

# UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM GERIATRIC PSYCHIATRY

## LOCATION SITE:

### SANFORD SOUTHPOINTE

Sanford South Univeristy  
1720 S University Dr, Fargo, ND 58103  
Sanfordhealth.org

### SNF-VM

Villa Maria  
3102 University Dr, Fargo, ND 58103  
(701) 293-7750  
villamariafargo.com

### SNF-BETHANY

Bethany Retirement Living  
201 University Dr, Fargo, ND 58103  
(701) 239-3000  
bethanynd.org

## CONTACTS:

Lead Faculty Member:

Dr. Ronald Burd

[ronald.burd@sanfordhealth.org](mailto:ronald.burd@sanfordhealth.org)

Dr. Robert Olsen

[Robert.olsen@sanfordhealth.org](mailto:Robert.olsen@sanfordhealth.org)

Dr. Brad Kohoutek

[Brad.kohoutek@sanfordhealth.org](mailto:Brad.kohoutek@sanfordhealth.org)

Program Contact:

Program Coordinator- Carla Mosser

[Carla.mosser@und.edu](mailto:Carla.mosser@und.edu)

Educational Director- Gunjan D Manocha, Ph.D.

[Gunjan.dhawan@und.edu](mailto:Gunjan.dhawan@und.edu)

## INTRODUCTION

With aging, psychosocial and mental health issues may occur de novo or as an exacerbation of previous mental problems. Loss of cognitive and physical function, chronic disease progression, loss of family members and friends, changes in income, transitions in living, and reconciliation with end of life issues all contribute to various mental health problems unique to the older adult population. Additionally, cognitive impairment can increase with increasing age, lending itself to various behavioral disorders ranging from anxiety and depression to delusions and sexual disinhibition. Geriatricians need to understand the difference between grieving and depression. They also need to understand atypical manifestations of psychiatric illness, such as

# UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM

## GERIATRIC PSYCHIATRY

how suicidal ideation differs in the older adult. Additionally, geriatricians need to recognize caregiver burnout and depression, thus considering not only the patient but also family members.

### **GOALS & OBJECTIVES**

The Gero-psychiatry rotation for fellows is both a one month block rotation and a longitudinal experience. The fellows will engage older adult psychiatric care in the hospital, long term care and clinical settings. As part of the block rotation, fellows will evaluate and co – manage older adults on the Sanford Psychiatric unit and assess patients in the neuropsychology clinic. The longitudinal psychiatric experience occurs in the long term care setting where fellows will join a geropsychiatrist in the initial and follow up assessments of older adults in skill nursing and assisted living facilities.

### **GOALS:**

The majority of Americans over age 65 accept the symptoms of depression as a normal part of aging. This unidentified depression can be misdiagnosed as dementia. Accurate diagnosis and treatment of medical and behavioral health problems can greatly improve the patient's quality of life. The fellow, by the end of the rotation, should have developed skills in assessment and management of mood disorders, behavioral disorders, personality disorders and psychotic syndromes in the elderly in outpatient and long term care settings.

### **OBJECTIVES RELATED TO CORE COMPETENCIES:**

#### **1. Patient Care**

- a. Diagnose anxiety, depression, delirium, bipolar disease, suicidal ideation, PTSD, and dementia-specific psychiatric issues in older patients using various screening tools and principles of a mental health interview.
- b. Develop decision making skills when an older patient requires inpatient management of psychiatric disorders
- c. Develop skills necessary to manage older patients with psychiatric issues, especially depression, delirium, and behavioral disturbances with dementia
- d. Make appropriate referrals to psychiatry, psychology and social work
- e. Apply pharmacological and non – pharmacological to ameliorate or cure behavioral disorders.

#### **2. Medical Knowledge**

- a. Appropriately use or de-prescribe antipsychotic and antidepressant medications in elderly, and know their side – effects (e.g., extra-pyramidal symptoms, hyponatremia, and prolong QT interval).
- b. Know non – pharmacological interventions for mental health such as ECT, cognitive behavioral therapy and the role of social work with behavioral expertise.
- c. Define ageism and its sequelae.
- d. Report the epidemiology of different psychiatric diseases with aging and dementia.

## UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM GERIATRIC PSYCHIATRY

- e. Understand evidenced – based interventions for various psychiatric disorders.
- f. Report race and cultural differences in psychiatric disorders and management.
- g. Delineate various tools of assessment for mental health screening and follow – up (e.g., PHQ-2, GADD, Caregiver burnout)

### 3. Practice Based Learning and Improvement

- a. Track anti – psychotic use in the long term care setting and design an intervention to reduce dose or amount of anti-psychotics used in the SNF.
- b. Track the percent of caregivers evaluated for care giver burnout with patients who have dementia or frailty.
- c. Substitute above with a Plan → Do → Study → Act project that focuses on improving the assessment or management of older adult mental well being.

### 4. Interpersonal and communication skills

- a. Develop skills necessary to interact with patients who are acutely ill with psychiatric disorders
- b. Demonstrate compassion and empathy toward patients and families suffering with psychiatric diagnoses
- c. Develop skill interacting with multidisciplinary team.

### 5. Professionalism

- a. Maintain patient and family confidentiality
- b. Be punctual and readily available for rounds and other learning activities on the psychiatry services
- c. Follow up with medical and psychiatric care of the older adult
- d. Exhibit team – skills

### 6. Systems Based Practice

- a. Understand psychiatric services and how they are reimbursed along the continuum of health care
- b. Understand the strength and weakness of memory care units
- c. Report community health services for mental health.

## GERIATRIC MILESTONES

Complete list of UND Geriatric Medicine Fellowship Curricular Milestones can be found in the handbook/website.

## ROTATION SPECIFIC MILESTONES

### Communication

2 Work effectively as a member or leader of an interprofessional healthcare team  
Complex illness(es) and frailty in older adults

**UND GERIATRIC MEDICINE FELLOWSHIP CURRICULUM  
GERIATRIC PSYCHIATRY**

- 23 Demonstrate the ability to manage psychosocial aspects of the care of older adults including interpersonal and family relationships, living situations, adjustment disorders, bereavement, and anxiety
- 24 Assess and incorporate family/caregiver needs and limitations, including caregiver stress, into patients' management plans
- 25 Provide geriatric consultation in all settings with attention to multimorbidity, age-related changes in physiology, function, treatment efficacy and response, medication management, and psychosocial issues
- Cognitive, affective, and behavioral health**
- 56 Perform, interpret, and articulate the strengths and limitations of the commonly used cognitive and mood assessment tools
- 57 Identify clinical situations where a psychiatric referral, psychological counseling, or neuropsychological assessment is indicated and integrate the findings into the patient's plan of care
- 59 Identify and manage depression

**RESOURCES**

Text: Geriatric Medicine and Gerontology, Chapter 73: General Topics in Geriatric Psychiatry

**EVALUATIONS**

Evaluations will be based on core competencies and completed by multiple entities:

COMPETENCIES	PATIENT CARE	MEDICAL KNOWLEDGE	PRACTICE BASED LEARNING	INTERPERSONAL COMMUNICATION SKILLS	PROFESSIONALISM	SYSTEMS BASED PRACTICE
EVALUATOR						
ATTENDING	X	X	X	X	X	X
PEER	X			X	X	
PROGRAM DIRECTOR*						
SELF**						
PATIENT/FAMILY MEMBER						
ALIED HEALTH PROFESSIONAL				X	X	X
PARTICIPATION IN DIDACTICS		X				

\*Milestones based quarterly evaluations \*Evaluations performed semi-annually and annually