## STATION OVERVIEW

### OBJECTIVES
This station is designed to test student’s ability to:

- Take a focused history for a geriatric patient presenting following a fall
- Perform a problem-focused physical exam
- Establish differential diagnosis/es and initial workup

### LOGISTICS

<table>
<thead>
<tr>
<th>Personnel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP, 75-year-old woman, dressed in loose clothing (with short sleeves), sitting on edge of the examining table (with the examining table step out to assist her up and down)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Station Materials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student instructions</td>
</tr>
<tr>
<td>SP evaluation forms</td>
</tr>
<tr>
<td>SP instructions</td>
</tr>
<tr>
<td>Faculty evaluation forms</td>
</tr>
<tr>
<td>Hospital gown, blanket</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Room Arrangement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Station signs</td>
</tr>
<tr>
<td>Examination table</td>
</tr>
<tr>
<td>Chair (2)</td>
</tr>
</tbody>
</table>
**STUDENT INSTRUCTIONS**

<table>
<thead>
<tr>
<th><strong>PATIENT INFORMATION</strong></th>
<th>Name: Jane Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: 75</td>
<td></td>
</tr>
</tbody>
</table>

**REASON FOR VISIT**
Patient is complaining of a fall in his home.

**VITALS**
To be obtained by the medical student

**YOUR ROLE**
Medical student in the clinic performing initial history and physical exam before reporting to preceptor.

**YOUR TASKS**
1) Take a focused history
2) Perform a problem-focused examination
3) Discuss with patient differential diagnosis/es and initial workup
4) After the patient encounter, please exit the room to complete the patient note

*Do not perform a pelvic or rectal exam. Do not test the corneal reflex.*
STANDARDIZED PATIENT INSTRUCTIONS

THE SCENARIO

You are Jane Smith, a 75-year-old retired secretary living in a small single-bedroom apartment on the Lower West Side. You are visiting your internist today after experiencing a fall at home. This is the second time in the past month that you have fallen, and you are a bit concerned as you are not used to falling so often.

You live alone in your apartment; you have lived there for the past 25 years. You once shared it with your husband, but he died 6 years ago. You have been mostly independent, even after your wife’s death. You are blessed with 2 daughters, one of whom lives very close to you and does the weekly shopping, housework, and laundry.

You usually don’t get out much because of the hip pain you experience when you walk (1–2 on a scale of 1 to 10) due to arthritis in your right hip. You are now also wary to go out lest you fall again and really hurt yourself, like break a hip or something! You are used to walking around the apartment and going for short trips outside. Because of your chronic arthritis, you generally can only walk for about 2 blocks before you need to stop and rest. You have been using taxis when you must go further distances (like this morning, when you came to the clinic to see your doctor).

About a month ago, you suffered a fall. You were in the process of getting up from a chair in your living room after eating dinner during the early evening. The details are still a little fuzzy to you. Essentially, while in the process of fully standing up, you were suddenly overcome with a feeling of lightheadedness and started to fall to the ground. Though you hit the floor, you did not seriously injure yourself (no broken bones) nor do you recall losing consciousness. You don’t remember feeling any chest pain at the time, but you can’t be too sure. You were able to get up immediately afterwards with little difficulty, using the chair to help you up. Since you seemed unharmed, you did not see the need to tell your daughter (you don’t want her to worry about you) nor did you feel like you needed to see your doctor.

You are here to see your internist because this morning you fell again. This fall was pretty unremarkable. You woke up around 8 AM. You got out of bed and started for the shower; however, on the way there, you fell. You are not too sure why you fell; you might have tripped on something,
or you may have been dizzy. You don’t really recall. You again had no
trouble hoisting yourself up and do not think you suffered any injury.
Ultimately, you are not really sure how and why you fell. You don’t think
you broke anything, but you want to get checked out all the same. You
have a deep-seated fear that this is actually the first step on the road to a
nursing home, something you dread.

You have had arthritis in your right hip for several years. Despite your hip
problems, you don’t use a cane. It’s not that you have anything against a
cane; it’s just that you have never really considered it as a useful aid.

You decided to come in today to get checked out. You do not want the
problem to get any worse. You have come in today by taxi to be totally
sure nothing is wrong. Having fallen twice in such a short time span, you
are a little worried.

**Objective:**
You want to make sure nothing is wrong.

**Obstacles:**
- You fear loss of independence.
- You fear the idea of gradually becoming more and
  more reliant on others.
- You fear falling again and really hurting yourself, like fracturing a hip.
- The concept of assisted living or a retirement home
  frightens you.

**Tactics:**
You answer the student to the best of your ability,
being both open and honest; however, details and facts
are a little vague and fuzzy. You are generally pleasant
and jovial. You readily admit that you fell but become
more tentative as the interview continues, as you are
anxious over what you see as the potential “verdict” on
your independence.

**YOUR CURRENT LIFE SITUATION AND PAST HISTORY**
You were happily married for 45 years, until your husband died 6 years
ago. Your 2 daughters remain a great comfort to you. You retired as a
secretary some 10 years ago.

You live alone in your apartment. Your daughter, Deborah, who lives
nearby and does the shopping, laundry, and heavier cleaning, helps you
out, but you do all the rest. You cook for yourself, and your daughter
sometimes supplements this with frozen meals she prepares for you in her
home that you heat up in your microwave. Other than that, you are mainly
responsible for everything else, including your finances, your taxes, etc.
You are pretty independent in life as you see it.

Usually, you would arrange with your daughter to be seen with you in the clinic. She likes to be involved in your care. Today, however, you are alone. You haven’t yet told her about your falls, and you fear her reaction. You don’t want her to have to worry about you nor do you want to be a burden to her. She already does so much for you!
COGNITION

You have not noticed any problems with your memory. You take pride in the fact that you are still able to keep track of your finances and do your taxes (or at least go over them with the local CPA!) You have noticed no change or decline in your ability to keep track of things. You remain aware and attentive throughout the interview, listening incredibly closely to the student so as to be sure and follow his/her exact specifications. You want to demonstrate as much as possible how able you actually are.

If asked by the student, “Any memory problems?” you reply, “Oh no. I do all right.” You do not elaborate. The student must probe deeper to obtain more information.

If asked by the student to remember 3 objects (for example, a pencil, apple, dog), you have no problem recalling them immediately after the student lists them. The student may ask you to recall the items later in the interview (2+ minutes later); you are able to remember all 3.

If the student asks you the following, you respond:

“What is the (year) (season) (date) (day) (month)?” You respond correctly.

“Where are we? (country) (city) (part of city) (name of building) (name of street)?” You respond correctly.

If the student asks you to perform serial 7 subtractions (that is, “What is 100–7, 93–7…?”), you are able to perform this function accurately, slowly but surely. (100, 93, 86, 79, 72, 65…)

If the student asks you to spell “world” backwards, you respond: “D-L-R-O-W” clearly but slowly.

If the student asks you to draw a clock with a certain time displayed, you are able to follow his/her instructions.

If the student points to objects and asks you to name them, you are able to perform this function.

When asked to “Repeat the following: ‘No ifs, ands, or buts’, you easily repeat “No ifs, ands, or buts” with a little grin.
If the student asks you to follow a command (for example, “Take a piece of paper in your right hand, fold it in half, and put it on the floor”), you are able to follow the command. You are also fully able to obey a command as written by the student on a piece of paper (for example, the student writes “Close your eyes” on a piece of paper. You read this and close your eyes.)

You are able to write a sentence on a piece of paper: “I dislike prunes.”

If the student gives you a design to copy, you have no problem doing so.

DEPRESSION

You are not feeling depressed. In response to the following questions, you mention:

- “Do you have a depressed mood most of the day, nearly every day?” No
- “Do you feel you have a markedly diminished interest or pleasure in all, or almost all, activities?” Oh, no, “This old woman can still shake a leg.” You love the grandkids, and you and Maria next door get together and play cards. You go over to your daughter Samantha’s house for special occasions like Thanksgiving. During hockey season (September–June; you’re a fan of the Rangers), you eat dinner at their house and watch the game on TV with your son-in-law John.
### FUNCTION
You remain able to function pretty much on your own. You do get help from your daughter Deborah for some things. If the student asks, “How are you getting around?” or “Are you able to take care of yourself?” you are quick to reply, “Oh, I do all right.” If asked by the student about your ability to perform specific tasks (with no help, some assistance, dependent on others), you respond:

- **Telephone** — “No troubles there.”
- **Traveling** — “Well, with the hip, I take a cab if I have to go more than 1 block.”
- **Shopping** — “My daughter helps me out with the shopping. I can’t carry all those heavy bags.”
- **Preparing meals** — “Oh, I cook here and there, and sometimes Deborah, she leaves me something to heat up in the microwave.”
- **Housework** — “I’m pretty tidy. And you know Deborah, she vacuums for me once a week or so.”
- **Medication** — “I’m pretty good about taking my meds.”
- **Money** — “I handle that on my own, no problem.”
- **Bathing** — “I’ve got one of those seats to sit on for when I’m in the shower. It works out all right.”
- **Dressing** — “I do just fine.”
- **Toileting** — “Fine!”
- **Transfer** — “Oh, I get myself up and down.”
- **Continence** — “Sometimes it’s a close call!”
- **Feeding** — “I’m pretty good about eating!”

### NUTRITION
On the whole, you eat pretty well. Between the food you make yourself and the stuff your daughter leaves you, you consider yourself well fed. If asked by the student, you respond:

- “Have lost any weight in the last 6 months?” **No**
- “Do you weigh under 100 pounds?” **No**
- “Any change in your ability to eat?” **No**

### URINARY INCONTINENCE
“In the last year, have you ever lost your urine and gotten wet?” **No**

### OSTEOPOROSIS
You have no history of fractures. No one has ever told you that you have osteoporosis.

### ELDER ABUSE
You consider yourself lucky to have a daughter like Deborah. No one has ever hurt you.
<table>
<thead>
<tr>
<th><strong>VISION</strong></th>
<th>Sure, your reading ability has gotten worse over the years, but you can still read fine. If asked, you respond: “Do you have difficulty driving or watching TV or reading or doing any of your daily activities because of your eyesight?” <strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEARING</strong></td>
<td>You hear just fine. If the student asks you to repeat back what they whisper in your ear, you are able to perform this task just fine.</td>
</tr>
<tr>
<td><strong>GAIT</strong></td>
<td>“Have you fallen in the last year?” <strong>Yes</strong> “Do you have problems with balance or gait?” <strong>I don’t know</strong>…You know that you have fallen, but you don’t necessarily feel that you have problems with balance. Your gait is definitely a little slower, but then you are getting older. The student must observe you walk to obtain more specific information.</td>
</tr>
<tr>
<td><strong>SORES</strong></td>
<td>None.</td>
</tr>
</tbody>
</table>
| **PAST MEDICAL HISTORY** | You suffer from arthritis in both your hips. If asked about the arthritis pain by the student, you respond:  
  - **Location:** “It’s in my hips mainly, both.”  
  - **Duration:** “Couple years.” If asked to elaborate, “It has been with me pretty much all the time for probably a decade now.”  
  - **Quality:** “It aches.” You cannot elaborate further.  
  - **Intensity:** There has been no change in your arthritic hip pain intensity since the fall (falling did not seem to aggravate it). If asked to rate your post-fall pain on a scale of 1 to 10 (10 being the highest level of pain you have ever experienced), you would rate your arthritis hip pain at a 2. If asked specifically about arthritis pain in the past, you tell the medical student it has pretty much been at a 1–2.  
  - **Radiation:** The arthritis doesn’t appear to affect you too much anywhere else; it’s pretty much focused in your hips.  
  - Factors that make the pain **better or worse:** You joke: “Not walking. That helps!” If asked, you mention that Tylenol seems to help with the arthritis. Walking more than a couple of steps seems to make the pain worse.  
  - Prior **history** of hip pain: “Well, the arthritis, it’s been bothering me for a while now, maybe a decade?” |
| **Pain:** | You have minor arthritis pain. You have suffered from arthritis for several years, approximately a decade. It’s slightly worse in your right hip. |
| **Medication:** | You take amlodipine (5 mg) for your hypertension, aspirin (81 mg), and Tylenol for arthritis pain in your hips as necessary. |
| **Hypertension:** | You were diagnosed with high blood pressure 5 years ago. You are currently on medication (amlodipine) for this problem; you started taking it soon after finding out 5 years ago. You take your medication regularly each morning. |
| **Allergies:** | None. |
| **Surgery:** | You have no history of surgery. |

**SEXUAL HISTORY**
You have not been sexually active for 8 years.

**FAMILY HISTORY**
Your husband died 6 years ago, leaving you and your 2 daughters behind. He suffered from severe dementia during the last years of his life and had to live out his last years in a home (Jewish Home Hospital on 106th Street). This was not a pleasant experience for you, to see your husband deteriorate, and then to visit him in the home. You hope never to have to go there. Though he was well cared for, the quality of life seemed abysmal. The food, the smell, the lack of privacy, of independence. The thought of losing your independence and ending up in a place like that really makes you anxious about the future.

**SUBSTANCE USE**

**Illicit drug use:** No

**Alcohol use:** No
Your main complaint is your fall, which has you worried. This is your second fall and it has you pretty shaken up. When the student asks you to tell him/her about your problem, or **why you are visiting the clinic today**, you respond: “Well, I **wanted to speak to my doctor about my fall today**. It’s the second one this month!” If the student asks you to elaborate, you say, “I went to go to the shower, and suddenly I’m on the floor!” You do not elaborate about the fall. The student must ask you additional questions to obtain more in-depth information. You do not repeat any mention of the second fall or the circumstances surrounding it, unless prompted by the student.

As the interview progresses and the student delves more into your current life situation, you become slightly more anxious about any potential threats to your independence. This does not manifest as defensiveness; rather, you become slightly more withdrawn.

During the interview, the student may take your blood pressure, perform select neurological tests, and ask to observe you walk across the room. You are willing and able to do all of these tasks.

The student may ask to take your blood pressure while sitting and again while lying down. You readily comply. You follow all other commands by the student, again attempting to show that you can in fact still function fine.

When/if the student asks to watch you walk across the room, you use the table/wall for support to help hoist yourself up. If the student asks you to rise up without using your arms, you sit back down and try again, slowly but successfully. You walk to the end of the room slowly. Your walk is wide-based, meaning you sway slightly from side to side.