## STATION OVERVIEW

### OBJECTIVES

This station is designed to test resident’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

**Personnel:** SP, 75-year-old man, dressed in loose clothing (with short sleeves), sitting on edge of the examining table (with the examining table step out to assist him up and down)

**Station Materials:**
- Resident instructions
- SP evaluation forms
- SP instructions
- Faculty evaluation forms
- Hospital gown, blanket

**Room Arrangement:**
- Station signs
- Examination table
- Chair (2)
| **PATIENT INFORMATION** | Name: **Joshua Baker**  
Age: 75 |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>REASON FOR VISIT</strong></td>
<td>Patient is complaining of a fall in his home.</td>
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<tr>
<td><strong>VITALS</strong></td>
<td>To be obtained by the resident</td>
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<tr>
<td><strong>YOUR ROLE</strong></td>
<td>Resident in the clinic performing initial history and physical exam before reporting to preceptor.</td>
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| **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 Joshua Baker, a 75-year-old retired social worker living in a small single-bedroom apartment on the Upper East 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 wife, but she died 5 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 knee pain you experience when you walk (1–2 on a scale of 1 to 10) due to arthritis in your knees. 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 an easy chair in your living room after watching a little TV one afternoon. 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 easy 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 yesterday you fell again. This fall was pretty unremarkable. It all started when you woke up early in the morning—around 5 AM—to go to the bathroom. You got out of bed and started for the bathroom; however, on the way there, you fell. You
generally make a couple of trips to the bathroom a night, but this is the first time you’ve fallen in the process. You are not too sure why you fell, as it was still dark and you couldn’t really see; 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 knees for several years; it is slightly worse, you think, in your right knee. Despite your knee 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. Since you fell yesterday, you have not really ventured out of the apartment. 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 resident 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 wife died 5 years ago. Your 2 daughters remain a great comfort to you. You retired as a social worker some 10 years ago.

You live alone in your apartment, the same apartment you occupied with
your wife for over 25 years. Your daughter, Samantha, 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 doctor 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 resident, “Any memory problems?” you reply, “Oh no. I do all right.” You do not elaborate. The resident must probe deeper to obtain more information.

If asked by the resident to remember 3 objects (for example, a pencil, apple, dog), you have no problem recalling them immediately after the resident lists them. The resident may ask you to recall the items later in the interview (2+ minutes later); you are only able to remember 2 of 3 (“Oh dear, hmmm…let’s see…you know? I can’t seem to remember. What was it again?”). When the resident reminds you, you exclaim, “That’s right. A _____. How silly of me, of course! It was on the tip of my tongue!” You promise to pay better attention next time.

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

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

If the resident 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 resident 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 resident on a piece of paper (for example, the resident 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 resident 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 man can still shake a leg.” You love the grandkids, and you and Bill next door get together and play chess. 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 Samantha for some things. If the resident 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 resident 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 knee, 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 Samantha, she leaves me something to heat up in the microwave.”
- **Housework** — “I’m pretty tidy. And you know Sam, 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** — “If I hadn’t gotten up to go to the bathroom in the first place, I wouldn’t be here!”
- **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 resident, 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 Samantha. No one has ever hurt you.
VISION
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?” **No**

HEARING
You hear just fine. If the resident asks you to repeat back what they whisper in your ear, you are able to perform this task just fine.

GAIT
“Have you fallen in the last year?” **Yes**
“Do you have problems with balance or gait?” **I don’t know**… 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 resident must observe you walk to obtain more specific information.

SORES
None.

PAST MEDICAL HISTORY
**Arthritis:** You suffer from arthritis in your knees, especially in your right knee. If asked about the arthritis pain by the resident, you respond:
- **Location:** “It’s in my knees mainly, specially in my right.”
- **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 knee 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 knee pain at a 2. If asked specifically about arthritis pain in the past, you tell the resident 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 knees.
- 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 knee 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 knee.

Medication: You take hydrochlorothiazide (25 mg) for your hypertension, aspirin (81 mg), and Tylenol for arthritis pain in your knees as necessary.

Hypertension: You were diagnosed with high blood pressure 5 years ago. You are currently on medication (hydrochlorothiazide) 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 wife died 5 years ago, leaving you and your 2 daughters behind. She suffered from severe dementia during the last years of her life and had to live out her last years in a home (Jewish Home Hospital on 106th Street). This was not a pleasant experience for you, to see your wife deteriorate, and then to visit her in the home. You hope never to have to go there. Though she 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
THE MEDICAL ENCOUNTER

When the resident enters the room, you are sitting at the edge of the examining table dressed in loose clothing (you are wearing short sleeves). The nurse was nice enough to put a step out to assist you in getting on and off the table. You are waiting for the medical resident to talk to you and examine you before speaking to the doctor about why you are falling.

Your main complaint is your fall, which has you worried. This is your second fall and it has you pretty shaken up. When the resident 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 yesterday. It’s the second one this month!” If the resident asks you to elaborate, you talk about the fall yesterday: “I went to go to the bathroom, and suddenly I’m on the floor!” You do not elaborate about the fall. The resident 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 resident.

When relating your history to the resident, you respond eagerly and honestly to the resident’s questions. You want to demonstrate that you are still alert, awake, and attentive. In performing any commanded tasks, you do so readily, attempting to show that your capacity has not diminished. If you slip up you apologize, exclaiming, “Oh, I was just about to say that,” or “Of course!” or “I’m sorry, I’ll pay better attention next time.”

As the interview progresses and the resident 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.

Towards the end of the interview ask the resident for a possible diagnosis for why you are falling. If the resident makes you feel concern for your independence (saying, for example, “Well, as we get older and things become more difficult…”), you accept the advice but become noncommittal. If the resident lists options that make you feel your independence is safe, you agree to several of the resident’s proposed follow-up options (for example, home visit, cane, etc.).
During the interview, the resident 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 resident may ask to take your blood pressure while sitting and again while lying down. You readily comply. You follow all other commands by the resident, again attempting to show that you can in fact still function fine.

When/if the resident asks to watch you walk across the room, you use the table/wall for support to help hoist yourself up. If the resident 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 with an ever-so-slight tendency to protect your right (more arthritic) knee by keeping it extended. Your walk is wide-based, meaning you sway slightly from side to side.

**CHALLENGES FOR THE RESIDENT**

- Gather sufficient data to list pertinent positives and pertinent negatives
- Formulate a differential diagnosis
- Propose an acceptable plan that addresses patient’s immediate needs (home inspection, cane, etc.)

**CUES FOR THE RESIDENT**

**Nonverbal 1:**
If asked to walk across the room, you get up from the examining table and walk slowly with a slight limp (due to an arthritic right knee) and wide-based gait that causes you to teeter ever so slightly.

**Nonverbal 2:**
You become more sensitive and withdrawn as the interview continues, fearful of a loss of independence.

**Verbal:**
You are friendly and open, eager to prove yourself. Should you mess up, you are quick to apologize.
TIMING

Initially:
When the doctor enters the room, you are sitting on the examination table staring straight ahead. You are here to talk to the doctor about your falls. You are concerned about the cause but also concerned about the possible outcome. You easily talk about the second fall, filling in details based on questions asked by the resident. You are also able to talk about the first fall, again revealing information based only on what the resident asks. Should the resident ask you something you do not know, you respond, “I don’t know,” or “You know, I don’t remember,” or “Maybe?” You are a little fuzzy on some of the details. If the resident asks, “What do you think is the matter?” you respond, “Well, I guess I am getting older...” You let the sentence trail off.

Ongoing:
You are eager to answer the resident’s questions and follow his/her directions. You honestly answer the questions posed by the resident, but you do not reveal more than what is asked of you. As the interview progresses, and with each passing question, you become more concerned about the fate of your independence. You do not become hostile or defensive, just more glib and withdrawn in your responses. Be sure to provide each resident with the same amount of withdrawal.

5-minute warning:
At the 5-minute warning knock, you transition into a quest for a possible diagnosis to your falling problem. If the resident has failed to take your blood pressure, you mention, “Could the falls have anything to do with my blood pressure?” If the resident has failed to examine your gait, you bring up the fact that you don’t understand what could possibly be wrong. “I mean, aside from the arthritis, I don’t have any problems walking, really.” As the interview nears its close, you push for answers. If the resident has made you feel comfortable about your continued independence, you welcome suggestions of next steps. If the resident has not succeeded in assuaging your fears, you are somewhat noncommittal, saying simply, “Well, I guess then I should speak with the doctor. Thanks for your time.”