

**GEROPSYCHOLOGY ROTATION REQUIREMENTS**

Met/ With N/A  
Pass Remed

**GOAL: ACQUIRE SKILLS NECESSARY TO FUNCTION AS A MEMBER OF AND INTERDISCIPLINARY EXTENDED CARE TEAM**

- A. ATTEND 1 INTERDISCIPLINARY TREATMENT TEAM MEETING PER WEEK..... \_\_\_\_\_
- B. REPORT TO IDT ON PTS SEEN ON RELATIVE WARDS..... \_\_\_\_\_
- C. CONDUCT 12 EVALUATIONS PER REFERRALS FROM EXTENDED CARE WARDS..... \_\_\_\_\_
- D. MAKE RECOMMENDATIONS AND PROVIDE RELATIVE TX PER CONSULTS..... \_\_\_\_\_

**GOAL: ACQUIRE SKILL IN PROVIDING TX TO GERIATRIC PTS**

- A. FOLLOW AT LEAST 6 INPTS IN BRIEF PSYCHOTHERAPY/ PAIN MANAGEMENT UNTIL TX GOALS HAVE BEEN MET.... \_\_\_\_\_
- B. CONDUCT PRE/POST ASSESSMENTS OF PTS TREATED... \_\_\_\_\_

**GOAL: ACQUIRE EXPERIENCE IN FORMAL ASSESSMENT OF GERIATRIC PTS**

- A. CONDUCT 12 EVALUATIONS, INCLUDING AT LEAST 6 BRIEF NEUROPSYCHOLOGICAL EVALUATIONS..... \_\_\_\_\_
- B. DEVELOP COMPETENCY WITH APPROPRIATE METHODS FOR ASSESSMENT OF COGNITIVE, EMOTIONAL, AND BEHAVIORAL DISTURBANCES IN GERIATRIC PATIENTS..... \_\_\_\_\_

**GOAL: ACQUIRE KNOWLEDGE OF GEROPSYCHOLOGICAL ISSUES**

- A. PRESENT 4 CURRENT GERIATRIC-RELATED ARTICLES FROM PSYCHOLOGY JOURNALS FOR DISCUSSION WITH SUPERVISOR..... \_\_\_\_\_

<u>Met/ Pass</u>	<u>With Remed</u>	<u>N/A</u>
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B. REVIEW FOLLOWING SECTIONS OF DSM-IV:..... \_\_\_\_\_

DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS \_\_\_\_\_

MOOD DISORDERS \_\_\_\_\_

ANXIETY DISORDERS \_\_\_\_\_

SUBSTANCE-RELATED DISORDERS \_\_\_\_\_

MENTAL DISORDERS DUE TO A GEN. MED. CONDITION \_\_\_\_\_

SOMATOFORM DISORDERS \_\_\_\_\_

ADJUSTMENT DISORDERS \_\_\_\_\_

OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION \_\_\_\_\_

C: REVIEW GEROPSYCHOLOGY-RELATED READINGS PROVIDED BY SUPERVISOR..... \_\_\_\_\_

NOTE: THESE ARE MINIMUM REQUIREMENTS FOR THIS ROTATION

I have read, understand and agree to work towards the rotations goals and objectives.

Intern Signature	Date	Supervisor's Signature	Date
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\_\_\_\_\_ has completed all above goals and objectives and has successfully completed this rotation.

Supervisor's Signature	Date	Intern Signature	Date
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