

Geriatric Assessment Lite: Depression Assessment | RESOURCES | SEND LINK

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8 Neurovegetative Symptoms

SIGECAPS: 8 Neurovegetative Symptoms

- Sleep Disorder
- Interest Deficit
- Guilt
- Energy Deficit
- Concentration
- Appetite Disorder
- Psychomotor
- Suicidality

Place your cursor over a **SIGECAPS** symptom to view a short description.

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SLIDE 11 OF 15 CLICK NEXT TO ADVANCE 00:04 / 00:04

NOTES

Facilitator's Manual to the
"Interactive Geriatric Assessment Lite Modules"
Alan Katz MD and Jorge G. Ruiz, MD FACP

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Facilitator’s Manual to the “Interactive Geriatric Assessment Lite Modules”

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Description and Purpose

Studies have shown that high numbers of undetected problems exist in older people, stressing the need for a systematic approach to the problems of geriatric patients. Most geriatric assessment programs refer to highly specialized interdisciplinary outpatient and hospital-based settings. However, primary care physicians provide the bulk of geriatric care in their office. Structured detection of geriatric problems and conditions by means of assessment instruments is crucial for efficient geriatric care giving in the community. *Geriatrics Assessment Lite* is a series of short 5 e-learning interactive tutorials or learning objects. These learning objects teach physicians and trainees how to perform the basic components of geriatric assessment in a fraction of the time that it would take to perform a comprehensive geriatric assessment. GeriU, the Online Geriatrics University, at the Stein Gerontological Institute, originally created this module in January 2005. Expertise was provided by faculty members from the University of Miami Miller School of Medicine, and the Miami VA, including Drs. J. Ruiz and A. Katz (geriatricians). These learning object tutorials deliver the information in an interactive way, step-by-step, through written text, animations, graphics and video clip demonstrations. The learning objects include the following:

Activities of Daily Living and Instrumental Activities of Daily Living (ADLS-IADLS): This learning object covers the use of the activities of daily living (ADL) and instrumental activities of daily living (IADL) scales to determine a patient's level of function.

Depression Assessment: This learning object discusses the Geriatric Depression Scale (GDS) as a screening tool for depressive symptoms in elderly patients and the SIGECAPS mnemonic of eight neurovegetative symptoms used in the diagnosis of depression.

Review of Systems (Quick GeriROS): This learning object presents seven key questions that should be part of any comprehensive review of systems in the older patients.

Dementia Screening (MiniCog): This learning object introduces the Mini-Cog as a rapid, and valid instrument to screen for dementia

The Timed "Up & Go" Test: This screening tool is used to assess fall risk in the elderly; the modified version, which includes timing, is now a widely used office-based test to assess falls risk.

These computer-based tutorials were created as "reusable learning objects", and are available in CD ROM and web-based versions.

Approximately 1 to 1-1/2 hours total (15 minutes per module)

Learning Objectives

- Perform an assessment on the functional ability of an elderly patient using ADL and IADL scales
- Perform a depression assessment on an elderly patient using the Geriatric Depression Scale and SIGECAPS, and interpret the results
- Describe the key components of the geriatric review of systems
- Administer, score, and interpret the results of a Mini-Cog Test.
- Administer, score, and interpret the results of the Timed “Up and Go” Test

Target Audience

- Medical students
- Internal Medicine and Family Medicine residents
- Geriatrics fellows
- Nurses
- Physical Therapists

Procedures for Implementation

These modules were primarily developed as self-instruction tools. They can be later used to reinforce the knowledge or skills, or as refreshers for information and practice.

Educators could also use this module in conjunction with preceptor assisted instructional activities such as lectures, workshops, or small group discussions as part of a blended learning approach.

The tutorial can be used as a refresher for learners in the clinical environment immediately before performing this assessment in the clinic or at the bedside. [Trainee Performance Support System (TPSS) at the point of care]

Prerequisites

Activities of Daily Living and Instrumental Activities of Daily Living (ADLS-IADLS) - Knowledge of the functional domain of geriatric assessment.

Depression Assessment - Knowledge of DSM IV criteria for the diagnosis of Depression

Review of Systems (Quick GeriROS) - Basic knowledge of history taking and physical examination techniques.

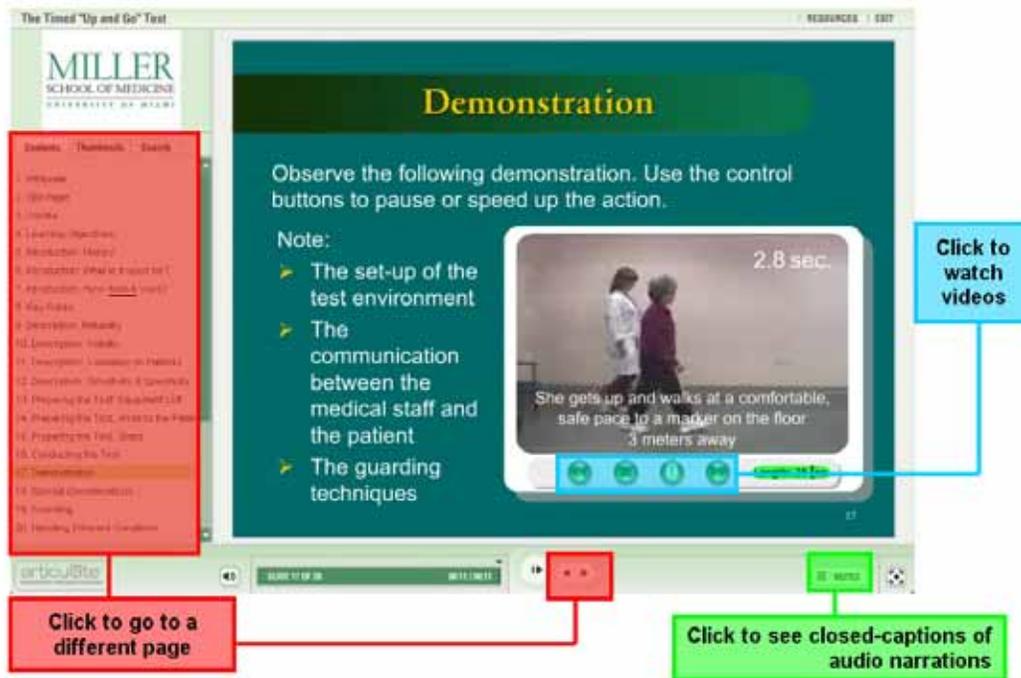
Dementia Screening (MiniCog) - Knowledge of DSM IV criteria for the diagnosis of dementia.

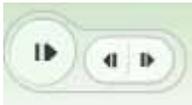
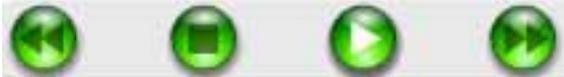
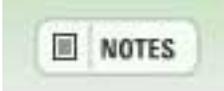
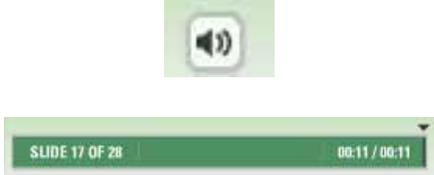
The Timed “Up & Go” Test - Knowledge of the definition of falls.

Required Resources

Navigation

Each page in the module shows information on the *Geriatric Assessment Lite* module, and presents controls for going through the module. You can go through the module one page at a time, or you can jump from page to page or section to section. Many pages have multimedia elements such as **as videos or animations**. Click on the appropriate button to view them.



Moving between Pages	Use the arrow buttons in the lower right corner of the screen to move backwards and forwards through the tutorial.	
Viewing Videos	To view the video clip, click on the play button in the lower left corner of the video frame.	
Closed Captions	Click on the button on the bottom right to enable closed-captions.	
Accessing Information within a Page	Click on the mute button to turn on/off the audio. Use slide tracking bar to slide manually go to any time within the slide.	

System Requirements

- Windows OS: Internet Explorer 6.0 and above, Netscape Navigator 7.0 and above
- Macintosh OS: Mozilla 1.0 and above (which uses the same engine as Netscape)
- Flash 6.0 or higher

Evaluation

These learning objects were used as part of a continuing medical education program in geriatrics for primary care physicians. The majority of 11 physicians rated the modules as good or excellent.

Relationship to Other Materials

Katz A, Ruiz JG, Smith M, McEntire A, van Zuilen MH, Mintzer MJ. Interactive Mini-Mental Status Examination (CD-ROM program). GeriU, the Online Geriatrics University, Stein Gerontological Institute, 2005

Ruiz JG, Katz A, Phancoo F, Morel G, Hernandez-Cassis S, Smith M, McEntire A, Ribera V, Rodriguez O, van Zuilen MH, Mintzer MJ. Interactive Performance Oriented Mobility Assessment (CD-ROM program). GeriU, the Online Geriatrics University, Stein Gerontological Institute, 2005

Ruiz JG, Granville LJ, Ribera V, Kai T, Smith M, van Zuilen MH, Roos BA. Interactive gait and balance training (CD-ROM program). GeriU, the Online Geriatrics University, Stein Gerontological Institute, 2001.

Citation

Katz A, and Ruiz JG. *Geriatric Assessment Lite (CD-ROM program)*. GeriU, the Online Geriatrics University, Stein Gerontological Institute, 2005

Copyright Information

All materials in this module were produced by the Stein Gerontological Institute. All further reproduction rights are given through written permission only.

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2. Clark R, Mayer R. *e-Learning and the Science of Instruction: Proven Guidelines for Consumers and Designers of Multimedia*. San Francisco: Jossey-Bass; 2002.
3. Ruiz J, Granville L, Ribera V, et al. Computer-Assisted Training in Gait and Balance Assessment. *J Am Geriatr Soc*. 2002;50:S73.

ADL & IADL

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2. Katz S. Assessing self-maintenance: activities of daily living, mobility, and instrumental activities of daily living. *J Am Geriatr Soc* 31:721-726, 1983
3. Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. *Gerontologist* 9:179, 1969
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5. Lichtenstein MJ, Federspiel CF, Shaffner W. Factors associated with early demise in nursing home residents: a case control study. *J Am Geriatr Soc* 33:315-319, 1985

Depression Assessment

1. DJ Carlat. The psychiatric review of symptoms: a screening tool for family physicians. *American Family Physician* 58:1617-1624, 1998
2. JA Yesavage, TL Brink, TL Rose, O Lum, V Huang, MB Adey, & VO Leirer. Development and validation of a geriatric depression screening scale: a preliminary report. *Journal of Psychiatric Research* 17:37-49, 1983
3. JI Sheikh & JA Yesavage. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. *Clinical Gerontologist* 5:165-173, 1986

Ger ROS

1. Basics of geriatric care: history and physical examination. In: MH Beers & R Berkow, Eds. *The Merck Manual of Geriatrics*, 3rd Ed (section 1, chapter 3). Whitehouse Station, NJ: Merck Research Laboratories, Div of Merck & Co, 2000
2. DM Buchner & EB Larson. Transfer bias and the association of cognitive impairment with falls. *Journal of General Internal Medicine* 3:254-259, 1998
3. JT Chang, SC Morton, LZ Rubenstein, et al. Interventions for the prevention of falls in older adults: systemic review and meta-analysis of randomised clinical trials. *British Medical Journal* 328(7441):680-683, 2004
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5. JS Goodwin, JM Goodwin, & PJ Garry. Association between nutritional status and cognitive functioning in a healthy elderly population. *Journal of the American Medical Association* 249:2917-2921, 1983
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MiniCog

1. S Borson, JM Scanlan, M Brush, PP Vitaliano, & A Dokmak. The Mini-Cog: a cognitive “vital signs” measure for dementia screening in multilingual elderly. *International Journal of Geriatric Psychiatry* 15:1021-1027, 2000
2. J Scanlan & S Borson. The Mini-Cog: receiver operating characteristics with expert and naïve raters. *International Journal of Geriatric Psychiatry* 16:216-222, 2001
3. MF Folstein, SE Folstein, & PR McHugh. “Mini-mental state”: a practical method for grading the cognitive state of patients for the clinician. *Journal of Psychiatric Research* 12:189-198, 1975

Timed Up and Go

1. Arnadottir SA, Mercer VS. Effects of footwear on measurements of balance and gait in women between the ages of 65 and 93 years. *Phys Ther* 2000;80:17-27
2. Schoppen T et al. The Timed “up and go” test: reliability and validity in persons with unilateral lower limb amputation. *Arch Phys Med Rehabil* 1999;80:825-8
3. Hansen K, Mahoney J, Palta M. Risk factors for lack of recovery of ADL independence after hospital discharge. *J Am Geriatr Soc* 1999;47:360-5

Feedback Form

Please tell us what you think of this training material. Your feedback will help us improve the training materials we develop.

Please complete this questionnaire, and fax it to (305) 762-1472, or mail it to:

GerIU Coordinator
Stein Gerontological Institute
5200 NE 2nd Ave
Miami, FL 33137

Alternately, you may visit www.GeriU.org, and fill out the questionnaire on-line.

1. How was your overall experience with the training material?
 - Excellent
 - Good
 - Fair
 - Inadequate
 - Bad
2. How appropriate was the level of the content?
 - Much too advanced
 - Too advanced
 - At the right level
 - Too basic
 - Much too basic
3. Do you feel the materials were effective at enabling you to meet the learning objectives specified?
 - Very effective
 - Effective
 - Neither effective nor ineffective
 - Ineffective
 - Very ineffective
4. How easy or difficult was it to use the training material?
 - Very easy
 - Easy
 - Neither easy nor difficult
 - Difficult
 - Very difficult
5. Did you have any technical problems when viewing the material on your computer or DVD player? Yes No

If Yes, please specify: _____

6. Please indicate which best describes your use of the material:
 - I am using the material as part of self-directed learning to improve my care providing skills.
 - I am using the material to help teach others better care providing skills.
 - Other (please specify): _____

7. Do you have any other comments about this training material? _____

Geriatric Medicine Fellowship OSCE Facilitator's Manual. Miami, Florida: Geriatric Research, Education, and Clinical Center (GRECC), Veterans Affairs Healthcare System and the University of Miami Miller School of Medicine, 2008. References. 1. Peabody JW, Luck J, Glassman P, et al. Issue Administering and scoring the Performance-Oriented Mobility Assessment Presenting Situation One patient who can ambulate safely enough to undergo the POMA either in the inpatient or outpatient setting (GEM unit, Nursing Home, primary care clinic, home care) Activity Administer, score and interpret the POMA Time Required 30 minutes This station was developed by Marcos Milanez, MD Props Blank POMA scoring form. The facilitator-organized session seven can follow the same format. As a leader of a caregiver support group you may want to invite local "experts" on the various topics to some or each of the seven sessions, including physician working with persons with dementia, local Alzheimer's Association professionals, home care providers, local Area Agency on Aging staff, physical therapists, occupational therapists, social workers, and dietitians. Take into consideration the group you are working with and the topic as you think about what local "experts" you might invite. We reference several modules designed for caregivers by HRSA in some of the individual session's resource sections. 3|Page. Caregiver's support group facilitator's manual: A product of the caregiver's support research project. Facilitators manual. Community professionals for convergence. Facilitators, as a standard practice, can begin a day with an interactive recap of previous day's learning. They may encourage participants to raise their doubts during the time allotted for Q&A. Chapter 1 gives an overview of various dimensions of poverty in India. Chart Paper | Sketch Pens. TRAINING SESSIONS Activity-led interactive sessions. EVALUATION ACTIVITY Participants summarise their learning. POST TRAINING ACTIVITY Preparing a Deprivation Index of 10 families. This new version of the Facilitator's Guide is a companion to the Lean Advancement Initiative (LAI) Enterprise Self-Assessment Tool (LESAT) Version 2.0. LESAT Version 2.0 is an upgrade of LESAT 1.0, which was developed by LAI at the Massachusetts Institute of Technology (MIT) in collaboration with the University of Warwick. The new version of LESAT is based on LAI's enterprise-level research and facilitation experience as well as the experience of LAI members in using the LESAT 1.0. Date issued. 2012-02. Facilitators should encourage open discussion and exchange of ideas to reduce any stigma against key populations among participants and to help them better understand the needs of their beneficiaries. Facilitators should make use of the supplemental PowerPoint slides, the Peer Navigation Implementation Guide, and the tools included in the appendix of this document.