

Geriatric Psychiatry

Goal: To prepare the fellow to better understand the interface between Psychiatry and Medicine and to be able to apply psychiatric principles to the overall care of the geriatric patient

Location: Western Psychiatric Institute and Clinic (WPIC)

Preceptors: Robert Marin, MD, is an Associate Professor of Psychiatry, has expertise in geriatrics, neuropsychiatry, and community mental health. He serves as supervising psychiatrist at WPIC's geriatric inpatient program and is Medical Director of WPIC's Hill Satellite Center (Inpatient rotation).

Jules Rosen, MD, is a Professor of Psychiatry, and Chief, Geriatric Services at WPIC (Long-term care rounds).

Experience: The fellow will follow a group of inpatients under the supervision of Dr. Marin, who will observe patient interviews and precept on attending rounds with the interdisciplinary team. This consists of an administrative meeting, patient discussion with nursing and direct care staff, rounding on the patients, interacting with family members or outpatient care staff, and a summative session in which progress is evaluated and changes made if necessary. A formal interdisciplinary team meeting takes place once a week.

The fellow will round once or twice a week with Dr. Rosen at rotating long-term care sites.

Competency-based Objectives:

Medical Knowledge

1. To become conversant with the DSM-IV diagnostic terminology commonly used in older adults with mental illness
2. To understand the pharmacokinetics and pharmacodynamics of psychoactive medications in the elderly
3. To better understand the interface of Medicine and Psychiatry.

Patient Care (Clinical Skills)

4. To gain experience in the diagnosis and treatment of major psychiatric syndromes in older patients
5. To recognize the interaction between depression and cognitive impairment

Patient Care (Patient Management Skills)

6. To determine the interdisciplinary needs of patients and formulate a plan of care that addresses their psychiatric and medical needs
7. To know when neuropsychiatric testing is appropriate

8. To acquire familiarity with a neurobehavioral approach to clinical neuropsychiatric assessment
9. To effectively utilize counseling in combination with psychopharmacology

Communication and Interpersonal Skills

10. To learn how to interview older persons with psychiatric disorders effectively
11. To work with the geriatric psychiatry fellows to teach residents, medical students and Pharm D students

Professionalism

12. To understand the ethical and legal implications of caring for older persons with psychiatric conditions
13. To learn how to determine competence

System-based Practice

14. To learn what resources are available to support elderly persons with psychiatric issues in the community
15. To understand when involuntary commitment is appropriate and how this is achieved

Evaluations: Direct observation and feedback by faculty
Competency-based faculty evaluation form at end of rotation

Recommended reading:

Bartels SJ, Dums AR, Oxman TE, Schneider LS, Arean PA, Alexopoulos GS, Jeste DV (2003): Evidence-based practices in geriatric mental health care: an overview of systematic reviews and meta-analyses. *Psychiatric Clinics of North America*. 26:971-90, x-xi.

Jorm AF (2000): Is depression a risk factor for dementia or cognitive decline? A review. *Gerontology* 46:219-227.

Lebowitz BD, Pearson JL, Schneider LS, Reynolds CF, 3rd, Alexopoulos GS, Bruce ML, Conwell Y, Katz IR, Meyers BS, Morrison MF, Mossey J, Niederehe G, Parmelee P (1997): Diagnosis and treatment of depression in late life. Consensus statement update. *Jama* 278:1186-90.

Thal LJ (2003): Therapeutics and mild cognitive impairment: current status and future directions. *Alzheimer Disease & Associated Disorders*. 17:S69-71.

Frasure-Smith N, Lesperance F, Talajic M (1993): Depression Following Myocardial Infarction: Impact on 6-Month Survival. *JAMA* 270:1819-1825.

Preceptor

Fellow

Date: _____

Date: _____