



Geriatric Fellowship Curriculum Milestones December 2012

The Geriatric Fellowship Curriculum Milestones build on the geriatrics competencies developed for medical students and residents and will serve as a foundation for our ongoing work. They were created by a working group of geriatricians (see table below), reviewed and commented on by over 400 geriatricians, revised and then approved by the Boards of the American Geriatrics Society (AGS) and the Association of Directors of Geriatric Academic Programs (ADGAP).

Workgroup Members

Michael Harper, MD (Co-Chair)	UCSF School of Medicine
Susan Parks, MD (Co-Chair)	Thomas Jefferson University
Rosanne Leipzig, MD, PhD	Mount Sinai School of Medicine
Karen Sauvigné, MA	Mount Sinai School of Medicine
Helen Fernandez, MD, MPH	Mount Sinai School of Medicine
Lisa Granville, MD	Florida State University College of Medicine
Bree Johnston, MD, MPH	UCSF School of Medicine
Barbara Roehl, MD, MBA	Underwood Memorial Hospital
Nancy Weintraub, MD	UCLA David Geffen School of Medicine

Domain: Caring for the Elderly Patient

CEP Communication

1. Practice **culturally sensitive shared decision making** with patients and families/caregivers in the context of their health literacy, desired level of participation, preferences and goals of care.
2. Work effectively as a member or leader of an **interprofessional health care team**.
3. Use strategies to enhance clinician-patient oral and written **communication** in patients with hearing, vision, or cognitive impairment.
4. Skillfully discuss and document **goals of care** and **advance care planning** with elderly individuals and/or their families/caregivers across the spectrum of health and illness.
5. **Assess** patients for **capacity** to make a specific medical decision and, if lack of capacity is determined, identify strategies and resources for decision-making, including guardianship.
6. Provide compassionate care while establishing personal and professional **boundaries** with patients and families/caregivers.
7. Effectively lead a **family/caregiver meeting**.

CEP Gerontology

8. Demonstrate current scientific knowledge of **aging and longevity**, including theories of aging and epidemiology of aging populations.
9. Describe the primary **physiologic changes of aging** of each organ system and their clinical

implications, including how they may impact lab findings.

CEP - Medication Management

10. Demonstrate expertise in **medication management** by justifying medication regimen and duration based upon:
 - a. age related changes in pharmacokinetics and pharmacodynamics.
 - b. maximizing medication adherence.
 - c. the common lists of medications that should be avoided or used with caution in older adults.
 - d. a consideration of the reported benefits and known and unknown risks when prescribing a newly-released medication, realizing that older adults with multimorbidities are often underrepresented in clinical trials.
11. When a patient presents with a **new symptom** or geriatric syndrome, **investigate** whether a **medication(s)** is contributing.
12. Individualize **pain control** utilizing the most effective pharmacologic and nonpharmacologic strategies based on the etiology and chronicity of the patient's pain.
13. Prescribe **pain** medications with instructions and methods to prevent common **complications** including constipation, nausea, fatigue and opioid toxicity (myoclonus and hyperalgesia), using equianalgesic dosing conversion and opioid rotation when needed.

CEP - Functional Impairment and Rehabilitation

14. Know the indications and contraindications for referring patients to physical, occupational, speech or other **rehabilitative** therapies, and refer if appropriate.
15. Know indications for **durable medical equipment**, prescribe and evaluate for appropriate use.
16. Recognize and manage the care of patients at **high risk for poor outcomes from common conditions** such as deconditioning, stroke, hip fracture, and dysphagia.

CEP - Diseases in Older Adults

17. Identify and manage **medical disorders** that occur in older adults.
18. Know the **different presentation, management and** underlying **pathophysiology** of common diseases in older adults (including but not limited to: hypertension, coronary artery disease, osteoporosis, hypothyroidism, infections, and the acute abdomen; adjusting drug dosage for renal function).
19. Know the national **guidelines** for preventive care, adjust as appropriate for clinical circumstances or patient preferences, and document reasons if these guidelines are not followed.
20. Recognize the limitations of the evidence base and **critically review the medical literature** for studies that are valid and applicable to the care of older adults.

CEP - Complex Illness (es) and Frailty in Older Adults

21. Identify **patients who are frail or otherwise at risk** for death, dependency and/or institutionalization over the next few years.
22. Demonstrate the ability to manage the care of patients with **multimorbidities** by integrating the evidence, patient's goals, life expectancy and functional trajectory. Document clinical reasoning when management differs from standard treatment recommendations.
23. Demonstrate the ability to manage **psychosocial** aspects of the care of older adults including interpersonal and family relationships, living situations, adjustment disorders, bereavement, and anxiety.
24. Assess and incorporate **family/caregiver needs** and limitations, including caregiver stress, into

- patients' management plans.
25. Provide **geriatric consultation** in all settings with attention to multimorbidity, age-related changes in physiology, function, treatment efficacy and response, medication management and psychosocial issues.
 26. Regularly **re-assess goals of care** to recognize patients likely to benefit from palliative and/or hospice care, including those with non-cancer diagnoses (e.g, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Dementia).

CEP Palliative and End of Life Care

27. Counsel patients and families/caregivers about the range of **options for palliative and end of life care**.
28. Assess, manage, and provide anticipatory guidance for patients and families/caregivers for common **non pain symptoms** during severe chronic illness or at the end of life.

Domain: Systems-Based Care for Elder Patients

SBC General

29. Reduce **iatrogenic events** among elders in all settings through implementation of patient-specific and system-wide strategies to prevent falls*, immobility, delirium*, pressure ulcers*, incontinence*, malnutrition*, indwelling catheter use, nosocomial infections, deep vein thrombi, restraints, depression*, functional decline*. (NB: asterisk indicates additional competencies in syndromes or functional impairment section.)
30. **Demonstrate expertise in transitions of care by** identifying, with the interprofessional team, the most **appropriate care setting(s)** for a patient, including independent living, assisted living, long-term care, acute rehabilitation, subacute rehabilitation, home care, primary care at home, adult day care, Program of All-Inclusive Care for the Elderly (PACE)-like program, and hospice based on the needs and preferences of the patient and families/caregivers, and the admission and payment requirements for each setting.
31. **Demonstrate expertise in transitions of care by communicating** the following to the receiving provider through discussion or timely discharge summary: medication reconciliation, an assessment of patient's cognition and function, pending medical results and follow-up needs.
32. Demonstrate knowledge of commonly accepted geriatric **quality indicators**.
33. Participate in **quality improvement** efforts to enhance the quality of care of older adults.
34. Describe the services provided by **Medicare** Parts A, B and D, the Hospice Benefit, and by Medicare and Medicaid for patients who are "dual eligible," including the basics of the patient's fiscal responsibility for each.
35. Identify patient and family/caregiver **needs** and refer to appropriate local **community resources**.
36. Recognize and document signs of **elder abuse** and/or neglect and refer to community resources and adult protective services when appropriate.
37. Recognize the complexity of geriatric care and demonstrate the ability to **prioritize care**, in a time-efficient manner, during encounters with geriatric patients
38. Serve as an **advocate** for older adults and caregivers within various healthcare systems and settings.
39. Recognize health-care **system issues** that negatively impact the care of the geriatric patients, and identify improvement strategies.
40. Demonstrate the ability to **teach** patients, caregivers and others about aging-related healthcare

issues.

41. Describe **models of care** that have been shown to improve outcomes for older adults, e.g., ACE Units, PACE, multifactorial interventions to prevent falls, delirium prevention.

SBC Hospital Care

42. Reduce **iatrogenic** events (see SBC General #29)
43. Recognize common and subtle presentations of **delirium** and manage appropriately.
44. Perform pre-operative assessments for older patients and document specific **peri-operative** management recommendations to improve patient care and safety based on type of surgery and patient characteristics.

SBC – Ambulatory Care

45. Perform and interpret an outpatient **geriatric assessment**, and develop a management plan that includes appropriate consultation with and referrals to other disciplines and community based resources.
46. Recognize patients who are at risk for **hazardous driving**, identify strategies to reduce risk, and integrate state and local laws into the management plan.

SBC – Home Care

47. Perform **home visits**, demonstrate modification of the physical exam for the home setting, and assess physical safety of the environment.
48. Refer patients to appropriate **home health and support services** to maximize ability to remain in their homes.

SBC – Long Term Care and Nursing Home Care

49. Individualize **LTC patient management** considering prognosis, comorbidity, patient and caregiver goals, and available resources especially in the following situations: (a) consideration for transfer to the acute care hospital; (b) weight loss, dehydration, swallowing disorders; (c) agitation and problem behaviors .
50. Describe the role of a **long-term care medical director** and demonstrate an understanding of nursing home and long-term care regulations and requirements, including the minimum data set.
51. Manage **acute problems in long-term care via telephone** call.

Domain: Geriatric Syndromes

GS - Falls and Dizziness

52. Perform and interpret common **gait and balance** assessments, recognizing abnormal gaits associated with specific conditions.
53. Conduct an appropriate evaluation of **patients who fall** or are at risk for falling, implement strategies to reduce future falls, fear of falling, injuries, and fractures, and followup on referrals.
54. Evaluate, manage, and refer (when appropriate) patients with symptoms of **dizziness or lightheadedness**, differentiating among those with single or serious causes and those that are multifactorial.

GS - Cognitive, Affective, and Behavioral Health

55. Distinguish the clinical presentation and prognosis of **changes in cognition** and/or **affect** among people with normal aging, mild cognitive impairment, dementia, delirium, and depression.

56. Perform, interpret, and articulate the strengths and limitations of the commonly used cognitive and mood **assessment tools**.
57. Identify clinical situations where a **psychiatric referral**, psychological counseling, or neuropsychological assessment is indicated and integrate the findings into the patient's plan of care.
58. Diagnose and manage the potentially **reversible/treatable causes of cognitive and affective changes** in older adults.
59. Identify and manage **depression**.
60. Diagnose and manage the causes of **dementia**, including Alzheimer's disease, vascular dementia, Lewy body dementia, dementia of Parkinson's Disease, alcoholic dementia, frontotemporal dementia, Creutzfeldt–Jakob Disease and Normal Pressure Hydrocephalus as well as other rare causes. Recognize and appropriately refer ambiguous cases for further evaluation.
61. Care appropriately for patients at each **stage of dementia** (mild, moderate or severe) and provide anticipatory guidance based on prognosis and their goals of care.
62. Assess and manage cognitive, functional, and disruptive **behavioral manifestations of dementia**, both behaviorally and pharmacologically.

GS - Pressure Ulcers

63. Recognize patient risk factors for **pressure ulcers**, and in high risk patients work with an interprofessional team to develop a prevention plan.
64. Stage pressure ulcers and demonstrate proficiency in describing their clinical characteristics (e.g., size, color, exudate).
65. Develop a **treatment plan** for pressure **ulcers** with an interprofessional team, incorporating the indications for surgical and non-surgical treatments for ulcers (e.g., debridement, classes of wound care products and treatments, pressure relieving devices, etc.).

GS – Sleep Disorders

66. Provide initial evaluation and management of **insomnia and other sleep disorders** and, when indicated, refer to a sleep specialist.

GS - Hearing and Vision Disorders

67. Screen for **hearing** loss and recognize when referral is appropriate.
68. Recognize common **ophthalmologic conditions associated with aging**, including changes of normal aging, cataract, glaucoma, age-related macular degeneration, and refer when appropriate to ophthalmology, optometry and/or low vision services.

GS - Urinary Incontinence

69. Evaluate and treat the most common forms of both reversible and chronic **urinary incontinence** using nonpharmacological interventions where possible.
70. Refer when appropriate for **urologic or gynecologic evaluation** including urodynamic testing, pessary evaluations, pelvic floor muscle training.
71. Evaluate and manage urinary **retention** and incomplete **bladder emptying** including the appropriate use of intermittent catheterization or indwelling bladder catheters.

GS – Weight Loss and Nutritional Issues

72. Identify and appropriately evaluate and manage **involuntary weight loss**.
73. Discuss with patients and families/caregivers the risks and benefits of appetite stimulants,

nutritional supplementation, enteral tube feeding, and parenteral nutrition, particularly in patients with advanced dementia or near end-of-life.

74. Identify **swallowing disorders** in patients with involuntary weight loss or recurrent pneumonias, and work with an interprofessional team to evaluate, manage, and educate patient and caregiver(s) based on goals of care.

GS - Constipation and Fecal Incontinence

75. Evaluate and manage **constipation** and fecal impaction using nonpharmacological and pharmacological modalities.
76. Provide initial evaluation and management of **fecal incontinence**.

The Geriatric Fellowship Curriculum Milestones can be found on the American Geriatrics Society [Website](#) along with the other competencies listed below.

- Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree
- Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care
- Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults: Supplement to the Essentials of Baccalaureate Education for Professional Nursing
- Position Descriptions and Related Core Competencies for Seven Nursing Positions in the Nursing Home Setting
- Geriatric Pharmacy Curriculum Guide
- Geriatric Core Competencies for General Psychiatry Residents
- Attitude, Knowledge and Skill Competencies for Practice in Professional Geropsychology
The Council of Training Programs in Professional Geropsychology
- Foundation Gerontological Social Work Competencies
- Proposed Competencies in Geriatric Patient Care for Use in Assessment for Initial and Continued Board Certification of Surgical Specialists
- Minimum Geriatric Competencies for Medical Students
- Minimum Geriatric Competencies for Emergency Medicine Residents
- Minimum Geriatric Competencies for IM-FM RESIDENTS