During the Covid-19 pandemic, OHSU psychiatry residents are temporarily unable to work at clinical sites typically utilized during their PGY2 Geriatric Psychiatry clinical rotation. Furthermore, given evidence early-on during the Covid-19 pandemic that older patients were likely to be at higher risk for negative outcomes from infection, there was additional motivation to mitigate exposure risk from face to face contact with this population in a clinical setting. The curriculum below was created as an alternative educational experience that strives to 1) provide an effective combination of distance learning and tele-health clinical experience, 2) reduce risk of infection exposure to the older patient population, and 3) meet the ACGME criteria for a Geriatric Psychiatry Rotation. At OHSU, this curriculum was designed for a duration of 6 weeks so that residents could continue to participate in their adult psychiatry half-day continuity clinic and general psychiatry didactic half-day, yet still meet the 1-month FTE equivalent ACGME requirement for geriatric-focused education.

OVERVIEW

- **6-WEEK CURRICULUM (DEFAULT):**
  - **The curriculum provided below is designed to combine a tele-psychiatry geriatric psychiatry clinical experience augmented with an online/distance learning component.**
  - **If your residency program has a shorter-duration Geriatric Psychiatry rotation than 6 weeks and/or an unpredictable tele-health workload (or other clinical workload) week to week:**
    - For the most part, an individual week’s curriculum can theoretically be removed without significantly impacting the other weeks.
    - Some weeks of the curriculum have lighter or heavier study “workload” than others. Therefore, it may be possible to reallocate some of the online study materials in order to consolidate the curriculum into a shorter timeframe or adjust to accommodate the current telehealth workload.
    - Supervisors can help prioritize the online educational activities for each week so that residents can be selective, when necessary, by focusing their available time on the most high-yield activities for that week.

- **EVERY WEEK INCLUDES:**
  - **TELEPSYCHIATRY CLINIC:** mix of observation of attending and direct resident participation in provision of care via Veteran’s Administration Video Connect platform with real-time supervision by the PGY2 Geriatric Psychiatry Rotation Director or other attending supervisor (up to 4 days per week as clinic schedule and technological resources permit)
  - **PATIENT POPULATION/TYPICAL DIAGNOSES**
    - Older, U.S. Armed Forces veterans seeking mental health services for:
      - Anxiety Disorders/Panic Disorder
      - Post-Traumatic Stress Disorder
      - Major Depression
      - Bipolar Disorder
      - Schizophrenia
      - Mild Neurocognitive Disorder
      - Neurocognitive Disorder with Behavioral Disturbance
• LOGISTICS:
  - The VA Video Connect platform allows for telepsychiatry visits through home computers, tablets or smartphones.
  - The resident participates in this telepsychiatry clinic from their own home.
  - The rotation director (or other supervisor) participates in this telepsychiatry clinic from their own home or clinic setting.
  - The patient/family participate in this telepsychiatry clinic either from their own home or a remote VA CBOC clinical site.
  - Both resident and attending have access to the patient’s chart during the tele-visit using remote VA connection, either through government-furnished equipment or the VA CAG.
  - An email invitation is generated before the visit and sent to both the patient and the psychiatry resident.
  - All parties then connect to the Virtual Meeting Room at the time of the appointment from their respective locations, which is particularly important at this time to effectively limit exposure to illness.
  - Either the attending or resident conducts a clinical interview while all parties are visible on screen.
  - The attending is able to clinically observe the patient throughout the encounter and provide direct supervision and feedback to the resident following the interview.

• ONLINE CURRICULUM: 1-2 topic(s) of focus per week pertaining to issues unique or highly pertinent to the care of older patients

• WEEKLY TOPICS:
  - Fundamental Geriatric Issues
  - Neurocognitive Disorders
  - Delirium
  - Capacity/Guardianship
  - Geriatric Psychosis + Complex Medical Issues
  - Geriatric Considerations in Psychopharmacology
  - Geriatric Depression/Suicide
  - Trauma-Informed Care in Geriatric Populations
  - Psychosocial Theories of Aging

• Readings (journal articles, presentation slides, etc.)
  - Publicly or commercially available resources are cited
  - Copies of less readily-available materials are provided in appended attachments

• Written Assignment to Submit AND/OR Self-Assessment Activity

• Videos:
  - Publicly or commercially available videos are cited
  - Videos of the indicated OHSU Psychiatry Grand Rounds presentations can be found at https://www.ohsu.edu/school-of-medicine/psychiatry/psychiatry-grand-rounds. Once on the website, scroll down to the yellow button labeled “Grand Rounds Archive”

• FINAL WEEK OF ROTATION:
  - Didactic Session: “Complex Geriatric Clinical Case Presentation”
    - Due to sensitive features of the clinical case used for this activity with OHSU students, specific example case materials for this particular session are not provided here.
    - We implement this session via synchronous online format via secure Webex video platform.
    - The goal of this activity is to select a complex case that highlights multiple features of geriatric psychiatry care. Ideally, this is a live session over video to facilitate discussion. However, if live discussion is not feasible and there is low risk of disclosing potential patient identifiers in the case you are presenting, it would be reasonable to record a didactic session and post a video for asynchronous viewing by residents.
ACGME GERIATRIC PSYCHIATRY CORE REQUIREMENTS
Resident experience in geriatric psychiatry must include 1-month FTE of organized experience focused on areas unique to the care of the elderly.

IV.C.3.i),(1) EACH RESIDENT’S GERIATRIC PSYCHIATRY EXPERIENCE MUST INCLUDE:

A) Diagnosis and management of mental disorders in geriatric patients with coexistent medical disorders
B) Diagnosis and management, including management of the cognitive component, of degenerative disorders
C) Basic neuropsychological testing of cognitive functioning in the elderly
D) Management of drug interactions

WEEK 1: FUNDAMENTAL GERIATRIC ISSUES + NEUROCOGNITIVE DISORDERS (NCD)

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OHSU GRAND ROUNDS

- Update on Dementia: Understanding the Symptoms 5.7.2019
- Senescent Changes, Nothing Acute Unpacking Cerebral Atrophy in Dementia 2.16.2016
- Epigenomic Trajectories: Neuropsychiatric and Neurodegenerative Disease 9.18.2018

ASSIGNMENT: • View these presentation videos online
### Spectrum of Approaches to NCD Tx

- *Dementia Sensory Strategies Chart* (ATTACHMENT)
- UpToDate: selected articles on NCD Treatment (ATTACHMENT)

**Assignment:**
- Review these files related to NCD management

### Aquifer Case

**Geriatrics #04**

85-year-old female with dementia


**Assignment:**
- Complete this Aquifer case module online

### Self-Assessment

- Tacker K. NCD Game (ATTACHMENT)

**Assignment:**
- Conduct your own literature search on “Delirious Mania” or “Bell’s Mania”
- Then QUIZ yourself! Open this “Jeopardy” style computer game via powerpoint in “slideshow” view, click on the “Home” icon button (bottom center of screen) and work your way through the Jeopardy board. (Ignore the links in the game that assume there is more than 1 team playing)

### Weeks #1-2 Clinical Case Study + Questions (getting started...)

- *Geriatric-Neurocognitive Disorder Case with Questions* (ATTACHMENT)

**Assignment:**
- This documents the admission of a real geriatric inpatient. There are 32 geri-relevant questions in the right margin stimulated by factors in this patient’s case.
- Conduct your own literature search and use the materials above to help you answer the imbedded case questions
- [BY THE END OF WEEK #2: submit your answers to these 32 questions to the rotation director/supervisor for feedback]
## WEEK 2: DELIRIUM & CAPACITY/GUARDIANSHIP

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<tbody>
<tr>
<td>DELIRIUM</td>
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</table>
  • Delirium Pocket Card (ATTACHMENT) | ASSIGNMENT:  
  • Review these files pertaining to Delirium Dx and Tx  
  • Conduct a literature review to determine if “delirium prevention with peri-operative antipsychotics” is considered recommended practice in 2020. | A C D |
|            | AQUIFER CASE  
  Geriatrics #06: 85-year-old female with delirium  
|            | AQUIFER CASE  
  Geriatrics #05: 79-year-old female with agitation  
| CAPACITY + GUARDIANSHIP |                       |             |       |
| • Tacker K. *Capacity Basics* presentation slides (ATTACHMENT)  
  • Applebaum PS. *Assessment of Patients’ Competence to Consent to Treatment*. NEJM. 2007;357:1834-40.  
  • Yazzolino W. *Capacity and Guardianship Oregon Elderlaw* presentation slides (ATTACHMENT) | ASSIGNMENT:  
  • Review these files pertaining to Capacity and Guardianship | A B C |
|            | POGOE GeriPod: Medical Decision Making in Assessing Capacity  
  [https://pogoe.org/productid/20853](https://pogoe.org/productid/20853) |             |       |
|            | OHSU GRAND ROUNDS  
  *Speak for Yourself: The Wisdom of Preparing an Occupational Living Will*  
  11.13.2018 |             |       |
| SELF-ASSESSMENT |                       |             |       |
| • McKenna K. *Delirious Mania Game* (ATTACHMENT) | ASSIGNMENT:  
  • QUIZ yourself! (same instructions as in Week #1 Game) |       |
| WEEKS #1-2 CLINICAL CASE STUDY + QUESTIONS (continued) |                       |             |       |
| • *Geriatric-Neurocognitive Disorder Case with Questions* (ATTACHMENT) | ASSIGNMENT (continued from Week 1):  
  • Conduct your own literature search and use the materials above to help you answer the 32 imbedded case questions  
  • BY THE END OF WEEK #2 (this week):  
    Submit a written copy of your answers to these 32 questions to the rotation director/supervisor for feedback | A B C D |
# WEEK 3: GERIATRIC PSYCHOSIS & COMPLEX MEDICAL ISSUES

## Subtopics

<table>
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<tr>
<th>Subtopics</th>
<th>Educational Materials</th>
<th>Assignments</th>
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<td><strong>POGOE</strong></td>
<td><em>Evaluation and Management of Late Life Psychosis</em></td>
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<td>[<a href="https://www.gerisage.com/modules/psychosis/1_intro/1/intro1.htm">https://www.gerisage.com/modules/psychosis/1_intro/1/intro1.htm</a>]</td>
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<td><strong>Geriatric Psychosis</strong></td>
<td><strong>Tx</strong></td>
<td>• Hamer AM. <em>Pharmacologic Considerations in the Treatment of Schizophrenia and Psychosis</em></td>
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<td></td>
<td>(<a href="#">ATTACHMENT</a>)</td>
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<td>• Rado J, Janicak PG. <em>Pharmacological and Clinical Profile of Recently Approved Second Generation Antipsychotics</em>. Drugs Aging (2012) 29:783-791. SGA Tx of Geriatric Schizophrenia</td>
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<td><strong>OHSU Grand Rounds</strong></td>
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<td>• <em>Catatonia in Residential Psychiatry</em> 5.3.2016</td>
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<td>• <em>Catatonia in Medically Ill: Trends and Novel Approaches</em> 1.23.2018</td>
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<tr>
<td><strong>WEEK #3 Clinical Case Study + Questions</strong></td>
<td></td>
<td>• Complex Medical and Psychosis Case with Questions (<a href="#">ATTACHMENT</a>)</td>
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## Assignments

- Review these files related to Dx of psychosis in geriatric patients
- View this presentation video online
- Complete this POGOE module online
- Review these files related to treatment of psychosis
- Conduct your own literature search for any more current recommendations – do they differ?
- View these presentation videos online
- This Discharge Summary describes the hospitalization of a real geriatric inpatient.
- Conduct your own literature search and use the materials above to help you answer the imbedded case questions
- **By the end of Week #3:** submit a written copy of your answers to these 14 questions to your rotation director/supervisor for feedback
## WEEK 4: GERIATRIC CONSIDERATIONS in PSYCHOPHARMACOLOGY

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• Review these files related to common geriatric pharmacologic considerations | A D |
• Review these files related to geriatric psychopharm considerations | A D |
• Desai HD, Seabolt J, Jann MW. Smoking in Patients Receiving Psychotropic Medications. CNS Drugs. 2001; 15(6)464-494. | ASSIGNMENT:  
• Review these files related to drug interaction issues | A D |
| **ADVERSE EFFECTS** | • Risperidone and Hypothermia Case Report Chart ([ATTACHMENT](#))  
• (unknown author) Antipsychotics Adverse Effect Table ([ATTACHMENT](#))  
• (unknown author) Antipsychotic Cardiovascular Effects ([ATTACHMENT](#))  
• Aebi C. Adverse Drug Reactions Part I presentation slides ([ATTACHMENT](#))  
• Aebi C. Adverse Drug Reactions Part II presentation slides ([ATTACHMENT](#))  
• Burkhard PR. Acute and Subacute Drug Induced Movement Disorders. Parkinsonism and Related Disorders. 20S1 (2014) S108-S112. | ASSIGNMENT:  
• Review these files related to drug adverse effects | A D |
| **PSYCHOTROPIC DRUG INTERACTIONS + SELF-ASSESSMENT** | • Tacker K. Psychotropic Medications Drug Drug Interactions presentation slides ([ATTACHMENT](#))  
• Tacker K. Psychotropics Drug Drug Interactions Quiz ([ATTACHMENT](#)) | ASSIGNMENT:  
• Review this Powerpoint on Psychotropic Drug Drug Interactions and then use the associated Powerpoint Quiz as a self-assessment | A D |
# WEEK 5: GERIATRIC DEPRESSION / SUICIDE & TRAUMA-INFORMED CARE

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<td>• UptoDate: selected articles on Late Life Depression</td>
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<td><strong>OHSU GRAND ROUNDS</strong></td>
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<td></td>
<td>Intervenional Psychiatry: ECT, TMS, and Ketamine 12.4.2018</td>
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<td><strong>POGOE</strong></td>
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<td>GeriPod: Depression in Older Adults Part 1 (Risks and Dx)</td>
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<td><strong>POGOE</strong></td>
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<td>GeriPod: Depression in Older Adults Part 2 (Tx)</td>
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<td><strong>AQUIFER CASE</strong></td>
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<td>Geriatrics #03: 65-year-old female with insomnia</td>
<td>ASSIGNMENT: View these presentation videos online</td>
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<td><strong>AQUIFER CASE</strong></td>
<td>ASSIGNMENT: Listen to these POGOE GeriPod podcasts online.</td>
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<td>Geriatrics #07: 78-year-old male with depression</td>
<td>ASSIGNMENT: Complete these Aquifer Case Modules online</td>
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<td><strong>GERIATRIC SUICIDE</strong></td>
<td>• Promoting Emotional Health and preventing Suicide: A Toolkit for Senior Centers. HS Publication No. SMA-15-4416. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2015.</td>
<td>ASSIGNMENT: Review these files on suicidality in geriatric patients</td>
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<td><strong>OHSU GRAND ROUNDS</strong></td>
<td><strong>Trauma Informed Approach: Understanding the Impact of How We Provide Services</strong> 4.19.2016</td>
<td>ASSIGNMENT: View these presentation videos online</td>
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<td><strong>Trauma Informed for Medical Clinicians</strong> 3.21.2017</td>
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<td><strong>AQUIFER CASE</strong></td>
<td>Geriatrics Case #08: 86-year-old female and elder abuse</td>
<td>ASSIGNMENT: Complete these Aquifer Case modules online</td>
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<tr>
<td><strong>GERIATRIC TRAUMA INFORMED CARE</strong></td>
<td>• Formulation Brainstorming Tool: 4Ps BPS Chart (ATTACHMENT)</td>
<td>ASSIGNMENT: Review these files</td>
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<td>• Phillips S. Trauma Informed Care for Geriatric Patients Presentation Slides (ATTACHMENT)</td>
<td>ASSIGNMENT: Complete assignment and submit/present to rotation director/supervisor by END OF ROTATION</td>
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<tr>
<td></td>
<td>• Trauma Informed Formulation Assignment Instructions (ATTACHMENT)</td>
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### WEEK 6: PSYCHOSOCIAL THEORIES OF AGING

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• Review these files related to psychosocial theories of aging | |
| • AQUIFER CASE  
Geriatrics Case #09:  
82-year-old female and functional status and home safety  
[https://ohsu.md.medapp.com/document_sets/3182](https://ohsu.md.medapp.com/document_sets/3182) | • AQUIFER CASE  
Geriatrics Case #26:  
78-year-old male and cultural competency in geriatric care  
[https://ohsu.md.medapp.com/document_sets/3182](https://ohsu.md.medapp.com/document_sets/3182) | ASSIGNMENT:  
• Complete these Aquifer Case modules online | A B C D |
| • Psychosocial Theories of Aging Assignment Instructions (ATTACHMENT) | | ASSIGNMENT:  
• Complete assignment and submit/present to director/supervisor by END OF ROTATION | |

**ASSIGNMENT:**  
• Complete assignment and submit/present to director/supervisor by END OF ROTATION