

DESCRIPTIONS FOR MED 3 ROTATIONS

Geriatric Medicine A3G

NOTE: These objectives will be met through review of the core content podcasts and complementary readings on Brightspace and your clinical rotation experience.

Goal Statement:

By the end of the A3 Geriatrics rotation, a Dalhousie Medical Student will have the knowledge, skills and attitudes needed to successfully diagnose and manage (under supervision) frail elderly patients with interacting medical, cognitive, functional, and social problems.

Key Objectives for this Unit:

By the end of this rotation students will be able to:

1. Describe the components of a comprehensive geriatric assessment and outline how data from the CGA process can be used to describe frailty in an elderly patient.
2. Complete a four-step assessment using reliable collateral information to explore key cognitive domains and functional status to help formulate a diagnosis of cognitive impairment.
3. List the diagnostic criteria for Alzheimer's dementia and its typical stages of decline. Describe clinical differences that can help to distinguish Alzheimer's from other relatively common types of cognitive impairment, such as vascular dementia and Lewy Body dementia.
4. Outline the key strategies for managing patients with dementia, incorporating both non-pharmacologic and pharmacologic elements.

Approved by Department of Medicine Undergraduate Medical Education Committee
September 4, 2009

Reviewed July, 2016

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5. Perform a detailed drug review for an older patient, identifying indications and potential side effects to flag high-risk medication use.
6. Construct a differential diagnosis and outline a plan to investigate and manage falls in a frail older adult.
7. List the most important risk factors for delirium, and describe an approach to identifying and managing delirium and its complications in the frail elderly.
8. Recognize ways in which depression can present differently in elderly individuals, and outline non-pharmacologic and pharmacologic strategies to manage it effectively in this population.
9. Recognize that frail elderly persons are at a higher risk of iatrogenic illness, and identify function, frailty, and life expectancy as factors that should influence the management plan.

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