**APPENDIX 1  Table 2**

**MEMORY DISABILITY CLINIC CHECKLIST**  
Division of Geriatric Medicine, Dalhousie University

<table>
<thead>
<tr>
<th>Date:</th>
<th>Education:</th>
<th>Occupation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Carer:</th>
<th>Description of Problem:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sudden onset
- ______________

### Rapid progression
- ______________

### Hallucinations/Delusions
- ______________

### Anxiety
- ______________

### Depression
- ______________

### Gait Impairment
- ______________

### Incontinence
- ______________

### ETOH
- ______________

### Recent head injury
- ______________

### Pronounced personality change
- ______________

### Focal neurological symptoms
- ______________

### Previous stroke
- ______________

### Hearing/vision/speech
- ______________

### Family Hx
- ______________

### Vascular RFs:
- **HTN** __________  
- **DM** __________  
- **IHD** __________  
- **Smoking** __________  
- **Other** __________

### PMHx:
- ______________
- ______________
- ______________
- ______________
- ______________
- ______________
- ______________

### Medications:
- ______________
- ______________
- ______________
- ______________
- ______________
- ______________
- ______________

---

**MMSE**  
**SCORE**

<table>
<thead>
<tr>
<th>1. year</th>
<th>11. ball</th>
<th>21. tree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. season</td>
<td>12. flag</td>
<td>22. pencil</td>
</tr>
<tr>
<td>3. month</td>
<td>13. tree</td>
<td>23. watch</td>
</tr>
<tr>
<td>4. date</td>
<td>14. d</td>
<td>24. ifs</td>
</tr>
<tr>
<td>5. day</td>
<td>15. l</td>
<td>25. take</td>
</tr>
<tr>
<td>6. country</td>
<td>16. r</td>
<td>26. fold</td>
</tr>
<tr>
<td>7. province</td>
<td>17. o</td>
<td>27. place</td>
</tr>
<tr>
<td>8. city/town</td>
<td>18. w</td>
<td>28. close</td>
</tr>
<tr>
<td>9. place</td>
<td>19. ball</td>
<td>29. sentence</td>
</tr>
<tr>
<td>10. floor</td>
<td>20. flag</td>
<td>30. diagram</td>
</tr>
</tbody>
</table>

*Folstein et al J Psychiatry Res 1975;12:189*
Mallery L, Gordon J, Freter S. A 3 week geriatric education program for 4th Year Medical Students at Dalhousie University

Clock

Pentagons

BCRS I___ II___ III___ IV___

Verbal fluency Letter _____ Category _____

Physical Exam _______________________

Labs ______________________________

CT _______________________________

Functional Assessment Staging Tool (FAST)  
Reisberg et al Psychopharmacol Bull 1988;24:662

1. No impairment.
2. Subjective complaint, no impairment.
3. Decreased organization capacity.
4. Problems with complex tasks, finances, shopping, medications, or housework.
5. Needs prompting to change clothes.
6. a. Problems in dressing.
   b. Problems in bathing.
   c. Cannot handle mechanics of toileting.
   d. Urinary incontinence.
   e. Fecal incontinence.
7. Cannot walk, limited or no speech.

Problem Areas:
Are there behavioral disturbances? __________________________
Is nutrition adequate? __________________________
Are there sleep problems? __________________________
Is the patient driving? __________________________
Are there concerns about driving? __________________________
Is the patient safe at home? __________________________
Are medications used correctly? __________________________
Is more support needed? __________________________
Is OT or Social Work referral needed? __________________________
Is there caregiver stress? __________________________
Referral to Alzheimer Society? __________________________
Is an advance directive in place? __________________________
Is the patient able to give advance directive? __________________________
Should medication be started? __________________________

Recommendations:

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Signature: ____________________________________
### TABLE 3
COMMON DEMENTIAS AND ASSOCIATED SYMPTOMS

<table>
<thead>
<tr>
<th>Mild Cognitive Impairment plus:</th>
<th>Vascular dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait abnormality</td>
<td>Lewy Body Dementia</td>
</tr>
<tr>
<td></td>
<td>Parkinson’s related dementia</td>
</tr>
<tr>
<td></td>
<td>B12 deficiency</td>
</tr>
<tr>
<td></td>
<td>Alcohol related dementia</td>
</tr>
<tr>
<td></td>
<td>Normal pressure hydrocephalus</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>Lewy Body Dementia</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Normal pressure hydrocephalus</td>
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<tr>
<td></td>
<td>Vascular Dementia</td>
</tr>
<tr>
<td>Language Disturbance</td>
<td>Primary Progressive Aphasia</td>
</tr>
<tr>
<td>Frontal symptoms</td>
<td>Frontal lobe dementia</td>
</tr>
<tr>
<td>Rapid decline</td>
<td>Delirium</td>
</tr>
<tr>
<td></td>
<td>Tumor</td>
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<tr>
<td></td>
<td>Vasculitis</td>
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<tr>
<td></td>
<td>Creutzfeldt-Jakob Disease</td>
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<tr>
<td></td>
<td>Vascular dementia</td>
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<tr>
<td></td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>A. Mental Status</td>
<td>□ WNL</td>
</tr>
<tr>
<td>B. Emotional</td>
<td>□ WNL</td>
</tr>
<tr>
<td>C. Communication</td>
<td>Speech: □ WNL □ Other</td>
</tr>
<tr>
<td>D. Mobility</td>
<td>Transfers: 1 A D</td>
</tr>
<tr>
<td>E. Balance</td>
<td>□ WNL</td>
</tr>
<tr>
<td>F. Bowel</td>
<td>□ Constipation</td>
</tr>
<tr>
<td>G. Bladder</td>
<td>□ Catheter</td>
</tr>
<tr>
<td>H. Nutrition</td>
<td>Weight: □ Stable □ Loss □ Gain</td>
</tr>
<tr>
<td>I. ADL</td>
<td>Bathing 1 A D</td>
</tr>
<tr>
<td></td>
<td>Dressing 1 A D</td>
</tr>
<tr>
<td>J. Social</td>
<td>M W D S Supports: Lives: □ Alone □ Spouse □ Other</td>
</tr>
<tr>
<td>Problems:</td>
<td></td>
</tr>
<tr>
<td>Associated Medications &amp; Doses:</td>
<td></td>
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</tr>
<tr>
<td>Date (YYYY/MM/DD):</td>
<td></td>
</tr>
<tr>
<td>GOAL</td>
<td>HOW TO ACHIEVE THE GOALS</td>
</tr>
<tr>
<td>------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>1. To be able to complete a comprehensive geriatric assessment</td>
<td>1. Complete a comprehensive geriatric assessment on 5 frail elderly patients using the CGA form.</td>
</tr>
<tr>
<td>2. To be able to manage a patient with multiple interacting medical, social, and functional problems</td>
<td>2. Develop a treatment plan for the above 5 patients using a problem-oriented approach.</td>
</tr>
<tr>
<td>3. To be able to prescribe appropriate medications.</td>
<td>3. Choose a patient taking multiple medications. Perform a medication review by listing all medical problems and each associated medication. Discuss whether the medications prescribed are appropriate and if there is undertreatment or polypharmacy.</td>
</tr>
<tr>
<td>4. To be able to evaluate mobility and risk for falling</td>
<td>4. Observe one patient walk. Describe their mobility and risk of falling. Develop a plan.</td>
</tr>
<tr>
<td>5. To be able to complete a cognitive assessment and determine whether dementia is present</td>
<td>5. Assess one patient with cognitive difficulties. Complete the Memory Disability Clinic Checklist, BCRS and answer the “four questions”.</td>
</tr>
<tr>
<td>6. To be able to independently research a specific geriatric problem and present findings</td>
<td>6. Students will select a project from a list of proposed topics or develop their own research topic.</td>
</tr>
</tbody>
</table>

1 BCRS = Brief Cognitive Rating Scale (Axis 2)

Were the objectives of the rotation successfully completed? Fails to Meet ____  Meets ____
Appendix 2

Syllabus (Updated 2002)

PRINCIPLES OF GERIATRIC MEDICINE AND COMPREHENSIVE GERIATRIC ASSESSMENT

Objectives
To familiarize students with the basic principles of geriatric medicine, including how to incorporate function into a medical evaluation.

The student will know how to conduct comprehensive geriatric assessment and be able to appropriately complete the comprehensive geriatric assessment form.

The student will demonstrate knowledge of the following subjects:

- Frailty
- Comprehensive geriatric assessment
- Atypical illness presentation
- Polypharmacy and undertreatment
- Functional assessment instruments
- Urinary incontinence

Reading
CGA and Frailty


Atypical Illness

Polypharmacy

Functional Assessment Instruments
Barthel Index form
Lawton Brody form

Urinary Incontinence

Clinical Experience
Complete CGA forms and MMSE evaluation for 5 patients under the student’s care.

Develop a management and treatment plan for the above five patients, including attention to social situation, function and cognition.

Review the medications of one patient to determine if there is undertreatment or inappropriate treatment.

MOBILITY
Objectives
The student will learn how to assess ambulation, transfer, and balance.

The student will be familiar with the principle that changes in mobility or falling may be a sign of illness, and conversely, improved mobility may be indicative of recovery.

Reading
Evaluation of balance, transfer, ambulation (HABAM)
Balance and gait scales

Summary of:
- Functional reach
- Timed Get Up and Go
- Berg Balance Scale

Clinical Experience
The student will assess the gait of patients under their care.
The student will work with a physical therapist to learn gait assessment, transfer technique and selection of appropriate aids and footwear.

FALLS
Objectives
The student should demonstrate knowledge of:
- Prevalence of falls in the elderly population
- Causes of falls
- Consequences of falling
- Prevention and management of falls
- Basic principles of home safety
- Principles and treatment of osteoporosis

Reading
Falls

Osteoporosis

Clinical Experience
Accompany OT/PT on a home visit for evaluation of home safety.

Find one patient on assigned service with falls, or who is at risk for falling, and evaluate mobility and falling risk. Design a treatment plan.

DECONDITIONING
Objectives
To know the definition of deconditioning.

To be able to recognize deconditioning in hospitalized patients.

To know how deconditioning during hospitalization affects mobility and outcome.

To be familiar with the studies that address hospital outcomes in the elderly and know what percentage of elderly persons develop new functional limitations during hospitalization.

Reading

Clinical Experience
If your clinical rotation has a hospital-based component, please do the following:
- Follow one patient and describe their mobility during hospitalization.
- Learn how to use the HABAM to document your observations.
- Determine if your observations of mobility status coincide with those of other health care workers?
- If mobility is impaired, determine if there is documentation of this problem in the chart?
EXERCISE

Objectives
To learn about the benefits of exercising, the risks of not exercising, and the methods and strategies for exercising the elderly population.

The student should demonstrate knowledge of the following topics:
- Aerobic exercise, benefits and recommendations for older adults.
- High intensity resistance training.

Reading


Leveille SG, LaCroix AZ. Exercise Training for Very Elderly People (Correspondence). The New England Journal of Medicine 1994 Nov 3;331(18):1237-38

Clinical Experience
Spend time with a physical therapist to experience how exercise is conducted.

DELIRIUM

Objectives
The student will demonstrate knowledge of the following topics:
- Diagnosis of delirium
- How to differentiate dementia from delirium
- Common causes of delirium
- Principles of treating delirium

Reading

Clinical Experience
Evaluate a patient with delirium or one who is recovering from delirium.

DEMENTIA

Objectives
To be able to assess cognition, determine if there is dementia, establish etiology, and develop an appropriate treatment plan.

To be familiar with assessment tools used for evaluating dementia, such as the Folstein MMSE, the Brief Cognitive Rating Scale (BCRS), and the Clock Drawing Test.

To be able to describe the functional changes that occur in dementia and how deterioration in function relates to staging.

To understand the common behavioural problems that occur in dementia and be familiar with the non-pharmacological and pharmacological treatment options for treating this condition.

To be knowledgeable about community resources that are available to support caregivers.

Reading

Brief Cognitive Rating Scale (BCRS)

Functional Assessment Staging (FAST)

Memory Disability Clinic Checklist

Clinical Experience
A full cognitive assessment will be completed for one patient, including: MMSE, answers to the “four questions”, and completion of the Memory Disability Clinic Checklist.

DEPRESSION
Objectives
To be able to differentiate depression from dementia.

To know how the disease of depression differs in older versus younger patients.

To know how to treat depression.

Reading
Stable JA, Dunn LB, Zisook S. Late-life depression: How to identify its symptoms and provide effective treatment. Geriatrics 2002 Feb;57(2):18-35.
APPENDIX 3. SAMPLE EXAMINATION QUESTIONS

1. A 72-year old woman was admitted to the hospital for treatment of urinary sepsis. What can be done, beyond “traditional” medical treatment of the infection, to improve this patient’s chances of leaving the hospital without a decline in function?

2. Mr. Jones is a 78-year old man with advanced Alzheimer’s disease who recently moved from Newfoundland to live with his daughter. On your home visit, she reports that she may no longer be able to care for her father at home because of his urinary incontinence. His medical history is positive for CHF, hypertension and hiatal hernia. His medications include furosemide 40 mg od, Nitropatch 0.4 mg, diphenhydramine (Benadryl) qhs prn, and ranitidine 150 mg qhs.
   a) What are the four major categories of urinary incontinence?
   b) What is contributing to Mr. Jones’ incontinence? Be specific.
   c) What would your suggestions be for treatment? Be specific.

3. Mr. Holland is a 75-year-old man who is brought to the Emergency Room by the police, when they found him confused and wandering in his apartment building. On examination, it is difficult to gain his attention to answer questions. His speech is rambling and disorganized and he is unable to describe where he is or where he lives. He is at times agitated and at other times quiet, withdrawn and drowsy. You contact Mr. Holland’s daughter who states that her father was previously fully functional and living independently. In fact, she had had a normal conversation with him only one week ago.
   a) What is your diagnosis? What are the 3 pieces of information from the history that support this diagnosis?
   b) What investigations would you order?