This package is an abbreviated version of essential information for the geriatrics rotation. Please review the Geriatrics Clerkship website for further details on clinical expectations, academic activities, evaluation, and learning resources: http://geriatricsCS.medportal.ca/.

Learning Objectives

• **Knowledge**
  Each student should be able to describe:
  1. Consequences of normal aging versus disease, including an understanding of the heterogeneous nature of the aged population, and Canadian demographics of aging.
  2. Key syndromes and illnesses in the elderly including the following:

    **High priority**
    Functional Decline
    Dementia
    Delirium
    Depression
    Falls, Immobility & Gait Disturbances
    Incontinence
    Failure to thrive / Weight loss
    Polypharmacy & Appropriate prescribing of medications

    **Second priority**
    Chronic pain
    Osteoporosis
    Heart failure
    Pressure ulcers
    Sensory alteration, including vision and hearing impairment
    Atypical presentation of disease
    Decision-making capacity

  3. The concept of “Frailty” as it applies to older adults
  4. Preventive health care strategies for the elderly and the importance of these
  5. Community and hospital resources available to assist in the management of the older patient

• **Skills**
  Each student should be able to:
  1. Take a history from a geriatric patient, and other relevant informants, with special emphasis on physical and mental functioning.
  2. Perform a physical examination and functional assessment on an elderly patient, adapting it to possible conditions of frailty, immobility, hearing loss, memory loss and other impairments
  3. Perform a mental status examination to evaluate confusion and/or memory loss in an elderly patient, including the use of appropriate tools (e.g. Mini Mental Status Examination)
  4. Identify patients at high risk for falls
  5. Participate in an interdisciplinary approach to assessment, management and rehabilitation of elderly patients. Appreciate the role of team members such as family physician, occupational therapist, physiotherapist, recreation therapist, social worker, pharmacist, nurse and family members.

• **Attitudes**
  Each student should:
1. Recognize the importance of validating and obtaining historical information from other relevant informants (e.g. partner, caregiver, community care access centre, family physician)
2. Respect the increased risk for iatrogenic complications among elderly patients
3. Demonstrate respect to older patients and make efforts to preserve their dignity

SPECIFIC ELEMENTS

Tutorial #1
<date, time, location>
Case-based discussion: Delirium - Mr. Lee

Interdisciplinary learning exercise:
Prior to tutorial #1, you will spend 1-3 hours shadowing one or more allied health professionals. This activity is intended to provide an opportunity for you to better appreciate the role of interdisciplinary team members in patient care. A list of available allied health professionals to choose from is included in this package. You may decide to spend 1-3 hours with a single individual (e.g. this is more practical for outreach case managers) or arrange to spend 1 hour with each of 3 different team members. You are expected to use any relevant knowledge gained from this experience in the first tutorial, so please make contact with the assigned health professional(s) TODAY or early tomorrow to arrange a mutually convenient time to do the shadowing exercise. If you have any difficulty making these arrangements, inform your site director.

Pre-reading on the topic of delirium is also provided and should be reviewed before tutorial #1.

Written Evaluative Exercise (“Key Features” format)
<date, time, location>

Questions will be based on the 9 high priority syndromes & illnesses listed in the rotation specific learning objectives. In the "key features" format, you will be given a description of a case then asked 2-3 questions about it. Each of these questions will typically ask for a list of answers. The questions may pertain to assessment (e.g. “List 3 more questions you would ask on history”, “What would you look for on physical exam?”, “List 5 blood tests that you would order”), interpretation of a provided scenario (e.g. “List 5 factors that may be contributing to this patient's problem”), or management (e.g. “List 3 recommendations that you would you make?”). The focus is on quality of answers, not quantity. If the question asks for 3 items and you list 5, the last 2 items listed will be ignored. The answers focus on the essential steps in clinical decision-making that are critical for successful resolution of the problem (the so called “key features”).
Tutorial #2
<date, time, location>
Exam Review Session

Immediately follows exam. Exam answers will be reviewed during this session. You will also complete & submit feedback on the geriatrics rotation and your faculty supervisors.

RECOMMENDED LEARNING RESOURCES:

*Misiazsek, B. Geriatric Medicine Survival Handbook. 2002 Edition. A highly recommended resource covering the major topics you will encounter in the geriatrics rotation. Previous McMaster clerks have found it to be very useful.

GeriaSims: These are web-based, interactive virtual patients covering a number of major geriatrics topics, including Delirium, Dementia, Failure to Thrive, Falls, Functional Assessment, Polypharmacy and Urinary Incontinence. This learning resource should be used to supplement clinical experiences during the geriatrics rotation.

American Geriatrics Society. Geriatrics at Your Fingertips, 8th Edition 2006-2007. There is an online and PDA version which is free once you complete a brief registration.

A comprehensive list of learning resources, including links to the three above, is provided on the Geriatrics Clerkship Website at: http://geriatricsCS.medportal.ca/ (Go to Learning Resources Section)

CONTACT INFORMATION

For questions / concerns specific to sites:

St. Peter’s Hospital
Dr. Tricia Woo
twoo@stpetes.ca
Office 905-777-3837 ext 12440

HHS consults
brian_misiaszek@yahoo.ca
Dr. Brian Misiaszek
Office: 905-521-2100 x74132
Pager: 905-521-5070 #2783
Henderson Hospital
Dr. Cheryl Allaby
allaby@hhsc.ca
905-527-4322 x43302

CONTACT INFORMATION

For all other questions / concerns regarding the geriatrics rotation:

Faculty Clerkship Coordinator: Dr. Cheryl Allaby
  Email: allaby@hhsc.ca
Administrative coordinator: Lynn Pacheco
  Email: pachecol@mcmaster.ca
  Phone: 905-521-2100 x73936

TO DO CHECKLIST FOR CLINICAL CLERKS:

By end of First day:
  ___ Ensure you have necessary computer passwords
  ___ Provide pager number to preceptor
  ___ Obtain detailed 2 week schedule from site director or preceptor
  ___ Inform preceptor of any anticipated absences, PPI, etc.
  ___ Contact allied health professional(s) to arrange shadowing exercise

After first day:
  ___ Do pre-reading for tutorial
  ___ Remember to get encounter cards completed when you see a patient
  ___ Use references to guide self-directed learning around objectives

By end of rotation:
  ___ Have 5 encounter cards completed (keep yellow copy for yourself)
  ___ Complete clinical exposures log (sticker in the encounter card booklet)
  ___ Have preceptor complete clinical evaluation form
  ___ Complete faculty evaluation forms for clinical preceptor(s)
  ___ Deliver encounter cards & evaluation forms to your tutor:

<Tutor>
*<where to deliver everything>
# Allied Health Professionals

<table>
<thead>
<tr>
<th>Site</th>
<th>Health Professional</th>
<th>Discipline</th>
<th>How to Contact</th>
<th>Best Times to observe</th>
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<tbody>
<tr>
<td>SJH</td>
<td>Becky Hedges</td>
<td>SLP</td>
<td>905-522-1155 x34097 or SJH pager #916</td>
<td>Flexible</td>
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<tr>
<td></td>
<td>Diana Hatzoglou</td>
<td>PT</td>
<td>905-522-1155 x33355</td>
<td>AM - Tues to Fri</td>
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<tr>
<td></td>
<td>Pat Ford</td>
<td>Case manager - Nursing</td>
<td>905-522-1155 X33770</td>
<td>Tues PM to Friday</td>
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<tr>
<td></td>
<td>Pamela LeBlanc</td>
<td>PT</td>
<td>905-522-4149 x33355 8:30AM</td>
<td>Tues or Wed AM</td>
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<tr>
<td></td>
<td>Yelena Potts</td>
<td>Case manager - OT</td>
<td>905-522-1155 x33947</td>
<td>Flexible</td>
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<tr>
<td>HDGH</td>
<td>Lisa Masters</td>
<td>OT – ward 385</td>
<td><a href="mailto:mastersl@hhsc.ca">mastersl@hhsc.ca</a></td>
<td>Mon-Fri 8-4</td>
</tr>
<tr>
<td></td>
<td>Daniela Zagrodzki</td>
<td>OT</td>
<td>Dr. Allaby will help to arrange</td>
<td>Mon PM</td>
</tr>
<tr>
<td></td>
<td>Adria Fransson</td>
<td>PT</td>
<td></td>
<td>Mon PM</td>
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<tr>
<td></td>
<td>Mary Purcell</td>
<td>Nursing - unit leader</td>
<td></td>
<td>Tues AM</td>
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<tr>
<td></td>
<td>Ruth Hsueh</td>
<td>Dietician</td>
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<tr>
<td>SPH</td>
<td>Rebecca Marriage</td>
<td>Nursing</td>
<td>905-777-3837 x12253</td>
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<tr>
<td></td>
<td>Jackie Fox</td>
<td>SW</td>
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<tr>
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<td>Margaret Gudgeon</td>
<td>Nursing</td>
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<tr>
<td></td>
<td>Anne Smith</td>
<td>PT</td>
<td><a href="mailto:asmith@stpetes.ca">asmith@stpetes.ca</a></td>
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<tr>
<td>HHS</td>
<td>Caroline Krapels</td>
<td>SW – Case Manager</td>
<td>905-521-2100 x77983</td>
<td>Tues, Thurs</td>
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<tr>
<td></td>
<td>Clare Cimino</td>
<td>OT – Case Manager</td>
<td>905-521-2100 X74164</td>
<td>Mon-Fri 8:30-4:30</td>
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<tr>
<td></td>
<td>Gil Maulucci-Joel</td>
<td>RN - Case manager</td>
<td>905-521-2100 x77979</td>
<td>AM Tues, Wed, Thurs</td>
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<td>All other sites</td>
<td>Your preceptor will arrange for the shadowing exercise to be done locally.</td>
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