



**Division of Geriatric Medicine  
and the Regional Geriatric Program  
Resident Handbook**

**St. Michael's**

Inspired Care. Inspiring Science.

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# Introduction to Geriatric Medicine Services at St. Michael's Hospital

St. Michael's Hospital is committed to the care of the marginalized and those most in need with the provision of highly specialized services to a broader community. The specialized Geriatric Services at St. Michael's Hospital consist of a spectrum of service delivery units which focus on the care of seniors with complex health problems. These services are provided by interprofessional teams in ambulatory, rehabilitative, acute care inpatient, long-term care and community settings through a larger network called the Regional Geriatric Program of Metropolitan Toronto (RGP), <http://rgp.toronto.on.ca>.

We provide comprehensive geriatric assessment and management to optimize the health, independence and quality of life of seniors with complex health problems.

Geriatric Medicine services available at St. Michael's Hospital include:

- Acute Care of the Elderly (ACE) 6-bed inpatient ward
- Inpatient Consultation Team (ICT)
- Geriatric Trauma Consultation Service (GTCS)
- Elders' Clinics
- Telehealth Geriatric Medicine Clinic
- Geriatric Medicine Consultation Liaison to Bridgepoint Hospital
- Geriatric Medicine Consultation Liaison to St. Hilda's Retirement Home
- Shared-Care Geriatric Medicine Consultation at St. Lawrence Health Centre
- Geriatric Emergency Management (GEM)

## **Description of Geriatric Medicine Services**

### Acute Care of the Elderly (ACE) 6-bed Inpatient Ward

The Acute Care of the Elderly (ACE) inpatient ward is designed to help complex elderly patients maintain or achieve independence in basic activities of daily living through the combined effects of four key elements:

1. a specially designed environment,
2. patient-centered care,
3. early planning for discharge, and
4. daily review of medical care

In order to carry out the specific protocols and facilitate the work of a specialized interprofessional team, St. Michael's Hospital has 6 beds dedicated for this model of care. These beds are located on 14 Cardinal Carter within the General Medicine ward with a geriatrician as the most responsible physician (MRP).

### Inpatient Consultation Team (ICT)

Requests for geriatric medicine consultation are received from all inpatient hospital services. Referrals are reviewed within 24 business hours. Recommendations on medical, functional, cognitive and/or psychosocial issues are communicated in a dictated consultation note and supplemented with verbal communication. Frequency of follow-up was based on issues identified during the patient consultation.

### Geriatric Trauma Consultation Service (GTCS)

All patients 65 years or older admitted to the Trauma service are automatically referred to the GTCS for a comprehensive geriatric assessment within 24 business hours. Recommendations on medical, functional, cognitive and/or psychosocial issues are communicated in a dictated consultation note and supplemented with verbal communication. A designate of the GTCS attends weekly interprofessional Trauma rounds to discuss geriatric patient care issues. Frequency of follow-up was based on issues identified during the patient consultation.

#### Elders' Clinics

Patients are referred for outpatient geriatric medicine consultations from the community or for rapid assessment from the Emergency Department. The clinic is supplemented with a nurse and social worker. Dr. Heather Gilley and Dr. Marisa Zorzitto also supervise resident clinics for the PGY4/5s.

#### Geriatric Medicine Consultation Liaison to Bridgepoint Hospital

Elderly patients undergoing rehabilitation or awaiting long-term care in the Transitional Care Unit (TCU) may be referred for geriatric medicine consultation. Consultation liaison takes place one half day per week.

#### Geriatric Medicine Consultation Liaison to St. Hilda's Retirement Home

Elderly patients at the retirement home may be referred for geriatric medicine consultation. Consultation liaison takes place one half day per month.

#### Shared-Care Geriatric Medicine Consultation at St. Lawrence Health Centre

In this new model of care, geriatric medicine consultation is conducted in the familiarity of the patient's primary care physician's office to promote effective and efficient communication between the referring team and consultant.

#### Geriatric Emergency Management (GEM)

Frail elderly patients are identified by the Emergency Department with the validated Triage Risk Screening Tool (TRST). If the patient is screened to be at risk for acute admission or functional decline, the GEM nurse specialist will assess the patient with the following goals:

- to ensure continuity of care (involve family physician, geriatric inpatient consultation team, CCAC, other community resources, Elders' Clinic, as appropriate)
- to increase independence and quality of life for seniors and their caregivers
- to decrease Emergency Department visits

#### Telehealth Geriatric Medicine Clinic

Patients in Orillia and Beaverton may be referred for a geriatric assessment. The assessment is conducted via telehealth technology.

# Clinical Activity Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday		
8-9	ACE Ward Rounds	ACE Ward Rounds	ACE Ward Rounds	ACE Ward Rounds	ACE Ward Rounds		
9-10	Elders' Clinic (Dr. Zorzitto)	Elders' Clinic (Dr. Gilley)		Elders' / GEM Clinic (Dr. Zorzitto)	Resident Longitudinal Clinic (Dr. Gilley)	Telehealth Clinic (Dr. Zorzitto) 3/month	
10-11			ACE Team Rounds				GTCS Team Rounds
11-12							
12-1							
1-2		Bridgepoint Consultation Liaison (Dr. Zorzitto)			Resident Longitudinal Clinic (Dr. Zorzitto)		
2-3	SLHC Shared Care Clinic (Dr. Gilley) 1/month			St. Hilda's Clinic (Dr. Zorzitto) 1/month			
3-4							
4-5							

Acute Care of the Elderly (ACE) Ward Rounds: Morning “walk around” rounds with geriatrician, nurse coordinator, and +/- OT/PT. Case-based, informal bedside teaching.

Acute Care of the Elderly (ACE) Team Rounds: In-depth discussion on ACE patients with geriatrician, nurse coordinator, physiotherapist, occupational therapist, dietician, pharmacist, chaplain, and CCAC.

Bridgepoint Consultation Liaison: Geriatric medicine consultation to patients in rehabilitation on the Transitional Care Unit (TCU) at Bridgepoint Hospital.

Geriatric Trauma Consultation Service (GTCS) Rounds: Discussion with the interprofessional Trauma team to discuss geriatric issues in patients admitted  $\geq$  65 years old.

\*\* Internal Consultation Team (ICT) Rounds: Time to review new referrals are review follow-ups on the inpatient consultation service will vary day to day.

St. Hilda's Clinic: Geriatric medicine consultation to patients at St. Hilda's retirement home.

St. Lawrence Health Centre (SLHC) Shared Care Clinic: Geriatric medicine consultation provided at a primary care site.

Telehealth Clinic: Geriatric medicine consultation provided to Orillia and Beaverton using telehealth technology.

# Goals and Objectives of the Geriatric Medicine Rotation

## Goals

- To develop a knowledge of geriatrics and be capable of establishing an effective professional relationship with older patients.
- To work effectively with other members of the health care team to prevent illness, manage complexity, and optimize function in the older person within the context of the patient's psychosocial environment and patient's preference and values.

## Objectives

By the end of the rotation, each resident is expected to achieve the following CanMEDS competencies:

### **Medical Expert**

The resident will possess a defined body of knowledge and procedural skills which will be used to collect and interpret data, make appropriate clinical decisions, and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise. The resident will provide care that is characterized by up-to-date, ethical, and cost-effective clinical practice and effective communication in partnership with patients, other health care providers, and the community.

### *Specific Requirements*

The resident will be able to:

1. Understand the basic science of aging including the age-related physiologic changes and how this may impact on the medical care and rehabilitation of the elderly.
2. Differentiate age-related changes from disease.
3. Obtain an accurate and comprehensive history from an older patient and/or their caregiver which includes a thorough medication history, functional assessment (i.e. basic and instrumental activities of daily living), and detailed psychosocial history (including factors such as values, family and social interactions, financial resources, household composition, and caregiver).
4. Perform and record an accurate and comprehensive physical examination including:
  - a. mental status examination (MMSE, MoCA)
  - b. screening for depression (Geriatric Depression Scale)
  - c. assessment for delirium (CAM)
  - d. assessment of balance and gait
  - e. screening for hearing and visual impairment
  - f. nutritional assessment
5. Interpret the data obtained in a meaningful fashion so that justifiable conclusions are made.
6. Construct a differential for the presentations and generate a problem list, itemizing the more common potential etiologies for the presentation.
7. Demonstrate an evidence-based yet pragmatic approach to common geriatric medical issues. This knowledge would incorporate the ability to note currently accepted etiologies, pathophysiology,

clinical manifestations, laboratory findings, methods of prevention, methods of treatment, and prognosis.

- a. confusion (delirium, dementia)
  - b. falls, gait and balance disorders
  - c. weight loss
  - d. dizziness
  - e. incontinence
  - f. pressure ulcers
  - g. depression
  - h. frailty
  - i. “failure to cope” (functional decline)
  - j. elder abuse
8. Demonstrate medical expertise in situations other than those involving direct older patient care. This would include dealing with medico-legal issues such as the assessment of mental capacity, establishment of power of attorney, and advance planning.
  9. Demonstrate the ability to use medications judiciously taking into account polypharmacy and the changes in pharmacokinetics and pharmacodynamics that occur with aging.
  10. Assess an older patient for their need and suitability for rehabilitation.
  11. Identify the goals and suitability of various rehabilitation settings.
  12. Assess an older patient for their need for continuing care, both community-based and facility-based.

## **Communicator**

The resident will provide humane, high-quality care and establish effective relationships with patients, other physicians, and other health care professionals. Communication skills are essential for obtaining information from, and conveying information to patients, their families and other health care professionals.

### *Specific Requirements*

The resident will be able to:

1. Demonstrate effective consultation skills by presenting well-documented assessments of older patients with clearly justified recommendations in written and/or verbal form.
2. Communicate effectively with older persons with hearing impairment, visual impairment, cognitive impairment, social vulnerability, no formal education, or who do not speak English.
3. Communicate effectively for the purpose of obtaining collaborative history. This includes communication with family, interprofessional team, and community supports.
4. Establish patient-centred goals with patients and/or surrogate decision makers.
5. Discuss ‘difficult’ issues with patients and their families, including:
  - a. Counseling on dementia and delirium
  - b. Driving cessation
  - c. Advanced directives include cardiopulmonary resuscitation status
  - d. End of life care
  - e. Elder abuse
  - f. Medication/treatment error
6. Demonstrate the communication skills needed for functioning effectively in an interdisciplinary team including the ability to define teams, delineate membership, set team objectives, define roles of team members, provide leadership when appropriate, describe communication patterns, evaluate and

provide constructive feedback, manage and negotiate conflict, and resolve barriers to effective and efficient team care.

7. Appropriately document in charts.
8. Demonstrate skills needed to resolve conflict with referring services, team members or families.

### **Collaborator**

The resident will be able to work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. The resident will be able to collaborate effectively with patients and an interprofessional team for provision of optimal patient care and education.

#### *Specific Requirements*

The resident will be able to:

1. Work with the patient and family in the planning of care and the setting of treatment goals.
2. Work cooperatively in a team environment that respects and appreciates the skills of the interprofessional team.
3. Appropriately utilize consultants and other health care providers as needed in order to provide better care to the older patient.
4. Understand the role of health care services for the older person including:
  - a. CCAC and other community service providers
  - b. Rehabilitation facilities
  - c. Long term care facilities
5. Value and respect the role of the patient's family physician and actively soliciting his/her input.

### **Manager**

The resident will be able to prioritize and effectively execute tasks through teamwork with colleagues and make systematic decisions when allocating finite health care resources. The resident will also utilize information technology to optimize patient care, life-long learning and other activities.

#### *Specific Requirements*

The resident will be able to:

1. Manage their time to effectively such that clinical, academic and personal needs are met.
2. Prioritize problems in consultation with the patient.
3. Properly use investigations and treatments for patients in balance with cost-effectiveness, clinical effectiveness, and personal values or the patient.

### **Health Advocate**

The resident will be able to recognize the importance of advocacy activities in responding to the challenges represented by those social, environmental, and biological factors that determine the health of older patients. As a result, the resident will be able to respond to those issues where advocacy is appropriate.

#### *Specific Requirements*

The resident will be able to:

1. Identify the determinants of health, particularly those more common among an inner city population, and the implication on the provision of geriatric care.
2. Identify available health care resources which can be utilized in planning the care of an older patient.

3. Recognize challenges older persons face in hospital and outline strategies to reduce iatrogenic illness.
4. Identify and understand the implications of public and hospital policies that effect outcomes in older patients (e.g., use of physical restraints, publically funded drug benefit programs, Canadian Pension Plan, Old Age Security, etc).

## **Scholar**

Specialists engage in a lifelong pursuit of mastery of their domain of professional expertise. The resident will recognize the need to be continually learning and model this for others. Through their scholarly activities, the resident will contribute to the appraisal, collection, and understanding of health care knowledge, and facilitate the education of patients, families and the interprofessional team.

### *Specific Requirements*

The resident will be able to:

1. Search for evidence-based answers to clinical questions that arise in the assessment and management of patients.
2. Incorporate critically-appraised research findings into clinical practice.
3. Effectively share knowledge other trainees and the interprofessional team.

## **Professional**

The resident will be committed to the highest standards of excellence in clinical care and ethical conduct. The resident will exhibit appropriate personal and interpersonal professional behaviours.

### *Specific Requirements*

The resident will be able to:

1. Demonstrate an awareness of his/her own attitudes and limitations in dealing with aging, disability and death and how this may affect his/her treatment of patients.
2. Seek assistance when required.
3. Demonstrate a recognition of the ethical and legal issues pertaining to the care of an older patient in areas such as:
  - a. confidentiality
  - b. driving assessment
  - c. advanced directives include cardiopulmonary resuscitation status
  - d. medication/treatment error
  - e. capacity and substitute decision making
  - f. resource allocation
  - g. research ethics
4. Engage in appropriate relationships with patients, families, peers and the health care team.
5. Be honest and compassionate.
6. Demonstrate self-directed learning.
7. Follow-up on appropriate tasks in a timely manner.

# General Approach to the Geriatric Medicine Consultation

1. Identification: age, gender, handedness, Clinical Frailty Score
2. Reason for Referral
3. Past Medical/Surgical History
4. Medications (\*contact the outpatient pharmacy)
  - a. highlight any recent changes
  - b. dosette, blister-pack, assistance
  - c. adherence concerns
5. Smoking, Alcohol, Illicit and Over-the Counter Drugs, Allergies
6. HPI (\*contact the family/friends, community supports, family doctor for collateral)
7. Social History: power of attorney, family supports, caregivers, housing, education level, immigration
8. Functional History
  - a. ADLs: feeding, bathing, dressing, toileting, ambulation
  - b. IADLs: meal preparation, shopping, transportation, finances, medications
9. Family History
10. Review of Systems
  - a. cognitive impairment
  - b. mood
  - c. falls and injuries
  - d. incontinence (bowel and bladder)
  - e. vision
  - f. hearing
  - g. nutrition and weight loss
  - h. skin integrity
  - i. sleep
  - j. safety
11. Mental Status Exam (choose tool as indicated)
  - a. Folstein Mini-Mental Exam (orientation, attention, visuospatial, language, memory)
  - b. Clock drawing (visuospatial, executive function, abstraction)
  - c. Geriatric Depression Scale (15-item short form) or Cornell Depression Scale in Dementia
  - d. MOCA for mild cognitive impairment
  - e. Trails B, Luria sequence for executive function
  - f. FAS (F words, animals, similarities) for lexical fluency, categorical fluency and abstraction

12. Physical Examination
13. Mobility Assessment
  - a. Timed-Up-And-Go
14. Investigations
15. Issues and Recommendations List

# Acute Care of the Elderly (ACE)

The Acute Care of the Elderly (ACE) inpatient ward is designed to help complex elderly patients maintain or achieve independence in basic activities of daily living through the combined effects of four key elements:

1. a specially designed environment,
2. patient-centered care,
3. early planning for discharge, and
4. daily review of medical care

In order to carry out the specific protocols and facilitate the work of a specialized interprofessional team, St. Michaels' Hospital has 6 beds dedicated for this model of care. These beds are located on 14 Cardinal Carter within the General Medicine ward.

The goals for an ACE admission include:

- Assessment and enhancement of physical, cognitive and psychological functioning
- Provide evidence-based management of acute/chronic geriatric syndromes
- Facilitate the transition from hospital to community
- Prevent premature institutionalization

## Admission Criteria

Person aged 70 year or older who:

1. Presents with acute, complex medical illness and the presence of one or more geriatric syndromes:
  - recurrent falls, poor mobility and balance
  - unexplained or acute functional decline, or potential for functional decline
  - cognitive impairment, dementia, and/or delirium
  - polypharmacy
  - malnutrition and/or unintentional weight loss
  - elder abuse
  - incontinence
2. Has the potential to return to or close to pre-illness level of functioning

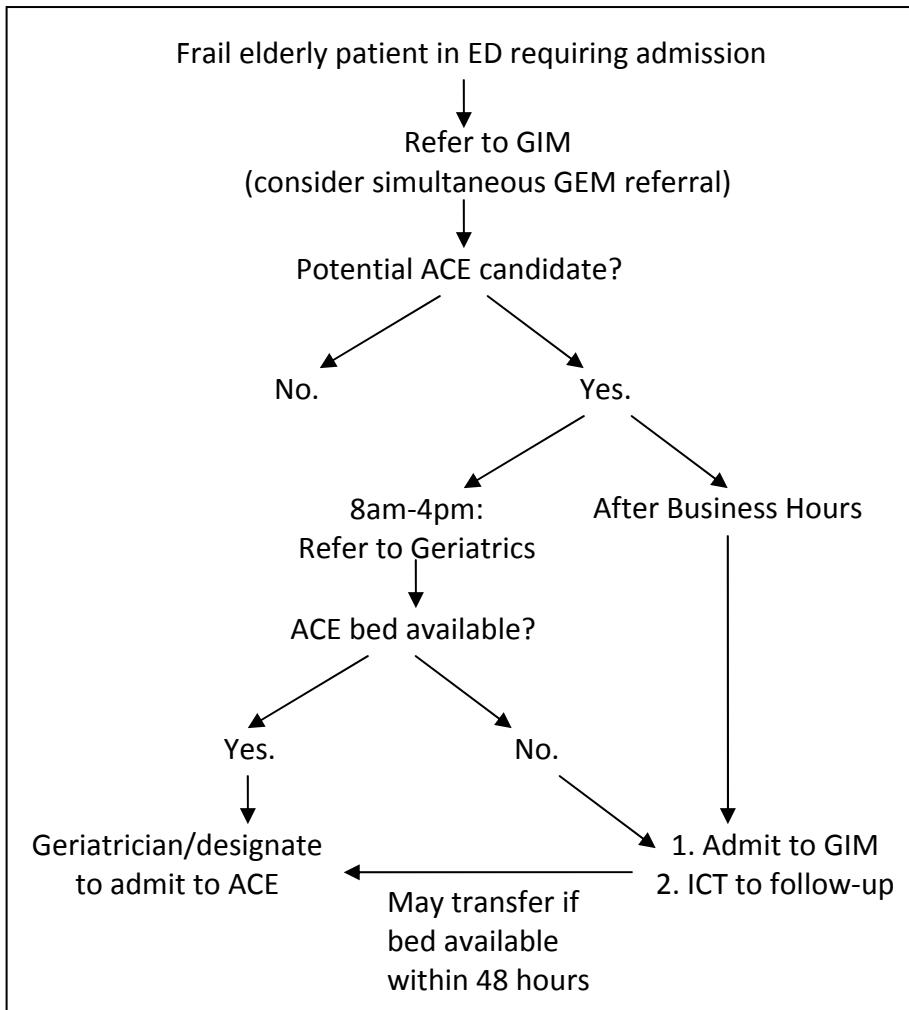
## Exclusion Criteria

- Requires intensive medical monitoring (e.g. telemetry, step-up unit) or surgery
- Resides in Long Term Care or requires Long Term Care as support system is exhausted
- Presents with severe/end-stage dementia or terminal disease
- Presents with primarily an active psychiatric diagnosis and/or behavioral issues not related to delirium
- Designated ALC status

## ACE Admitting Process

1. Patient in the Emergency Department (ED) requires admission and meets the ACE eligibility criteria outlined above.

2. The ED physician requests a General Internal Medicine (GIM) consultation.
3. The GIM physician refers potential ACE patients via the Geriatric Emergency Management (GEM) pager 416-685-9109 (8am-4pm).
4. If an ACE bed is available, the patient is admitted directly from the ED after being assessed by the Geriatrician or designate.
5. If no ACE bed is available, the patient is admitted to GIM and followed by RGP Internal Consultation Team (ICT). If an ACE bed becomes available in 24 to 48 hours of admission to GIM the patient *may* be transferred to the ACE bed.
6. For after hours and on weekends, the patient is admitted to GIM and referred to ICT (page staff via Locating).



### Morning Rounds

“Walk around” rounds take place every weekday morning at 8:00 am. Informal teaching also occurs at this time.

### In-depth Interprofessional Rounds

In-depth interprofessional rounds to review medical, functional, cognitive and/or psychosocial issues take place every Tuesday from 10:00-11:00. The rounds are attended by the geriatrician, trainees, physiotherapist, occupational therapist, dietician, nurse coordinator, chaplain, pharmacist, CCAC and rehabilitation liaison.

### Sign-Over

A modifiable electronic patient list may be generated using eDischarge (type eDischarge into URL field from any St. Michael's Hospital computer web browser). Sign-over occurs Monday to Friday at 8:00 am and 5:00 pm.

### After Hours Coverage (weekends and 5:00 pm – 8:00 am weekdays)

A resident, as designated in the General Internal Medicine on-call schedule, will carry the pager (416.685.9266) and Team G Blackberry (416.526.0834) to cover any urgent issues.

# Educational Activities

## **Geriatric Medicine Teaching Rounds**

Formal teaching small group teaching rounds will take place 1-2 per week with the attending physician(s). Dates and times will be arranged according to resident availability. Potential topics include, but are not limited to:

1. geriatric diagnostic tools
2. age-related changes
3. cholinesterase inhibitors
4. delirium
5. dementia subtypes
6. driving assessment in the cognitively impaired patient
7. falls
8. frailty
9. gait and mobility
10. parkinsonism
11. pressure ulcers
12. sleep management in the elderly

At the request of the resident, the above topics may be discussed in “Royal College-style oral scenario” format.

## **Informal Bedside Teaching**

Informal teaching will be provided during the review of new cases and “walk around” rounds.

## **Geriatric Medicine Journal Club**

The Geriatric Medicine Journal Club takes place on the last Friday of each month from 8:00 – 9:00 am. Two papers are presented by Geriatric Medicine residents for critical appraisal. This activity is videoconferenced from rotating academic hospitals. The Geriatric Medicine Journal Club is a self-approved group learning activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada.

## **Collaborator and Communicator Competencies Formative Feedback**

Every week resident(s) on the Acute Care of the Elderly (ACE) unit will lead interprofessional rounds to review medical, functional, cognitive and/or psychosocial issues on the inpatients. Summative formative feedback will be provided to the resident on Collaborator and Communicator competencies by all the team members.

## **Experiential Interprofessional Education**

We encourage residents to spend one half day during the rotation with the following allied health staff to gain a better understanding of different health care provider roles in the care of the geriatric patient:

- occupational therapist (Lisa Vandewater)
- physiotherapist (Joanna Stanley)
- geriatric emergency management (GEM) nurse specialist (Rola Moghabghab)
- geriatric mental health outreach (to long-term care) nurse (Junyan Shi)

# Research Interests

## **Dr. Arlene Bierman**

*Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute  
Ontario Women's Health Council Chair in Women's Health*

Dr. Bierman's research focuses on improving access, quality, and outcomes of care for older adults with chronic illness, with a special focus on socioeconomically disadvantaged populations, inequities in health and health care, and the unique needs of older women. She is working on strategies to use performance measurement as a tool for knowledge translation and to drive equity in health. This work addresses the interface between health policy, access to care, clinical practice and health outcomes. A major focus of her work is the conduct of policy-relevant research with the goal of increasing the uptake of evidence by policy makers.

## **Dr. Sharon Straus**

*Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute  
Director, Knowledge Translation Program, Li Ka Shing Knowledge Institute*

Dr. Straus' research interests include knowledge translation and quality of care, precision and accuracy of diagnostic tests, health informatics, mentorship and medical education.

## **Dr. Camilla Wong**

*Associate Scientist, Keenan Research Centre of the Li Ka Shing Knowledge Institute*

Dr. Wong's research interests include the accuracy and reliability of diagnostic tests, and health services provision in seniors.

## **Dr. Marisa Zorzitto**

Dr. Zorzitto's research interests include dementia care and clinical ethics.

# Regional Geriatric Program Directory

	Telephone	Pager
<b>Division Head</b>		
Dr. Marisa Zorzitto	Ext 3132	416.329.3325
<b>Staff Geriatricians</b>		
Dr. Arlene Bierman	416 864-3041	
Dr. Heather Gilley	Ext 7153	416.564.8217
Dr. Sharon Straus	416 864-3068	416.685.5792
Dr. Camilla Wong	Ext 2012	416.685.9266
<b>Staff Geriatric Psychiatrist</b>		
Dr. Corinne Fischer	Ext 5320	416.448.9469
<b>Acute Care of the Elderly Unit</b>		
Pager		416.685.5977
Blackberry (Team G)	416.526.0834	
<b>Administrative Assistants</b>		
Bessie Audet	Ext 6984	
Joanne Kemppainen-Williams	Ext 5015	416.564.8217
<b>Interprofessional Team</b>		
Nuala Kennedy (clinic SW)	Ext 5274	416.685.9228
Dorothy Knights (RN coordinator)	Ext 4147	416.685.9497
Ashley Leone (RD)	Ext 6173	416.685.9257
Kathy Marley (pharmacist)	Ext 5757	416.685.9515
Rola Moghabghab (GEM NP)	Ext 2272	416.685.9109
Lee Ringer (consults CNS)	Ext 2315	416.685.9509
Kathy Sametz (clinic RN)	Ext 2624	
Joanna Stanley (PT)	Ext 2587	416.685.9499
Lisa Vandewater (OT)	Ext 2545	416.685.9107

# Administrative Issues

## Responsibilities Prior to the Start of the Rotation

Please email administrative assistant, Bessie Audet (AudetB@smh.ca) the following information:

- pager number
- half-days
- post-call days
- vacation days
- other approved absences

## First Day

For residents assigned to the Acute Care of the Elderly (ACE) unit, report to 14CC at 8:30 am to meet Dr. Zorzitto and Dorothy Knights, nurse coordinator. For residents assigned to the Internal Consultation Team (ICT), please report to the Elder's Clinic area (4-002, Shuter Wing) to meet the attending physician at 9:00 am.

## St. Michael's Hospital Identification Badge, Soarian Access, Transcription Number

All new residents should visit Bryan Abankwah team leader in the Student Centre, on the first day of rotation in order to register for your rotation and process ID badge, Soarian access, and transcription access.

Bryan K Abankwah  
Team Leader  
Student Centre  
Li Ka Shing International Healthcare Education Centre at St. Michael's  
209 Victoria Street, Suite 575  
Phone: 416-864-6060 ext 77514  
Fax: 416-864-5430

## Computerized Provider Order Entry (CPOE)

All residents are expected to have access to and training in CPOE. Bessie Audet will email residents with a list of training dates to be confirmed with Diane Candiottod (candiottod@smh.ca) or Kellie Silberstein (silbersteink@smh.ca).

## Elder's Clinic Area

Lockers and computer terminals are available at the back of the Elder's Clinic (4-002, Shuter Wing) area. Access is available Monday-Friday 8:00 am to 4:00 pm. For access outside of these hours, please contact Bessie Audet (AudetB@smh.ca), administrative assistant, for a form to activate security access.

## On-Call Responsibilities

Residents will be assigned on-call responsibilities through General Internal Medicine. Post-call rules are observed as outlined by the current PAIRO Agreement.

## Evaluation

Informal feedback is provided to the resident throughout the rotation. Formal evaluation is completed at the end of the rotation incorporating feedback from the interprofessional team.