

Chief Resident Action Plans 2008 CRIT

Department	Resident	Mentor	Project Title	Methods of Implementation
Family Medicine	Zaudke Kirby	Bhattacharya	Improving management of delirium for or night float residents.	<ol style="list-style-type: none"> 1. Intervention w/ 2nd year residents via didactics. 2. Survey after to see if practice changed. 3. Refresher in 6 mo.
Surgery/Anesthesia	Cunningham Peraud	Swagerty	Resident Education: Geriatric Surgery	<ol style="list-style-type: none"> 1. Lecture 2. South Carolina Teaching Modules (Top Blade)
Internal Medicine	Rangarasan Imber	Broxterman Rigler	Implementation of screening tools for the elderly population in a primary care clinic	<ol style="list-style-type: none"> 1. Previously validated self assessment questionnaire will be given to patients over the age of 65 on arrival to a general medicine clinic
Neurology	Abraham	Anderson McDonald	Formal teaching and evaluation of a patient's gait; it's impact on patient care and the physician/patient relationships	<ol style="list-style-type: none"> 1. Formal teaching/lecture by Dr. McDonald 2. Pre/Post test 3. 2 mo after the lecture have a PT evaluate residents doing a gait evaluation. 4. Short questionnaire for verify if the eval by the physician changes 5. 4-6 mo after lecture, 2nd eval by PT to see resident's progress in evaluating gait.
Psychiatry	Shenkman	Buenaver Swagerty	1. Anti psychotic use in the Elderly	<ol style="list-style-type: none"> 1. Conduct a literature review 2. Conduct a Journal Club and/or Grand Rounds
	Wei		2. Impact of musculoskeletal pain on the quality of life in the elderly	<ol style="list-style-type: none"> 1. Visual presentations 2. Presentation at geriatric conference or a combination of lecture and workshop/ demonstration. 3. Presentation to Family Medicine or PMR residents
	Tamano		3. Utilizing SLUMS & CAM in diagnosing dementia & delirium	<ol style="list-style-type: none"> 1. Utilize CAM to identify delirium in patients in the PLS, Inpatient Ward and Consults. 2. Will utilize the SLUMS in the assessment of dementia in the PLS, Inpatient Ward and Consults 3. To train residents, med students & nursing to implement and utilize the CAM & SLUMS
Ob-Gyn	Morrison	Birch	Post surgical care in the geriatric population	<ol style="list-style-type: none"> 1. Friday educational conferences – series of 2-3 lectures.
Ophthalmology	Stahl	Godfrey Griebing	A resident Educational lecture to address selected ophthalmology issues in the geriatric population	<ol style="list-style-type: none"> 1. Powerpoint presentation with live lecture

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Orthopedics	Nelson	Noland McDonald	Delirium in the elderly-Awareness	<ol style="list-style-type: none"> 1. Presentation of data (15 min session) 2. Pocket cards for handout 3. Follow up discussion/survey 3 months after presentation
ENT	Gochee	Griebing	Identification of post-operative delirium in elderly ENT patients and reduction in the incidence through decreased poly pharmacy	<ol style="list-style-type: none"> 1. To identify the incidence of post-operative delirium in ENT patients >70 via CAM, MMSE, SLUMS (1st 6 mo) 2. Include pharmacist in inpatient rounds to help reduce polypharmacy (2nd 6 mo) 3. Reassess post-operative delirium following intervention (# of days, date of onset, adverse event)
Rehabilitation	Santos	Griebing	Transition of care from acute service (urology to inpatient rehab	<ol style="list-style-type: none"> 1. Lecture series (care manager coordinator – urology to rehab team 2. Review charts of previous patterns with similar symptoms/conditions and review patient outcomes.
Urology	Creighton	Griebing	Education and development of transition of care for complicated post-surgical GI patient	<ol style="list-style-type: none"> 1. Lectures educating residents regarding geriatric issues (polypharm, delirium, ADLs) 2. Small group discussion regarding development of transitions of care plan w/rehab and GU Care Coordinator. 3. Web-based transitioning care protocol by discussion w/ care coordinator, residents, pharmacy and rehab w/ goal to improve overall patient care and satisfaction.