



MULTIDISCIPLINARY COMPETENCIES IN THE CARE OF OLDER ADULTS AT THE COMPLETION OF THE ENTRY-LEVEL HEALTH PROFESSIONAL DEGREE

Developed by the Partnership for Health in Aging Workgroup on Multidisciplinary Competencies in Geriatrics

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A few specific considerations should be noted regarding the implementation of these competencies:

- The competencies are intentionally broad, in order to provide a baseline for geriatrics and gerontology training in any healthcare discipline involved in the care of older adults.
- There will be variations in the way these competencies apply to each discipline, including variations in the depth of knowledge or level of involvement in the competency. Each discipline will need to determine how the competencies will be incorporated into and taught by their training programs, and measured by their accreditation and licensing organizations.
- Each competency should be considered in the context of the unique characteristics and needs of older adults, with an emphasis on ensuring person-centered and directed care that supports the dignity, autonomy, and rights of each older person.
- These competencies must also take into account the individual preferences, ethnic backgrounds, culture, spiritual beliefs, and levels of health literacy of older adults and their caregivers, as well as the strengths, deficits, and adaptive strategies exhibited by older adults and their caregivers in coping with late-life issues and challenges.

Language and terminology can vary among healthcare disciplines. Terms used in these competencies are defined as follows:

- *Advanced care plan*: an individual's stated goals and desired direction of medical care, particularly end-of-life care, in the event that he or she becomes unable to make his or her own decisions at some future time.
- *Caregiver*: an unpaid individual (a spouse, significant other, family member, friend, neighbor) involved in assisting older adults who are unable to perform certain activities on their own.
- *Comprehensive geriatric assessment*: an interdisciplinary evaluation to determine the physical, functional, mental, emotional, pharmacotherapeutic status, and socio-environmental situation of a frail elderly person, in order to develop a coordinated and integrated plan for treatment and follow-up.
- *Direct-care worker*: a paid individual – such as a nursing assistant or nursing aide, home health aide, or personal or home care aide – who provides assistance with activities of daily living to people with chronic disease or disability.
- *Healthcare professional*: an individual with a professional license who assists in the identification, prevention, and/or treatment of an illness or disability.
- *Interdisciplinary team*: any group of individuals – such as healthcare professionals, direct-care workers, unpaid caregivers – who work together to plan and provide coordinated physical or mental healthcare, social services, or other supports in and across a variety of care settings.
- *Older adult*: an older person (patient or client) requiring physical or mental healthcare, social support, or other services, often because of multiple chronic illnesses, disability, and/or sensory or cognitive impairment.

Domain #1: Health Promotion and Safety

1. Advocate to older adults and their caregivers interventions and behaviors that promote physical and mental health, nutrition, function, safety, social interactions, independence, and quality of life.
2. Identify and inform older adults and their caregivers about evidence-based approaches to screening, immunizations, health promotion, and disease prevention.
3. Assess specific risks and barriers to older adult safety, including falls, elder mistreatment, and other risks in community, home, and care environments.
4. Recognize the principles and practices of safe, appropriate, and effective medication use in older adults.
5. Apply knowledge of the indications and contraindications for, risks of, and alternatives to the use of physical and pharmacological restraints with older adults.

Domain #2: Evaluation and Assessment

1. Define the purpose and components of an interdisciplinary, comprehensive geriatric assessment and the roles individual disciplines play in conducting and interpreting a comprehensive geriatric assessment.
2. Apply knowledge of the biological, physical, cognitive, psychological, and social changes commonly associated with aging.
3. Choose, administer, and interpret a validated and reliable tool/instrument appropriate for use with a given older adult to assess: a) cognition, b) mood, c) physical function, d) nutrition, and e) pain.
4. Demonstrate knowledge of the signs and symptoms of delirium and whom to notify if an older adult exhibits these signs and symptoms.
5. Develop verbal and nonverbal communication strategies to overcome potential sensory, language, and cognitive limitations in older adults.

Domain #3: Care Planning and Coordination Across the Care Spectrum (Including End-of-Life Care)

1. Develop treatment plans based on best evidence and on person-centered and directed care goals.
2. Evaluate clinical situations where standard treatment recommendations, based on best evidence, should be modified with regard to older adults' preferences and treatment/care goals, life expectancy, co-morbid conditions, and/or functional status.
3. Develop advanced care plans based on older adults' preferences and treatment/care goals, and their physical, psychological, social, and spiritual needs.
4. Recognize the need for continuity of treatment and communication across the spectrum of services and during transitions between care settings, utilizing information technology where appropriate and available.

Domain #4: Interdisciplinary and Team Care

1. Distinguish among, refer to, and/or consult with any of the multiple healthcare professionals who work with older adults, to achieve positive outcomes.
2. Communicate and collaborate with older adults, their caregivers, healthcare professionals, and direct-care workers to incorporate discipline-specific information into overall team care planning and implementation.

Domain #5: Caregiver Support

1. Assess caregiver knowledge and expectations of the impact of advanced age and disease on health needs, risks, and the unique manifestations and treatment of health conditions.
2. Assist caregivers to identify, access, and utilize specialized products, professional services, and support groups that can assist with care-giving responsibilities and reduce caregiver burden.
3. Know how to access and explain the availability and effectiveness of resources for older adults and caregivers that help them meet personal goals, maximize function, maintain independence, and live in their preferred and/or least restrictive environment.
4. Evaluate the continued appropriateness of care plans and services based on older adults' and caregivers' changes in age, health status, and function; assist caregivers in altering plans and actions as needed.

Domain #6: Healthcare Systems and Benefits

1. Serve as an advocate for older adults and caregivers within various healthcare systems and settings.
2. Know how to access, and share with older adults and their caregivers, information about the healthcare benefits of programs such as Medicare, Medicaid, Veterans' services, Social Security, and other public programs.
3. Provide information to older adults and their caregivers about the continuum of long-term care services and supports – such as community resources, home care, assisted living facilities, hospitals, nursing facilities, sub-acute care facilities, and hospice care.

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These competencies are endorsed by the following organizations:

Alliance for Aging Research
American Academy of Nursing – Expert Panel on Aging*
American Academy of Physician Assistants
American Assisted Living Nurses Association*
American Association of Colleges of Pharmacy
American Association for Geriatric Psychiatry
American Association for Long Term Care Nursing*
American Association of Nurse Assessment Coordinators*
American College of Clinical Pharmacy
American Dental Association
American Dietetic Association
American Geriatrics Society
American Occupational Therapy Association
American Pharmacists Association
American Physical Therapy Association
American Society on Aging
American Society of Consultant Pharmacists
Association of Directors of Geriatric Academic Programs
Association for Gerontology in Higher Education
Council on Social Work Education
Gerontological Advanced Practice Nurses Association*
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The Hartford Institute for Geriatric Nursing*
National Association for Geriatric Education
National Association of Geriatric Education Centers
National Association of Directors of Nursing Administration in Long Term Care*
National Association of Professional Geriatric Care Managers
National Gerontological Nursing Association*
New York Academy of Medicine/Social Work Leadership Institute
PHI – Quality Care through Quality Jobs

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