Geriatric Medical Student Curriculum
Cognitive and Behavioral Disorders Domain

Overview
The curriculum module was developed for faculty use in teaching medical students the fundamental knowledge and skills required to build competence in the AAMC Cognitive and Behavioral Disorders Domain. The module can be offered as a stand-alone unit or as part of a course. The formal content is taught in the context of clinical scenarios and includes a range of instructional strategies to reinforce learning and skill acquisition.

Level of Learner
Medical Students – Years II, III and IV

Learning Objectives
The module includes instruction that is designed to build student knowledge and skill in each of the five cognitive and behavior disorders domain competencies. The specific learning objectives are to:
1) distinguish normal and abnormal physiologic changes in the aging brain;
2) utilize a systematic approach to assessing a patient presenting with memory loss;
3) distinguish between the unique clinical signs and symptoms of dementia, delirium and depression;
4) describe the etiology, diagnosis and management of dementia, delirium and depression;
5) administer four common cognitive and affective assessment instruments (MMSE, Clock Draw, Sweet 16, Geriatric Depression Scale) and interpret the results; and
6) recommend appropriate pharmacologic and non-pharmacologic interventions for a patient presenting with dementia, delirium or depression.

Module Components
1) Overview of the Module
   The overview includes a brief summary of the module, the learning objectives, and a curriculum map linking the course materials to the AAMC Geriatric Competencies.

2) Presentation Slides (Select presentations include speaker notes and audience response questions*)
   • Approach to Memory Loss* (2.5 hours)
   • Alzheimer’s Disease (1 hour)
   • Non-Alzheimer’s Dementia* (1 hour)
   • Depression (1 hour)

3) Review Session for Cognitive and Behavioral Disorders Domain
   A large group review session with slide presentation in which participants utilize audience response system to gauge their knowledge in this domain.

4) Podcast
   • Management of Behavior Problems Associated with Progressive Dementia (17.53 minutes).

5) Standardized patient cases
   • Case of Margaret Pelli
   • Case of Isabel Farley
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**Geriatric Module Curriculum Map**

The curriculum map delineates each competency and the specific module component and instructional strategy used to address student learning.

<table>
<thead>
<tr>
<th>AAMC Geriatric Competency for Medical Students</th>
<th>Instructional Strategy</th>
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<tbody>
<tr>
<td></td>
<td>Lecture</td>
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<tr>
<td>4. Compare and contrast among the clinical presentations of delirium, dementia, and depression.</td>
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<td>5. Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits delirium, dementia, or depression.</td>
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<td>6. In an older patient with delirium, urgently initiate a diagnostic work-up to determine the root cause (etioloogy).</td>
<td>X</td>
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<tr>
<td>7. Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.</td>
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<td>8. Develop an evaluation and non-pharmacologic management plan for agitated demented or delirious patients.</td>
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**Instructions**

The entire module can be delivered as a stand-alone unit or as part of a course. The slide presentations represent an estimated 5.5 hours of total lecture content. Many of the presentations include audience response questions to engage students. The presentation topics were developed to be delivered in the order listed above. The podcast presentation is a self-study activity which is designed to complement the lectures on memory loss and dementia.


The standardized patient (SP) cases are designed to assess a student’s ability to conduct cognitive and affective screening on older patients. Students complete the task following in-class instruction on the administration and interpretation of the Mini-Mental Status Exam (MMSE), the Sweet 16, the Clock Drawing Test, and the Geriatric Depression Screen (GDS). The SP case documents provide detailed instructions on the implementation of the two cases. Students are given patient information and then instructed to perform specific screening tasks. Students are given the standardized instruments (MMSE,
GDS, and Sweet 16) to use in each encounter. All encounters are limited to 15 minutes with a 10 minute post-encounter exercise (total of 25 minutes).

**Evaluation/Student Assessment**

**Standardized Patient Cases:** Student skill in performing and interpreting a cognitive assessment in patients for whom there are concerns about memory loss and function is assessed through the use of standardized patients. The students are scored using a behavior checklist for the patient encounter and written note checklist for objective data and interpretation of the results. The behavior checklists are specific to each encounter and include items that are scored by the SPs on a dichotomous scale of "Done" (1 point) or "Not done" (0 points). The note scoring sample includes required elements for each patient; it is scored on the same dichotomous scale. The total score is weighted 80\% for the behavior checklist and 20\% for the note.

**Written Multiple Choice Exam:** Student knowledge on cognitive and behavioral disorders is assessed through a series of multiple choice test items. The exam items and corresponding item analysis are available by request through Kevin Overbeck, DO at overbeke@umdnj.edu.