

# Teaching Students to Think Geriatrically

## Key Take Home Points

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Clinical reasoning is a major domain of clinical competence and encompasses the thinking and decision-making processes that are used in clinical practice.

One of the keys to teaching geriatrics to trainees is to help them “think like a geriatrician”. A focus on explicitly teaching clinical reasoning skills can help to teach the geriatrics approach to patient care.

We should teach our trainees both analytic and non-analytic methods; the best students (and experts) use both of these methods

### **Areas of Analytic Clinical Reasoning You Can Teach a Geriatric Approach:**

#### **Hypothesis Cues**

- Atypical Presentation of Disease
- Importance of Corollary Informants
- Picking up subtle clues from the environment
- Home visits

#### **Hypothesis Refinement**

- Multifactorial etiologies
- Syndromal Presentation
- Incidence specific to age groups

#### **Testing Threshold**

- Increased risk of harm from testing
- Increased likelihood of false positive tests
- Prognostication
- Goals of care
- Cost/benefit

#### **Treating Threshold**

- Polypharmacy/non-pharmacologic management
- Paucity of therapeutic evidence in advanced age groups
- Individualized threshold/fluctuating threshold
- Importance of interdisciplinary care
- Impacts of goals of care

The **POGOe webGEM curriculum** (slated for pilot launch in 7/2012) is one case-based way to explicitly teach geriatrics clinical reasoning with diagnostic networks, hypothesis generation, and hypothesis Refinement



**Also can teach geriatrics clinical reasoning by teaching about cognitive error. Some examples:**

- Premature Closure (eg, not paying attention to multiple etiologies for one presentation, or multiple problems occurring concurrently)
- Framing or Diagnosis Momentum (eg, ED physician make the diagnosis so other diagnoses are not considered or a history is not taken)
- Availability (eg, assumption that all NH patients will have a UTI)
- Representativeness Errors (eg, not thinking about atypical presentations of an illness)
- Attribution (age biases)
- Commission Bias (Inability to follow the mantra, “Don’t just do something, stand there”)
- Omission Bias (Not doing something because someone is old)

**What can you do on a daily basis with trainees?**

- Make thinking explicit – Think out loud!
- Give feedback on clinical reasoning
- Reflective Practice
- Become comfortable with uncertainty and model this for trainees
- Acknowledgement we get it wrong at least 10% and up to 20% of time
- Metacognition: Teach about Thinking “Cognitive Pills for Cognitive Ills”

**Electronic Resources:**

KBIT: <http://acdet.com/> (Delirium module demo for free)  
Prognosis Your Diagnosis App (iphone/ipad/android)

**A few good references:**

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