

**CARE OF ELDERLY
PROGRAM DESCRIPTION
FOR ENHANCED SKILLS RESIDENTS**

INTRODUCTION

As outlined in the 2013 College of Family Physicians of Canada (CFPC) Red Book describing the specific standards for Family Medicine Residency Programs accredited by the CFPC:

“The number of people and the proportion of the population older than age 65 are increasing. Elderly people, particularly those older than age 75 and who are frail or at risk for becoming frail will require increased medical care by physicians with specific training. Family physicians play an increasingly important role in the primary care of the frail elderly in the office, home, hospital, and nursing home. Others have developed their practice principally in home care or nursing home programs. Partly because of the small number of geriatricians, family physicians have also become resource persons in acute care hospitals, nursing homes, and the community, where they often act as consultants. In academic centres, family physicians are involved in teaching care of the elderly in family medicine units or are an integral part of geriatric divisions in clinical care, teaching, and research.

The target populations for this program are those certified in family medicine who are in practice or coming out of residency training and who want to refine and extend their skills and increase their involvement in the care of the elderly in their practice.

Their future professional activities should include the following:

1. Primary care geriatric practice
2. Being a community resource person in a rural or urban setting
3. Program development
4. An academic career in family practice health care of the elderly

The training is directed toward care of the frail elderly in the context of care of seniors generally, and toward preventing frailty.

The following are four broad goals:

1. Defining the discipline in terms of knowledge and attitudes
2. Refining and extending clinical skills appropriate to the discipline
3. Creating an awareness of the services available in the community with utilization of a team approach
4. Creating the skills for community leadership in the development of geriatric services and health promotion”

LEARNING ENVIRONMENT

Rotations will take place in hospital, clinic, long-term care, and home-based settings. Except for home-based experiences, all sites will be affiliated with Western University, St. Joseph’s Health Care London, and/or London Health Sciences Centre.

KEY CONTACTS

- 1) Program Coordinator – Dr. Corinne Coulter (ccoulte2@uwo.ca)
- 2) Enhanced Skills Program Director – Dr. Kyle Carter (kcarte@uwo.ca)
- 3) Postgraduate Coordinator – Dennis Sue (Dennis.Sue@schulich.uwo.ca)

DUTIES/REQUIREMENTS FOR CARE OF THE ELDERLY RESIDENTS

- 1) Direct patient care on medical services/rotations they are assigned. These duties will include but are not limited to admissions, discharges, and daily rounds. To be supervised by the attending physician.
- 2) On-Call duties will be expected on some rotations according to PAIRO guidelines.
- 3) Participation in teaching sessions and educational rounds relevant to the current clinical rotation. This could involve attending and/or presenting as required. Teaching of clinical clerks and junior residents will also be expected.
- 4) Participation in a formal academic half-day curriculum, in conjunction with the Division of Geriatric Medicine fellowship residents. The academic half-day teaching will be protected time from clinical duties.
- 5) Completion of a scholarly/research project. Please refer to the Enhanced Skills Orientation Manual for more direction regarding project requirements and available departmental assistance with projecting funding, ethics approval, literature reviews, etc. (as required by project type). A formal presentation at the Department of Family Medicine Resident Project Day in June is required. Topics should be discussed, developed, and approved by Dr. Coulter.
- 6) Care of the Elderly residents are encouraged to develop and deliver a lecture for the Department of Family Medicine PGY-1/PGY-2 Care of the Elderly Academic half-day. Potential topics and the timing of the lecture should be discussed with Dr. Coulter.

ORGANIZATION

The program is 12 months in length and includes 13 block rotations and an opportunity to participate in a longitudinal clinic experience. Below is a list of currently available Care of the Elderly rotations. Core/mandatory rotations are denoted by *. Other elective experiences may be considered, as long as the overall program objectives are still achieved and the rotations align with overall goals of the program.

- Acute Care of the Elderly (Internal Medicine - Victoria Hospital)*
- Clinical Pharmacology
- Community Family Medicine*
- Dearness Long Term Care Home*
- Emergency Medicine (Strathroy Hospital)
- Geriatric Consult Liaison Service
- Geriatric Outreach*
- Geriatric Psychiatry*
- Geriatric Rehab Unit (Parkwood Institute)*
- Hospitalist (St. Thomas Elgin General Hospital)

- Hospitalist (Sub-Acute Medicine Unit - Victoria Hospital)
- Longitudinal Geriatric Clinic(s)*
- Palliative Care (Home Based)
- Palliative Care (Hospital Based)
- Research Elective
- Transitional Care Unit/Complex Continuing Care (Parkwood Institute)

EVALUATION & MENTORING

- 1) The resident will be supervised on a daily basis and will obtain 1 evaluation per block from a Care of the Elderly preceptor on the computerized one45 system.
- 2) Three formal Faculty Advisor Meetings will be held throughout the year with Dr. Coulter to monitor program progress, discuss career planning, and address and questions or concerns that a resident may have related to the Care of the Elderly program.
- 3) The resident will have the opportunity to meet/communicate informally with the program coordinator and/or program director to discuss and review any questions, concerns, or ideas regarding the Care of the Elderly program at any time.

Developed by: Dr. Daniel Grushka & Dr. Scott McKay and the COE subcommittee
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