

Geriatrics Noon Case Series 2006

Goals

1. To provide second year medical students with an opportunity to integrate the content of their basic science coursework with biopsychosocial issues of aging
2. To allow students to begin to develop an organized clinical approach to evaluation and management of health issues of aging
3. To highlight reasons why health issues of aging differ from similar issues in usual adults

Structure

1. These monthly 50 minute noontime sessions are aligned with the year 2 organ based Core curriculum.
2. Sessions are arranged (dates, rooms) and promoted (emails, Zone, class announcements, guest faculty introductions) by student leaders from MS 2 class. Students also arrange for the power point projector to be available if needed.
3. The case leaders are Pitt faculty with a strong background in aging. The speaker invitations are coordinated by the faculty leaders of the case conference cycle. The MS2 students should suggest several good dates for each session and the faculty coordinator negotiates with the case leader for the preferred date, then notifies the students.
4. Food is provided by the Geriatrics Division and ordering/delivery is coordinated by the Geriatrics Division administrative staff, Val Asbury.
5. An attendance sheet is provided by the administrative staff and must be returned at the end of the session.

Case Presentations

1. The case should relate to the organ system topic of the month
2. It should provide an opportunity for MS2s to apply what they have learned in pathophysiology, pharmacology etc
3. It should be structured like a “new patient presentation”, with opportunities for students to develop skills at differential diagnosis, focused positive and negative findings from history and physical, diagnostic strategies, treatment strategies. Consider starting with a “chief complaint” and having class suggest potential issues and next steps in history, physical, tests, treatments
4. Bring in psychosocial issue like function, family, ethics, resources/costs
5. Minimize use of power point- use blackboard to initiate discussion and highlight student-led next steps. Power point should be employed only for critical graphics like xray, EKG, pathology- students should help interpret
6. Remember that students are novices- keep cases fairly straightforward and have 3-5 main teaching points in mind.

Geriatrics Care Series Approach to Case Presentation

One of the goals of the geriatrics case series is to help students use clear medical thinking to organize the history, physical examination, diagnostic testing and treatment planning.

We base our approach on medical concepts of “differential diagnosis”. In this approach, the presenting problem, or “chief complaint” is used to form a differential diagnosis. The history, examination and testing are then used to “rule in” and “rule out” various possibilities from the differential diagnosis. Traditionally, when presenting on the wards, the differential diagnosis is not actually stated out loud until after completing the report of the physical examination, but the student’s knowledge of the differential possibilities is demonstrated by their emphasis on the “significant positives and negatives” from the history, physical examination and other portions of the presentation.

In our AGS cases, we add special issues with the older adult, based on the patient profile, past medical history, medication list, social and functional history and review of systems. These additional issues may further modify the differential, evaluation and management.

The faculty member from geriatrics will present a case related to the organ system under study by the MSII class. The faculty member should emphasize steps in differential diagnosis based on the chief complaint, asking students to suggest possible causes from the differential. The students should then suggest items to query in the history to sort out the differential, and then proceed through past medical history, social history etc to physical examination. After the physical examination, students should participate in re-assessing the differential and then plan for diagnostic testing based on remaining diagnostic possibilities. Finally, treatment planning should be based on the final diagnosis in the context of the older persons’ co-existing conditions, personal situation and patient preferences.

Example using classic clinical presentation format:

Patient Profile: This is an 87 year old retired librarian who lives alone in her own home.

Chief complaint: recent onset shortness of breath

Differential: (out loud/on blackboard for AGS cases but implicit until after physical examination when presenting on the wards) congestive heart failure (and underlying contributors such as arrhythmia, valvular heart disease), myocardial infarction, pulmonary embolus, pneumonia, COPD, pneumothorax, asthma, anemia, other???

History: cough, fever, sputum production and change in color, wheezing, leg swelling, orthopnea, bleeding, history of blood clots, chest pain, palpitations, smoking

PMH: history of coronary artery disease, COPD symptoms and hospitalizations, blood clots

Physical examination: heart rate, respiratory rate, temperature, cardiac exam for rate and rhythm, S3, murmurs, lung exam for air movement, crackles, consolidation, wheezing, skin and membranes for pallor, stool guaiac for bleeding

Reconsider differential based on findings so far

Testing: based on differential so far- could include chest xray, EKG, blood gas, CBC, cardiac enzymes, then based on these go on to further tests

Treatment: depends on results of evaluation