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
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.
   - 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.
   - 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.
   - CHAMP: Drugs and Aging
4. Recognize, compare and contrast among the clinical presentations of delirium, dementia, and depression.
   - An Unfolding Case of Delirium, Dementia, and Depression
   - The Three D’s Worksheet
5. Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits delirium, dementia, or depression.
   - The Interactive Confusion Assessment Method (iCAM)
   - Dementia
   - 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 (etiologies).
   - Systems-Based Approach to Delirium for Multiple Learners
   - 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.
   - Functional and Cognitive Assessment of the Geriatric Patient
8. Develop an evaluation and non-pharmacologic management plan for agitation or delirious patients.
   - PATCH (Palliative Access Through Care at Home) Match: Virtual Training in Geriatric Palliative Home Visits

COGNITIVE AND BEHAVIORAL DISORDERS
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.
   - Functional Assessment WebCT Module
   - 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.
    - Environmental Geriatrics
    - SAFE-T from Babe to Sage
11. Identify and assess safety risks in the home environment, and make recommendations to mitigate these.
    - Home Safety Assessment
    - Eliminate Hazards in Your Home

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.
    - Podcasts on Aging Topics: The Timed Get up and Go Test
    - 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.
    - Falls
    - Using a Checklist to Evaluate Hospitalized Patients who Suffer a Fall

HEALTH CARE PLANNING AND PROMOTION
14. Define and differentiate among types of code status, health care proxies, and advance directives in the state where one is training.
    - Health Care Decision Making WebCT Module
    - 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.
    - 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.
    - CHAMP: Palliative Care and Changing Goals of Care

ATYPICAL PRESENTATION OF DISEASE
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.
    - Human Aging
    - 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.
    - Emergency Care for the Elder with Abdominal Pain
    - Age/Gender Differences in Cardiopulmonary Function

PALLIATIVE CARE
19. Assess and provide initial management of pain and key non-pain symptoms based on patient’s goals of care.
    - 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.
    - The Stanford Faculty Development Center End-of-Life Curriculum
    - Spirituality & End of Life OSCE
21. Present palliative care (including hospice) as a positive, active treatment option for a patient with advanced disease.
    - Palliative Care
    - Palliative Care - Interactive Patient Care Simulation

HOSPITAL CARE FOR ELDERS
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.
    - The “BIG 10” – Computer-Based Geriatrics Workbooks
    - Discharge Summary Feedback
23. Explain the risks, indications, alternatives, and contraindications for indwelling (Foley) catheter use in older adult patients.
    - Incontinence and Urinary Catheters for the Inpatient Physician
24. Explain the risks, indications, alternatives, and contraindications for physical and pharmacological restraint use.
    - Restraints and the Elderly
    - 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.
    - Fourth-Year Medical Student Care Transitions Curriculum
    - 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.
    - Pressure Ulcers Web Module

For these and other matched products visit www.pogo.org/gwiz.

POGOe is sponsored by the Association of Directors of Geriatric Academic Programs through a grant from the Donald W. Reynolds Foundation.