

APPENDIX 1 Table 2

MEMORY DISABILITY CLINIC CHECKLIST
Division of Geriatric Medicine, Dalhousie University

Date: _____

Education: _____ Occupation: _____

Marital Status: _____ Carer: _____

Description of Problem: _____

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 _____

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

Folstein et al J Psychiatry Res 1975;12:189

PMHx: _____

Medications: _____

Clock

Pentagons

BCRS I__ II__ III__ IV__

Verbal fluency Letter _____ Category _____

Physical Exam _____

Labs _____

CT _____

Problem Areas:

Are there behavioural 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: _____

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.

TABLE 3
COMMON DEMENTIAS AND ASSOCIATED SYMPTOMS

Mild Cognitive Impairment plus:

Gait abnormality	Vascular dementia Lewy Body Dementia Parkinson's related dementia B ₁₂ deficiency Alcohol related dementia Normal pressure hydrocephalus
Hallucinations	Lewy Body Dementia
Incontinence	Normal pressure hydrocephalus Vascular Dementia
Language Disturbance	Primary Progressive Aphasia
Frontal symptoms	Frontal lobe dementia

Rapid decline	Delirium Tumor Vasculitis Creutzfeldt-Jakob Disease Vascular dementia
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Queen Elizabeth II Health Sciences Centre

TABLE 4

Comprehensive Geriatric Assessment

Name: _____
 Unit #: _____
 DOB (YYYY/MM/DD): _____
 Family Physician: _____

- Inpatient Clinic GDH NH Other
 Outreach Home LTC ER

A. Mental Status	<input type="checkbox"/> WNL <input type="checkbox"/> CIND <input type="checkbox"/> Dementia <input type="checkbox"/> Delirium	MMSE: _____	Education: _____
B. Emotional	<input type="checkbox"/> WNL <input type="checkbox"/> ↓Mood	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety <input type="checkbox"/> Other
C. Communication	Speech: <input type="checkbox"/> WNL <input type="checkbox"/> Other	Hearing: <input type="checkbox"/> WNL <input type="checkbox"/> Other	Vision: <input type="checkbox"/> WNL <input type="checkbox"/> Other
D. Mobility	Transfers: I A D	Walking: I A D	Aids: _____
E. Balance	<input type="checkbox"/> WNL	<input type="checkbox"/> Impaired	<input type="checkbox"/> Fall(s)
F. Bowel	<input type="checkbox"/> Constipation	<input type="checkbox"/> Continent	<input type="checkbox"/> Incontinent
G. Bladder	<input type="checkbox"/> Catheter	<input type="checkbox"/> Continent	<input type="checkbox"/> Incontinent
H. Nutrition	Weight: <input type="checkbox"/> Stable <input type="checkbox"/> Loss <input type="checkbox"/> Gain	Appetite: <input type="checkbox"/> WNL <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
I. ADL	Bathing I A D Cooking I A D Dressing I A D Cleaning I A D	Medications I A D Shopping I A D	Driving I A D Banking I A D
J. Social	M W D S Lives: <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Home: ___ Level House <input type="checkbox"/> Apt <input type="checkbox"/> Other	
	Supports: _____	Steps: _____	

Problems:	Associated Medications & Doses:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Assessor/Physician: _____ Date (YYYY/MM/DD): _____

TABLE 5

FINAL ROTATION EVALUATION FORM

GOAL	HOW TO ACHIEVE THE GOALS	EVALUATION	FAILS TO MEET	MEETS
1. To be able to complete a comprehensive geriatric assessment	1. Complete a comprehensive geriatric assessment on 5 frail elderly patients using the CGA form.	1. The completed 5 CGA forms, accompanied by MMSE and other standardized assessments, will be submitted for evaluation.		
2. To be able to manage a patient with multiple interacting medical, social, and functional problems	2. Develop a treatment plan for the above 5 patients using a problem-oriented approach.	2. Management plans will be reviewed with the preceptor and a written outline of the treatment plan will be submitted.		
3. To be able to prescribe appropriate medications.	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.	3. Medication assessment will be submitted.		
4. To be able to evaluate mobility and risk for falling	4. Observe one patient walk. Describe their mobility and risk of falling. Develop a plan.	4. Mobility/Fall risk assessment will be submitted.		
5. To be able to complete a cognitive assessment and determine whether dementia is present	5. Assess one patient with cognitive difficulties. Complete the Memory Disability Clinic Checklist, BCRS ¹ and answer the "four questions".	5. The cognitive assessment will be submitted.		
6. To be able to independently research a specific geriatric problem and present findings	6. Students will select a project from a list of proposed topics or develop their own research topic.	6. Oral presentation will be evaluated.		
		7. Written Examination		
		8. Preceptor Evaluation		

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

Rockwood K. Medical management of frailty: confessions of a gnostic. *Can Med Assoc J* 1997 Oct 15;157(8):1081-4

Rockwood K, Silviu JL, Fox RA. Comprehensive geriatric assessment – helping your elderly patients maintain functional well-being. *Postgraduate Medicine* 1998;103:247-64

Atypical Illness

Jarrett PG, Rockwood K, Carver D, Stolee P, Cosway S. Illness presentation in elderly patients. *Arch Intern Med* 1995 May 22;155:1060-4

Polypharmacy

Gordon J. Rational approach to prescribing for seniors. *Drugs & Therapeutics* 2000 Jan-Feb;23(1):1-6

Functional Assessment Instruments

Barthel Index form

Lawton Brody form

Urinary Incontinence

Resnick MN. Urinary incontinence. *The Lancet* 1995;346:94-9

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)

MacKnight C, Rockwood K: Mobility and balance in the elderly. *Postgraduate Medicine* 1996 Mar;99(3):269-76

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

Tinetti ME. Preventing Falls in Elderly Persons. *N Engl J Med* 2003 Jan 2;348(1):42-9.

Osteoporosis

NIH Consensus Development Panel. Osteoporosis Prevention, Diagnosis, and Therapy. *JAMA* 2001 Feb;285(6):785-95.

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

Sager MA, Rudberg MA. Prevalence and Incidence of Functional Decline. *Clinics in Geriatric Medicine* 1998;14(4):669-79.

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

Christmas C, Andersen RA. Exercise and Older Patients: Guidelines for the Clinician. JAGS 2000;48: 318-24.

Fiatarone MA, O'Neill EF, Doyle Ryan N et al: Exercise Training and Nutritional Supplementation for Physical Frailty in Very Elderly People. The New England Journal of Medicine 1994 Jun 23;330(25): 1769-75

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

Inouye SK. Delirium in Hospitalized Older Patients. Clinics in Geriatric Medicine 1998 Nov;14(4): 745-65

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

Rockwood, K; MacKnight, C: Understanding Dementia: A Primer of Diagnosis and Management. Pottersfield Press. Halifax, Nova Scotia, 2001

Brief Cognitive Rating Scale (BCRS)

Reisberg B. Psychopharmacology Bulletin 1988;24(4):629-36.

Functional Assessment Staging (FAST)

Reisberg B. *Psychopharmacology Bulletin* 1988;24(4):653-659.

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?