

Geriatric Rotation Clerkship Objectives

1) Frailty

Given a frail elderly patient, the student will:

1. obtain and interpret critical clinical findings, including
 - a. complete psychosocial history (e.g., social supports, financial status);
 - b. symptoms of medical disease, weight loss, and malnutrition;
 - c. comprehensive medication history;
 - d. screen for elder abuse and neglect;
 - e. assessment of the impact of symptoms on activities of daily living;
 - f. physical examination findings of malnutrition;
 - g. mental status examination and cognitive function using a validated scale;
2. construct an appropriate plan for further investigation that is supported by the history and physical examination findings
3. construct an effective initial multifactorial management plan, including but not limited to
 - a. consultations (with medical specialists and other health professionals);
 - b. non-pharmacological approaches to nutrition;
 - c. pharmacological/medical;
 - i. recommend interventions to target causes of morbidity;
 - ii. outline changes to medications to improve symptoms and minimize adverse effects;
 - d. community support services;
 - i. list services available to support elders in the community (e.g., home care services);
 - ii. determine if the patient needs to be referred for counseling about financial concerns or abuse.

2) Falls

Given a patient at risk of falling, the student will:

1. list and interpret critical clinical findings, including
 - a. a description of current and previous falls;
 - b. a medical history for risk factors (e.g., medical conditions, medication history, substance abuse);
 - c. environmental hazards;
 - d. a complete physical and functional evaluation;
2. list and interpret relevant investigations
3. construct an effective initial management plan, including
 - a. managing acute and chronic illness with particular attention to a review of medications;
 - b. suggesting specific interventions for preventing further falls (e.g., balance/gait training, muscle strengthening exercises);
 - c. suggesting appropriate home safety interventions (e.g., removing environmental hazards, grab bars, emergency response systems);
 - d. appropriate consultation, including with medical specialists and other health professionals (e.g., physiotherapist and occupational therapist, social worker, pharmacist).

3) Delirium

Given a patient with delirium, a student will:

1. list and interpret critical clinical findings, including those derived from

- a. the identification of susceptibility factors for delirium (e.g., age, alcohol dependence, neurocognitive disorder [dementia]);
 - b. the use of appropriate diagnostic clinical tools (e.g., confusion assessment method)
 - c. an appropriate history and physical examination, including collateral history from family and caregivers, aimed at eliciting the cause of delirium;
2. list and interpret critical investigations, including
 - a. appropriate laboratory investigations and diagnostic imaging (e.g., blood gases, blood culture, computerized tomography scan);
3. construct an effective initial management plan, including
 - a. instituting acute management of underlying conditions, as appropriate;
 - b. ensuring appropriate treatment of agitation and sleep disturbance;
 - c. managing the environment of the patient to assist in re-orientation and settling;
 - d. seeking clarification of proxy decision making while the patient is incapacitated.

4) Major/Mild Neurocognitive Disorders (Dementia)

Given a patient with neurocognitive disorder (dementia), the student will:

1. list and interpret critical clinical findings, including those based on
 - a. a history from the patient and on other collateral information to determine whether cognitive decline has occurred, the time course, and possible risk factors (e.g., drugs, toxins);
 - b. a differentiation of true neurocognitive disorder (dementia) from psychiatric disorders (e.g., depression);
 - c. the determination of the patient's mental status as well as use and interpret the results of instruments such as the MMSE, MOCA and Mini-Cog.
2. list and interpret critical investigations (e.g., thyroid-stimulating hormone, vitamin B12, venereal disease research laboratory);
3. Diagnose common types of dementia: Alzheimer's disease, vascular, Lewy body, Parkinson disease dementia and Frontotemporal.
4. construct an effective initial management plan, including
 - a. treatment of reversible underlying conditions, such as normal pressure hydrocephalus, drugs, metabolic disorders and organ failure.
 - b. initiation of appropriate pharmacotherapy (e.g., cholinesterase inhibitors);
 - c. patient and family counseling (e.g., prognosis, alternate decision-making and support services);
 - d. determination as to whether a referral to specialized services (e.g., occupational therapy, addictions treatment) is required.

5) Medications

Given a patient on multiple medications, the student will:

1. Demonstrates the ability to use medications judiciously taking into account polypharmacy and the changes in pharmacokinetics and pharmacodynamics that occur with aging.
2. Define and identify iatrogenic illness, in particular adverse drug reactions.

6) Rehabilitation

Given a patient with mobility issues and/or new dependence for basic activities of daily living during their hospitalization, the student will:

1. Assess an older patient for their need and potential for rehabilitation.
2. Assess an older patient for their need for continuing care, both community-based and facility-based.