

# AAMC GERIATRIC COMPETENCIES

for Medical Students

& POGOe products that can be used to teach that competency

*The graduating medical student, in the context of a specific older adult patient scenario (real or simulated), must be able to:*

## MEDICATION MANAGEMENT

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| 1 | Explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and Central Nervous System sensitivity.<br>❖ CHAMP: Drugs and Aging   |
| 2 | Identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults and explain the potential problems associated with each.<br>❖ SmartPrescribe Lesson 5: Principles of Rational Prescribing                                       |
| 3 | Document a patient's complete medication list, including prescribed, herbal and over-the-counter medications, and for each medication provide the dose, frequency, indication, benefit, side effects, and an assessment of adherence.<br>❖ Pills, Pills and More Pills: A Pill Box Exercise to Reduce Polypharmacy<br>❖ Elder Patient Navigator Program 2.0 |

## COGNITIVE AND BEHAVIORAL DISORDERS

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| 4 | Recognize, compare and contrast among the clinical presentations of delirium, dementia, and depression.<br>❖ An Unfolding Case of Delirium, Dementia, and Depression<br>❖ The Three D's Worksheet   |
| 5 | Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits delirium, dementia, or depression.<br>❖ The Interactive Confusion Assessment Method (iCAM)<br>❖ Dementia<br>❖ Depression Management 2: Recognizing and Screening for Depression in Older Adults |
| 6 | In an older patient with delirium, urgently initiate a diagnostic work-up to determine the root cause (etiology).<br>❖ Systems-Based Approach to Delirium for Multiple Learners<br>❖ Delirium in Older Patients: An Online Case-Based Curriculum  |
| 7 | Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.<br>❖ Functional and Cognitive Assessment of the Geriatric Patient  |
| 8 | Develop an evaluation and non-pharmacologic management plan for agitated demented or delirious patients.<br>❖ PATCH (Palliative Access Through Care at Home) Match: Virtual Training in Geriatric Palliative Home Visits  |

## SELF-CARE CAPACITY

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| 9  | Assess and describe baseline and current functional abilities in an older patient by collecting historical data from multiple sources, making sure to include instrumental activities of daily living, activities of daily living, and capacity/competence assessment, and performing a confirmatory hearing and vision examination.<br>❖ Functional Assessment WebCt Module<br>❖ Functional Assessment |
| 10 | Develop a preliminary management plan for patients presenting with functional deficits, including adaptive interventions and involvement of interdisciplinary team members from appropriate disciplines, such as social work, nursing, rehabilitation, nutrition, and pharmacy.<br>❖ Environmental Geriatrics<br>❖ SAFE-T from Babe to Sage   |
| 11 | Identify and assess safety risks in the home environment, and make recommendations to mitigate these.<br>❖ Home Safety Assessment<br>❖ Eliminate Hazards in Your Home   |

## FALLS, BALANCE, GAIT DISORDERS

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| 12 | Ask all patients > 65 y.o., or their caregivers, about falls in the last year, watch the patient rise from a chair and walk (or transfer), then record and interpret the findings.<br>❖ Podcasts on Aging Topics: The Timed Get up and Go Test<br>❖ Interactive Gait and Balance Assessment                         |
| 13 | In a patient who has fallen, conduct a gait assessment and construct differential diagnosis and evaluation plan that addresses the multiple etiologies identified by history, physical examination and functional assessment.<br>❖ Falls<br>❖ Using a Checklist to Evaluate Hospitalized Patients who Suffer a Fall |

## HEALTH CARE PLANNING AND PROMOTION

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| 14 | Define and differentiate among types of code status, health care proxies, and advance directives in the state where one is training.<br>❖ Health Care Decision Making WebCt Module<br>❖ Advance Directives   |
| 15 | Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for screening tests in older adults, noting that risk/benefit, not age alone is not a basis for withholding standard screening or treatment.<br>❖ Elder Care: A Resource for Interprofessional Providers: Disease Screening in Older Adults: When to Stop |
| 16 | Accurately identify clinical situations where life expectancy, functional status, patient preference or goals of care should override standard recommendations for treatment in older adults.<br>❖ CHAMP: Palliative Care and Changing Goals of Care   |

## ATYPICAL PRESENTATION OF DISEASE

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| 17 | For each organ system identify at least 3 changes of normal aging (e.g., normal labs for older adults) and their impact on the patient, including their contribution to homeostasis (the age-related narrowing of homeostatic reserve mechanisms). Know when clinical signs and presentations are normal aging and not disease.<br>❖ Human Aging<br>❖ Physiologic Aging |
| 18 | Generate a differential diagnosis based on recognition of the unique presentations of common conditions in older adults, including acute coronary syndrome, dehydration, urinary tract infection, acute abdomen, and pneumonia.<br>❖ Emergency Care for the Elder with Abdominal Pain<br>❖ Age/Gender Differences in Cardiopulmonary Function                           |

## PALLIATIVE CARE

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| 19 | Assess and provide initial management of pain and key non-pain symptoms based on patient's goals of care.<br>❖ Geriatric Virtual Patient Modules – Pain Management Strategies in the Elderly  |
| 20 | Identify the psychological, social, and spiritual needs of patients with advanced illness and their family members, and link these identified needs with the appropriate interdisciplinary team members.<br>❖ The Stanford Faculty Development Center End-of-Life Curriculum<br>❖ Spirituality & End of Life OSCE |
| 21 | Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.<br>❖ Palliative Care<br>❖ Palliative Care - Interactive Patient Care Simulation   |

## HOSPITAL CARE FOR ELDERLY

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| 22 | Identify potential hazards of hospitalization for all older adult patients (including immobility, delirium, medication side effects, malnutrition, pressure ulcers, procedures, peri and post operative periods, transient urinary incontinence, and hospital acquired infections) and identify potential prevention strategies.<br>❖ The "BIG 10" – Computer-Based Geriatrics Workbooks<br>❖ Discharge Summary Feedback |
| 23 | Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in older adult patients.<br>❖ Incontinence and Urinary Catheters for the Inpatient Physician   |
| 24 | Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.<br>❖ Restraints and the Elderly<br>❖ Geriatric Cross Cover Challenges  |
| 25 | Communicate the key components of a safe discharge plan (e.g., accurate medication list, plan for follow-up), including comparing/contrasting potential sites for discharge.<br>❖ Fourth-Year Medical Student Care Transitions Curriculum<br>❖ CHAMP: The Ideal Hospital Discharge   |
| 26 | Conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers.<br>❖ Pressure Ulcers Web Module   |

For these and other matched products visit [www.pogoe.org/gwiz](http://www.pogoe.org/gwiz).

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