Section of Geriatric Medicine, Department of Internal Medicine

The Section of Geriatric Medicine offers a unique opportunity for the student to experience the specialty of geriatric medicine. The student will be exposed to both in-patient and out-patient geriatric consultation service, sub-specialty didactic seminars, and geriatric rounds/journal club. Teaching within the department is done one to one and each student will be assigned to a Geriatric Physician during in-patient service and to a different Geriatric Physician in out-patient clinics. The rotations are structured with the goal to give you exposure to the breadth of geriatric services. To meet your rotation objectives we will be using a variety of teaching methods including didactic teaching, bedside teaching, patient assessment, informal discussion, reading syllabus and directed readings.

Goals and Objectives

On completion of the rotation, the student should be able to:

1. Perform a cognitive assessment and obtain collateral history relevant to cognitive and/or functional decline. Define and distinguish between the clinical presentations of delirium, dementia and depression.
2. Evaluate baseline (pre-morbid) and current functional abilities (both basic and instrumental activities of daily living) using reliable sources of information.
3. Construct a differential diagnosis (including risk factors) and initial plans for the evaluation and management of falls.
4. Practice and develop skills of clinical examination and presentation (i.e. summary of history, physical examination with discussion of differential diagnosis and management), and a detailed medication history (including list of medications taken, dosage/frequency, indications, beneficial evidence, side effects and adherence).
5. Demonstrate the ability to recognize and evaluate atypical presentations of common medical conditions (e.g. acute coronary syndrome, infections, acute abdomen, depression) that can be encountered in an older individual.
6. Identify and participate in efforts to reduce the potential hazards of hospital/institutional care (e.g. delirium, falls, immobility, pressure ulcers, incontinence, indwelling catheters, medication-related adverse events, malnutrition).
7. List the causes, and outline initial plans for evaluation and management of transient (acute) and established (chronic) urinary incontinence.
8. Communicate the key components of an appropriate transfer or discharge plan (e.g. accurate medication list, need for support services, plans for follow-up).
9. Define and describe (including the roles of physicians and substitute decision-makers) advance planning directives dealing with personal and financial decision-making, as permitted by legislation in their province of training.
10. Identify key community resources and supports for older adults and their families.

Clerkship Elective:

1. Variable dates: Available any time during the Clerkship period. We encourage students to inquire at the beginning of the academic year or closer to the date to check the availability for their preferred dates.
2. Variable length of time from a minimum of two weeks to a maximum of four weeks.
3. Students may be assigned to the Rehab Geriatric In-Patient Unit at Riverview Health Centre for the rotation. Students are expected to attend didactic seminars and geriatric...
rounds held at St. Boniface Hospital. Students may be assigned to the in-patient geriatric consult services at either St. Boniface and/or Health Sciences Centre and to outpatient clinics at Riverview Health Centre or Deer Lodge Centre. Travel should be expected between sites. There will be an opportunity to do a home visit.

**Call Responsibility:** Call is NOT required

**Availability:** All year; possible black-out periods July/August and Christmas period.