AAFP Reprint No. 264

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), and was developed in cooperation with the STFM Group on Oral Health.

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. 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 based on the unique aspects of geriatric physiology. (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. (Medical Knowledge)

Attitudes

The resident should demonstrate attitudes that encompass:

- An awareness of the effects that a physician's attitudes and stereotypes related to aging, disability and death can have on the care of elderly patients. Negative attitudes about aging can adversely affect care.
- Compassion and humanism, balancing realism and practicality in the consideration of 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.
- Commitment to lifelong learning and contributing to the body of knowledge about aging, health and the medical management of aging patients.
- 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 and limitations 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
    d. Other changes relating to the assessment and treatment of elderly patients

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 altered and nonspecific 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, increasing their ability to function as long as possible 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 and the way this influence health care patterns and decisions

    a. Federal prescription benefit programs (Medicare)

    b. Medicare benefits for the elderly

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 avoid institutionalization

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, decubiti and pressure ulcers, gait disorders
    b. Respiratory: pneumonia and other respiratory infections
    c. Cardiovascular: hypertension, congestive heart failure, myocardial infarction, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, postural hypotension
    d. Oral Conditions: caries, periodontal disease, tooth loss and denture care, oral-pharyngeal cancers, oral-systemic linkages
    e. Gastrointestinal: dentition problems, acute abdomen, anorexia, constipation, fecal impaction
    f. Genitourinary: incontinence, urinary tract infections, bacteriuria and sexual dysfunction
    g. Musculoskeletal: degenerative joint disease, fractures, contractures, osteopenia/osteoporosis, podiatric problems, falls
    h. Neurological: delirium, dementia (e.g., Alzheimer's Disease), altered mental status, dizziness, tremor, memory loss, gait disorders, sleep disorders

i. Metabolic: dehydration, diabetes, hypothyroidism, drug-induced illness, malnutrition, anemia, hypothermia, malignancies

j. Psychosocial: abuse (physical and psychological), alcoholism and other substance abuse, grief reactions, depression, psychological effects of illness, pain, terminal care, anorexia, failure to thrive

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

4. Obtain a comprehensive history and mental status examination, utilizing all available sources of information

5. Conduct an efficient and comprehensive physical examination in office, hospital and nursing home settings, mindful of the patient's modesty and mobility

6. Appropriate selection, interpretation and performance of diagnostic procedures

7. Appropriate house calls and coordination of home care

8. Develop problem lists in practical, clinical, functional, psychological and social terms

9. Set appropriate priorities and limitations for investigation and treatment

10. Communicate to the patient and/or caregivers the proposed investigation and treatment plans in a way that promotes understanding, compliance and appropriate attitudes

11. Communicate hope and empathy

12. Counsel patients about psychological, social and physical stresses and changes of aging, dying and death

13. Coordinate a range of services appropriate to the patient's needs and support systems

14. Integrate factors of the patient's family life, home life and general lifestyle into the diagnostic and therapeutic process

15. Consult with physicians, dentists and other health care professionals, including the critical evaluation and selective use of consultant advice and the in critical care situations

16. Deal 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

Gallo JJ, Busby-Whitehead J, Rabins PV, Silliman RA, Murphy JB, eds. Reichel’s Care of the Elderly: Clinical Aspects of Aging. 5th ed. Baltimore, Md.: Lippincott Williams & Wilkins, 1999.

Ham RJ, Sloane PD, Warshaw GA, Bernard MA, Flaherty E, eds. Primary Care Geriatrics: A Case-Based Approach. 5th ed. St. Louis, Mo.: Mosby, 2006.

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

Landefeld CS, Palmer RM, Johnson MA, Johnston CB, Lyons WL, eds. Current Geriatric Diagnosis and Treatment. New York City, N.Y.: McGraw-Hill Medical, 2004.

Web Sites

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

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

- American Geriatrics Society's *Clinical Geriatrics* journal: http://www.clinicalgeriatrics.com

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

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

Published 9/1983
Revised 5/1987
Revised 5/1994
Resources revised 2/1996
Revised 10/2001
Revised 1/2008