpatient and outpatient settings.

Reviewed:

Signature: _____ Date: _____