UNIVERSITY OF MICHIGAN
COMPREHENSIVE PROGRAMS TO STRENGTHEN PHYSICIANS’ TRAINING IN GERIATRICS

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DEMOGRAPHIC DATA

Name: ____________________________________________________________

Department / Division: _____________________________________________

Year of Training:  □ 1  HO1  □ 2  HO2  □ 3  HO3  □ 4  HO4
□ 5  HO5  □ 6  HO6  □ 7  HO7  □ 8  HO8

Today’s Date: ____________________________

Birth date:  ____/____/____  
(Month / Day / Year)

Sex:  □ 1  Male  □ 2  Female

Are you Hispanic/Latino?  □ 1  No  □ 2  Yes

What is your race?  □ 1  American Indian/Alaska Native
(Check all that apply)  □ 2  Asian
□ 3  Black or African American
□ 4  Native Hawaiian or Other Pacific Islander
□ 5  White
□ 6  Other _______________
**Geriatric Attitudes Scale**

**DIRECTIONS:** Please use the scale to indicate the degree to which you agree or disagree with each statement. There are no right or wrong answers. The best response is the one that truly reflects your personal opinion. Please answer as best you can. We are interested in your views and perceptions. Findings of this study will be reported only on a group basis with no individual names identified. “Old people” and “elderly patients” referred to in the questions refer to persons aged 65 or older.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Most old people are pleasant to be with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The federal government should reallocate money from Medicare to research on AIDS or pediatric diseases.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. If I have the choice, I would rather see younger patients than older ones.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. It is society’s responsibility to provide care for its elderly persons.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Medical care for old people uses up too much human and material resources.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. As people grow older, they become less organized and more confused.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Taking a medical history from elderly patients is frequently an ordeal.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. Old people in general do not contribute much to society.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. Treatment of chronically ill old patients is hopeless.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. Old people don’t contribute their fair share towards paying for their health care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13. In general, old people act too slow for modern society.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>14. It is interesting listening to old people’s accounts of their past experiences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Maxwell-Sullivan Attitudes Scale

**DIRECTIONS:** Please use the scales below to indicate the degree to which you agree or disagree with each statement. There are no right or wrong answers. Please answer as best you can. We are interested in your views and perceptions. Indicate your response by placing an “X” in the appropriate box.

### Time and Energy

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The elderly patient does not live long enough to pay back the investment of my time.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>b. Elderly patients take too long to get prepared for office examination.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>c. The treatment of elderly patients is too time-consuming.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>d. Time is an important element to consider in the treatment of elderly patients.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>e. If handled properly, the elderly patient can be seen as quickly as any other patient.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>f. It takes too much time to give careful explanations of diagnostic procedures to elderly patients.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>

### Therapeutic Potential

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Treatment of old people is hopeless; they are operating with “machinery that is worn out.”</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>b. The elderly have fixed ideas about what is proper treatment and often won’t accept what they are told to do.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>c. Elderly patients are not able to take care of their own needs and follow treatment plans.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>d. Elderly patients often fail to follow therapeutic regimens.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>e. Elderly patients take medicines as prescribed.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>f. Therapeutic triumphs are less common in elderly patients than in others.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>
University of Michigan
Geriatrics Clinical Decision-Making Assessment

DIRECTIONS: For each scenario, please circle the letter corresponding to the one best answer.

1. An 82-year-old woman was admitted to the hospital after being found confused at the side of the road. Her daughter reports that she had been living independently and effectively managing her own financial affairs, but that she hadn’t seen her mother for over a month. The patient had been taking enalapril, an anti-hypertensive, and rofecoxib, a COX-2 inhibitor. On examination, the patient was awake and attentive but could not follow commands and seemed confused. The patient could not perform a Folstein Mini-Mental State Examination. Blood glucose, electrolytes, BUN, and creatinine were normal.

The patient’s confusion is most likely due to:

   a. Adverse drug reaction
   b. Alzheimer’s disease and the daughter is in denial
   c. Dementia in which the cause can’t be determined because of its severity
   d. Delirium because of dehydration
   e. Aphasia from a left-hemisphere stroke

2. An 82-year-old man underwent successful total knee replacement 2 days ago. He is currently receiving 90 mg of MS Contin BID and 1 to 2 oxycodone/acetaminophen tablets q6h PRN to manage his pain. The nurse informs you that the patient does well most of the time but has asked for pain medications in the early evening.

The most appropriate adjustment to his pain regimen is to:

   a. Begin Neurontin 300 mg BID.
   b. Increase oxycodone/acetaminophen to q4h PRN.
   c. Increase MS Contin to 120 mg BID.
   d. Increase MS Contin to 90 mg q8h.
3. A 79-year-old woman who lives in a nursing home has the onset of abdominal distention and emesis. She has no history of abdominal complaints, change in appetite, or weight loss. Medical problems include Parkinson’s disease, immobility, hypertension, congestive heart failure, and hypothyroidism. Current medications are a calcium-channel blocker, a diuretic, digoxin, levothyroxine, and carbidopa–levodopa.

Temperature is 36.3°C (97.3°F). Pulse rate is 72/min and respirations are 16/min. Blood pressure is 170/90 mm Hg. The abdomen is distended but nontender. Bowel sounds are hypoactive. Hard stool is present in the rectal vault; a stool specimen tests negative for occult blood. Abdominal radiographs reveal slightly dilated colon. Results of complete blood cell count, liver function studies, and urinalysis are normal. Oral potassium is begun to correct mild hypokalemia.

The most appropriate next step is to:

- a. Add a promotility agent.
- b. Order abdominal ultrasonography.
- c. Discontinue the calcium-channel blocker.
- d. Administer enemas.
- e. Order colonoscopy.

4. A 75-year-old woman has ovarian cancer with metastases to the liver and peritoneum. Abdominal pain had been well controlled with sustained-release morphine sulfate, 200 mg orally twice a day, but she now reports severe pain once every 3 days.

The most appropriate analgesia for the breakthrough pain is:

- a. Fentanyl, 25 mcg transdermally
- b. Morphine sulfate, 60 mg orally
- c. Pentazocine, 60 mg intramuscularly
- d. Propoxyphene, 65 mg orally
- e. Sustained-release oxycodone, 30 mg orally

5. A 71-year-old man is admitted to the hospital for a ruptured L2 disk. On examination he has numbness of the lateral right leg extending from his back to mid-calf. Sensory testing shows decreased position and vibration sensation bilaterally in both ankles, and 4/5 motor strength in R quadriceps extension and R ankle dorsiflexion. Plantar responses are downgoing bilaterally. He is aware he is in a hospital but is uncertain which one. He is unsteady and requires opiates for analgesia.

The most appropriate next step is to:

- a. Stop analgesia to decrease his confusion.
- b. Order strict bed rest to decrease the risk of falling.
- c. Provide walker for ambulation.
- d. Start aggressive physical therapy to improve strength and coordination.
- e. Order standby assistance when the patient is out of bed.
6. During his second hospital night, the patient described in question 5 falls in the bathroom and fractures his hip.

What is his expected 1-year mortality from this complication?

a. 10%
b. 20%
c. 30%
d. 40%
e. 50%

7. Two 80-year-old community-dwelling women are admitted to the hospital for right lower-lobe pneumonia. They have similar severity of disease as measured by the APACHE II Acute Physiology Score (APS), and they receive identical acute management.

Controlling for APS score, age, gender, and ethnic background, which of the following admission impairments is an independent risk factor for in-hospital mortality and could be used to distinguish the likelihood of adverse outcome in these 2 patients?

a. Inability to perform 4 activities of daily living
b. Score of 5 on Geriatric Depression Scale, Short Form
c. Score of 2 on Michigan Alcoholism Screening Test–Geriatric version
d. Score of 25 on Mini-Mental State Examination

8. You are called to see a 73-year-old man in the hospital who has Parkinson’s disease and had urgent herniorrhaphy 1 week ago. The nurses have noticed that his abdomen is getting larger and he has not had a bowel movement in 4 days. He has not been febrile but has complained of mild nausea and decreased appetite. On examination he is lying in bed, with bilateral leg contractures and a stage II presacral pressure ulcer. On rectal examination, he has some formed stool, which is negative for occult blood. His abdomen is distended and resonant but has normal bowel sounds.

The most appropriate next step is:

a. Disimpaction
b. Fleet enema
c. Soapsuds enema
d. Tap water enema
e. Stool softener
f. Stimulant laxative
9. A 69-year-old man with mild chronic obstructive pulmonary disease develops pneumonia, and it is determined that he will need ventilatory support on a respirator for a short duration to overcome this acute illness. The patient refuses ventilatory support and is deemed to be fully competent. His physician believes it is highly likely that the ventilatory support will be a short-term measure, and he is morally opposed to foregoing what he perceives to be a life-sustaining intervention. Hospital policy and the hospital administration agree with the physician. The patient has a durable power of attorney for health care that designates his wife as his agent.

The most appropriate next step is to:

a. Ask the patient to find a new physician.
b. Institute ventilatory support against the patient’s wishes.
c. Treat the patient based on the wishes of his wife.
d. Transfer the patient to the care of a physician willing to comply.

10. In an 82-year-old man admitted to an acute medical unit with urinary tract infection and fever, which of the following most suggests the diagnosis of delirium?

a. Inability to stay focused on questions
b. Angry outbursts and claims that staff are trying to harm him
c. Mini-Mental State Examination score of 18
d. Worsening behavior at night

11. A 78-year-old man with a history of coronary artery disease, hypothyroidism, and osteoarthritis of the knees is admitted to the hospital from home for shortness of breath. He is treated successfully for an exacerbation of congestive heart failure, with changes in his medication regimen and a sodium-restricted diet. He lives alone, gets out of bed by himself, and ambulates independently with a cane. His Mini-Mental State Examination score is 29. He wishes to return home when discharged from the hospital.

The intervention most likely to reduce subsequent hospital utilization for this patient is to:

a. Discharge to postacute care for rehabilitation
b. Coordinate discharge planning with follow-up at home
c. Prescribe home physical therapy
d. Recommend friendly visitor program
e. Recommend he attend a senior center
12. A 75-year-old man is admitted with a R hip fracture following a fall. He has an open reduction with internal fixation and the surgery is uncomplicated. He was living independently in the community prior to admission. Since his surgery he has been confused, particularly at night, and has required restraints. His bladder was catheterized during surgery, but the catheter was removed that morning.

When you see him, he is out of bed in the chair with a lap restraint. He is able to tell you that he’s in the hospital, but not the day or the date. He smells of urine and his gown and cover are wet.

His incontinence is most likely due to:

a. Overflow incontinence; you should check a post-void residual.
b. Inability of the kidney in an older person to concentrate urine; the patient is unlikely to respond to treatment.
c. Outlet obstruction from benign prostatic hypertrophy; you should measure urinary flow and pressure.
d. Impaired cognitive function, restraint use, and catheterization; you should treat with scheduled voiding.
e. Urge incontinence due to detrusor hyperactivity; you should start a mild anticholinergic agent.

13. An 86-year-old man presents in the emergency department with fever, emesis, and vague abdominal pain for 36 hours. His history includes hypertension, coronary artery disease, diabetes mellitus, mild dementia, and an acute myocardial infarction 1 month ago.

Temperature is 37.5°C (99.5°F), heart rate is 102/min, blood pressure is 110/66 mm Hg. There are bilateral coarse breath sounds; the abdomen is tender, especially in the right mid-abdomen.

Laboratory studies reveal: WBC 16,000/μL, normal liver tests, no elevation in cardiac enzymes, non-specific ST changes on the electrocardiogram, and a normal urinalysis. The abdominal flat plate shows ileus. The patient’s advance care plan requests hospitalization and management of reversible medical illnesses, but no CPR.

The most appropriate next step is to order:

a. Bowel regimen for constipation
b. Serial electrocardiograms and measurements of cardiac enzymes
c. Serial abdominal examinations and radiographs
d. Empiric antibiotics
e. Urgent surgical evaluation
14. A recently retired 72-year-old man presents for routine outpatient follow-up. He mentions feeling tired for the last few months as well as pronounced daily anxiety over his finances, health, and family. He is not taking any new medications and has not had trouble with these symptoms previously. On further questioning, he denies feeling sad but acknowledges poor appetite and initial insomnia. An avid golfer, he hasn’t “felt like it” recently. His family notes he seems forgetful. Mini-Mental State Examination score is 28/30 with items missed for diminished attention. General physical exam and labs including CBC, TSH, vitamin B12, folate, and VDRL are unremarkable.

The most appropriate next step is to:

a. Start him on a benzodiazepine for his anxiety, such as alprazolam (Xanax) 0.5 mg PO TID.
b. Reassure him that his symptoms are a normal part of aging.
c. Begin antidepressant medication.
d. Begin a cholinesterase inhibitor for possible early dementia.

15. Which of the following statements is most correct regarding the prevalence of mood disorders in people aged 65 and over?

a. Depressive symptoms within a birth cohort fluctuate throughout the life cycle.
b. Manic episodes are as common as in younger adults.
c. It is higher in community dwellers than in nursing-home residents.
d. It is higher than in younger adults.
e. Insufficient social network is a risk factor for developing depression.

16. A 75-year-old man who has a history of heart disease is brought to the emergency department after an unwitnessed cardiac arrest. Resuscitation efforts are unsuccessful. The patient lived with his son and had been seen in the emergency department on numerous occasions for avoidable medical problems. Old rib fractures also were noted on chest radiographs. Medication adherence appeared to be poor. Elder abuse is suspected in this case.

The statement that most accurately describes this case is:

a. Elder abuse is an independent risk factor for mortality.
b. Elder abuse is the cause of this patient’s death.
c. Cardiac disease is more likely than elder abuse to have caused this patient’s death.
d. Most mistreated elderly persons die as a result of their injuries.
17. A 74-year-old man undergoes emergency surgery to repair a perforated duodenal ulcer. He is extubated in the recovery room, and recovery is uneventful until the evening of the second postoperative day, when respiratory distress develops. The patient has a history of mild emphysema and was living independently with his wife and daughter prior to this hospitalization. His advance directive specifies that there are no limitations on therapy. The patient is sweating profusely. Temperature is 37.2°C (99.0°F). Pulse rate is 114/minute, and rhythm is regular. Respiations are 34/minute. Blood pressure is 144/80 mm Hg. Diffuse wheezes and rhonchi are heard throughout both lungs. No murmurs or extra sounds are audible on heart examination. The abdomen is slightly tender, and bowel sounds are absent. Examination of the legs is normal. Electrocardiogram shows sinus tachycardia, and chest radiograph discloses bibasilar atelectasis. Respiratory therapy is begun, but his condition does not improve. With the patient breathing oxygen, 3 L/min by nasal prongs, arterial blood pO$_2$ is 59 mm Hg, pCO$_2$ 58 mm Hg, and pH 7.32.

The most appropriate next step is to:

a. Begin parenteral antibiotics.

b. Increase oxygen administration to 6 L/min by nasal prongs.

c. Transfer patient to the intensive care unit and recommend mechanical ventilation not be used.

d. Transfer patient to the intensive care unit for intensive respiratory therapy, probable intubation, and mechanical ventilation.

e. Transfer patient to palliative care service.

18. An 80-year-old man who is hospitalized with pneumonia and worsening chronic obstructive pulmonary disease is unable to walk without assistance after 1 week of bed rest. Prior to hospitalization, he had been able to walk independently with a quad cane, which he began using after having a right-hemisphere stroke 5 years ago. He uses metaproterenol and ipratropium bromide inhalers on a regular basis, and at the time of admission he was also taking theophylline and erythromycin. He is currently being treated with intravenous theophylline, erythromycin, and methylprednisolone. Examination shows a grade 4/5 strength in the proximal muscles of both lower extremities and a 10° loss of extension of the left hip. He has a resting pulse of 70/min that increases to 96/min when he attempts to ambulate.

The most likely cause of his inability to ambulate independently is:

a. Deconditioning

b. Corticosteroid myopathy

c. Contracture of the left hip

d. New left-hemisphere stroke

e. Theophylline toxicity
19. An 83-year-old woman is brought to the emergency department because of dizziness on standing, followed by brief loss of consciousness. She has hypertension but is otherwise healthy. Current medications are metoprolol 50 mg daily, captopril 25 mg every morning, and nitroglycerin 0.04 mg sublingually PRN. The patient now feels well. Blood pressure is 130/70 mm Hg sitting and 100/60 mm Hg standing. Physical examination is otherwise normal. Complete blood cell count, comprehensive metabolic panel, and blood urea nitrogen are normal, as is the electrocardiogram.

Her syncopal episode is likely due to:

a. Cardiogenic shock
b. Drug-related event
c. Hypovolemic hypotensive episode
d. Sepsis
e. Unidentifiable cause

20. Mr. Z, an 80-year-old man, is admitted to the hospital from his home, where he lives with a caregiver, with a new right hip fracture. Five days following admission (4 days after hemiarthroplasty) the patient complains of discomfort in his right foot. Examination reveals non-blanching erythema of the right heel, no bony tenderness, and a positive Homan’s sign. Venous occlusion plethysmography of the right lower extremity reveals no acute deep venous thrombosis.

The most appropriate next step in managing Mr. Z’s foot pain is:

a. Administer subcutaneous heparin (unfractionated) 5000 units subcutaneously BID.
b. Order bone scan.
c. Apply pressure-relief ankle-foot orthoses to both feet.
d. Order x-ray of the right foot.
e. Write for patient to be up to the chair 3 times a day.

21. Mrs. H is an 80-year-old woman who presents to the emergency department with a fractured hip and undergoes surgery the next day. She has minor stable medical problems and lives independently in the community. She comes through the surgery uneventfully, does well in recovery, and is transferred to the intensive care unit in stable condition on a patient-controlled analgesia (PCA) pump. Twenty-four hours after surgery she becomes restless and agitated. You diagnose delirium and prescribe risperidone (Risperdal) 0.25 mg q4h PRN. She continues to be restless and agitated and you give her lorazepam (Ativan) 1 mg. She sleeps for 3 hours, but on awakening she is again restless and agitated.

The most appropriate next step is to:

a. Change risperidone to haloperidol (Haldol) 0.5 mg.
b. Give Benadryl 25 mg q4h PRN.
c. Discontinue PCA and substitute regular scheduled doses of analgesia.
d. Order restraints to keep the patient from harming herself or staff.
e. Repeat dose of lorazepam q3h.
22. A 92-year-old woman has a cold, for which she took an over-the-counter medication. Results of her routine laboratory studies were normal 1 month ago; current results are:

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood urea nitrogen</td>
<td>36 mg/dL</td>
</tr>
<tr>
<td>Serum creatinine</td>
<td>1.9 mg/dL</td>
</tr>
<tr>
<td>Serum electrolytes:</td>
<td></td>
</tr>
<tr>
<td>Sodium</td>
<td>135 mEq/L</td>
</tr>
<tr>
<td>Potassium</td>
<td>4.5 mEq/L</td>
</tr>
<tr>
<td>Chloride</td>
<td>90 mEq/L</td>
</tr>
<tr>
<td>Bicarbonate</td>
<td>24 mEq/L</td>
</tr>
</tbody>
</table>

The medication most likely responsible for her renal insufficiency is:

a. Acetaminophen
b. Aspirin
c. Diphenhydramine
d. Ibuprofen
e. Pseudoephedrine

23. An 80-year-old woman is admitted to the orthopedic service after falling and fracturing her left hip. She is medically evaluated and hydrated, then undergoes surgery with placement of a compression plate. The evening after surgery, approximately 36 hours after admission, the patient becomes confused and experiences agitation, mild tachycardia, and hallucinations. When questioned, the daughter admits that her mother has a long history of social drinking, and she notes that her mother may have been drinking more than her usual amount over the last year.

The most appropriate medication, titrated to symptoms, to manage this patient's condition is:

a. Intramuscular chlordiazepoxide (Librium)
b. Intravenous ethanol infusion
c. Intravenous lorazepam (Ativan)
d. Intravenous haloperidol (Haldol)
24. Mr. Miller is an 88 year-old widower whose primary care provider refers him to your orthopedics office with symptomatic degenerative joint disease of the right knee. He has been in significant discomfort for about 2 months, and he has become deconditioned due to sitting or staying in bed most of the day because of the pain. His past medical history is significant for hypertension, mild sensorineural hearing loss, and gastroesophageal reflux disease. His medications are Vioxx, atenolol, and Prilosec.

He is at your office for preoperative evaluation for an elective total knee replacement (TKR). The patient’s daughter, who holds his durable power of attorney (DPOA) for health care, is present. You tell the patient the diagnosis and that you recommend TKR. As you mention complications, he says, “Please don’t tell me about those, it makes me nervous. Just do what you think is best, what you’d recommend to your own father.”

The best course of action would be to:

a. Explain to the patient’s daughter the risks, outcomes, and alternative treatments, and answer any questions she has, since she has the DPOA for health care.

b. Explain to the patient the risks, outcomes, and alternative treatments, and answer any questions he has, even though he has asked you not to.

c. Obtain an ethics consultation, since informed consent has not been obtained and you should not override the patient's wishes not to be told anything further.

d. Proceed with the procedure, since the patient has given you explicit permission to decide what is best for him.

After further history and review of the record, you note that the patient was found to have dementia last year.

Which statement now describes the best course of action?

a. Administer the Medical Decision-Making Scale, and honor the patient’s decisions if he scores above the cut-off for adequate decision-making capacity (5/10).

b. Ask the patient what he heard regarding his condition.

c. Obtain informed consent from the patient’s daughter, since she has the DPOA for health care.

d. Order a psychiatric consultation to assess the patient’s decision-making capacity.

e. Perform the Mini-Mental State Examination, and honor the patient’s decisions if he scores above the cut-off for dementia (24/30).
25. An 85 year-old woman with dementia comes to your primary care office 3 weeks after hospital discharge following successful operative repair of a right hip fracture. She has been your patient for 5 years. She has had gait instability from muscular deconditioning and balance problems for the past 3 years but will not use a walker, which you have recommended. She has said the walker would make her “look and feel old,” although she has often expressed concern over the possibility of falling and breaking a hip. At each visit over the past 3 years, she has said she will consider using the walker but has never done so. She has fallen 3 times over the past 6 months without injury. Three weeks ago she fell at home and fractured her right hip.

On examination at today’s visit, the patient’s Mini-Mental State Examination score is 23/30. She lives with her daughter, who handles her finances.

You again discuss the importance of using a walker. Although the patient says she will “try to use her walker,” you feel it is very unlikely she will do so, and that she is likely to fall and injure herself again.

What course of action would you consider most appropriate?

a. Ask the patient’s daughter not to allow the patient to go outside the house unless she is using a walker.
b. Continue to remind the patient at each visit about the importance of using a walker.
c. Focus on dealing with the patient’s medical problems and rehabilitation from the fall.
d. Recommend that the patient move to a nursing home where she can receive gait assistance 24 hours a day.
e. Tell the patient she must bring the walker to office visits or it will be difficult for you to continue to be her physician.

From the following list of considerations, select the 3 that were most important to you in choosing a course of action for this case. Place a “1” in the space next to the most important item. Place a “2” and a “3” next to the items second and third most important to you in choosing a course of action.

___ Another fall would be a great burden to the patient’s daughter.
___ Another injurious fall would give the patient at least a 1 in 3 chance of permanent disability or death.
___ I can offer the most help to patients who will change their behavior for their own benefit.
___ The patient is free to make whatever choices she wishes.
___ The patient’s dementia inhibits her ability to recognize the morbidity she is likely to suffer with another fall.