**Care of the Elderly**

**Curriculum Objectives**

<table>
<thead>
<tr>
<th>Family Medicine Expert</th>
<th>Additional Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family physicians are skilled clinicians who provide comprehensive, continuing care to patients and their families within a relationship of trust. The role of the Family Medicine Expert draws on the competencies included in the roles of Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.</td>
<td></td>
</tr>
</tbody>
</table>

### 1.1 Cognitive Assessments

1.1.1 Perform a cognitive assessment and obtain collateral history relevant to cognitive and/or functional decline.

1.1.2 Define and distinguish between the clinical presentations of delirium, dementia and depression.

1.1.3 Diagnose delirium, formulate a differential diagnosis, and develop and implement plans for evaluation and management.

1.1.4 Diagnose common dementia’s (Alzheimer’s, vascular, MCI), formulate a differential diagnosis for potential causes, and develop initial plans for evaluation and management.

1.1.5 Recognize and initiate management of common issues in dementia care (e.g. driving, capacity, wandering, pharmacologic therapy, BPSD, caregiver stress).

1.1.6 Utilize the Canadian Consensus Guidelines on Dementia to decide on assessment investigations.

1.1.7 Perform standard cognitive testing relevant to diagnosis of dementia and delirium.

### 1.2 Falls, Balance and Gait Assessment

1.2.1 Construct a differential diagnosis (including risk factors) and plans for the evaluation, management and prevention of falls.

1.2.2 Perform a gait and balance assessment using accepted standardized assessment tools.

1.2.3 Identify consequences of immobility in the elderly patient.

### 1.3. Medication Management

1.3.1 Obtain a structured medication review that includes a list of all medications being taken, dosages, frequencies, indications, evidence of benefit, side effects and an assessment of adherence.

1.3.2 Outline the pharmacokinetic changes that commonly occur with aging and demonstrate the ability to modify drug regimens to account for age related decreases in renal function.

1.3.3 Identify and alter medication therapy that is most likely to cause adverse drug events in an older individual.

1.3.4 Identify potential drug-drug and drug-disease interactions with prescribing medications in the elderly.

### 1.4. Biology of Aging and Atypical Presentation of Disease

1.4.1 Describe the usual anatomical and physiological changes seen with aging and understand the concept of frailty.

1.4.2 Demonstrate the ability to recognize, evaluate and manage atypical presentations of common medical conditions (e.g. acute coronary syndrome, infections, acute abdomen, depression, chronic pain, CHF) that can be encountered in an older individual.
### 1.5. Adverse Events and Safety
- **1.5.1** Describe the indications, risks, alternatives, and contraindications for physical and chemical restraints, and be competent with their application.

### 1.6 Urinary Incontinence
- **1.6.1** Evaluate and initiate management for transient (acute) and established (chronic) urinary incontinence.
- **1.6.2** Describe pharmacological and nonpharmacological treatments for UI.
- **1.6.3** Understand the use and risks of indwelling catheters versus intermittent catheter.

### 1.7 Healthcare Planning
- **1.7.1** Identify and manage common end of life care issues (e.g. nutrition, dysphagia, code status, hospital transfer, home and LTC visits).
- **1.7.2** Be aware of the key principles of the Mental Health Act, Personal Directive Act, and Adult Guardianship and Trusteeship Act.

### Manager

As **Managers**, family physicians are central to the primary health care team and integral participants in health care organizations. They use resources wisely and organize practices which are a resource to their patient population to sustain and improve health, coordinating care with the other members of the health care system.

#### 2.1 Adverse Events and Safety
- **2.1.1** Identify and manage potential hazards or hospital/institutional care (e.g. delirium, falls, immobility, pressure ulcers, incontinence, indwelling catheters, adverse drug events, malnutrition).

#### 2.2. Transitions of Care
- **2.2.1** Describe, access and understand the spectrum and structure of community-based care resources and rehabilitation services available for seniors within their province of training.
- **2.2.2** Understand the structure and access the spectrum of institutional care options available for seniors within their province of training.

### Communicator

As **Communicators**, family physicians facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

#### With Patients:
- **3.1.1** Language skills both verbal and written must be adequate to be understood by the patient - open to closed questions, limits jargon.
- **3.1.2** Listening skills - uses both general and active listening skills to facilitate communication - lets the patient tell their story.
- **3.1.3** Non-verbal skills - both expressive and receptive body language - sits, eye contact, responds to patients discomfort.
- **3.1.4** Culture and age Appropriateness - adapts communication to the individual patient for reasons such as culture, age and disability. Use collateral sources to detain history.

#### With Colleagues:
- **3.2.1** Language skills both verbal and written adequate to understand complex profession specific conversation.
- **3.2.2** Charting skills - legible, organized, timely.
- **3.2.3** Listening skills - attentive.
- **3.2.4** Non-verbal skills - expressive (eye contact, body language) and receptive.
**Collaborator**

As **Collaborators**, Family physicians work with patients, families, healthcare teams, other health professionals, and communities to achieve optimal patient care.

### 4.1 Functional Assessment (self care capacity)

| 4.1.1. Evaluate baseline (pre-morbid) and current functional abilities (both basic and instrumental activities of daily living) using reliable sources of information. | Communicator |
| 4.1.2. Develop and implement plans for the assessment and management of patients with functional deficits, including the use of adaptive interventions, in collaboration with interdisciplinary team members. | Manager |

### 4.2 Falls, Balance and Gait Assessment

| 4.2.1 Work with interdisciplinary teams to prevent, manage and treat consequences of immobility in the elderly patient. | Manager |

### 4.3 Medication Management

| 4.3.1 Work collaboratively with the Pharmacist to assist with structured medication reviews and changes. | |

### 4.4 Transitions of Care

| 4.4.1 Communicate, implement the key components of an appropriate transfer or discharge plan using interdisciplinary team resources (e.g. accurate medication list, need for support services, plans for follow-up). | Communicator |

**Health Advocate**

As **Health Advocates**, family physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.

### 5.1 Adverse Events and Safety

| 5.1.1. Describe how to recognize and initiate management of elder abuse. | Collaborator |

### 5.2 Transitions of Care

| 5.2.1 Identify and manage caregiver stress, in context of transitions of care. | Communicator |

### 5.3 Healthcare Planning

| 5.3.1 Define and describe (including the roles of physicians and substitute decision-makers) advance planning directives dealing with personal and financial decision-making, as permitted by legislation in their province of training. | Communicator |

**Professional**

As **Professionals**, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

| 6.1 Day to day behaviour reassures that the physician is responsible, reliable and trustworthy (e.g. punctual, answers pager). | |
| 6.2 The physician knows his/her limits of clinical competence and seeks help appropriately. | |
| 6.3 The physician demonstrates a flexible, open-minded approach that is resourceful and deals with uncertainty. | |
| 6.4 The physician evokes confidence, without arrogance and does so even when needing to obtain further information or assistance. | |
| 6.5 The physician demonstrates a caring and compassionate manner (e.g. actively listen, asks about feelings). | |
| 6.6 The physician demonstrates respect for patients in all ways, maintains appropriate boundaries and is committed to patient well-being. This includes time management, availability and a willingness to assess performance. | |
| 6.7 The physician demonstrates respect for colleagues and team members. | |
| 6.8 Day to day behaviour and discussion reassures that the physician is ethical and honest (e.g. informed consent, patient autonomy). | |
6.9 The physician practices evidence based medicine skillfully. This implies not only critical appraisal and information management capabilities but incorporates appropriate learning from colleagues and friends.

6.10 The physician displays a commitment to societal and community well being.

6.11 The physician displays a commitment to personal health and seeks balance between personal life and professional responsibilities.

6.12 The physician demonstrates a mindful approach to practice by maintaining composure/equanimity, even in difficult situations and by engaging in thoughtful dialogue about values and motives.

6.13 Appropriate attitudes for managing elderly patients - patient advocate, tolerance of ambiguity, inquiring mind.

6.14 Comprehensive approach that respects patient autonomy.

6.15 Respect other members of the health care team and foster an inter-disciplinary approach.

6.16 Demonstrates an open attitude and willingness to teach other learners.

**Scholar**

As **Scholars**, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge

Department of Family Medicine, Care of the Elderly Division