EDUCATIONAL OBJECTIVES

By the end of the four weeks of geriatrics sessions, the students should be able to:

1. Demonstrate the components and utility of a comprehensive geriatric assessment.
2. Develop sensitivity and positive attitude towards the care of the elderly.
3. Obtain an appropriate geriatric history.
4. Assess function – ADL's, iADL's, and screen for vision, hearing, gait and balance.
5. Perform a physical examination in a geriatric patient.
6. Perform a geriatric cognitive screening assessment, know the existence and the use of various tools such as the standardized Folstein mini-mental status examination, Montreal Cognitive Assessment (MOCA), geriatric depression scale (GDS) and confusion assessment method (CAM).
7. Recognize and examine for the Geriatric syndromes (falls, decreased functional status, delirium, dementia, depression polypharmacy and incontinence).
8. Distinguish between processes due to normal aging and those due to disease.
9. Further develop interviewing skills including interviewing patients with cognitive and sensory impairment and to obtain an appropriate medication history.
10. Interview family and caregivers.
11. Reflect on their experiences with actual patients and their families by talking as a group about what they experienced and what was important to them.
12. Discuss the importance of work life balance and burn out as it applies to their own lives and to family members caring for elderly patients.

The geriatrics block in ASCM-2 will be taught by a combination of core teachers with interest in geriatrics, geriatric experts and residents. Some hospitals, depending on their geriatric resources, may use geriatric experts to teach the full block which consists of four - four hour sessions. Each block will have six students. All sessions will be located at the hospitals and led by the teachers. Teachers are expected to select appropriate patients for the students to practice the outlined skills. Patients may be seen in an out-patient setting, long term care facility or an acute care hospital ward depending on the resources. Each session begin with a discussion of the pre-assigned papers and questions. Students are expected to read the required readings and review any other required material outlined in the syllabus prior the each session.
BRIEF OVERVIEW OF SESSIONS
(detailed information found under the outlines of each session)

Session 1: History Taking, Functional Assessment and Physical Examination

An approach to interviewing the elderly is reviewed. Areas to be covered include:

1. Components of comprehensive geriatric assessment
2. Atypical presentation of illness
3. Challenges and how to overcome barriers
4. Interviewing caregivers
5. Physiology of aging

Students should practice taking a history and assess the functional status of the patient. Students should also perform a geriatric focused physical examination.

Session 2: Cognitive Assessment

Students should perform a cognitive assessment on patients. Students will learn how to perform an MMSE, MOCA, Geriatric depression scale and additional tools such as the clock drawing test and CAM.

Session 3: Assessment of Geriatric Syndromes

Students should perform a focused assessment on any one of the following: Polypharmacy, fall, functional decline, frailty and incontinence

Sessions 4: Integration

Teachers are to have selected appropriate patients for students to assess and to do oral presentations.

Comments on this course are welcomed and greatly appreciated by the Undergraduate Interdepartmental division of geriatrics.

If you have any comments on the usefulness of the manual, readings, references or videos please direct them to the ASCM 2 Course Director, Dr. David Wong at wongday@smh.ca
RESOURCES AVAILABLE

1. Reference reading material posted on the ASCM-2 portal
2. PowerPoint presentations posted on the ASCM-2 portal
3. Videos: “Interviewing the Elderly”
   “Assessment of Falls”
   “Geriatric Cognitive Assessment”
   “The Geriatric Interview with a caregiver present”
   “Interviewing the caregiver of an elderly patient”
   “The MoCA”
4. The Internet:

   There are many interesting websites for teaching and information on geriatrics. The most useful local one is the website for the Regional Geriatric Program of Metropolitan Toronto:
   http://www.rgp.toronto.on.ca
   This website has a section on “Educational Resources” which links to “Best Internet Sites”. There is a wealth of information which provides links to Government and University sites, Centres for Aging (both National and International), Clinical Guidelines, as well as to Topics on Aging and Health. This site also provides information about the Regional Geriatric Program in Geriatrics, and information on undergraduate electives and postgraduate training programs in geriatrics.

   Another useful website is www.pogoe.org.

STUDENT EVALUATION:

Student evaluation will consist of marks from the case write-up of a patient interviewed during any of the four sessions. The evaluation will be worth 7.5% of the final mark. Students will be evaluated on MedSIS. There will also be geriatric content in the OSCE at the end of the ASCM II course based on the material covered in this section.

Students are encouraged to bring their logbooks to all sessions so the teachers can complete the appropriate sections.

Students will be offered the opportunity to practice written and oral presentations of patients seen in all sessions and will be given feedback.

In accordance with the Faculty of Medicine’s in transcription of grades, ASCM 2’s final transcription of grades will appear as Credit or No-Credit. Students however, will receive evaluations on a five point Likert scale for quantitative feedback on their performance indicating increasing degrees of competence. Each component mark will be available for feedback purposes to students on MedSIS.
**Ratings:**

1. **Unsatisfactory** - Indicates a failing performance
2. **Borderline** – below expectations
3. **Pass** – meeting expectations
4. **Performing above expectations**
5. **Performing at level which far exceeds expectations**

In order for a student to successfully complete ASCM 2 they must have demonstrated appropriate professional behaviour. If students are observed to have lapses in professionalism, please contact Dr. David Wong immediately at wongdav@smh.ca.

**PATIENT SELECTION:**

Guidelines for selecting appropriate elderly patients:

- Should be over the age of 75, if possible, as these are often the patients with “geriatric syndromes” (i.e. dementia, delirium, falls)
- Should have multiple medical and/or functional problems
- Should be medically stable
- Should reside in the community

**For session 1** the ideal patient would be a community dwelling elderly seen in an ambulatory setting (family practice unit, day hospital) with a caregiver. If this is not practical, due to resources, a hospitalized elderly patient can be used. Students will be interviewing in pairs.

**Session 2** focuses on physical and cognitive assessment of an elderly patient. Patients for this session should have cognitive impairment.

**Session 3** focuses on geriatric syndromes. Patients for this session should have some of these syndromes such as polypharmacy, fall (including gait assessment), functional decline, frailty and incontinence

**In session 4** students are to see an elderly patient wherein they will perform a history, physical, functional, any relevant geriatric syndromes and cognitive assessment.

**THE WRITTEN CASE REPORT**

For the written case report, please follow the format discussed in Core session 2 of the syllabus. In addition, at the conclusion of a comprehensive assessment, the student should be able to generate a geriatric appropriate problem list that includes medical, social and functional aspects of the patient.
PORTFOLIO SESSION: GERIATRICS AND THE PHYSICIAN AS PERSON

Important Note about Portfolio Session Discussions and Stories

In these sessions, you will be telling personal stories about your own clinical development, and listening to those of your colleagues. In these stories, you will hear information pertaining to individual patients and physicians, and other students.

This information must be considered highly privileged and confidential. You are learning to be a professional, who can be trusted by patients and colleagues. You earn and maintain that trust by preserving the confidentiality of what you hear. Any discussions that occur in these groups must stay within the group. Knowingly repeating a story outside of the group may be grounds for a major lapse in professionalism.

Portfolio Session: Geriatrics and the Physician as Person

Purpose: This session uses the experience of interviewing geriatric patients and their families and examining geriatric patients to encourage you to think about caring for these patients and how your view of being a doctor is evolving. You will also be asked to reflect on work life balance and burn out as it applies to your own life and to family members caring for elderly patients.

This total one hour segment of the ASCM 2 session may be incorporated throughout the 4 geriatric sessions in 10-15 minute blocks, with 1-2 students discussing their experiences during the case discussions.

Before Portfolio Session

Task: Pre-session reflection on work life balance and burn out to prepare to share thoughts and reflection during the ASCM 2 session.

Format:
Self-reflection: You will have the opportunity to work with elderly patients and their families in ASCM2 and perhaps feel challenged with the experience of communicating and working with them. The key question in reflecting on these experiences is: “How will this experience change the way that I think about practicing medicine?”

You will have the opportunity to interview a patient, followed by time to discuss with your group. Before, during and after your interaction with the patient consider what you have observed and experienced, and reflect on the following questions.
• “How often was caregiver burnout an issue in your interactions with elderly patients and their families? How did patients or family members express this or how did it present? How did it influence the care of your patient provided by their caregiver, yourself, and the health care system?”
• “Were you able to empathize with family members experiencing caregiver burnout and how did you show this?”
• “As doctors, we are caregivers not only to our patients, but also to ourselves, our families and friends and are at risk of burn out. How might we achieve work life balance in order to avoid burn out?”
• “What resources are available to your families and colleagues if you suspect burn out?”
• Take a few minutes to collect your thoughts after your interaction with the patient, and then share your thoughts and reflections in discussion with your group. In your reflection, explain why this experience was meaningful to you and how it will change your professional practice and attitudes.

**Suggestions:**
Take time to think through the suggested questions and reflect on your experience, write down a few notes. This will be useful for you to identify your thoughts, reflections, and any emerging stories and also for your final end of year written reflection that you will be asked to submit as part of the ASCM 2 Course requirement.

**In the Portfolio Session:**

**Tasks:**
Each of you will, in turn, tell your central story and share your reflection with the rest of your group. Each of you will also listen and provide appreciative feedback and comments to others as they tell their stories.

**Format:**
- Lead the rest of the group through your reflection, and please include any feelings or thoughts that came to you as part of the experience.
- The self-reflection is meant to be highly personal, and there can be no “right answer”. You’re on the right track if you can say “The thing I learned about myself as a future doctor from this experience was...” and state something that you feel is authentic and true to you.
- After you have finished, the rest of the group will be invited to comment on what they heard. Comments should focus on what listeners appreciated, and interesting ideas that came to them while listening. Questions may be asked, and you may have new ideas during the discussion.
- Time per student: 15 minutes total.
- At the end of the entire session, the facilitator and the whole group will discuss general themes that came out of this activity.
- The facilitator is there to help guide the discussion, and to pose questions, but not to provide “answers”.
- Everyone shares responsibility for keeping the discussion on track and within the time allotted for this activity.
Common Issues:

- “I feel awkward about sharing my perspectives with my group.” That’s normal. This is the first time doing this for everyone. The process gets easier as the session goes on, and soon this type of discussion will become a routine part of how you learn.

- “I don’t have a meaningful reflection.” It doesn’t have to be dramatic. Most of medical practice is made up of small, but potentially meaningful events. If you thought something was important to you, in some way, then it’s a good enough story to tell.

- “I don’t know how to give feedback to my classmate.” Consider starting with positive feedback and acknowledging the strengths of your classmate’s story. You can then move on to probe for more information. Engage the story teller in a deeper discussion of the story and reflection. Generally, you should avoid criticism and judgmental comments.

After the session:

Task: Consolidate your ideas about your experience, using the points brought up by your classmates, and any other ideas you had. You will need this for your final reflection later in the year.

Format: To be done as soon as you can after the session. Use whatever format will be easiest for you to follow later. We suggest using the following sheet to organize your observations and ideas so that you can write your final reflection more easily at the end of the year.
Reflection Worksheet

The Central Story emerging in this session was:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

The key things I learned about the way that I want to practice medicine were:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Ideas and feelings that came to me during the group discussion of my experience:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Other ideas and feelings that came to me from listening to other students’ experiences:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
SESSION 1 OUTLINE: HISTORY TAKING, FUNCTIONAL ASSESSMENT AND PHYSICAL EXAMINATION IN THE ELDERLY

Purpose:

The purpose is to focus on components of a comprehensive geriatric assessment: history taking, functional assessment and physical examination.

Pre-Session Requirement:

1. For Students:
   i. Review the PowerPoint presentations on “physiology of aging”, and “taking a geriatric history”. These are located in the Geriatric section of the ASCM-2 Portal.
   ii. Review the PowerPoint presentation on “physical exam” found in the Geriatric section of the ASCM-2 Portal
   iii. Read article on “The clinical history and physical examination in the older patient”. (On the ASCM-2 Portal)

   ***Please bring appropriate equipment to examine patients***

2. For Teachers:
   i. Review the PowerPoint presentations on “physiology of aging”, and “taking a geriatric history”. These are located in the Geriatric section of the ASCM-2 Portal.
   ii. Review the PowerPoint presentation on “physical exam” found in the Geriatric section of the ASCM-2 Portal
   iii. Read article on “The clinical history and physical examination in the older patient”. (On the ASCM-2 Portal)
   iv. Locate appropriate patients for the students to practice history taking and functional assessment.

Optional Reading:

“Normal aging” powerpoint presentation on the ASCM-2 Portal.
**Additional Resources:**

Bates – Guide to Physical Examination and History Taking, 11th edition, Chapter 20

**Videos:**
- Interviewing the Elderly [http://www.kaltura.com/tiny/m5ttq](http://www.kaltura.com/tiny/m5ttq)
- The Geriatric Interview with a caregiver present [https://youtu.be/pN3AmGFSe1o](https://youtu.be/pN3AmGFSe1o)
- Interviewing the caregiver of an elderly patient [http://youtu.be/OypTfoB5T7o](http://youtu.be/OypTfoB5T7o)

Student should view these videos prior to coming to the session.

**Session Outline and Suggested Timetable:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-1000:</td>
<td>Review the history, physical exam and functional assessment of an elderly person. Discussion of papers and how history and physical may differ in the elderly.</td>
</tr>
<tr>
<td>1000-1100:</td>
<td>Students are to form pairs to interview patient, if possible with a caregiver present. Teacher should rotate between the student pairs to observe.</td>
</tr>
<tr>
<td>1100-1200:</td>
<td>The groups will reconvene and do their oral presentations. One student of each pair will give the oral presentation and it is expected that the other student will get a chance to do an oral presentation in the next session. It is suggested that each oral presentation be 10 minutes in duration with 5 minutes of discussion and feedback from teacher and group.</td>
</tr>
</tbody>
</table>
SESSION 2 OUTLINE: COGNITIVE ASSESSMENT

Purpose:

The purpose is to focus on cognitive assessment.

Pre-session requirement:

1. For Students:
   i. Review the PowerPoint presentations “Approach to the Confused Patient”.
   ii. Review Standardized mini mental status examination, MOCA, GDS, CAM and clock drawing

2. For Teachers:
   i. As above for students.
   ii. Find appropriate patients for each student to practice history, physical and cognitive assessment.

Optional Readings: (on the ASCM-2 Portal)

“Depression in the Elderly”

“Does This Patient Have Delirium”

“Delirium in Older People”

“Does This Patient Have Dementia”

Addition Resources:

Video on Geriatric Cognitive Assessment:
   1. The Mini-Mental Status Examination http://www.kaltura.com/tiny/sel3a
   2. The MoCA https://youtu.be/83APGsNA7Lc

Students should view these videos prior to coming to session.
### Session Outline and Suggested Timetable:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0930:</td>
<td>Discussion of cognitive assessment.</td>
</tr>
<tr>
<td></td>
<td>Videos on cognitive assessment can be shown.</td>
</tr>
<tr>
<td></td>
<td>Review common useful screening tools such as MOCA, MMSE, GDS, CAM and clock drawing.</td>
</tr>
<tr>
<td>0930-1100:</td>
<td>Students are to perform a history, physical examination and cognitive assessment on an elderly patient. Teacher is to rotate between students and observe.</td>
</tr>
<tr>
<td>1100-1200:</td>
<td>The groups will reconvene and students will do an oral presentation. If possible, students who did not present as yet should be given the opportunity to present. <strong>It is suggested that each oral presentation be 10 minutes in duration with 5 minutes of discussion and feedback from teacher and group.</strong></td>
</tr>
</tbody>
</table>
SESSION 3 OUTLINE: ASSESSMENT OF GERIATRIC SYNDROMES

Purpose:

Students should perform a focused assessment on any one of the following:

- Polypharmacy, fall (including gait assessment), functional decline, frailty and incontinence

Pre-session requirements:

1. For Students:
   i. Read the PowerPoint presentations on “Falls”, “Frailty” and “Medications in the elderly” on the ASCM-2 portal for this session.

2. For Teachers:
   i. Review the material on the ASCM-2 portal for this session as above.
   ii. Find appropriate patients for each student to practice history, physical and a focused assessment on the geriatric syndromes

Optional Reading: (On the ASCM-2 Portal)

“Will my patient fall?”

“Tips for avoiding problems with polypharmacy”

Addition Resources:

Videos:

Medication History – http://www.kaltura.com/tiny/ysat7


Patients with Falls Part 2 – Timed Up and Go Test http://www.kaltura.com/tiny/shr7n

Patient with Falls Part 3 – Physiotherapist’s Assessment of Patient http://www.kaltura.com/tiny/q57o

Patient with Falls Part 4 – Occupational Therapist’s Assessment of Patient http://www.kaltura.com/tiny/wokwn
**Session Outline and Suggested Timetable:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0930:</td>
<td>Discussion of the geriatric syndromes such as polypharmacy, fall, functional decline, frailty and incontinence. A video on Falls and Gait assessment is available on the ASCM-2 portal.</td>
</tr>
<tr>
<td>0930-1100:</td>
<td>Student to perform a history, physical as well as a focused assessment on any one of the geriatric syndromes on a geriatric patient.</td>
</tr>
<tr>
<td>1100-1200:</td>
<td>Students and teachers regroup for students to do an oral presentation and teacher to give feedback to students.</td>
</tr>
</tbody>
</table>
SESSION 4 OUTLINE: INTEGRATION SESSION

Pre-session requirement:

1. **For Students:**
   
   Encouraged to review before the session:
   
   - the PowerPoint presentation on Comprehensive Geriatric Assessment (on the ASCM-2 Portal)
   
   - the elements of the Functional Screen (first session)
   
   - the Cognitive Assessment (second session)
   
   - the articles and PowerPoint presentation on the main Geriatric Syndromes (third session)

2. **For Teachers:**
   
   Review the PowerPoint presentation on Comprehensive Geriatric Assessment (on the ASCM-2 Portal). Locate a patient for each student to do a history, physical, functional, cognitive assessment and geriatric syndromes on.

Suggested Timetable:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0930</td>
<td>Discussion of the geriatric syndromes such as polypharmacy, fall, functional decline, frailty and incontinence. A video on Falls and Gait assessment is available on the ASCM-2 portal.</td>
</tr>
<tr>
<td>0930-1100</td>
<td>Student to perform a history, physical as well as a focused assessment on any one of the geriatric syndromes on a geriatric patient.</td>
</tr>
<tr>
<td>1100-1200</td>
<td>Students and teachers regroup for students to do an oral presentation and teacher to give feedback to students.</td>
</tr>
</tbody>
</table>

Post session requirement

**Teacher:** Give feedback on oral presentation for this session. Case write-up to be marked and entered electronically on MedSIS—medsis.utoronto.ca within 4 weeks after submission of report by student.

**Student:** Case write-up from this session must be handed into the teacher within 2 weeks time of the last geriatric session.
REFERENCES: (SEE ASCM-2 PORTAL)


Hogan DB, Kwan M. Patient sheet: Tips for avoiding problems with polypharmacy. CMAJ 2006;175(8):876.


WEBSITES:

Alzheimer’s Society of Canada: http://www.alzheimer.ca

Canadian Study on Health and Aging: http://www.csha.ca/

Geriatrics at Your Fingertips (free download for students): http://www.geriatricsatyourfingertips.org/

Montreal Cognitive Assessment (MOCA): http://www.mocatest.org/

National Initiative for the Care of the Elderly (NICE): http://www.nicenet.ca/

Regional Geriatric Program of Metro Toronto: http://www.rgp.toronto.on.ca

Statistics Canada: http://www.statcan.ca/start.html

Portal of Geriatric Online Education: www.pogoe.org

APPENDIX

1. CGA Template

2. Montreal Cognitive Assessment (MOCA) with instructions

3. Geriatric Depression Scale (GDS)

4. Confusion Assessment Method (CAM)

5. Geriatrics Written Medical Case Report
SAMPLE COMPREHENSIVE GERIATRIC ASSESSMENT

Developed by all geriatric teaching sites – Baycrest, Sunnybrook, TGH, TWH, St. Mike’s, St. Joe’s, Bridgepoint, Trillium, Credit Valley

Date of Assessment:
Contact Name: ____________________________  Phone: ____________________________
Accompanied by: __________________________  Relationship: _______________________
Referring MD: _____________________________  Specialty: _______________________
Other Involved MDs: ________________________________________________________

Reason for Referral:

History of Present Illness/Main Issues:
### Past Medical History:
- [ ] HTN
- [ ] High Cholesterol
- [ ] DM
- [ ] CAD
- [ ] Stroke
- [ ] Other
- [ ] Arthritis
- [ ] Osteoporosis
- [ ] Thyroid
- [ ] Parkinson’s
- [ ] Cancer

### Past Psychiatric History:
- [ ] Depression
- [ ] Dementia
- [ ] Delirium
- [ ] Psychosis
- [ ] Other

### Past Surgical History:
- [ ] Cholecystectomy
- [ ] CABG
- [ ] PCI / Stent
- [ ] Hysterectomy
- [ ] TURP
- [ ] Other

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

### PRN/Non-Prescription and Herbals and Vitamins:
- Packaging:  
  - [ ] Bottle  
  - [ ] Dossette  
  - [ ] Blister pack
- Administration:  
  - [ ] Self  
  - [ ] Supervised  
- Understanding Meds:  
  - [ ] Poor  
  - [ ] Adequate  
- Adherence:  
  - [ ] Good  
  - [ ] Adequate  
  - [ ] Poor

### Allergies/Reactions to Medications:
**Functional Status:**

<table>
<thead>
<tr>
<th>ADL's</th>
<th>Independent</th>
<th>Supervised</th>
<th>Assisted</th>
<th>Dependant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding</td>
<td></td>
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<tr>
<td>Dressing</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Bathing</td>
<td></td>
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<tr>
<td>Toileting</td>
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<tr>
<td>Ambulation</td>
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<tr>
<td>Transfers</td>
<td></td>
<td></td>
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<tr>
<td>Stairs</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>IADL'S</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Driving</td>
<td></td>
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</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Meal Prepr.</td>
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<td></td>
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</tr>
<tr>
<td>Housework</td>
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<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Safety Issues:**
- leaves stove on
- leaves water running
- other
- wandering

**Assistive Devices:**
- walker
- wheelchair
- raised toilet seat
- bath grab bars
- Lifeline
- cane
- stair glide
- bath seat
- handheld shower
- other

**Home Environment:**
- stairs into house
- stairs in the house
- location of bathrooms

**Community Support:**
- CCAC PSW
- CCAC PT
- Private Paid
- Informal unpaid
- CCAC Nursing
- CCAC OT

**Family and Social History:**

<table>
<thead>
<tr>
<th>Living Arrangement:</th>
<th>With Whom:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthplace:</td>
<td></td>
</tr>
<tr>
<td>Marriage:</td>
<td></td>
</tr>
<tr>
<td>Education:</td>
<td></td>
</tr>
<tr>
<td>Work History:</td>
<td></td>
</tr>
<tr>
<td>Finances:</td>
<td></td>
</tr>
</tbody>
</table>

Comprehensive Geriatric Assessment Form
Will/POA:
Hobbies/Leisure:
Alcohol Use:
Smoking:

**Review of Systems:**

i) Bladder/Continence

ii) Bowel Function/Continence

iii) Falls

iv) Mood

v) Memory Impairment

vi) Vision

vii) Hearing

viii) Appetite/Weight Changes

viii) Other

**Mental Status Examination:**

MMSE □ attached

Clock drawing □ attached

Geriatric Depression Scale □ attached

Appearance

Affect

Speech □ word finding difficulty □ aphasia □ dysarthric

□ other

□ hallucinations □ delusions

Acquired knowledge

Judgement Insight
**Physical Examination:**

General Observations: □ pale □ cyanotic □ flushed □ distressed
□ cachetic □ other:

Vision screening:

Hearing: whisper test

<table>
<thead>
<tr>
<th>Vital signs:</th>
<th>BP</th>
<th>HR</th>
<th>RR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Head & Neck:

Chest:

Breast:

CVS:

Abdominal:

MSK:

Skin:

Neurological Examination:

Gait:
**Significant Test Results:**

<table>
<thead>
<tr>
<th>Issues:</th>
<th>Recommendations:</th>
</tr>
</thead>
</table>

**Follow Up:**

Physicians Name: ___________________________  PGY: ____________________
Signature: _______________________________  MD: ____________________
**VISUOSPATIAL / EXECUTIVE**

- Copy cube
- Draw CLOCK (Ten past eleven) (3 points)

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.

<table>
<thead>
<tr>
<th>1st trial</th>
<th>2nd trial</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACE</td>
<td>VELVET</td>
</tr>
<tr>
<td>CHURCH</td>
<td>DAISY</td>
</tr>
<tr>
<td>RED</td>
<td></td>
</tr>
</tbody>
</table>

No points

**ATTENTION**

Read list of digits (1 digit/sec.). Subject has to repeat them in the forward order

[ ] 2 [ ] 1 [ ] 8 [ ] 5 [ ] 4

Subject has to repeat them in the backward order

[ ] 7 [ ] 4 [ ] 2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[ ] FBACMNAAJJKLABAFKDEAAAJAMOFAAB

Serial 7 subtraction starting at 100

[ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

**LANGUAGE**

Repeat: I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] (N ≥ 11 words)

No points

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

No points

**DELAYED RECALL**

Has to recall words WITH NO CUE:

<table>
<thead>
<tr>
<th>FACE</th>
<th>VELVET</th>
<th>CHURCH</th>
<th>DAISY</th>
<th>RED</th>
</tr>
</thead>
</table>

Optional Category cue

Multiple choice cue

Points for UNCUED recall only

**ORIENTATION**

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

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Normal ≥ 26 / 30
Add 1 point if ≤ 12 yr edu

Administered by: ____________________________
Montreal Cognitive Assessment (MoCA)

Administration and Scoring Instructions

The Montreal Cognitive Assessment (MoCA) was designed as a rapid screening instrument for mild cognitive dysfunction. It assesses different cognitive domains: attention and concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. Time to administer the MoCA is approximately 10 minutes. The total possible score is 30 points; a score of 26 or above is considered normal.

1. Alternating Trail Making:
   Administration: The examiner instructs the subject: "Please draw a line, going from a number to a letter in ascending order. Begin here [point to (1)] and draw a line from 1 then to A then to 2 and so on. End here [point to (E)]."
   Scoring: Allocate one point if the subject successfully draws the following pattern: 1 − A- 2- B- 3- C- 4- D- 5- E, without drawing any lines that cross. Any error that is not immediately self-corrected earns a score of 0.

2. Visuoconstructional Skills (Cube):
   Administration: The examiner gives the following instructions, pointing to the cube: “Copy this drawing as accurately as you can, in the space below”.
   Scoring: One point is allocated for a correctly executed drawing.
   • Drawing must be three-dimensional
   • All lines are drawn
   • No line is added
   • Lines are relatively parallel and their length is similar (rectangular prisms are accepted)
   A point is not assigned if any of the above-criteria are not met.

3. Visuoconstructional Skills (Clock):
   Administration: Indicate the right third of the space and give the following instructions: “Draw a clock. Put in all the numbers and set the time to 10 after 11”.
   Scoring: One point is allocated for each of the following three criteria:
   • Contour (1 pt.): the clock face must be a circle with only minor distortion acceptable (e.g., slight imperfection on closing the circle);
   • Numbers (1 pt.): all clock numbers must be present with no additional numbers; numbers must be in the correct order and placed in the approximate quadrants on the clock face; Roman numerals are acceptable; numbers can be placed outside the circle contour;
   • Hands (1 pt.): there must be two hands jointly indicating the correct time; the hour hand must be clearly shorter than the minute hand; hands must be centred within the clock face with their junction close to the clock centre.
   A point is not assigned for a given element if any of the above-criteria are not met.
4. **Naming:**
   **Administration:** Beginning on the left, point to each figure and say: “Tell me the name of this animal.”

   **Scoring:** One point each is given for the following responses: (1) camel or dromedary, (2) lion, (3) rhinoceros or rhino.

5. **Memory:**
   **Administration:** The examiner reads a list of 5 words at a rate of one per second, giving the following instructions: “This is a memory test. I am going to read a list of words that you will have to remember now and later on. Listen carefully. When I am through, tell me as many words as you can remember. It doesn’t matter in what order you say them.”. Mark a check in the allocated space for each word the subject produces on this first trial. When the subject indicates that (s)he has finished (has recalled all words), or can recall no more words, read the list a second time with the following instructions: “I am going to read the same list for a second time. Try to remember and tell me as many words as you can, including words you said the first time.”. Put a check in the allocated space for each word the subject recalls after the second trial.
   At the end of the second trial, inform the subject that (s)he will be asked to recall these words again by saying, “I will ask you to recall those words again at the end of the test.”

   **Scoring:** No points are given for Trials One and Two.

6. **Attention:**
   **Forward Digit Span:** **Administration:** Give the following instruction: “I am going to say some numbers and when I am through, repeat them to me exactly as I said them”. Read the five number sequence at a rate of one digit per second.
   **Backward Digit Span:** **Administration:** Give the following instruction: “Now I am going to say some more numbers, but when I am through you must repeat them to me in the backwards order.” Read the three number sequence at a rate of one digit per second.

   **Scoring:** Allocate one point for each sequence correctly repeated, (N.B.: the correct response for the backwards trial is 2-4-7).

   **Vigilance:** **Administration:** The examiner reads the list of letters at a rate of one per second, after giving the following instruction: “I am going to read a sequence of letters. Every time I say the letter A, tap your hand once. If I say a different letter, do not tap your hand”.

   **Scoring:** Give one point if there is zero to one errors (an error is a tap on a wrong letter or a failure to tap on letter A).
Serial 7s: Administration: The examiner gives the following instruction: “Now, I will ask you to count by subtracting seven from 100, and then, keep subtracting seven from your answer until I tell you to stop.” Give this instruction twice if necessary.

Scoring: This item is scored out of 3 points. Give no (0) points for no correct subtractions, 1 point for one correction subtraction, 2 points for two-to-three correct subtractions, and 3 points if the participant successfully makes four or five correct subtractions. Count each correct subtraction of 7 beginning at 100. Each subtraction is evaluated independently; that is, if the participant responds with an incorrect number but continues to correctly subtract 7 from it, give a point for each correct subtraction. For example, a participant may respond “92 – 85 – 78 – 71 – 64” where the “92” is incorrect, but all subsequent numbers are subtracted correctly. This is one error and the item would be given a score of 3.

7. Sentence repetition:
   Administration: The examiner gives the following instructions: “I am going to read you a sentence. Repeat it after me, exactly as I say it [pause]: I only know that John is the one to help today.” Following the response, say: “Now I am going to read you another sentence. Repeat it after me, exactly as I say it [pause]: The cat always hid under the couch when dogs were in the room.”

Scoring: Allocate 1 point for each sentence correctly repeated. Repetition must be exact. Be alert for errors that are omissions (e.g., omitting "only", "always") and substitutions/additions (e.g., "John is the one who helped today;" substituting "hides" for "hid", altering plurals, etc.).

8. Verbal fluency:
   Administration: The examiner gives the following instruction: “Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? [Pause] Now, tell me as many words as you can think of that begin with the letter F. [time for 60 sec]. Stop.”

Scoring: Allocate one point if the subject generates 11 words or more in 60 sec. Record the subject’s response in the bottom or side margins.

9. Abstraction:
   Administration: The examiner asks the subject to explain what each pair of words has in common, starting with the example; “Tell me how an orange and a banana are alike”. If the subject answers in a concrete manner, then say only one additional time: “Tell me another way in which those items are alike”. If the subject does not give the appropriate response (fruit), say, “Yes, and they are also both fruit.” Do not give any additional instructions or clarification.

   After the practice trial, say: “Now, tell me how a train and a bicycle are alike”. Following the response, administer the second trial, saying: “Now tell me how a ruler and a watch are alike”. Do not give any additional instructions or prompts.
Scoring: Only the last two item pairs are scored. Give 1 point to each item pair correctly answered.

The following responses are acceptable:
- Train-bicycle = means of transportation, means of travelling, you take trips in both;
- Ruler-watch = measuring instruments, used to measure.

The following responses are not acceptable: Train-bicycle = they have wheels; Ruler-watch = they have numbers.

10. **Delayed recall:**

   **Administration:** The examiner gives the following instruction: “I read some words to you earlier, which I asked you to remember. Tell me as many of those words as you can remember. Make a check mark (✓) for each of the words correctly recalled spontaneously without any cues, in the allocated space.

   **Scoring:** Allocate 1 point for each word recalled freely without any cues.

   **Optional:**

   Following the delayed free recall trial, prompt the subject with the semantic category cue provided below for any word not recalled. Make a check mark (✓) in the allocated space if the subject remembered the word with the help of a category or multiple-choice cue. Prompt all non-recalled words in this manner. If the subject does not recall the word after the category cue, give him/her a multiple choice trial, using the following example instruction, “Which of the following words do you think it was, NOSE, FACE, or HAND?”

   Use the following category and/or multiple-choice cues for each word, when appropriate:

   - **FACE:** category cue: part of the body, multiple choice: nose, face, hand
   - **VELVET:** category cue: type of fabric, multiple choice: denim, cotton, velvet
   - **CHURCH:** category cue: type of building, multiple choice: church, school, hospital
   - **DAISY:** category cue: type of flower, multiple choice: rose, daisy, tulip
   - **RED:** category cue: a colour, multiple choice: red, blue, green

   **Scoring:** No points are allocated for words recalled with a cue. A cue is used for clinical information purposes only and can give the test interpreter additional information about the type of memory disorder. For memory deficits due to retrieval failures, performance can be improved with a cue. For memory deficits due to encoding failures, performance does not improve with a cue.

11. **Orientation:**

   **Administration:** The examiner gives the following instructions: “Tell me the date today”. If the subject does not give a complete answer, then prompt accordingly by saying: “Tell me the [year, month, exact date, and day of the week].” Then say: “Now, tell me the name of this place, and which city it is in.”

   **Scoring:** Give one point for each item correctly answered. The subject must tell the exact date and the exact place (name of hospital, clinic, office). No points are allocated if subject makes an error of one day for the day and date.

   **TOTAL SCORE:** Sum all subscores listed on the right-hand side. Add one point for an individual who has 12 years or fewer of formal education, for a possible maximum of 30 points. A final total score of 26 and above is considered normal.
Geriatric Depression Scale (Short Form)

Patient's Name: _______________________________ Date: __________

Instructions: Choose the best answer for how you felt over the past week.

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are you basically satisfied with your life?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have you dropped many of your activities and interests?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Do you feel that your life is empty?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you often get bored?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Are you in good spirits most of the time?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are you afraid that something bad is going to happen to you?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Do you feel happy most of the time?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Do you often feel helpless?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Do you prefer to stay at home, rather than going out and doing new things?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Do you feel you have more problems with memory than most?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Do you think it is wonderful to be alive?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Do you feel pretty worthless the way you are now?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Do you feel full of energy?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Do you feel that your situation is hopeless?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Do you think that most people are better off than you are?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scoring:
Assign one point for each of these answers:

1. NO  4. YES  7. NO  10. YES  13. NO
2. YES 5. NO  8. YES  11. NO  14. YES
3. YES 6. YES  9. YES  12. YES  15. YES

A score of 0 to 5 is normal. A score above 5 suggests depression.

Source:
CONFUSION ASSESSMENT METHOD (CAM) SHORTENED VERSION WORKSHEET

EVALUATOR:

I. ACUTE ONSET AND FLUCTUATING COURSE
   
a) Is there evidence of an acute change in mental status from the patient's baseline?
   
   No     Yes

   b) Did the (abnormal) behavior fluctuate during the day, that is tend to come and go or increase and decrease in severity?
   
   No     Yes

II. INATTENTION

Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?

   No

   Yes

III. DISORGANIZED THINKING

Was the patient 's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

   No

   Yes

IV. ALTERED LEVEL OF CONSCIOUSNESS

Overall, how would you rate the patient's level of consciousness?

   -- Alert (normal)
   
   -- Vigilant (hyperalert)
   -- Lethargic (drowsy, easily aroused)
   -- Stupor (difficult to arouse)
   -- Coma (unarousable)

Do any checks appear in this box?

   No

   Yes

If all items in Box 1 are checked and at least one item in Box 2 is checked a diagnosis of delirium is suggested.

### ASCM 2 WRITTEN MEDICAL CASE REPORT

**Geriatrics**

### PART 1 FORMATIVE FEEDBACK CHECKLIST

This checklist will provide the student with constructive feedback about the written case report. The formal "mark" for the written report will be generated using Part 2 of this form.

<table>
<thead>
<tr>
<th>Not done</th>
<th>Inadequate</th>
<th>Adequate</th>
<th>N/A</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Identifying Data:**
- Identifies the patient in appropriate terms.
  Notes patient's age, sex, and any relevant social or demographic data

**Chief complaint:**
- Correctly identifies main problem(s) or reason for visit; clear brief statement of symptom and duration

**History of Present Illness:**
- Records the history in an organized temporal fashion (tells the "story" well).
- Describes and characterizes symptoms clearly, onset, duration, frequency, location, intensity, exacerbating & alleviating factors
- Notes important systemic features/associated symptoms
- Describes progression, treatment, response to treatment where applicable
- Describes complications of disease or treatment
- Patient's attitude towards illness
- Describes impact of illness on daily/social activities
- Considers/Includes pertinent negatives
- Considers risk factors appropriate for a 2nd year student

**Medication list** (prescription and non-prescription)

**Allergies** (type of reaction noted if relevant)

**Past Medical History:**
- Notes major illnesses, hospitalizations
- Notes other relevant health maintenance history

**Family History:**
- Relevant familial illnesses

**Social History:**
- Notes important relationships
- Occupation, lifestyle and relevant environmental factors
- Support systems, coping strategies, religion & role if pertinent

**Habits:**
- Smoking (includes # pack/years)
- Alcohol (amount/dependency); other drugs
**Functional Inquiry:**

- The detail of the functional inquiry is context specific: The student uses appropriate level of detail
- The student is able to identify complaints that should be recorded in the HPI and not in the Functional Inquiry
- General - weight history, systemic complaints etc.

<table>
<thead>
<tr>
<th>Medical</th>
<th>Social</th>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and Neck - Hearing</td>
<td>Head and Neck - Vision</td>
<td>Cardiovascular</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Gastrointestinal</td>
<td>Breast</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>Genitourinary - Incontinence</td>
</tr>
<tr>
<td>Neurologic</td>
<td>Musculoskeletal</td>
<td>Hematologic</td>
</tr>
<tr>
<td>Dermatologic</td>
<td>Psychological/Psychiatric Mood</td>
<td>Psychological/Psychiatric Memory</td>
</tr>
<tr>
<td>- ADL's</td>
<td>- IADL’s</td>
<td>- FALLS</td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION (CONTEXT SPECIFIC):**

- General Observations (gives appropriate detail for context)
- Vital Signs - orthostatic vitals
- Head/Neck:
  - eyes, vision
  - ears, hearing
- Respiratory:
- Cardiovascular
- Abdomen
- MSK: (detail appropriate to context)
- Neurological: MMSE and/or MOCA
- Gait and balance assessment
- Psychological: GDS if appropriate
- Dermatological:

**SUMMARY**

<table>
<thead>
<tr>
<th>Not done</th>
<th>Inadequate</th>
<th>Adequate</th>
<th>N/A</th>
</tr>
</thead>
</table>

- Summarizes the encounter in 2-3 sentences pointing out the most pertinent historical and physical findings
- Attempts to give impression (within limits of medical knowledge to date)
- Generates a geriatric appropriate problem list which includes medical, social and functional aspects
- Clear delineation between observations and interpretation

**REPORT FORMAT AND STYLE**

- Uses appropriate titles/sections; consistency of format (i.e. point form vs. sentences)
PART 2 - This generates a mark for the student. 1 = Unsatisfactory; 2 = Borderline; 3 = Pass, meets expectations; 4 = Exceeds expectations; 5 = Far exceeds expectations.

<table>
<thead>
<tr>
<th></th>
<th>Student obtains insufficient information to identify the major problem, or is on the wrong track</th>
<th>Obtains sufficient information to identify the major problem</th>
<th>Obtains complete information including psychosocial context of individual patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

1. Data Collection

<table>
<thead>
<tr>
<th></th>
<th>Misses the problem. Lack of understanding</th>
<th>Incomplete or simplistic approach</th>
<th>Recognizes and addresses the problem</th>
<th>Addresses the problem precisely and perceptively</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Approach to Clinical Problem

<table>
<thead>
<tr>
<th></th>
<th>Little or no thinking about the issues; Tangential</th>
<th>Descriptive, repetitious, superficial</th>
<th>Some focus and organization of data; Minimal depth</th>
<th>Focused, coherent, organized; Shows clarity and depth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Degree of focus and Organization

|                      | Lack of content knowledge interferes with understanding of clinical problem                   | Sufficient content knowledge to interpret clinical problem  | Substantial content knowledge allows complex in-depth approach                     |
|----------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                      | 1                                                                                               | 2                                                           | 3                                                                                   | 4                                                                                   |
|                      | 5                                                                                               |                                                             |                                                                                    |                                                                                    |

4. Content Knowledge

|                      | Errors of expressions interfere with understanding                                             | Some errors of expression or language                       | Exhibits command of language and terminology                                       |
|----------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                      | 1                                                                                               | 2                                                           | 3                                                                                   | 4                                                                                   |
|                      | 5                                                                                               |                                                             |                                                                                    |                                                                                    |

5. Language

|                      | Incomplete history and physical exam, disorganized presentations and approach to clinical problem | Complete history and physical exam with succinct presentations and approach | Sophisticated synthesis of history and physical exam, emerging ability to apply information |
|----------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                      | 1                                                                                               | 2                                                           | 3                                                                                   | 4                                                                                   |
|                      | 5                                                                                               |                                                             |                                                                                    |                                                                                    |

6. Global Clinical Skills

Comments

[Submit button]