

**2012**  
**VERSION 1.0**

*This document applies to those who begin training on or after July 1<sup>st</sup>, 2012.*

(Please see also the “Policies and Procedures.”)

## **DEFINITION**

Geriatric Medicine is that branch of medicine which is concerned with the prevention, diagnosis, treatment, and social aspects of illness in older people.

## **GOALS**

Upon completion of training, a resident is expected to be a competent subspecialist in Geriatric Medicine capable of assuming a consultant’s role in the subspecialty. The resident must acquire a working knowledge of the theoretical basis of the subspecialty, including its foundations in the basic medical sciences and research.

Only candidates certified by the Royal College of Physicians and Surgeons of Canada in Internal Medicine may be eligible for certification in Geriatric Medicine.

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centered care and service to a diverse population. In all aspects of specialist practice, the graduate must be able to address issues of gender, sexual orientation, age, culture, ethnicity and ethics in a professional manner.

## **GERIATRIC MEDICINE COMPETENCIES**

At the completion of training, the resident will have acquired the following competencies and will function effectively as a:

### **Medical Expert**

#### ***Definition:***

*As Medical Experts*, subspecialists in Geriatric Medicine integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. *Medical Expert* is the central physician Role in the CanMEDS framework.

**Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...**

**1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient-centered medical care**

- 1.1. Perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
- 1.2. Demonstrate effective use of all CanMEDS competencies relevant to Geriatric Medicine
- 1.3. Identify and appropriately respond to relevant ethical issues arising in patient care
- 1.4. Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
- 1.5. Demonstrate compassionate and patient-centered care
- 1.6. Recognize and respond to the ethical dimensions in medical decision-making
  - 1.6.1. Demonstrate the ability to identify specific age-associated ethical issues in clinical practice and the allocation of health care resources such as distributive justice, filial responsibility, and proxy decision-making
- 1.7. Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments, as needed. This is including, but not limited to, assessing the ability of the patient to:
  - 1.7.1. Consent to treatment
  - 1.7.2. Make personal decisions
  - 1.7.3. Make financial decisions
  - 1.7.4. Drive a motor vehicle

**2. Establish and maintain clinical knowledge, skills and attitudes appropriate to Geriatric Medicine**

- 2.1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Geriatric Medicine, which includes but is not limited to:
  - 2.1.1. Normal aging
    - 2.1.1.1. Physiology, biology and psychology of aging
    - 2.1.1.2. Theories of aging
  - 2.1.2. Diagnosis and management of the older adult with multiple, complex medical conditions
  - 2.1.3. Frailty
  - 2.1.4. Cognitive function
    - 2.1.4.1. Delirium
    - 2.1.4.2. Dementia including behavioral and psychological symptoms

- 2.1.4.3. Mild cognitive impairment (MCI)
- 2.1.5. Falls and mobility
- 2.1.6. Bowel and bladder management
- 2.1.7. Pain management
- 2.1.8. Immobility and its complications
- 2.1.9. End of life care
- 2.1.10. Mood disorders and other psychiatric manifestations
- 2.1.11. Bone and metabolic disorders
- 2.2. Demonstrate knowledge of principles of prescribing medications for the older adult, including but not limited to:
  - 2.2.1. Pharmacokinetic and pharmacodynamic changes that occur with aging
  - 2.2.2. Adverse drug effects, including adverse drug-drug and drug-disease interactions
  - 2.2.3. Appropriate prescription of drugs
  - 2.2.4. Promotion of adherence to a prescribed drug regimen
- 2.3. Describe the CanMEDS framework of competencies relevant to Geriatric Medicine
- 2.4. Apply lifelong learning skills of the Scholar Role to implement a personal program to keep up-to-date, and enhance areas of professional competence
- 2.5. Contribute to the enhancement of quality care and patient safety in Geriatric Medicine, integrating the available best evidence and best practices

### **3. Perform a complete and appropriate assessment of a patient**

- 3.1. Identify and explore issues to be addressed in a patient encounter effectively, including the patient's context and preferences
  - 3.1.1. Assess an older person with multiple physical, cognitive/psychiatric, functional, and/or social problems. This incorporates the concept of Comprehensive Geriatric Assessment, which requires evaluation of medical, functional, cognitive-affective and socio-environmental domain
  - 3.1.2. Assess an older person, when indicated, for their capacity to consent to treatment, make personal decisions, make financial decisions, drive a motor vehicle, and make wills and testaments
  - 3.1.3. Demonstrate knowledge of currently accepted recommendations for primary and secondary prevention in older individuals
  - 3.1.4. Assess an older patient for need and potential for rehabilitation

*OBJECTIVES OF TRAINING IN GERIATRIC MEDICINE (2012)*

- 3.1.5. Demonstrate the ability to identify the prognostic factors leading to a discussion about the appropriate level of intervention based on the patient's wishes and clinical context
  - 3.1.6. Recognize the presence of abuse of elderly patients, identify risk factors and propose a management plan in conjunction with the clinical team
  - 3.1.7. Demonstrate the ability to identify the presence and capabilities of caregiver(s) to meet the needs of older patients
  - 3.1.8. Recognize the level of stress of caregivers, identify risk factors and propose a management plan in conjunction with the clinical team
- 3.2. Elicit a history that is relevant, clear, concise and accurate to context and preferences for the purposes of prevention and health promotion, diagnosis and/or management, including:
- 3.2.1. Demonstrate skill in working with older adults with significant communication challenges due to cognitive impairment, sensory impairment, behavioral problems or ethno-cultural differences
  - 3.2.2. A collateral history
  - 3.2.3. A detailed medication history
  - 3.2.4. An assessment of basic instrumental activities of daily living, including assessment of risk, using standardized, valid, and reliable instruments
- 3.3. Perform a complete and/or focused physical examination that is relevant and accurate for the purposes of prevention and health promotion, diagnosis and/or management, including but not limited to:
- 3.3.1. A comprehensive neurological exam
  - 3.3.2. A screening assessment of vision and hearing
  - 3.3.3. A mental status examination
    - 3.3.3.1. The evaluation of cognition using standardized, valid, and reliable instruments
    - 3.3.3.2. The evaluation of depression and the behavioural and psychological symptoms of dementia using standardized, valid, and reliable instruments
  - 3.3.4. Assess basic mobility skills and balance using standardized, valid, and reliable instruments
  - 3.3.5. Perform and interpret a nutritional assessment of older patients using anthropometric, historical, dietary, subjective and/or laboratory features
  - 3.3.6. Assess for fecal/urinary incontinence

- 3.4. Select medically appropriate investigative methods in a resource-effective and ethical manner
  - 3.4.1. Demonstrate the ability to weigh the relative benefits and risks of investigations or interventions that are being proposed for frail or vulnerable older patients
- 3.5. Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans
  - 3.5.1. Demonstrate the ability to deal effectively and efficiently with clinical complexity by prioritizing problems
  - 3.5.2. Demonstrate the ability to tailor health promotion and disease prevention activities to the older person's functional status, goals, and preferences
  - 3.5.3. Demonstrate the ability to plan and implement rehabilitation in collaboration with the older patient, family, attending physician, consultants and other health care professionals. This would include setting treatment goals, predicting likely outcome, and determining the likely duration of the course of rehabilitation

#### **4. Use preventive and therapeutic interventions effectively**

- 4.1. Implement an effective management plan in collaboration with a patient and their family
  - 4.1.1. Demonstrate an understanding of family dynamics and those factors which cause family dysfunction
  - 4.1.2. Identify the presence and capabilities of caregivers for older disabled patients
  - 4.1.3. Demonstrate the ability to detect and manage caregiver stress
- 4.2. Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to Geriatric Medicine
- 4.3. Ensure appropriate informed consent is obtained for therapies
- 4.4. Ensure patients receive appropriate end-of-life care

#### **5. Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic**

- 5.1. Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Geriatric Medicine
  - 5.1.1. Perform and interpret an environmental safety assessment, including at home
  - 5.1.2. Estimate the creatinine clearance of an older patient by the use of standardized, valid, and reliable formulas, including, but not limited to, Cockcroft and Gault Equation

- 5.2. Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Geriatric Medicine
- 5.3. Ensure appropriate informed consent is obtained for procedures
- 5.4. Document and disseminate information related to procedures performed and their outcomes
- 5.5. Ensure adequate follow-up is arranged for procedures performed

**6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise**

- 6.1. Demonstrate insight into their own limits of expertise
- 6.2. Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal patient care
- 6.3. Arrange appropriate follow-up care services for a patient and their family

**Communicator**

***Definition:***

*As Communicators*, subspecialists in Geriatric Medicine effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.

***Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...***

**1. Develop rapport, trust, and ethical therapeutic relationships with patients and families**

- 1.1. Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician-patient communication can foster patient satisfaction, physician satisfaction, adherence and improved clinical outcomes
- 1.2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy
  - 1.2.1. Demonstrate skill in working with older patients and others who present significant communication challenges because of cognitive impairment, sensory impairments, behavioural problems, or an ethno-cultural background different from the physician's own
- 1.3. Respect patient confidentiality, privacy and autonomy
- 1.4. Listen effectively
- 1.5. Be aware of and responsive to nonverbal cues
- 1.6. Facilitate a structured clinical encounter effectively

**2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals**

- 2.1. Gather information about a disease and about a patient's beliefs, concerns, expectations and illness experience
- 2.2. Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers and other professionals

**3. Convey relevant information and explanations accurately to patients and families, colleagues and other professionals**

- 3.1. Deliver information to a patient and family, colleagues and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making

**4. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care**

- 4.1. Identify and explore problems to be addressed from a patient encounter effectively, including the patient's context, responses, concerns, and preferences
- 4.2. Respect diversity and difference, including but not limited to the impact of gender, religion and cultural beliefs on decision-making
- 4.3. Encourage discussion, questions, and interaction in the encounter
- 4.4. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
- 4.5. Address challenging communication issues effectively, such as obtaining informed consent, delivering bad news, and addressing anger, confusion and misunderstanding

**5. Convey effective oral and written information about a medical encounter**

- 5.1. Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans
- 5.2. Present verbal reports of clinical encounters and plans
- 5.3. Present medical information effectively to the public or media about a medical issue

**Collaborator**

***Definition:***

As *Collaborators*, Subspecialists in Geriatric Medicine effectively work within a health care team to achieve optimal patient care.

**Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...**

**1. Participate effectively and appropriately in an interprofessional health care team**

- 1.1. Clearly describe the subspecialist's roles and responsibilities to other professionals
- 1.2. Identify and describe the training, role and expertise governing the practice of members of the core multidisciplinary/interprofessional team used in the care of older patients. Members of this core team include individuals with expertise in clinical nutrition, nursing, occupational therapy, pharmacy, physiotherapy, social work, and speech language pathology
- 1.3. Recognize and respect the diversity of roles, responsibilities and competencies of other professionals in relation to their own
- 1.4. Work with others to assess, plan, provide, and integrate care for older patients or groups of patients, including investigation, treatment and follow-up care. This must be done with the input of the older patients or their proxy if the patients are unable to consent to health care
  - 1.4.1. Demonstrate principles of case management
  - 1.4.2. Assure that individual responsibilities in a specific care plan are explicit
  - 1.4.3. Demonstrate the ability to work effectively with the family physician and primary health care providers
- 1.5. Work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities
- 1.6. Demonstrate effective contribution as a member and leader of interprofessional teams and family meetings
- 1.7. Enter into interdependent relationships with other professions for the provision of quality care
- 1.8. Describe the principles of team dynamics
  - 1.8.1. Demonstrate both knowledge of critical concepts and the skills needed for the effective functioning of multidisciplinary/interprofessional clinical teams
  - 1.8.2. Define teams, delineate membership, help set team goals and objectives, define tasks and roles of team members, provide leadership when appropriate, determine how decisions are made, describe communication patterns, establish good working relationships, and evaluate and provide constructive feedback
- 1.9. Respect team ethics, including confidentiality, resource allocation and professionalism
- 1.10. Demonstrate leadership in a health care team, as appropriate



**2. Work with other health professionals effectively to prevent, negotiate, and resolve interprofessional conflict**

- 2.1. Demonstrate a respectful attitude towards colleagues and members of an interprofessional team
- 2.2. Work with other professionals to prevent conflicts
  - 2.2.1. Demonstrate an understanding of the problems that may occur in a multidisciplinary/interprofessional team
- 2.3. Demonstrate abilities in conflict management and negotiation
- 2.4. Respect differences and address misunderstandings and limitations in other professionals
- 2.5. Recognize one's own differences, misunderstanding and limitations that may contribute to interprofessional tension
- 2.6. Reflect on interprofessional team function
  - 2.6.1. Demonstrate the skills needed to deal with a dysfunctional team

**Manager**

***Definition:***

As *Managers*, subspecialists in Geriatric Medicine are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

***Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...***

**1. Participate in activities that contribute to the effectiveness of their health care organizations and systems**

- 1.1. Work collaboratively with others in their organizations
  - 1.1.1. Describe how the organization works including organizational structure and reporting relationships
- 1.2. Participate in systemic quality process evaluation and improvement including, but not limited to, patient safety initiatives
- 1.3. Describe the structure and function of the health care system as it relates to Geriatric Medicine, including the roles of physicians
  - 1.3.1. Demonstrate the ability to promote integrated care of older patients, especially those with complex needs, and ease transitions across the variety of settings where they may receive services: home, ambulatory care, hospitals, long-term care facilities, other health care settings
    - 1.3.1.1. Describe (local) resources and agencies that provide health and social care

- 1.3.2. Demonstrate knowledge of the principles used to plan and manage health care services for older patients in a variety of settings (ambulatory care, hospitals, long-term care facilities, other health care settings, the patient's own home)
  - 1.3.2.1. Demonstrate the ability to identify opportunities and challenges, consider alternative strategies, and select the preferred means of health care service provision for older adults.
  - 1.3.2.2. Demonstrate the ability to collect and analyze data on outcomes of care, and act upon it to identify changes which might improve the outcomes of care
- 1.4. Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

**2. Manage their practice and career effectively**

- 2.1. Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life
- 2.2. Manage a practice including finances and human resources
- 2.3. Implement processes to ensure personal practice improvement
- 2.4. Employ information technology appropriately for patient care

**3. Allocate finite health care resources appropriately**

- 3.1. Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care
- 3.2. Apply evidence and management processes for cost-appropriate care

**4. Serve in administration and leadership roles, as appropriate**

- 4.1. Demonstrate the competencies required for physician leadership
- 4.2. Chair or participate effectively in committees and meetings
- 4.3. Lead or implement change in health care
  - 4.3.1. Demonstrate knowledge of strategies used in the implementation of evidence-based geriatric care including but not limited to delirium prevention programs, falls prevention programs, least restraints policies and clinical practice guidelines
- 4.4. Plan relevant elements of health care delivery, such as pressure ulcer prevention, and contribute to the development of policies

## Health Advocate

### **Definition:**

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

### **Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...**

#### **1. Respond to individual patient health needs and issues as part of patient care**

- 1.1. Identify the health needs of an individual patient
  - 1.1.1. Identify specific patient vulnerabilities that increase the risk that the health care system will be unable to meet the patient's needs, including but not limited to lack of family support, lack of family physician, and chronic mental health issues
- 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
  - 1.2.1. Advocate on behalf of older patients with respect to evidence-based health promotion, including but not limited to regular exercise, adequate nutrition, and vaccination
  - 1.2.2. Advocate on behalf of older patients with respect to negative attitudes including but not limited to ageism and stereotyping the older adult with cognitive and functional limitations
- 1.3. Appreciate the possibility of competing interests between individual advocacy issues and the community at large

#### **2. Respond to the health needs of the communities that they serve**

- 2.1. Describe the practice communities that they serve
- 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
  - 2.2.1. Demonstrate an understanding of the specialist's role to advocate on behalf of the community with respect to the determinants of health that may impact on community health as it relates to older people including but not limited to access to in-home care, community based services, long term care and senior friendly hospitals
- 2.3. Appreciate the possibility of competing interests between the communities served and other populations

**3. Identify the determinants of health for the populations that they serve**

- 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
  - 3.1.1. Identify evidence-based determinants of health for older adults, including but not limited to financial resources, education, and social support systems, and apply this understanding to advocate for population-based solutions to common problems and conditions in Geriatric Medicine
- 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately

**4. Promote the health of individual patients, communities, and populations**

- 4.1. Describe an approach to implementing a change in a determinant of health of older patients as a population
- 4.2. Describe how public policy impacts on the health of the populations served
  - 4.2.1. Identify current policies that affect older patients' health, either positively or negatively, including but not limited to publicly funded drug benefit programs, income support programs, and retirement policies
- 4.3. Identify points of influence in the health care system and its structure
- 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
  - 4.4.1. Identify different ways in which ageism is manifested in health care and society
  - 4.4.2. Advocate against ageism at the individual patient level
- 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
- 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

**Scholar**

***Definition:***

As *Scholars*, subspecialists in Geriatric Medicine demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.

**Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...**

**1. Maintain and enhance professional activities through ongoing learning**

- 1.1. Describe the principles of maintenance of competence
- 1.2. Describe the principles and strategies for implementing a personal knowledge management system
- 1.3. Recognize and reflect on learning issues in practice
- 1.4. Conduct a personal practice audit
- 1.5. Pose an appropriate learning question
- 1.6. Access and interpret the relevant evidence
- 1.7. Integrate new learning into practice
- 1.8. Evaluate the impact of any change in practice
- 1.9. Document the learning process

**2. Critically evaluate medical information and its sources, and apply this appropriately to practice decisions**

- 2.1. Describe the principles of critical appraisal
- 2.2. Critically appraise retrieved evidence in order to address a clinical question
  - 2.2.1. Demonstrate an awareness of the limitations of the scientific literature with regards to generalizability and applicability to a frail older population
- 2.3. Integrate critical appraisal conclusions into clinical care

**3. Facilitate the learning of patients, families, students, residents, other health professionals, the public and others, as appropriate**

- 3.1. Describe principles of learning relevant to medical education
- 3.2. Identify collaboratively the learning needs and desired learning outcomes of others
- 3.3. Select effective teaching strategies and content to facilitate others' learning
  - 3.3.1. Demonstrate effective teaching skills for patients, family, and caregivers, utilizing appropriate language and communication techniques
- 3.4. Demonstrate the ability to deliver an effective lecture or presentation
- 3.5. Assess and reflect on a teaching encounter
- 3.6. Provide effective feedback
- 3.7. Describe the principles of ethics with respect to teacher-learner conduct

**4. Contribute to the development, dissemination, and translation of new knowledge and practices**

- 4.1. Describe the principles of research and scholarly inquiry
- 4.2. Describe the principles of research ethics
- 4.3. Pose a scholarly question
- 4.4. Conduct a systematic search for evidence
- 4.5. Select and apply appropriate methods to address the question
- 4.6. Disseminate the findings of a study
- 4.7. Participate in a scholarly project relevant to Geriatric Medicine

**Professional**

***Definition:***

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

***Key and Enabling Competencies: Subspecialists in Geriatric Medicine are able to...***

**1. Demonstrate a commitment to their patients, profession, and society through ethical practice**

- 1.1. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- 1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
- 1.3. Demonstrate a willingness to receive and act upon both positive and negative feedback from colleagues, other health care workers, older patients, and their families and caregivers
- 1.4. Recognize and appropriately respond to ethical issues encountered in practice
- 1.5. Manage conflicts of interest
- 1.6. Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
- 1.7. Maintain appropriate relations with patients

**2. Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation**

- 2.1. Demonstrate knowledge and an understanding of the professional, legal and ethical codes of practice

- 2.2. Fulfill the regulatory and legal obligations required of current practice, which includes but is not limited to:
    - 2.2.1. Advance directives
    - 2.2.2. Power of attorney
    - 2.2.3. Guardianship
    - 2.2.4. Trusteeship
    - 2.2.5. Operation of a motor vehicle
  - 2.3. Demonstrate accountability to professional regulatory bodies
  - 2.4. Recognize and respond to others' unprofessional behaviours in practice
  - 2.5. Participate in peer review
- 3. Demonstrate a commitment to physician health and sustainable practice**
- 3.1. Balance personal and professional priorities to ensure personal health and a sustainable practice
  - 3.2. Strive to heighten personal and professional awareness and insight
  - 3.3. Recognize other professionals in need and respond appropriately

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