Eisenberg Service Learning Objectives

By the end of the rotation, learners will be able to …

Complex or Chronic Illness(es) in Older Adults

- Prioritize and manage the care of acutely ill older adults by integrating the patient's goals and values, co-morbidities and prognosis.
- Demonstrate communication skills commonly needed when caring for acutely ill older adults (obtaining history from multiple sources, establishing goals and expectations, breaking bad news, discussing end-of-life issues, etc).
- List the roles and responsibilities of each member of an inter-professional geriatric medicine team and operate effectively within such a team.
- Apply the principles of evidence-based medicine (EBM) to patient care while recognizing the limitations of existing evidence when treating frail multimorbid adults.

Hospital Patient Safety

- Define hospitalization-associated disability (HAD), recognize how the hospital is often an "unsafe" place for frail older adults, and describe ways to prevent common negative outcomes related to hospitalization (delirium, falls, catheter-related complications, medication errors, pressure ulcers, deconditioning, disability, etc).

Cognitive, Affective, and Behavioral Health

- Define delirium, describe risk factors for delirium, and describe the evidence for prevention and management of delirium.
- Use the Cognitive Assessment Method (CAM) to identify delirium in acutely ill older adults.
- Distinguish delirium from dementia with behavioral problems.

Medication Management

- Demonstrate knowledge about the physiologic changes of aging that affect issues related to medication safety and appropriate prescribing practices for older adults.
- List tools that help guide appropriate prescribing practices for older adults.

Palliative and End of Life Care

- Demonstrate effective pain assessment and pain management skills in older adults, including management of common side effects associated with pain medications.

Transitions of Care

- Recognize Transitions of Care as a core responsibility of an inter-professional team and demonstrate appropriate patient handoffs across health care settings (identify and communicate with the PCP at admission and discharge, prepare patients for transition, reconcile meds, make appropriate f/u, etc).
- Describe the Medicare system and the impact it has on functionally-impaired older adults with respect to acute care, transitions of care, and long-term disability.
- Identify appropriate post-acute care services; describe the similarities and differences between the following terms: long-term acute care hospital, acute rehabilitation, skilled nursing facility, nursing home, assisted living, and home health.