



Tomorrow's Doctors, Tomorrow's Cures

Geriatric Competencies for Medical Students

Recommendations of the July 2007 Geriatrics
Consensus Conference

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Association of
American Medical Colleges

GERIATRIC COMPETENCIES for Medical Students

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

MEDICATION MANAGEMENT

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 CNS sensitivity.
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 problems associated with each.
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.

COGNITIVE AND BEHAVIORAL DISORDERS

4	Define and distinguish among the clinical presentations of delirium, dementia, and depression.
5	Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits cognitive impairment.
6	Urgently initiate a diagnostic work-up to determine the root cause (etiology) of delirium in an older patient.
7	Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.
8	Develop an evaluation and non-pharmacologic management plan for agitated, demented or delirious patients.

SELF-CARE CAPACITY

9	Assess and describe baseline and current functional abilities (instrumental activities of daily living, activities of daily living, and special senses) in an older patient by collecting historical data from multiple sources and performing a confirmatory physical examination.
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.
11	Identify and assess safety risks in the home environment, and make recommendations to mitigate these.

FALLS, BALANCE, GAIT DISORDERS

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.
13	In a patient who has fallen, construct a differential diagnosis and evaluation plan that addresses the multiple etiologies identified by history, physical examination and functional assessment.

HEALTH CARE PLANNING AND PROMOTION

14	Define and differentiate among types of code status, health care proxies, and advanced directives in the state where one is practicing.
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GERIATRIC COMPETENCIES for Medical Students

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

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.
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.

ATYPICAL PRESENTATION OF DISEASE

17	Identify at least 3 physiologic changes of aging for each organ system and their impact on the patient, including their contribution to homeostenosis (age-related narrowing of homeostatic reserve mechanisms).
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.

PALLIATIVE CARE

19	Assess and provide initial management of pain and key non-pain symptoms based on patient's goals of care.
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.
21	Discuss palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.

HOSPITAL CARE FOR ELDERLY

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, and hospital acquired infections).
23	Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in the older adult patient.
24	Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.
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.
26	Conduct a surveillance examination of areas of the skin at high risk for pressure ulcers and describe existing ulcers.