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Recommended Curriculum Guidelines for Family Medicine Residents

Care of Older Adults

This document was endorsed by the American Academy of Family Physicians (AAFP) and the Society of Teachers of Family Medicine (STFM).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) http://www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME Web site. Current AAFP Curriculum Guidelines may be found online at http://www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies as indicated on each guideline.

Each residency program is responsible for its own curriculum. ***This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.***

Preamble

The percentage and number of older adults in our society is steadily increasing. Elderly persons occupy a large number of acute-care hospital beds, comprise the largest percentage of nursing home residents, and make more visits to physicians' offices than any other segment of the population. The acquisition of age-appropriate skills and knowledge in taking a patient's history, performing a physical examination, making clinical and psychosocial diagnoses, and managing a patient's condition must be an integral part of residency training. Yet, the American health care system has become more focused on acute and episodic care rather than preventative, chronic, and comprehensive care.

Although people do not suddenly acquire different characteristics at an arbitrarily predetermined age, there are many subtle, yet significant, differences in the diagnosis and management of older adults when compared with younger patients. The philosophy of providing comprehensive, continuing care includes the belief that a patient's health in his or her later years is vitally affected by lifestyle and health care patterns established earlier in life. One goal of family medicine is to prepare younger adult and middle-aged patients for changes that occur with aging. Another goal is to assist elderly persons to function independently with self-respect, preserving their lifestyles as much as possible. This curriculum applies a comprehensive approach to the psychosocial and economic factors affecting aging patients and their families.

Competencies

At the completion of residency training, a family medicine resident should:

- Be able to perform comprehensive, standardized geriatric assessments and develop short- and long-term treatment plans. (Patient Care, Medical Knowledge)
- Be able to optimize treatment plans based on knowledge of local geriatric care resources, including local, state, and federal agencies. (Systems-based Practice, Practice-based Learning and Improvement)
- Coordinate ambulatory, inpatient, and institutional care across health care providers, institutions, and governmental agencies. (Systems-based Practice)
- Demonstrate the ability to communicate effectively with the patient, as well as the patient's family and caregivers, to ensure the diagnosis is clearly understood and the treatment plan is developed collaboratively. (Interpersonal and Communication Skills)
- Recognize his or her own practice limitations and seek consultation with other health care providers when necessary to provide optimal care. (Patient Care)

Attitudes

The resident should demonstrate attitudes that encompass:

- Awareness of the effects that attitudes and stereotypes related to aging, disability, and death can have on the care of elderly patients.
- Empathy and compassion towards the elderly and assisting them to cope with inevitable decline and loss.
- The promotion of the patient's dignity through self-care and self-determination.
- Recognition of the importance of family and home in the overall lifestyle and health of patients.
- An understanding of appropriate limitation of investigation and treatment for the benefit of the patient.
- An awareness of the importance of a multidisciplinary approach to the enhancement of individualized care.
- Accessibility to and accountability for his or her patients.
- An awareness of the importance of limiting cost when treating elderly patients.
- An awareness of the benefits, limitations, and appropriate use of advance directives, living wills, and durable powers of attorney.

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Normal underlying physiologic changes due to aging in the various body systems
    a. Diminished homeostatic abilities
    b. Altered metabolism and effects of drugs
    c. Physiology of aging in various organ systems
2. Normal psychological, social, and environmental changes of aging
    a. Reactions to common stresses such as retirement, bereavement, relocation, and ill health
    b. Changes in family relationships that affect health care of the elderly
3. Unique modes of presentation for care, including atypical presentations of specific diseases in elderly patients

4. Risks and adverse outcomes in geriatric care
    a. Polypharmacy
    b. Iatrogenic illness
    c. Immobilization and its consequences
    d. Over-dependency.
    e. Inappropriate institutionalization
    f. Non-recognition of treatable illness
    g. Over-treatment
    h. Inappropriate use of technology
    i. Unsupported family
5. Means for promoting health and health maintenance through screening for and assessment of risk factors
6. Services available to promote rehabilitation or maintenance of an independent lifestyle for elderly people, thus increasing their ability to function in their existing family, home, and social environments
7. Indications and benefits of the house call in the assessment and management of elderly patients
8. Characteristics of the various types of long-term care facilities and alternative housing available to the elderly
9. Specific regulations for patient care in long-term facilities
10. Financial aspects of health care of the elderly understanding local, state, and federal programs that assist the elderly to finance the cost of their health care
11. Means to actively promote health in the elderly through exercise, nutrition, and psychosocial counseling
12. Elder abuse and neglect
13. Community resources, including those used to help patients maintain independence
14. Evaluation of the functional status of the elderly patient

15. Problems that are characteristic of older patients or that differ significantly in presentation and / or management in order adults
    a. Special senses: hearing and vision loss, speech disorders, taste, vestibular, and proprioceptive.
    b. Respiratory: pneumonia and other respiratory infections
    c. Cardiovascular: hypertension, congestive heart failure, myocardial infarction, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, and postural hypotension
    d. Oral Conditions: caries, periodontal disease, tooth loss and denture care, oral-pharyngeal cancers, and oral-systemic linkages
    e. Gastrointestinal: dentition problems, acute abdomen, malnutrition, constipation, and fecal impaction
    f. Genitourinary: incontinence, urinary tract infections, bacteriuria, and sexual dysfunction
    g. Musculoskeletal: degenerative joint disease, fractures, contractures, osteopenia / osteoporosis, podiatric problems, falls, decubiti, and pressure ulcers
    h. Neurological: delirium, dementia (e.g., Alzheimer's disease), altered mental status, dizziness, tremor, memory loss, gait disorders, and sleep disorders
    i. Metabolic: dehydration, diabetes, hypothyroidism, medication-induced illness, malnutrition, anemia, hypothermia, and malignancies
    j. Psychosocial: abuse (physical, financial, and psychological), alcoholism and other substance abuse, grief reactions, depression, psychological effects of illness, pain, terminal care, malnutrition, and failure to thrive
    k. Dermatologic: xerosis, cutaneous neoplasms, skin manifestations of internal illness, blistering diseases, and environmental and traumatic lesions

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. Basic elements of geriatric assessment, including the standardized methods for assessing physical, cognitive, emotional, and social functioning as appropriate

2. Screening examinations for mental status, depression, and functional status including activities of daily living (ADL) and instrumental activities of daily living (IADL)

3. Physical diagnosis, including:
    a. Mobility, gait, and balance assessments
    b. Recognition of normal and abnormal signs of aging
    c. Preoperative assessment
    d. Obtain a comprehensive history and mental status examination, utilizing all available sources of information
    e. Evaluation of the appropriate use of assistive devices (e.g. canes, walkers, wheel or power chairs)
4. Conduct an efficient and comprehensive physical examination in the following venues: office, hospital, and nursing home settings. The physician should be mindful of the patient's modesty and mobility
5. Appropriate selection, interpretation, and performance of diagnostic procedures
6. Appropriate house calls and coordination of home care
7. Develop problem lists in practical, clinical, functional, psychological, and social terms
8. Set appropriate priorities and limitations for investigation and treatment
9. Communicate with the patient and / or caregivers the proposed investigation and treatment plans in a way that promotes understanding, adherence ,and appropriate attitudes
10. Communicate hope and empathy
11. Counsel patients about age-related psychological, social, and physical stresses and changes of the normal life cycle of aging, dying, and death
12. Coordinate a range of services appropriate to the patient's needs and support systems
13. Integrate factors of the patient's family life, home life, and general lifestyle into the diagnostic and therapeutic process
14. Appropriate use of critical care resources which includes dealing with ethical issues, including advance directives, decision-making capacity, euthanasia, assisted suicide, health care rationing, and palliative and end-of-life care

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program. Physicians who have demonstrated skills in caring for the elderly and who have a positive attitude toward the elderly should be available to act as role models to the residents and should be available to give support and advice to individual residents regarding the management of their own patients. A multi-disciplinary approach coordinated by the family physician is an appropriate method for structuring teaching experiences. Individual teaching and small group discussion will help promote appropriate attitudes.

The resident should be responsible for caring for elderly patients and have opportunities to act as decision maker and case manager. Each family medicine resident's panel of patients should include a significant number of elderly patients, including healthy elderly patients and those with minor health problems, the chronically ill, the critically ill, the acutely ill, and the injured. The resident should be required to have experience providing continuing care for elderly patients in the ambulatory setting, the home, the hospital, and assisted living facilities.

Resources

Abrams WB, Berkow R, Fletcher, AJ, et al, eds. *The Merck Manual of Geriatrics.* 3rd ed. Whitehouse Station, NJ: Merck Publishing, 2000

American Academy of Hospice and Palliative Medicine. *Primer of Palliative Care*. 5th ed. Glenview, Il: American Academy of Hospice and Palliative Medicine; 2010

American Geriatrics Society. *Doorway Thoughts: Cross-Cultural Health Care for Older Adults*. Sudbury, Ma: Jones & Bartlett Learning; 2004.

Arenson C, Busby-Whitehead J, Brummel-Smith K, et al, eds. *Reichel's Care of the Elderly: Clinical Aspects of Aging*. 6th ed. New York, NY: Cambridge University Press; 2009.

Beck JC. *Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine*. 6th ed. New York, NY: American Geriatrics Society; 2006.

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Landefeld CS, Palmer RM, Johnson MA, et al, eds. *Current Geriatric Diagnosis and Treatment*. New York, NY: McGraw-Hill Medical; 2004.

Reuben DB. *Geriatrics at Your Fingertips.*13th ed. New York, NY: American Geriatrics Society; 2011.

Website Resources

The American Geriatrics Society. http://www.americangeriatrics.org.

The American Geriatrics Society. *Clinical Geriatrics*. http://www.clinicalgeriatrics.com.

British Geriatrics Society. http://www.bgs.org.uk.

Geriatrics & Aging. http://www.geriatricsandaging.com.

Geriatrics journal. http://www.geri.com.

The University of Iowa. Iowa Geriatric Education Center.
http://www.medicine.uiowa.edu/igec/.

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