

## Geriatric Medicine PA 363

### **Course Description:**

With the aging in the U.S. population, geriatric care is at the forefront of both specialty and primary care. This course is intended to teach the student the changes that are associated with aging. The student will become familiar with the normal changes associated with the aging process, the physical, cultural and emotional impact of aging on the individual. Emphasis will be placed on the normal changes associated with aging, so that the student may appreciate abnormal findings.

### **Course Objectives:**

Upon completion of this course, physician assistant students will:

- Be familiar with the normal changes associated with aging
- Be able to conduct a history and physical exam on elderly patients
- Recognize abnormal findings on the history and physical exam of the elderly
- Assess the medical, mental, and social problems associated with the elderly
- Recognize the similarities and differences in class, ethnicity, gender, culture, and disabilities with the elderly population
- Identify medical conditions that affect the elderly
- Be able to care for and recognize the needs of the dying patient and be able to relate and communicate with this patients family
- Recognize, communicate with and support the caregivers of elderly patients

### **Course Outline:**

- Introduction-Defining Geriatric Medicine
- Demographics and social aspects of aging
- Approach to the geriatric history and physical exam
- Review of systems associating normal changes of aging to include:
  - ENT
  - The integumentary system
  - The cardiovascular system
  - The gastrointestinal system
  - The urinary system
  - The reproductive system
  - The nervous system
  - The muscularskeletal system
- Common disease states; medical and social issues
- Assessment and plan for the geriatric patient
- Death and Dying
  - The “good death”- How is this defined?
  - Communicating bad news to good people a six step approach

**Teaching Methods:**

- Lectures
- Web CT
- Case studies
- Small group discussions
- Audio-visual
- Nursing home visits
- Sim Man usage with case studies

**Requirements:**

- Complete all assigned readings
- Viewing video tapes
- Participation in class discussions with instructor and classmates using the established ground rules
- Attend all classes
- Do all Web CT assignments and bulletin board postings
- Prepare for case studies
- Complete all objectives in the nursing home
- Complete all exams and quizzes

**Recommended references:**

- Essentials of Clinical Geriatrics-Kane, Ouslander, Abrass
- Worlds of Difference: Inequality in the Aging Experience-Stroller, Eleanor and Gibson, Rose, Pine Forge Press Thousand Oaks, California, 1994.
- Caregiving Among Racial and Ethnic Minority Elderly, Lockery, S.A., Generations 15 (4) 58-62, 1991.
- Ethnicity and Decision-Makers in a Group of Frail Older People-Hornung C, Eleazer G, Strothers H et al, J. American Geriatric Soc. 1998 46:280
- Crossing Over: Narratives of Palliative Care-Barnard, David
- Yeo, Gwen, Hikoyeda, Nancy-1992 Cohort Analysis as a Clinical and Educational Tool in Ethnogeriatrics: Historical Profiles of Chinese, Filipino, Mexican, and African American Elders, Stamford, CA, Stamford Geriatric Educational Center Monograph
- Videos:
  - Death a Trip of a Lifetime: The Good Death, Palmer
  - Alzheimer's: A Multicultural Perspective
  - Geriatric Assessment: A functionally oriented ethnically sensitive approach to the older patient
  - Responsive Health Care for Minority Elderly
- Web-sites
  - Federal Interagency Forum on Aging Related Statistics-Older Americans 2000:Key Indicators of Well Being
  - [www.diversityresources.com/health2k/ss-tips.html](http://www.diversityresources.com/health2k/ss-tips.html)
  - Ethnicity and Aging- [Http://homethirdage.com/Retirement/dwight/EthnicAging.html](http://homethirdage.com/Retirement/dwight/EthnicAging.html)

- ModuleMinority1-Scharlach Andrew et al:  
[Http://socrates.berkeley.edu/~aging/ModuleMinority1.html](http://socrates.berkeley.edu/~aging/ModuleMinority1.html)

**Evaluation:**

**Students must maintain a minimum of an 80 to pass the course**

Class participation, attendance- 10%

Quizzes- 20%

Midterm- 10%

Final exam-10%

Case Studies/Sim Man/Web Ct assignments-25%

Nursing home assignments/SOAP notes-25%

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**Geriatrics**

Definition: A branch of medicine that treats the problems of aging

The geriatric population is a group of people over the age of 65. By the year 2030 this will mean 20% of the U.S. population. Those over the age of 85 are the fastest growing age group. In the next 70 years, the >85 population will increase four times faster than the >65 population. Those over 85 will rise from 10% to 25% between 2000 and 2050.

It is therefore very important for clinicians to have an idea of who makes up this age group. This class will describe the elderly as a heterogeneous population that is not accurately described by simple stereotypes. Students will understand the similarities and differences among this group in relation to gender, race, ethnicity, disability and class.

This course will incorporate these topics when addressing the traditional lectures of the demographics of the elderly, the normal physiologic changes of aging, the geriatric history and physical exam, various medical diagnoses frequently seen within this age group and finally the topic of death and dying.

This approach will then allow our students to optimize their evaluation and treatment of their elderly patients that will improve outcomes in the care of the total individual.

Students enter the classroom with their own understanding of the world as a whole and the learning process based on their own up bringing, race, ethnicity, gender, class and disability. This class will help students to see how their own personal life and experiences can actually affect how they view their future experiences especially those in the classroom.

Students will complete a self-disclosure inventory during their first day in class. This inventory will be confidential, yet referred to throughout the course to show how their views of what is being learned may differ from their classmates.

Students will also be encouraged to share their personal experiences in class discussions and small group sessions. These discussions will help them to understand who and what influences who they are at this point in time. Students will complete Venn diagrams. They will then examine why some students in the same situation may have different experiences or views of the situation and why some students have the same experiences and views. This class will not be strictly set up as a lecture format. This will help with the differing learning styles of the students in this class.

Ground rules will be shared with the class so that all discussions will respect all students and encourage every ones participation.

Definitions will be provided to the students to help shape the discussions on race, ethnicity, gender, class and disabilities.

The Myers Briggs personality testing will also be done. The different personality styles will be discussed. The students will they try to identify their personality and that of two of their classmates, one that they think they know well and one that they do not. The students will then take the test. Discussion will then follow in small groups to show how their perceptions differed from reality and why some people change how they portray themselves to others. These discussions will be reflected back to when history taking in the elderly is discussed. Students will use this exercise to follow the modified golden rule, “Do onto others how they would like to be treated”, not how you would like to be treated. This will make communicating with our elderly patients much easier.

Students will complete word associations. They will view common terms used in the education of geriatric medicine and immediately write down what three terms come to mind when hearing or viewing these terms. This will be done early on in the class and then at the end to see how these student’s views have changed. Some terms that may be used are:

- The Golden Years
- Death
- Retirement
- Senility
- Nursing Homes
- Medicare
- Social Security
- Head of the household
- Quality of life
- Palliative care

- Grandparents
- Home
- Homelessness
- Geriatrics
- Disability
- Do Not Resuscitate
- Senior Citizen
- Hospice
- Fixed Income
- Doctor
- Patient
- Frailty
- Bed Bound
- Dependency
- Changes of Aging
- Decision makers
- Caregivers

Once the students have an understanding of where they are coming from they will use the information given and discussed in this class to broaden their views of geriatric medicine. The course will then move on to incorporate into the classroom materials of geriatric medicine the specific topics of race, ethnicity, gender, class and disability. The following statistics will be given to the students when discussing these topics:

### **Gender Statistics**

- Women have a greater life expectancy than men, but after menopause their risk of cardiovascular disease will increase. In 1997 the life expectancy of men was 74 and women was 79. At the age of 95 the two sexes equal out with death rate.
- Men's HDL cholesterol level will increase as men age. Women's HDL cholesterol level will decrease as women age. Yet the HDL cholesterol level remains higher in women than men with age.
- Men tend to accumulate fat in their abdomen as they age and women accumulate fat more often in the thigh area (pear shaped).
- Men generally have a higher muscle mass but lose it at a higher rate than women. Men lose 20-25% of muscle mass as they age and women lose 12-15% of their muscle mass.
- Table for the 10 chronic conditions for men and women over the age of 65

<u>Males</u>	<u>Females</u>
Arthritis	Arthritis
Heart disease	Hypertension
Hearing impairment	Heart disease
Hypertension	Hearing impairment
Orthopedic impairment	Orthopedic impairment
Chronic sinusitis	Cataracts

Cataracts	Chronic Sinusitis
Diabetes	Diabetes
Prostate disease	Varicose veins
Visual impairment	Visual impairment

- Men report less arthritis 50%, versus 64% reported by women.
- Diabetes is reported in 13% of elderly men versus 12% of elderly women
- Cancer is reported in 23% of elderly men versus 17% of elderly women
- Stroke is reported in 10% of elderly men versus 8% of elderly women
- HTN is reported in 41% of elderly men versus 48% of elderly women
- Heart disease is reported in 25% of elderly men versus 19% of elderly women
- In 1994 25% of women were chronically disabled, versus 16% of men. This percentage has however decreased for both groups.
- In 1998 memory impairment is slightly less in women. This may seem odd because more women in the nursing home have memory impairment, but they also live longer. In 1997 three quarters of residents are women.
- In 1998, in the age range of 65-84 year olds women are more depressed. At the age of 85 depression becomes equal in both groups.
- When asked, elderly men and women rate their level of health status to be comparably equal. This represents physical, emotional and social aspects of health and well-being.
- Sedentary lifestyle in 1995 is 28% for men and 39% for women. This has increased over the years in both groups. Activities that the elderly reported doing most were walking, gardening and stretching.
- 72% of caregivers are female. Greater than one third are 65 years old or older.
- In the nursing home if a woman is given a doll she will cradle it in her arms and men tend to drag it around by its arm.

### **Ethnicity/Race**

- Life expectancy is increasing worldwide. The U.S. is ranked 19<sup>th</sup> in longevity. The top 10 countries in life expectancy with the median life expectancy indicated in parenthesis.
  - Hong Kong (80.1)
  - Japan (79.3)
  - Sweden (78.3)
  - France (78.2)
  - Switzerland (78.2)
  - Canada (78.1)
  - Israel (78)
  - Netherlands (77.7)
  - Greece (77.7)
  - Spain (77.7)
- The proportion of the world's elderly persons in third world countries will increase from 45% now to %70% in 2020.

- There is a squaring of the pyramid in the U.S. population. The population of those under the age of 25 will decrease and those over 65 will increase in the years to come.
- In Africa, mainly due to the AIDS virus, there is an hourglass appearance in the population. In Africa the middle-aged population is quickly declining.
- Middle-aged children in the U.S. will be caring for not only their parents but also their grandparents.
- In 2000, more than one third of older foreign born in the U.S. came from Europe, one third from Latin America, and one fourth from Asia. There is an increase in migrants from Latin America and Asia since 1960. So the number of elderly from these areas will increase. The number of foreign born in America has increased but the number of elderly has remained the same. So the proportion of older people among the foreign born declined from 32.6% to 11%. These foreign born were less education, more likely to live in poverty, more likely to receive government benefits and less likely to have health care coverage than their native counterparts.
- Minority U.S. elders currently represent only 10% of all elders. They will account for more than 15% of older persons by 2020 and more than 21% of older persons by 2050. Reminder: There is great diversity within as well as between ethnic groups.
- Projected growth of minority population in those over 65 in the U.S. (Taeuber, 1990)

	1990	2050
Blacks	2.6 million	9.6 million
Hispanics any race	1.1 million	7.9 million
Other races (not black or white)	600,000	5.0 million

- Accesses to health care-96% of elderly Americans who have insurance have Medicare.
- 10% of Blacks report delaying health care due to cost, 7% of Hispanics report delaying health care because of cost, and 5% of Caucasians report delaying health care due to cost.
- 4% of blacks report difficulty in obtaining health care, 3% of Blacks report difficulty in obtaining health care, and 2% of Caucasians report difficulty in obtaining health care.
- In 1995 60% of white non- Hispanics received the influenza vaccination, 40% of black non -Hispanics received the influenza vaccination, and 50% of Hispanics received the influenza vaccination.
- Life expectancy of minorities tends to be shorter than Anglos by 6 years, but if they reach the age of 85 then actually live longer (1997).
- In 1986 the average life expectancy was 74.8, but the average life expectancy for minorities was 69.2. If an African American or Hispanic survives to this age they then live longer than their Anglo counterparts. This is not true with Japanese, Chinese or Native American populations.
- There is an eight times greater increase in Alzheimer's disease in Caucasians with two APOE 4 genes. This is less strong in African Americans and Hispanics.

- Poverty has generally decreased in the elderly population in the U.S., but it is still higher among the minority. (1990 census)
  - 10.1 % Anglos live in poverty
  - 33.8 % African Americans live in poverty
  - 22.5% Hispanics live in poverty
  - 21.3% urban area American Indians
  - 37.5% Rural or reservation American Indians

Minority elders work in manual labor, domestic services and temporary or part time jobs. They have less pension plans. Low paid workers don't accumulate assets to live on later. Social Security payments are based on a person's average yearly income including income less years, and periods of unemployment. This will reduce monthly benefits eligibility. (Class)

- "Individuals become more unique as they age, because life experiences are unique. If you experience the "same event" their perceptions of the event are different, leaving them with a truly unique experience." (Ethnicity and Aging: Dwight L Adams)
- Death is experienced differently among different ethnic groups. Preparing the body for family viewing will differ. If the body is cleaned and tubes are removed to make the event less upsetting to family members may actually further upset them.
- Nursing Homes- 3% of non -white elders live in nursing homes, 5.8% of white elders live in nursing homes. This may be due to discrimination in referrals to long term care facilities, shorter life spans for most minorities or greater involvement of the family.
- The 28% of Korean patients make their own decisions, 48% of Mexican patients make their own decisions, 60% of European patients make their own decisions, and 61% of African American patients make their own decisions.
- 40% of Koreans would like to be told the truth about medical conditions, 65% of Mexicans would like the truth about their medical condition, 67% of European patients would like the truth about their medical condition, and 68% of African American patients would like the truth about their medical condition.

## Stereotypes/Tendencies

### *American Indians*

- American Indian elders tend to get sicker and disabled earlier than non-Indians. Reservation Indians to a greater extent than urban Indians. Heart disease is the leading cause of death in American Indians with an increase in diabetes as well.
- Stoic
- Elders highly valued
- Direct eye contact is impolite or aggressive. Pauses in language means they are thinking about what is being said so don't hurry them.
- Note taking is considered insensitive
- If you need to cut their hair consult with them or their family if deceased. Hair from the deceased may be disposed with the body as is the case with limbs.
- Diabetes is the third leading cause of death not the fifth.

### *African Americans*

- 8% of African American population with a faster growth rate than the general elderly population
- American Blacks have highest rate of mortality due to cardiovascular disease of any population in the world.
- Alzheimer's disease is slightly less likely.
- Life span is shorter: Black men average life expectancy is 67.7, white men average life expectancy is 72.7, black women average life expectancy is 75 and white women average life expectancy is 79.6.
- Poverty is higher than Anglo counterparts and there is a decrease in access to health care services.
- Education –African American elders 17% are high school graduates verses 41% of Caucasian elders.
- Strong family and religious orientation and emphasis on respect for elders
- African American elders are less likely to be married because of the increase risk of death and higher divorce rates.
- More likely to live with grandchildren, passing on traditions, and heritage of their culture and religion.
- Strong community support within the group. Friends are part of the family network.
- Trouble and pain are God's will; they are punishment from God.
- Pain is expressed as stoic to very expressive; it varies.
- Women are the head of the household. Maternal parents play strong role in decision-making.

### *Hispanics*

- High respect of authority and the elderly. Males usually make all important family decisions. There is a high family value.
- Provide same sex caregivers if at all possible.
- Death-Puerto Ricans may believe a person's spirit cannot enter the next life if the person who died left something unsaid. So allow as much family interaction as possible.
- Mexican Americans- Pain equals health, so they may delay getting medical attention.
- Diabetes is more likely to be the cause of death than in Caucasians.
- Certain amount of suffering is required. Pain is expressive, but does not show the ability to tolerate pain.
- Hispanic elderly reported impaired activities as a result of the health condition at a much higher rate.

### *Asian*

- Chinese/Japanese –decreased mortality and longer life expectancy than Anglos
- Asians view elimination as unclean and should not be done in bed so they reduce using bedpans. There may be an increase in falls due to their trying to get out of bed to use the bathroom.
- Mental illness carries a stigma

- The head is the most sacred part of the body. If you touch it, touch the opposite side of the head or shoulder to prevent the escape of the soul and other vital forces from the head.
- Vietnamese/Koreans-may not get blood drawn because they believe it depletes the body's strength, and it is a route for the soul to leave the body. Blood transfusions allow donor's spirits to enter the client's body.
- Stoic expression of pain
- Direct eye contact is sometimes considered impolite or aggressive
- Respect for elders is highly valued
- Side-by-side seating is more comfortable to patients than sitting across from the patient.
- After marriage the daughter's primary responsibility is to her husbands family. Sons take care of their parents.
- To admit not understanding information results in a loss of self -esteem. Have the person demonstrate their understanding.
- Elders expect female members and children to help them with self- care and activities.

#### *Amish*

- Expression of pain is stoic
- Respect elders. They are cared for by the family throughout life.
- Require very careful explanation for the need of tests and treatments because of reluctance to spend money unnecessarily.
- No participation in insurance plans
- Modesty is highly valued. It may be hard getting a personal history from the patient.
- Photographs are not permitted
- Death is seen as entrance to a better life.

#### *East Indian-Hindu Americans*

- Expression of pain is stoic
- When they take a bath they add hot water to cold water
- Family is highly valued
- The family may wash the body to prepare it for burial. Threads tied to the body by the priest should be left in place.

#### *Jewish Americans*

- Pain is expressive. They expect immediate relief of pain.
- Death-family members stay with patient until death and all body parts must be buried together.

#### *Arab Muslim Americans*

- Food deprivation is considered a precursor to illness so watch NPO orders
- Expression of pain is expressive
- Males are important family decision-makers

- Status and authority is gained with aging
- Female nurses/doctors will have little respect because it violates laws of Koran. Women cannot look at or touch the bodies of naked strangers.
- Same sex caregivers should be provided if possible.
- The family cares for the elderly regardless of the care demands
- Patients will confess sins prior to death
- Females do not attend funerals. They may not eat until the funeral is over.
- Only family/friends of the same sex can touch and prepare the body for burial.
- A ritual washing, closing of the eyes, straightening the extremities, draping the body and placing the body to the right or toward Mecca will occur prior to burial.

#### *Jehovah Witness*

- Will not accept blood transfusions. The source of the soul is believed to be in the blood.
- May be receptive to some types of autotransfusions, volume expanders. May except albumin, globulins and fibrinogen based on personal conscience.
- Autopsies are unacceptable unless required by law.
- Body donation is prohibited
- The use of alcohol and drugs is prohibited
- Members of the congregation will read scripture to the sick

#### *Catholic*

- During illness the priest performs the Sacrament of the Sick with a blessing.

#### **Disability**

- Heart disease disability has decreased over the years
- Cancer disability has increased over the years
- Stroke disability has decreased over the years
- COPD disability has increased over the years
- Influenza and pneumonia disability has increased slightly over the years
- Diabetes disability has increased over the years.
- Chronic conditions that decrease the quality of life in 1995

#### Arthritis

67% non-Hispanic Black (Dm, Stroke and HTN also increased)

58% non-Hispanic white

50% of Hispanic

#### Cancer

9% non-Hispanic Black

21% non-Hispanic white

11% Hispanic

- In 1996, 76% of 67-74 year old non-Hispanic white men reported good to excellent health, 67% in those over 85. The same decline is seen with non-Hispanic black men and Hispanic men and women, but non-Hispanic black women leveled out.

- In all age groups non-Hispanic black and Hispanics reported less good health than non-Hispanic white persons.
- In 1995, 33% of Blacks were disabled versus 25% of white persons in physical activity.
- Disability has declined in percentage but increased in numbers due to an increase in the population of the elderly.
- Nursing home residents now have a greater percentage of disabled persons, incontinence, dependency with eating, and dependency with mobility. All of these have increased over the past ten years in nursing homes.

### **Class**

- Percent of elderly population living in poverty has decreased.
- Increases in education increase life expectancy. When you take the Black American male and educate him there is a decrease in mortality to equal the white male.
- Those over 65 in the bottom one fifth of income distribution have proportionately higher expenditures for nursing homes and skilled care or home health. They have lower expenditures for medical outpatient services and prescription drugs.
- In 1998 -Out of pocket medical expenses in various income levels

13% lowest fifth

14% second fifth

16% third fifth or middle class

13% fourth fifth

9% highest fifth (9% but spending more actual dollars)

The share of out of pocket expenditures spent by the older population in health care increased slightly in all income groups.

After reviewing this information students will have a better understanding of these diverse groups. Students will then be able to better respect all patients that they will treat. They will use this respect in conducting the history and physical exam. Patients that are treated with this manner of respect will become more responsive with compliance in their own treatment plans.

- Students will discuss on the Web CT bulletin board how culture may affect the way a history is obtained and the physical exam is performed. Students will then be required to review the tips provided at the following web site:  
[www.diversityresources.com/health2k/ss-tips.html](http://www.diversityresources.com/health2k/ss-tips.html)  
They will then post to the bulletin board what they have learned from this exercise.
- Students will complete a language and behavior awareness survey and will be provided with four rules to help with their understanding of disability. This will be done during the lecture on ADLs and IADLs.
- Students will also learn how caregivers and family members influence the complete care of the elderly patient. Students will read the following articles to have a better understanding of how race and ethnicity may also affect the care of their patients with respect to this: Caregiving Among Racial and Ethnic Minority Elders by Shirley

Lockery and published in *Generations* in 1991 and *Ethnicity And Decision-Makers in a Frail Older People* by Carlton Hornung et al. published in the *Journal of the American Geriatric Society* in 1998.

- Students will view the video, “Alzheimer’s Disease: A Multi-Cultural Perspective”. This documentary focuses on the experiences of four ethnic minority groups as they care for a family member with Alzheimer’s disease. It discusses the obstacles of language barriers, lack of support from the extended family, inaccurate information about the disease and its etiology and cultural norms that migrate against long-term placement. It also provides some possible solutions to these obstacles.
- Students will then utilize this information in conducting a history and physical exam and complete treatment plan in a resident at a local nursing home. This will demonstrate how understanding diverse cultures can help physician assistants successfully complete their task at hand.

Students will examine the similarities and differences among diverse people in the United States. They will discuss the difference between stereotypes and cultural tendencies. They will examine how society accepts and respects diversity can affect the outcome in patient care and quality of life.

- Students will discuss the issues of access to health care and how diversity may impact with this access. Students will discuss homelessness in the elderly. They will read a story from the book, “World of Difference-Inequality in the Aging Experience” by Stoller. The reading will be, “Is providing a Shelter the End of the Story?” This examines how white men disadvantaged by social class view the health care system. It examines how students may feel because of their own cultural lenses that providing a home for these disadvantaged patients will improve their care, but in reality it may actually make it worse.
- Students will also explore the issues of productivity in old age and how class and gender can affect productive activity in the elder. This will be done with another reading from the book by Stoller listed above.
- In looking at the issues of death and dying the students will understand how their view of a good death may very well differ from that of their patient or the society. Students will view the videotape, “Death A Trip of a Lifetime: The Good Death” by Palmer. This tape discusses “the good death” by examining the how, why, when and where of dying. Students will also read from the book, “Crossing Over Narrative of Palliative Care”. This book “captures the diversity of peoples aspirations and ideals as they face death and the often challenging conflicts between their views of death and the view of the professionals who care for them”.

Once the students have learned to incorporate their awareness of diversity into the care of their elderly patients, they will look at how they can pass these improved practices onto others within the health care profession. They will discuss the possibilities of physician assistants becoming active advocates of these practices through local and national student and profession societies, professionals on ethics committees and hospital and nursing home Boards.

This class will also be reformatted away from the traditional lecture and written exam method of presentation. This recognizes the various forms of learning styles of the students.

- Small group sessions will be used for discussions.
- Case studies will be used to discuss assessments and plan of various medical diagnoses.
- The students will complete nursing home visits and elderly sensitivity activities will be done to put the students “in the shoes of their elderly patients”.
  - Students will wear eyeglasses covered with Vaseline, have cotton placed in their ears, crackers stuffed in their mouth, their hands/legs tied to a wheelchair, and gloves placed on their hands and then asked to perform simple tasks. Students will see how these simple tasks then become difficult.
  - Students will perform histories and physical with treatment plans on a resident of a nursing home.
- Sim Man will be used to help with case studies. This is an electronic manikin that allows students to hear actual heart, lung and abdominal sounds and to take actual vitals. It also has a monitor that displays these vitals as well as the manikin’s rhythm. All of these functions can be manipulated as the student reacts to the case study. This model relieves some of the anxieties of actual patient encounters. This will allow for increased confidence as the student progresses to the actual clinical patient experiences.
- All lecture notes will be displayed on Web CT. This is available to students at all times on line. The syllabus and objectives will also be available to the students via Web CT.
- Sound links and rhythm and x-ray links will be visible via Web CT.
- Geriatric images will also be provided to the students. These images will help to develop discussions of changes of aging and dignity of the individual, disabilities in the elderly, prevention of falls, death and dying and physical signs of various medical conditions in the elderly
- Videos and home reading assignments will help with web bulletin board and classroom discussions on class, race, ethnicity, gender and disability issues. The video “Alzheimer’s Disease: A Multi-Cultural Perspective” will be viewed when discussing Alzheimer’s disease in the elderly.
- The song, “John J. Blanchard” will be heard to lead into the topic of Alzheimer’s disease.
- The poem, “What Do You See” will help lead into the discussions of the normal changes of aging.

All of these modalities will help those students who learn by visual, audio and hands on experiences. Students will take less time note taking and more time with class participation.

Student assessment will consist of the following methods:

- Written quizzes
- Computer based exams that are similar to the type of exam that the students will need to take in order to pass their national board exam.

- Written assignments and medical documentations
  - History and physical exam write-up
  - SOAP note write-up
  - Surveys
- Class participation and preparation (reading and video assignments)
- Web CT bulletin board discussion participation

These methods of assessment allow for students to be evaluated in more than one way to show what they have learned in this class.