

Care of the Elderly/Geriatric Competencies

Residents completing the rotation or experience will consistently and correctly demonstrate competence in care of the elderly at the appropriate level expected of family medicine resident, in the following areas:

1. Interviewing & communication skills (including patient education, supportive counselling, psychotherapy) (CanMEDS-FM Communicator, Health Advocate)

- a) **Communication and Attitude:** Display an attitude of sensitivity, respect, compassion and empathy toward the elderly and aging when communicating with patients and families. Adapts communication appropriately to consider sensory and cognitive impairments.
- b) **Patient capacity:** Assess patient's capacity to make informed decisions about health and planning for the future. Demonstrate respect for patient autonomy.
- c) **Advance directives:** Initiate appropriate discussion about advance directives and specific wishes with regard to decisions around health and health care.
- d) **Documentation:** Generate comprehensive and accurate documentation (including a clear problem list, differential diagnosis, and management plan especially for admission documentation, and discharge summaries).

2. Problem formation & synthesis, knowledge-base & prescribing skills (including use of Evidence-Based approach to manage clinical problems) (CanMEDS-FM: FM Medical Expert, Scholar)

- a) **Functional approach:** Demonstrate a "functional approach" to history taking (i.e. actively screen for impact on patient independence and function including Activities of Daily Living - ADLs - and Instrumental Activities of Daily Living - IADLs).
- b) **Patient-centered approach:** Develop and articulate an individualized, adapted patient-centered management plan which considers:
 - **social context** including supports (formal and informal), care givers, adaptations possible in the environment, patient's financial ability to purchase medications, and transportation needs;
 - **potential care giver stress** (for all involved including family / partner); and
 - **religion, cultural beliefs & norms, and generational attitudes/stigma** (e.g. on role of other stake holders (family, community) in decision making in the elderly or those with developmental delay or those with mental illness).
- c) **Declining cognition:** Demonstrate an approach to diagnosing declining cognition including:
 - Developing a differential diagnosis and initiating appropriate investigation/workup.
- d) **Driving safety:** Explore the impact of a patient's cognitive and physical difficulties on driving safety, describe a physician's legal duty to report concerns, and report the Ministry of Transportation in a timely fashion.
- e) **Safe drug prescribing in the elderly:** Demonstrate understanding of key issues around safe drug therapy for the elderly patient through:
 - medication review, recognition of polypharmacy;
 - identification of potential "prescribing cascades" and opportunities for "de-prescribing";
 - listing medications to be used with caution, or adjusted commonly in the elderly (and why); and
 - consideration of watchful waiting in many cases. (e.g. asymptomatic bacteriuria).
- f) **Atypical illness presentations:** Recognize atypical presentations of illness in the elderly when formulating a differential diagnosis (i.e.: vomiting as a presentation of urinary tract infection, or an infection not presenting with fever or leukocytosis).
- g) **Elder abuse:** Describe potential forms of elder abuse (financial, emotional or other secondary gain). List signs of elder abuse and neglect, and avenues for reporting abusers and supporting victims.
- h) **Adapted management targets:** Adapt treatment thresholds and management targets (e.g. for blood pressure, lipids, diabetes targets) in the elderly.
- i) **"The Geriatric Giants":** Screen for, diagnose, and develop a collaborative management plan for:
 - I. Cognitive change ("3 D's") Depression, Dementia, Delirium
 - II. Falls and mobility difficulties
 - III. Fracture risk
 - IV. Urinary incontinence
 - V. Malnutrition and nutritional depletion
 - VI. Pain
 - VII. Constipation

3. Clinical and Technical skills (Can-MEDS-FM: FM Expert)

- a) **Physical examination:** Perform an appropriate and adapted physical examination of elderly patients. Appreciate changes associated with normal aging and paying particular attention to issues directly impacting function (e.g. feet, skin, hygiene, circulatory and sensory concerns). Use adapted approach to assessing patients with moderate to advanced cognitive impairment (e.g. altering voice and expectations for the encounter, providing reassuring touch, altering expectations for the encounter, breaking up the visit, modifying examination of the patient, and augmenting involvement of others such as the patient's Power of Attorney for Personal Care).
- b) **MoCA:** Use appropriate cognitive assessments tests and correctly perform the Montreal Cognitive Assessment (MoCA).

4. Team Participant (CanMEDS-FM: Collaborator, Scholar, Professional)

- a) **Inter-professional team:** Describe the roles of members of the inter-professional team (including the patient and family), and collaborate effectively with them. Actively contribute to multidisciplinary team rounds, family conferences, and discharge planning meetings. Take ownership for the function of the team.
- b) **Specialized geriatric services:** List available specialized geriatric and rehabilitation services, and most appropriate use of these services.
- c) **Critical appraisal, educating others:** Reflect on the applicability of new research findings to the care of frail elderly patients. Present to the geriatric team on a topic pertinent to the older person at one of the geriatric rotation resident learning sessions or journal clubs.

5. Organizational Abilities (CanMEDS-FM: Manager, Collaborator, Health Advocate, Professional)

- a) **Patient volume:** Assume primary responsibility for the timely management of an assigned volume of patients in outpatient and inpatient contexts (appropriate to resident stage and level of training).
- b) **Calls & Pages:** Triage, prioritize and act on calls appropriately. Answer pages in timely fashion.
- c) **Health resource stewardship:** Demonstrate wise stewardship of health resources, while considering both the needs of the individual and the community.

6. Professionalism, Self-Direction, Motivation, Responsibility, Self-Care (CanMEDS-FM: Professional, Health Advocate)

- a) **General professional attitude and behaviour:** Demonstrate awareness of his/her strengths and limitations. Ask for help appropriately. Recognize when his/her own personal issues or attitudes may interfere with effective patient care. Maintain confidentiality within the doctor-patient relationship.
- b) **Ethics:** Demonstrate tolerance of patients making choices at odds with the care team (e.g. in discharge planning, making informed autonomous decisions to live at risk). Use common ethical frameworks to approach competing ethical principles often underlying tensions in clinical environments (for example, uses the Department of Family Medicine's "ABCDEF" framework: Autonomy, Beneficence, Confidentiality, Disclosure, Equity [Justice], First do no harm [non-maleficence]).