Residents completing the internal medicine residency should have knowledge of the presentation, diagnosis, and management of illnesses commonly encountered in geriatric patients, and recognize how these conditions may present differently in elderly patients. The resident should know how to adjust diagnostics and management strategies to account for patient's age and comorbid conditions.

I. Conditions and issues commonly encountered when caring for a geriatric patient
   If a resident does not encounter these conditions in a clinical setting he or she should actively seek additional experience through supplemental reading and through additional rotations in the remainder of postgraduate training.

Ethics Issues
Advance directives and end-of-life care
   Principles of advance directives
   Counseling patients regarding advance directives
   Discussing death and dying with patients and families
   Discussing the extent of medical interventions at the end of life
   Assessing decision-making capacity
   Employing surrogate decision makers
   Withholding/withdrawing life-sustaining treatment
   Communicating "bad news"
   Writing "do not resuscitate" orders
   Requests for physician-assisted suicide or euthanasia
Balancing obligations to patients with one's self-interest
Balancing obligations to patients with societal interests (for example, medical care rationing and case management)
Confidentiality
   Disclosing medical errors
   Ethical issues that arise in clinical research
   Gratuities offered by manufacturers
   Induced demand (physicians' ability to create a demand for their service)
   Informed consent—principles, counseling
   Refusal of care by patient in emergency and non-emergency situations
   Requests by patient for ineffective or harmful treatment

Clinical conditions commonly encountered in geriatric patients:
The resident should understand that common internal medicine diseases may present differently in the elderly. Resident should understand how the management of these diseases may require modification when approaching the elderly:

Accident risk assessment—including falls, gait disorders, poor safety awareness
Cardiovascular—abdominal aneurysm angina/myocardial infarction, congestive heart failure, hypertension, lower-extremity edema, orthostatic hypotension
Death and dying
Elder mistreatment—abuse and neglect
Endocrine/metabolic—dehydration, diabetes (type 1 and 2), hyperthyroidism, hypothyroidism, sick euthyroid
Ethical issues in geriatrics—advance directives, health care proxy, expectations of family and patient
Failure to thrive
Gastroenterologic—constipation/obstipation, fecal incontinence, ischemic bowel, peptic ulcer disease, swallowing disorders, colon cancer, diverticular disease
Hematologic—anemias, multiple myeloma, leukemia and lymphoproliferative disorders
Iatrogenic disease—adverse drug reactions, drug interactions, nosocomial complications, polypharmacy, procedure complications
Infectious: Altered presentation and natural history of common infections
Neurologic—carotid artery disease, Parkinson’s disease, stroke, transient ischemic attack, NPH,
Nutrition—aspiration, aspiration pneumonia, feeding disorders, malnutrition, oral health problems
Pain control
Pulmonary: pneumonia, COPD
Psychiatric—alcoholism, drug abuse, delirium, dementia, depression, neurobehavioral disorders, social isolation, late-onset psychotic disorders
Renal/Urologic—prostate disease, sexual dysfunction, urinary incontinence, urinary retention, urinary tract infection
Rheumatologic/Musculoskeletal—contractures, crystal diseases (gout, pseudogout), deconditioning, degenerative joint disease, fractures (hip, vertebral compression fracture, wrist), giant cell arteritis, immobility, low-back pain, osteoporosis, polymyalgia rheumatica, pressure ulcers
Sensory impairment—hearing (cerumen impaction, presbycusis, Ménière’s disease), peripheral neuropathy
Vision—cataracts, glaucoma, macular degeneration
Vestibular disorders
Skin cancer, pruritis, seborrheic keratosis, xerosis
Sleep disorders
Syncope

II. The resident should acquire the following specific skills for hospitalized elderly patients, home care, nursing home care and rehabilitation to ensure optimal care of elderly patients. Specific skills include:

Hospitalized elderly patients:
Recognize impact of hospitalization on elderly patient, including orientation, functional status.
Identify interventions that may prevent complications in elderly hospitalized patients including:
- attention to medication dosing and polypharmacy
- fall prevention and other safety issues
- prevention of decubitus ulcers
- prevention, recognition and management of common complications in hospitalized elderly patients including delirium, malnutrition, side effects of medication, decline in functional status
Recognize importance of consideration of the wishes and preferences of the patient and family members in decisions regarding the care of hospitalized elderly patients.
Know how to discuss end-of-life issues and patients wishes regarding resuscitation and DNR status.
Understand how to utilize ancillary services such as rehabilitation medicine, nutrition services, wound care, and social work in the management of elderly hospitalized patients.

Home Care:
Negotiate a plan of care that accounts for the wishes and preferences of the patient and family members
When managing a patient at home, rely on basic clinical skills and avoid, as much as possible, unnecessary testing and hospitalization
Be an effective supervisor of family caregivers and other health care providers
Assess physical, psychological, and social function in the home
Know the principles that guide successful implementation of multiple-drug regimens in the home setting, where many factors can interfere with compliance
Distinguish between and know how to use the services provided by in-home
therapies, respite services, day hospital or day care, visiting nurses, hospices, hospitals, consultant care providers, home health aides, and equipment suppliers

Know the regulations and financing protocols that shape home care practice (Medicare, Medicaid, MediGap, and federal and state quality assurance and elder abuse regulations)

Know the process for certifying that services are medically necessary
Know the symptoms and signs that indicate that the patient is near death and know about strategies to alleviate suffering
Know the administrative and legal arrangements when a patient dies outside of the hospital (pronouncing and certifying, communicating with the medical examiner and funeral director, and managing the dead body)

Nursing Home Care
Know the special characteristics of history taking and physical examination in frail, disabled, elderly people
Know the standardized instruments for assessing physical function, cognition, affect, and gait
Be able to manage clinical conditions that are prevalent in nursing home patients, including infections, dementia, depression, urinary incontinence, falls, immobility, movement disorders, pressure sores, and polypharmacy
Know regulations that apply to nursing home care (for example, use of physical restraints and psychotropic medications)
Know the principles of rehabilitation in the nursing home and the concept of excess disability
Know the levels of care that are considered appropriate for various types of facilities
Know the role of the nursing home director
Be able to describe the financing of long-term care
Know how to function as part of an interdisciplinary nursing home team
Be practiced in the telephone management of patient-care problems in the nursing home
Be able to coordinate care between settings (acute care hospital, nursing home, home)

Rehabilitation Medicine:
Know how to diagnose and manage the common musculoskeletal disorders, including fibromyalgia, myofascial pain, repetitive motion disorders, sports injuries, and overuse syndromes
Know how to recognize the complications of prolonged bed rest (contractures, pressure sores, deep venous thrombosis, osteoporosis, muscular deconditioning, and others)
Be able to describe various physical medicine treatment modalities, including electrical stimulation, ultrasound and others
Know the physiologic effects of aerobic exercise
Know the various types of therapeutic exercises
Be able to describe the health care team for rehabilitative medicine and the roles of allied health professionals (for example, physical therapist, occupational therapist, psychologist, speech and language pathologist, prosthetist, orthotist, and others)
Know when to use the various assistive devices that may reduce disability, including wheelchairs, prosthetics, orthotics, and others
Know the principles of evaluation and management of chronic pain
Know the methods for minimizing long-term disability from acute illnesses (for example, prophylaxis against venous thrombosis, bed sores, contractures)
Be able to assess the effects of impairment on a patient’s daily function