# LEARNING OBJECTIVES: GERIATRIC PSYCHIATRY ELECTIVE

<table>
<thead>
<tr>
<th>Overarching Goals</th>
<th>Learning Objectives: By the end of the rotation, students will be expected to:</th>
<th>Where/how taught</th>
<th>Taught by</th>
<th>How student’s achievement of objective is assessed</th>
<th>How feedback is given</th>
<th>Quantity target</th>
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<td><strong>Please use this template as a guide. The noted learning objectives can be modified, added, or deleted. The Overarching Goals and Definitions of Elective/Subinternship are shown below.</strong></td>
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| 1, 2, 3, 4, 5, 6   | 1. **History skills:** Gather the important information that is needed for the geriatric psychiatry history and complete a history in the medical record for at least 4 patients.  
   a. The student should name all the routine questions that are involved in taking a history of the older adult and why they are being asked.  
   b. The student will give clear, concise oral presentations. | Outpatient geriatric psychiatry clinic | Attendings, fellows | Observation and feedback | Verbal formative feedback throughout the rotation, written feedback at end of rotation | 4 new patient evaluations |
| 1, 2, 3, 4, 5       | 2. **Physical examination skills:** Complete a pertinent mental status examination, including cognitive assessment for the evaluation of mental status and cognition on at least 4 patients. The student should demonstrate the ability to perform this pertinent examination while being observed by at least one attending or resident.  
   a. The student should know how to differentiate mild cognitive impairment, dementia, delirium, and depression.  
   b. The student should be able to explain each part of the mental status exam and cognitive assessment, why it is being performed and what abnormalities are being sought. | Outpatient geriatric psychiatry clinic | Attendings, fellows | Observation and feedback | Verbal formative feedback throughout the rotation, written feedback at end of rotation | 4 new patient evaluations |
| 1, 2, 3, 4, 5, 6, 7, 8 | 3. **Knowledge/diagnostic and treatment skills:** Know about common geriatric psychiatry conditions, for example: | Outpatient geriatric psychiatry clinic | Attendings, fellows | Observation, discussions with team, and feedback | Verbal formative feedback throughout the rotation, written | n/a |

1. History skills: Gather the important information that is needed for the geriatric psychiatry history and complete a history in the medical record for at least 4 patients.
   - The student should name all the routine questions that are involved in taking a history of the older adult and why they are being asked.
   - The student will give clear, concise oral presentations.

2. Physical examination skills: Complete a pertinent mental status examination, including cognitive assessment for the evaluation of mental status and cognition on at least 4 patients. The student should demonstrate the ability to perform this pertinent examination while being observed by at least one attending or resident.
   - The student should know how to differentiate mild cognitive impairment, dementia, delirium, and depression.
   - The student should be able to explain each part of the mental status exam and cognitive assessment, why it is being performed and what abnormalities are being sought.

3. Knowledge/diagnostic and treatment skills: Know about common geriatric psychiatry conditions, for example:
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| **Please use this template as a guide. The noted learning objectives can be modified, added, or deleted. The Overarching Goals and Definitions of Elective/Subinternship are shown below.** | a. Know the 3 most likely causes of dementia, delirium, depression and the mechanism for each. 
   b. Name at least 3 laboratory tests to evaluate each of these conditions or diagnostic imaging tests used to evaluate each of the above conditions and select them appropriately for each case. 
   c. Describe the first line therapy for each of these conditions. | Outpatient geriatric psychiatry clinic | Attendings, fellows | Observation and feedback | Feedback at end of rotation | n/a |
| **4** | 4. **Procedural skills:** Perform a MOCA on at least 8 patients. 
   a. The student should know the key indications for the procedure. 
   b. The student should be observed and get feedback on the performance of the procedure on at least one occasion. | | | | | 8 MOCAs during rotation |
| **4, 5, 6** | 5. **Attitude:** Demonstrate professional responsibility in working as a team member with other members of the geriatric psychiatry care team, patients and families. 
   a. The student should exhibit sensitivity to the psychosocial issues faced by older patients and their families. 
   b. The student should exhibit honesty, accuracy and integrity in all interactions with patients, families, colleagues and others. | | | | | n/a |
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<td>5, 6, 8</td>
<td>6. <strong>Career/context:</strong> Know the training/career pathway for geriatric psychiatry.</td>
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<td>a. Know 3 aspects of career satisfaction in this specialty.</td>
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<td>b. Know key roles that the specialty plays in the health care system.</td>
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<th>Where/how taught (location or learning activity)</th>
<th>Taught by (attending, fellows, etc.)</th>
<th>How student’s achievement of objective is assessed (assessment method)</th>
<th>How feedback is given (feedback method)</th>
<th>Quantity target (target number of patients/events during rotation)</th>
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<td>Outpatient geropsychiatry clinic, AAGP website</td>
<td>Attendings, fellows</td>
<td>Discussions with team</td>
<td>Verbal formative feedback throughout the rotation, written feedback at end of rotation</td>
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Overarching Goals and Definitions of Elective/Subinternship

Overarching Goals


The Overarching Goals of the curriculum serve as the foundation for our curriculum and define its content. Emphasis is placed on goals that meet the growing needs of a changing society and medical practice. A strong foundation in science provides special opportunities for students to participate in creative endeavors that foster the life-long pursuit of scholarship.

1. Health Promotion and Disease Prevention: Students apply scientific knowledge and use clinical skills to promote health and prevent disease in individuals and communities.

2. Mechanisms and Treatment of Disease: Students acquire knowledge at the molecular, cellular, organ-system, whole body, and societal levels, and integrate this knowledge with clinical science and skills to diagnose and treat disease.

3. Clinical Reasoning: Students exercise clinical judgment based on a thorough understanding of the patient, application of sound scientific principles, and knowledge of the health care systems. Clinical reasoning is learned through practice, self-reflection, and feedback.

4. Patient Care: Students achieve competency in the care of patients at a level required to excel in residency.

5. Professionalism and Communication: Students demonstrate respectful and ethical behavior in all of their professional interactions and provide compassionate, empathic care to patients and families. Professionalism and communication skills are acquired through practice, self-reflection, and feedback.

6. Responsibility to Society: Students learn to practice medicine with cultural competence and fiscal responsibility in preparation for work in a society characterized by diverse populations and economic constraints.

7. Creation and Dissemination of Knowledge: Students manifest independent and creative thinking fostered by a collaborative graduate school environment. They perform mentored scholarly research culminating in a formal written thesis to promote critical thinking, understand the scientific method, and contribute to medical knowledge.

8. Physician as Scientist: Students learn to approach medicine from a scientifically minded perspective and are educated and mentored by leading scientists. This prepares them for careers in biomedical science and as medical practitioners, and to become the next generation of medical scientists and leaders in academic medicine.

Each goal has been thoroughly reviewed by a task force comprised of content experts, interested parties, and students. These task forces made recommendations for content and pedagogy across the four years that are being used to guide the curriculum rebuild process.

Subinternship and Clinical Elective Definitions

A Subinternship is an opportunity for a medical student to engage in a clinical rotation meeting the following criteria:

1) With appropriate supervision, assume patient care responsibility at the highest appropriate level possible within the specialty area, interfacing with the patient, the medical team, the nursing staff, and any other services.
2) Total immersion in day to day activities, tasks, and responsibilities of patient care.
3) A broadened patient case-mix and patient load with case assignment and schedule similar to 1st year resident.
4) An opportunity to solidify advanced clinical knowledge, skills and professionalism.
5) A level of independence appropriate to a 4th year medical student.

A Clinical Elective is an opportunity for a medical student to engage in a clinical rotation with the following characteristics:

1) With appropriate supervision, participate in the care of patients as an adjunct to a primary clinician (usually a fellow or resident) on a service. The student may interface with the patient, medical team, nursing staff, and other services.
2) Exposure to and participation in day to day activities, tasks, and responsibilities of patient care on the service.
3) A patient case-mix chosen for interesting learning opportunities.
4) An opportunity for exposure to sub-specialty areas of medicine which will enhance student's knowledge base and experience.
5) A level of independence appropriate to a 4th year medical student.