

CARE OF THE ELDERLY

OBJECTIVES OF THE BLOCK ROTATIONS IN THE FAMILY MEDICINE RESIDENCY PROGRAM, McMASTER UNIVERSITY

OBJECTIVES

1. The family physician is an effective clinician.

*1.1 The resident shall develop an understanding of the aging process and the implications of the biological changes associated with aging; the concepts of successful aging; and the importance of comprehensive approach to care.

CONTENT: - Physiologic changes associated with aging
- Relationship of laboratory parameters/values and aging
- Developmental tasks of the older person (eg. dealing with loss, coping with chronic disease)
- Focus on the key dimensions of health and their interrelationships (biologic, psychologic, socioeconomic, environmental)
- Importance of functional approach

*1.2 The resident shall recognize the central role that function plays in the health status of the elderly.

CONTENT: - Understanding that illness has functional impact
- Recognizing that diagnoses often correlate poorly with function
- Awareness that functional impairment may be a first signal of illness
- Understanding the full spectrum of pathogen/disease/impairment/disability/handicap
- Understanding the concepts of Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living(IADL's)
- Familiarity with functional assessment tools
- Recognizing the importance of interdisciplinary contributions to functional assessment
- Understanding the role, scope, and limitations of rehabilitation therapy

*1.3 The resident shall develop a clear understanding of the key issues in drug therapy for the elderly and demonstrate this by appropriate drug management.

CONTENT: a) General Principles
- Pharmacokinetics/dynamics in the elderly

- Approach to Drug Dosing in the elderly
- Strategies of drug monitoring and enhancing compliance
- Polypharmacy
- Drug cessation strategies
- b) Specific Principles of Commonly Used Drugs (eg. antidepressants, benzodiazepines, beta blockers, aerosol beta adrenergics, diuretics, oral hypoglycemics, NSAID's)
 - Pharmacologic properties
 - Appropriate selection of drugs within a drug class:
 - Dosage recommendations
 - Consideration of non-pharmacologic alternatives
 - Recognition and management of adverse drug reactions and drug related illness

*1.4 The resident shall acquire and demonstrate competence in incorporating clinical skills particularly relevant to the care of the elderly patient.

CONTENT: a) Interviewing Techniques

- Recognition of communication barriers (eg. hearing, visual, linguistic, cultural, cognitive, speech)
- Modification of speaking voice (volume, speed, pitch)
- Environmental modification (noise, hearing aids, lighting)
- Reasonable expectations and time allowance

b) History Taking

- Functional status (eg. Can you do your own shopping? Can you lift your arms over your head? Can you climb stairs?)
- Medications and OTC Products. Ask patient to bring meds to office
- Social Supports - How often does your phone ring?
- Corroborative history from relatives/friends

c) Physical Examination

- Postural blood pressure readings
- Gait
- Examination of feet, eyes, ears for cerumen
- Check for fecal impaction
- Age-related changes and their influence on interpretation of physical findings (eg. Decreased skin turgor influences hydration assessment)

d) Cognitive Assessment

- Folstein Mini-Mental Status Examination
- Short Portable Mental Status Questionnaire

e) Competency Assessment

- Knowledge of constituent parts of competence
- Awareness of laws pertaining to competence (eg. POA, Public Trusteeship, Committeeship, Mental Health Act, etc.)

f) Functional Assessment

- Concepts of ADL, IADL
- Functional assessment tools
- Understanding the impact of disease on functional status

g) Nutritional Assessment

- Importance of weight measurement
- Clinical indicators of possible malnutrition (eg. weight loss, nutritionally-related anemia, hypoalbuminemia, GI history, functional status)
- Risk factors for malnutrition (eg. drugs, disease, depression, dental, economic, isolation)

h) Assessment of Required Level of Care

- Knowledge of criteria for different levels of institutional care
- Knowledge of hierarchy of institutional care
- Understanding of local access procedure to institutional care (eg. Placement Coordination Services)

i) Palliative Care/End of Life

- Concepts of death and dying; bereavement
- Knowledge of drugs for pain and symptom control
- Awareness of older person's values and wishes; quality of life issues
- Awareness of personal attitudes towards death and dying;

euthanasia

j) The resident will demonstrate a rational approach to care within the long-term care facility. This will include knowledge such as appropriate investigations, goals of care planning, basic organization, policy and procedures.

*1.5 The resident shall demonstrate a knowledgeable approach to the assessment and management of common clinical conditions in the geriatric population.

CONTENT: a) Approach to Assessment and Management of:

- Dysfunctions - falls, incontinence
- Diseases - hypertension, cerebral vascular disease, osteoporosis, depression movement disorders, disease of the sense, cardiovascular disease, diabetes, COPD

- Dementia
- Delirium
- Non-specific presentations - fatigue and weakness, functional decline, agitation, wandering
- Emergencies - delirium, caregiver stress

b) Evidence-based Guidelines to Management of

- Dementia
- Depression
- Falls
- Incontinence

2. The patient-physician relationship is central to the role of the family physician.

*2.1 The resident shall develop and demonstrate appropriate attitudes towards the elderly and the provision of their care.

CONTENT: a) Awareness of own attitudes towards elderly and aging
 b) Search for and identify different values among elderly
 c) Positive outlook toward potential for improvement
 d) Appropriate caution towards interventions
 e) Sensitivity to “quality of life” issues, and how quality may be of more importance than quantity of life
 f) Respect for other health professionals and family as member of team

2.2 The resident shall be familiar with the role and impact of the family/caregiver on the care of the elderly; and be able to effectively recognize and manage the problems of the family/caregiver in the care of the elderly.

CONTENT: a) Importance of corroborative information
 b) Understanding of family dynamics (roles, role reversal, lifecycle tasks, family conflict)
 c) Recognition of burden of care/caregiver stress and its presentation
 d) Identification of family at risk
 e) Assessment tools (eg. genogram)
 f) Family conferences (information sharing, family support and education)
 g) Assessment of caregiver needs

*2.3 The resident shall demonstrate knowledge and insight into the common ethical and legal issues in the care of the elderly.

CONTENT: a) Competency
 b) Consent to treatment
 c) Power of attorney

- d) Health care/advance directives
- e) Public trusteeship
- f) Mental Health Act/ Public Hospitals Act/Privacy Act
- g) Advocacy
- h) Euthanasia
- i) Quality of life issues
- j) Elder abuse

3. The family physician is a resource to a defined practice population.

3.1 the resident shall demonstrate an understanding of the key issues in health maintenance of the elder and be able to apply these in clinical practice.

CONTENT: a) Health Promotion

- Central role of family physician
- Lifestyle factors affecting health and aging (smoking, alcohol, diet, exercise, social contacts)
- Importance of autonomy as it relates to empowerment, choice, coping, self-esteem, confidence

b) Prevention /Early Detection

- Recommendations of Periodic Health Exam Task Forces (Cdn, US)

c) Anticipatory Guidance

- Wills
- Advance Directives
- Retirement Issues
- Discussion of Living Arrangements
- Power of Attorney
- Driving

d) Recognizing and Managing the Patient at Risk

- Risk Determinants: psychosocial, mental, functional, physical, nutritional, pharmacological, environmental, economic
- Parameters of Risk: safety, falls, fires, frailty, driving, wandering, suicidality, elder abuse
- Risk of institutionalization
- High risk periods - post-operative, post-loss

*3.2 The resident will provide care to the elderly in a variety of settings including home, long-term care facility, ER, hospital, office and outpatient clinic.

4. Family Medicine is a community-based discipline.

*4.1 The resident shall understand and demonstrate an ability to develop an effective framework for collaborative care of the elderly.

CONTENT: - Appropriate knowledge and use of community resources
- Understanding of team function and dynamics
- Awareness of team roles (leader, delegator, collaborator, resource)
- Appreciation of contributions of disciplines
- Effective office organization to support a collaborative model of care

NOTE: * applies to the core rotation

SUMMARY OF KEY OBJECTIVES - CARE OF THE ELDERLY

1. The family physician is an effective clinician.
 - 1.1_ The resident shall develop an understanding of the aging process and the implications of the biological changes associated with aging; the concepts of successful aging; and the importance of a comprehensive approach to care.
 - 1.2_ The resident shall recognize the central role that function plays in the health status of the elderly.
 - 1.3_ The resident shall develop a clear understanding of the key issues in drug therapy for the elderly and demonstrate this by appropriate drug management.
 - 1.4_ The resident shall acquire and demonstrate competence in incorporating clinical skills particularly relevant to the care of the elderly patient.
 - 1.5_ The resident shall demonstrate a knowledgeable approach to the assessment and management of common clinical conditions in the geriatric population.

2. The patient-physician relationship is central to the role of the family physician.
 - 2.1 The resident shall develop and demonstrate appropriate attitudes towards the elderly and the provision of their care.
 - 2.2 The resident shall be familiar with the role and impact of the family/caregiver on the care of the elderly; and be able to effectively recognize and manage the problems of the family/caregiver in the care of the elderly.
 - 2.3 The resident shall demonstrate knowledge and insight into the common ethical and legal issues in the care of the elderly.

3. The family physician is a resource to a defined practice population.
 - 3.1 The resident shall demonstrate an understanding of the key issues in health maintenance of the elderly and be able to apply these clinical practice.

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Revised: August 20th, 2002