Geriatrics Jeopardy® Session

Requirements for Session:

- 30 minutes to 1 hour, depending on number of categories
- Facilitator
- Buzzer system recommended but not required
- Recommended for small-group lecture room
- Participants split into teams

Overview of Gaming Session

The gaming session is based on the syndicated game show Jeopardy!® and ideally utilizes an electronic buzzer system to increase the fidelity to the quiz show format. Clues are given in the form of an answer, and the participants are required to respond in the form of a question. Each clue is assigned a point value from 100 to 500 in the first round and 200 to 1000 in the second round (played if time permits). Incorrect responses are subtracted from the answering team’s total. Once a member of a team buzzes in, he or she is allowed to converse with teammates prior to responding. Categories and points are presented on a dry erase board or flip chart, but clues are given verbally. As the 2 teams of residents answer questions, the faculty provides feedback and a brief elaboration of quiz answers as necessary. Therefore, answers to questions frequently lead to further discussion and a brief but deeper probing for understanding among the participants. The winning team is congratulated, but awards are typically not recommended.

Each gaming session comprises 2 rounds of 5 categories of topics, with 5 questions per category. Medical knowledge questions can focus on various surgical topics, such as breast disease, diverticular disease, vascular disease, trauma, critical care, or gastrointestinal oncology. Included here are 6 geriatrics categories with 5 questions per category.

Tips:

- The author suggests that if a buzzer system is used, clues should be provided verbally. If they are provided visually (e.g., PowerPoint), the participants will buzz in early and read the clue, hoping to know the answer.

- The focus should be on learning and having fun rather than competition. When this exercise becomes too competitive, some participants will withdraw.

- Nonmedical subject matter can be interspersed, such as current events, history, sports, and local institutional trivia. The key is to limit the number of these types of categories during any one session. Including “light” topics is a fun way to keep the participants engaged.
Sample Geriatrics Jeopardy!® Clues (“Answers”) with Associated Correct Responses (“Questions”)

Nothin’ but a number
1. The medication recommended by the American Geriatrics Society as the first-line medication for mild to moderate pain. (What is Tylenol?)
2. Accounting for nearly 50% of all postoperative complications, the incidence of these complications rises from 5% in patients <65 years old to 10%–15% in the elderly. (What are pulmonary complications?)
3. This is the most likely discharge disposition of an elderly patient after a prolonged ICU stay. (What is a long-term care facility?)
4. When medical procedures are withheld or withdrawn in order to allow a patient to die, it is called this. (What is passive euthanasia?)
5. This is a situation in which the health care team believes that current or future medical procedures would be inappropriate because they would offer no benefit. (What is futility?)

I’ve fallen and can’t get up
1. This is the most comprehensive list of medications that are to be avoided in the elderly. (What is the Beers List?)
2. This tool is used to assess pain levels in unresponsive or non-communicative patients. (What is PAINAD?)
3. Inattention, disorganized thinking, acute onset, and fluctuating consciousness. (What is delirium?)
4. Although often used in managing delirium, these medications carry a black-box warning for increased morbidity and mortality in the elderly. (What are antipsychotics?)
5. As documented by Nirula et al., the mortality associated with moderate head injury in patients 75 to 84 years old. (What is 95%?)

Beginning to sag
1. This property of opioids commonly leads to urinary retention in elderly patients. (What is anticholinergic?)
2. The average life expectancy of an 85-year-old individual. (What is 5 years?)
3. The increase in mortality associated with emergency surgery in the elderly. (What is 3 to 4 times?)
4. The “geriatric vital signs” include: confusion, incontinence, immobility, skin breakdown, and this. (What is poor nutrition?)
5. With respect to ethical questions in medical futility, the AMA states that there is “no ethical distinction” between this and “withholding life-sustaining treatment.” (What is withdrawal?)
This is getting OLD
1. Which of the following is an activity of daily living: cooking, bathing, reading, writing, climbing stairs (What is bathing?)
2. When operating on a patient with dementia, this much of an increase in mortality occurs compared to an age-matched cohort. (What is 2 times?)
3. This can be used to identify early dementia in an office setting. (What is the Folstein Mini–Mental State [or Status] Examination [or Test]?)
4. Compared to an elective hernia repair, the morbidity associated with an emergent hernia repair is increased by this amount. (What is 2 times?)
5. This is the most common type of colitis in the elderly patient. (What is ischemic colitis?)

Palliate this
1. Approximately 1 out of 5 people in the US die here each year while hospitalized. (Where is the ICU?)
2. When notifying the family of bad news regarding a patient, the first thing to do over the phone is this. (What is clarify to whom you are speaking?)
3. “Imminent” death is typically characterized by cool extremities, delirium, and this. (What are pooled oropharyngeal secretions?)
4. The best class of drug to treat “the death rattle.” (What is anticholinergic or scopolamine?)
5. An equianalgesic dose of 10 mg of IV morphine to PO. (What is 30 mg?)

Stale potpourri
1. The definition of elderly using census criteria. (What is 65?)
2. These are the 2 most commonly cited reasons for elderly patients having poorer outcomes than younger trauma patients. (What are comorbidities and physiologic reserve?)
3. The 2 most common types of trauma in the elderly. (What are falls and motor vehicle crashes?)
4. The percent mortality of a 70-year-old trauma patient with isolated 4 to 8 rib fractures. (What is 20%-30%?)
5. Its use has been demonstrated to decrease morbidity and mortality in elderly patients with rib fractures. (What is epidural or paravertebral blocks?)