

## 2025-26 INTEGRATED CARE OF THE ELDERLY

### COMPLETION REQUIREMENTS

<i>When</i>	PGY-1 and PGY-2 year.
<i>Integration Due</i>	End of Block 4 of the resident's PGY-2 year - subject to change if the resident is, or ends up off-cycle.
<i>Meets Learning Objectives Of</i>	4-week PGY-2 Geriatrics block.
<i>Successful Completion Results in Choice Of</i>	In PGY-2, residents may choose to either complete the standard Geriatrics block or receive 4 additional weeks of elective time in its place.
<i>Supplementary Information</i>	<p>Residents should have a faculty advisor or access to a physician or nurse practitioner at their home site or an affiliated satellite site who manages a geriatric panel. If no suitable preceptor is available, the resident is responsible for independently arranging one prior to starting the integration.</p> <p>Rotation requirements must always be completed before any encounters from a rotation can be counted toward your integration—this includes the two LTC half-days. If you're unsure about what qualifies, please reach out to <a href="mailto:fmic@ualberta.ca">fmic@ualberta.ca</a> for clarification.</p> <p>Patients cannot be double-counted for multiple requirements. For example, a crisis or emergency patient seen during a visit cannot also be counted as an outpatient clinic encounter.</p> <p>Residents are expected to document 12 patient interactions that meet various objectives outlined for this integration. These encounters will vary in setting, length, and complexity, and are broken down in the section below.</p> <p>Most, if not all, of your required patient encounters can likely be completed during your FM block time. We strongly recommend working closely with your site administrator and patient scheduler to help plan and coordinate these encounters effectively.</p>
<i>Longitudinal Care Home Responsibilities</i>	<p>Patients who are no longer able to live independently face unique challenges in accessing medical care within residential settings.</p> <p><b>During your PGY-1 year, your goal will be to build ongoing relationships with four resident patients,</b> supporting them in managing their medical needs and navigating life in their care environment.</p>
<i>Call Requirements</i>	There is no mandatory call requirement for this integration; however, call opportunities may be available for residents who are interested. For more information, contact <a href="mailto:fmic@ualberta.ca">fmic@ualberta.ca</a> .
<i>Outpatient Geriatric Clinic</i>	Most Family Medicine home sites care for a high number of complex geriatric patients who are unable to perform some or all of their Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).

	<p><b>Your goal during this integration is to serve as the secondary resource physician for four of these patients.</b></p> <p>Your faculty advisor or attending preceptor will remain the primary provider. Whenever possible, you should attend these patients' appointments, and efforts should be made to schedule them during your clinic time. If that's not feasible, you're expected to review their charts afterward to stay updated on any changes in their care.</p> <p>Examples of eligible patients include:</p> <ul style="list-style-type: none"> <li>● Individuals with mild to moderate cognitive impairment who are cared for by a family member at home.</li> <li>● Patients who are no longer managing their own finances or shopping.</li> <li>● Patients with advanced chronic conditions (e.g., heart failure, chronic kidney disease) receiving maximum home care support to remain in the community.</li> </ul>
<p><i>Geriatric Crisis Encounters</i></p>	<p>Our geriatric population is especially vulnerable during times of acute illness. Due to their medical complexity and physical frailty, these patients often experience significantly worse outcomes.</p> <p><b>As part of this integration, your goal is to document your interactions with four geriatric patients as they navigate a period of acute illness.</b></p> <p>Focus on understanding how the crisis affected each patient compared to their baseline prior to presentation, and how much recovery occurred by the time your involvement ended. Reflection prompts to guide your documentation:</p> <ul style="list-style-type: none"> <li>● What additional resources or team members were involved in their care (e.g., Social Work, Physiotherapy, Occupational Therapy, Geriatric Psychiatry)?</li> <li>● Was their cognition impacted, and if so, how?</li> <li>● How did their rehabilitation needs compare to those of a non-geriatric patient with a similar condition?</li> <li>● What challenges did you and your team face in developing a safe and appropriate disposition plan?</li> </ul> <p>This requirement can be fulfilled across a range of rotations, including Emergency Medicine, FM blocktime, PCHT, Rural FM, and Urban FM.</p>
<p><i>Collaborative Care</i></p>	<p><b>Residents must complete 30 hours of collaborative care activities</b> such as Geriatric Assessment Clinic, Home Care, the CHOICE Program, or similar experiences. A diverse range of activities is encouraged to help broaden your exposure to the competencies of geriatric care.</p> <p>Resources and guidance will be provided to support you in meeting this requirement.</p>
<p><i>Educational Activity Requirement</i></p>	<p><b>Residents must complete 12 hours of educational activities</b> covering all of the following topics, and provide proof of completion:</p> <ul style="list-style-type: none"> <li>● Dementia</li> <li>● Delirium</li> <li>● Failure to thrive</li> <li>● Falls</li> <li>● Polypharmacy in elderly care</li> <li>● Navigating Goals of Care (GOC) and Medical Assistance in Dying (MAID) with elderly patients</li> </ul>

	Resources will be provided to support you in fulfilling this requirement.
<i>Final Reflection Requirement</i>	<p><b>Write a one-page, single-spaced, typed reflection</b> responding to the question: “What did this Care of the Elderly Integration mean to you and your future career as a Family Physician?”</p> <p>This reflection is the final step before submitting your integration and must be emailed to fmic@ualberta.ca.</p>
<i>Integration Communication and Progress Deadlines</i>	<p>Respond to all integration-related emails within 72 hours, unless you are on leave. You will receive a progress check-in email every 6 weeks.</p> <p>Keep your tracker updated regularly, honestly, and with detailed information. Your tracker must be at least 40% complete by the end of Block 10 of PGY-1.</p> <p>Maintain punctuality, professionalism, respect, preparedness, and strong communication throughout all integration activities and interactions.</p>
<i>Integration Completion Checklist</i>	<p>You have filled out the Google tracker to the best of your ability.</p> <p>Proof of completion for all academic requirements has been uploaded to your integration folder.</p> <p>You have Emailed your reflection to fmic@ualberta.ca.</p> <p>You have Emailed the name(s) of the preceptor(s) you wish to complete your final ITER (evaluation) to fmic@ualberta.ca.</p> <p>Once the ITERs are completed, the Integrated Curriculum Coordinator will review your integration as a whole and recommend a Pass or Fail.</p>