AMERICAN ACADEMY OF FAMILY PHYSICIANS

Recommended Curriculum Guidelines for Family Medicine Residents

Care of Older Adults

This document was endorsed by the American Academy of Family Physicians.

Introduction

Each family medicine residency program is responsible for its own curriculum. The AAFP Commission on Education's Subcommittee on Graduate Curriculum has created this guide as an outline for curriculum development, and it should be tailored to the needs of the program. Through a series of structured and/or longitudinal experiences, the curricula below will support the overall achievement of the core educational competencies defined by the Accreditation Council for Graduate Medical Education and provide guideposts to program requirements specific to family medicine. For updates and details, please refer to the ACGME website at www.acgme.org. Current AAFP Curriculum Guidelines may be found online at 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.

Preamble

As the U.S. health care system continues to evolve and people are living longer, we will need to develop better strategies for providing quality care to this complex segment of the population while framing the care of older adults with attention to patient-specific goals of care and multimorbidity. We must prepare family physicians to optimize the care that preserves function, independence and dignity as patients age. Family physicians will care for an increased proportion of older adults in each of the following care settings: acute, subacute, clinic, long-term care and home-based care. The acquisition of age-appropriate skills and knowledge in taking an older adult patient's history, performing a physical examination, making clinical and psychosocial diagnoses, and managing a patient's condition consistent with their goals of care must be an integral part of residency training. Family medicine residents must also develop skills to identify and address structural inequities that impact the well-being of the patients and families they serve and how such inequities are compounded by ageism and ableism in medicine and society.

There are many subtle, yet significant differences in the diagnosis and management of older adults compared to younger patients. The philosophy of providing comprehensive, continuous care includes the belief that a patient's health in later years is vitally affected by lifestyle and health care patterns established earlier in life. Family physicians are critical in promoting health maintenance and optimizing chronic disease management as patients age. They also play an integral role in helping older adults maintain physical function and independence for as long as possible. Family medicine residents must gain skills in helping older adults develop appropriate goals of care, and they must competently develop patient-specific plans of care for older adults across care settings, including end-of-life care. This curriculum applies the framework of the 5 M's (Mind, Mobility, Medications, What Matters Most, Multicomplexity) to structure a comprehensive approach to the psychosocial and economic factors affecting aging patients and their families.

Patient Care

At the completion of residency, residents should be able to:

1. Comprehend the effects stereotypes related to aging, disability, acute and chronic pain, and death can have on the care of older adults
2. Promote patient dignity by encouraging self-care and self-determination
3. Understand the benefits, limitations and appropriate use of advance directives, living wills, durable powers of attorney and, where enacted by state statute, Medical Orders for Life-Sustaining Treatment
4. Demonstrate empathy when screening for depression, especially in older patients who were previously independent
5. Show compassion when screening for elder neglect or caregiver burnout, as many cases may be unintentional
6. Perform elements of a geriatric assessment, including a comprehensive history and standardized methods for assessing physical, cognitive, psychological and social function using all available sources of information, including collateral history
7. Perform comprehensive, standardized geriatric assessments and develop patient-specific treatment plans that incorporate the patient's goals of care, optimize function and alleviate symptoms
8. Perform screening examinations for delirium, cognitive impairment, late-life depression and functional impairment (basic and instrumental activities of daily living)
9. Perform physical evaluations, including:
    a. Mobility, gait and balance
    b. Sensory impairment
    c. Physiologic vs. pathologic aging
    d. Perioperative assessment and management
    e. Evaluation of appropriate use of assistive devices (e.g., mobility aids, sensory aids)

10. Perform efficient and comprehensive physical examinations in the following settings: clinic, hospital, home and long-term care
11. Perform common office procedures for the older adult
12. Perform comprehensive medication reviews
13. Prescribe appropriate medications and dosages, with consideration of age-related physiology; side effects considering the patient's comorbidities, functional status and other medications; and drug-drug interactions
14. Integrate factors of the patient's family life, home life and general lifestyle into the diagnostic and therapeutic process
15. Assess patients with life-limiting or advanced chronic illness for symptoms (e.g., pain, dyspnea, nausea, vomiting, fatigue, constipation) at regular intervals and institute appropriate treatment based on goals of care
16. Attend to patient safety concerns (e.g., fall risk, hydration, nutrition, bladder and bowel function, skin integrity, inappropriate medications) in the assessment and management of older adults across care settings
17. Identify older drivers who are at high safety risk and develop a plan for assessment or referral

Medical Knowledge

Family medicine residents should demonstrate the ability to apply knowledge of the following:

1. Structured medical knowledge utilizing the 5 M's framework
    a. Mind
        i. Cognitive health evaluation of older adults
            1) Recognize elements of brain health to preserve cognitive function, including nutrition, exercise, chronic disease management, sleep adequacy, cognitive training and social connectedness
        ii. Difference in presentations and/or management of conditions compared to younger adults
            1) Psychosocial: anxiety; depression; psychological effects of illness; substance use disorders, including tobacco and alcohol; grief reactions; abuse (physical, financial, psychological); gambling; end-of-life care
            2) Neurological: pain, mild cognitive impairment, memory loss, delirium, dementia, altered mental status, dizziness, tremor, gait dysfunction, sleep disturbance
    b. Mobility
        i. Recommendations for physical activities for older adults, including recommendations for aerobic, strength and balance training
        ii. Evaluation of the functional status of older adults using activities of daily living, instrumental ADL
        iii. Recommendations of assistive devices that can improve mobility

iv. Services available to promote rehabilitation or maintenance of physical independence of older adults, thus enhancing their ability to function in their existing family, home and social environments
v. Difference in presentations and/or management of the following musculoskeletal conditions compared to younger adults: degenerative joint disease, osteopenia/osteoporosis, fractures, contractures, rheumatologic disease, podiatric problems, falls

c. Medications
   i. Comprehensive medication review
      1) Prescription of appropriate medications and dosages
      2) Consideration of age-related physiology
      3) Potential adverse effects in the setting of patient comorbidities and functional status
      4) Drug-drug and drug-disease interactions
   ii. Pharmacology in older adults
      1) Identifying polypharmacy and resources to navigate de-prescribing
      2) Understanding medications to be used with caution in older adults using resources, such as the American Geriatrics Society Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults
      3) Understanding the most common medication side effects in older adults
      4) Considering possible organ impairment and difference in volume of distribution when adjusting medications in older adults
   iii. Pain management and anticoagulation in older adults

d. What matters most
   i. Promotion of health maintenance through patient- and age-appropriate screening and risk factor assessment
      1) U.S. Preventive Services Task Force recommendations for prevention and screening for older adults
      2) American Board of International Medicine Foundation's Choosing Wisely campaign
   ii. Appropriate selection, performance and interpretation of diagnostic procedures in older adults
   iii. Awareness of non-medical community resources to help maintain independence
   iv. Services provided at different levels of care:
      1) Community-based care <u>not</u> requiring a change in residence:
         a) Home care
         b) Adult day care
         c) Program of all-inclusive care for the elderly
      2) Community-based care requiring a change in residence:
         a) Assisted living
         b) Personal care home or board and care
         c) Skilled nursing home care
         d) Custodial nursing home care
         e) Acute and subacute rehabilitation

v. Psychological, social and environmental changes associated with aging
    1) Reactions to common stressors, including retirement, bereavement, relocation, illness and a natural decline in physical and cognitive abilities
    2) Changes in family and socioeconomic parameters that affect health, including transition out of the workforce, self-identity and relocation
vi. Sexuality in the older adult
vii. Principles of advance care planning and value-based care

e. Multicomplexity
    i. Normal physiologic changes associated with aging
        1) Physiology of aging in various organ systems
        2) Decreased ability to maintain homeostasis under stress
        3) Altered metabolism and its effects on pharmacokinetics
    ii. Unique presenting symptoms for specific diseases, which may differ from classically taught symptoms (e.g., symptoms of acute coronary syndrome may be atypical in older adults)
    iii. Development of problem lists in practical, clinical, functional, psychological and social terms
    iv. Utilization of different frailty scales and adjustment of chronic disease treatment based on frailty status
    v. Health promotion for older adults, including nutrition, exercise, lifestyle and behavioral counseling
        1) Screening tests and vaccinations recommended for older adults
        2) The role of "time to benefit" in recommendations for screening tests and interventions
    vi. Indications for and benefits of the home visit in the assessment and management of older adults
    vii. Fiscal aspects of health care, with an understanding of Medicare, Medicaid, skilled nursing, acute rehabilitation and long-term care funding
    viii. Different forms of older adult mistreatment and abuse, including physical, emotional/psychological, sexual and financial abuse; neglect; and self-neglect
    ix. Identification of older persons at high risk of accidental injury, including unsafe driving
    x. Vulnerable aspects and unintended consequences in the care of older adults
        1) Polypharmacy, including supplements, complementary and alternative medicine and over-the-counter medications
            a) Improper medication reconciliation
        2) Transitions of care
        3) Implicit bias – ageism and ableism in medicine
        4) Nonrecognition of treatable illness
        5) Iatrogenic illness
        6) Treatment that does not align with the goals of care
        7) Consequences of functional impairment and immobilization

8) Consequences of cognitive impairment, including lack of capacity and/or absence of designated surrogate decision maker
9) Inappropriate institutionalization
10) Unsupported family/caregivers and burnout mitigation

xi. General medical conditions, as well as geriatric syndromes, can impose significant burdens or differ in presentation and/or management compared to younger adults
1) Sensory: hearing and vision loss, speech disorders, changes in taste, vestibular dysfunction, altered proprioception
2) Respiratory: chronic obstructive pulmonary disease, pneumonia (infectious, aspiration and silent micro-aspiration), bronchitis, upper respiratory infection, obstructive sleep apnea
3) Cardiovascular: hypertension, congestive heart failure, myocardial infarction, valvular heart disease, thromboembolism, temporal arteritis, cerebral vascular accident, transient ischemic attacks, syncope, postural hypotension, atrial fibrillation and other arrhythmias
4) Oral conditions: caries, periodontal disease, tooth loss, denture care, xerostomia, oral-pharyngeal cancers, oral-systemic linkages
5) Gastrointestinal: dentition problems, dysphagia, gastroesophageal reflux, abdominal pain, constipation, fecal impaction
6) Genitourinary: incontinence, urinary tract infections, asymptomatic bacteriuria, sexual dysfunction, prostate disease, pelvic prolapse
7) Metabolic: dehydration, electrolyte imbalance, diabetes, hypothyroidism, medication-induced illness, malnutrition, anemia, hypothermia, malignancies, failure to thrive
8) Dermatologic: xerosis; cutaneous neoplasms; environmental and traumatic lesions, including skin tears and pressure ulcers; wounds, skin manifestations of systemic illness

xii. Identify possible hazards of hospitalization, including falls, delirium, medical adverse events, sarcopenia, constipation, urinary retention

Interpersonal Communication

At the completion of residency, residents should be able to:

1. Demonstrate the ability to communicate effectively with the patient, the patient's family and caregivers and ensure the treatment plan is developed collaboratively and reflects the patient's values
2. Communicate with the patient and/or caregivers about proposed investigation and treatment plans in a way that promotes understanding, adherence and appropriate attitudes
3. Provide counseling for patients about age-related psychological, social and physical stressors and normal life cycle changes, including aging and death
4. Demonstrate empathy and compassion for older adults and their families/caregivers when helping them cope with inevitable physical, functional and/or cognitive decline and loss

5. Recognize the importance of family, friends, home and other social constructs in the overall lifestyle and health of patients
6. Counsel patients and families on appropriate priorities and limitations for investigation and treatment
7. Promote a safe environment where patients and others involved in their care can actively engage in their care decisions
8. Assist patients and others involved in their care in locating reputable medical information on the internet and other sources
9. Discuss internet safety and protection of health information

Systems-Based Practice

At the completion of residency, residents should be able to:

1. Optimize treatment plans based on knowledge of local geriatric care resources, including local, state and federal agencies
2. Lead the coordination of care for older adults across ambulatory, inpatient and long-term care settings and across health care providers, facilities and governmental agencies
3. Recognize the importance of interdisciplinary care and a holistic approach to the enhancement of individualized, comprehensive care for older adults
4. Recognize practice limitations and seek consultation with other health care professionals when necessary to provide optimal care for older adults
5. Recognize the warning signs of potential elder abuse or misuse, differentiating the normal sequelae of aging from that of abuse, and identify the multiple facets of potential abuse and appropriate resources for reporting, treating and protecting older adults
6. Demonstrate awareness of the benefits, limitations and appropriate use of formalized inpatient and/or outpatient hospice services
7. Identify community resources for older adults who are in disadvantaged, disenfranchised, minority, vulnerable and underserved populations based on characteristics, including but not limited to race and ethnicity, gender identity and sexuality, primary language, veteran status and housing status
8. Know the appropriate use of home visits and coordination of home care services
9. Identify shareholders in the community and advocate for resources to promote health equity in the care of older adults

Practice-Based Learning

At the completion of residency, residents should be able to:

1. Demonstrate awareness of the need to consider resources and related limitations when developing patient-specific treatment plans for older adults
2. Work effectively with an interdisciplinary team in transitions of care to ensure that accurate data (e.g., acute events, medical history, medications, allergies, baseline cognitive and functional status, physical findings, advance care plan,

responsible physician) are well documented, the patient and/or family understand the plan of care and the follow-up plan is clearly outlined

Professionalism

At the completion of residency, residents should be able to:

1. Be accessible to and accountable for patients and their families/caregivers
2. Demonstrate awareness of implicit bias, particularly in relationship to race and ethnicity

Implementation

This curriculum should be taught during both focused and longitudinal experiences throughout the residency program using the 5 M's framework, as proposed by the American Geriatrics Society. Physicians who have demonstrated competence and compassion in caring for older adults and who have a positive attitude toward older adults should be available to act as role models to the residents and should be available to provide education and support to residents who are managing their own older adult patients. A multidisciplinary approach coordinated by the family physician is appropriate for structuring teaching experiences. Individual teaching, home visits, reflective narratives, simulations and small group discussions will help promote appropriate attitudes.

The resident should be responsible for caring for older adults across care settings and have opportunities to act as the team leader and patient advocate. Teams should include decision makers, caretakers, counselors, case managers and family members. Each family medicine resident's panel of patients should allow for exposure to a variety of patients, including healthy, community-dwelling older adults; older adults suffering from chronic illness; acutely ill and/or hospitalized older adults; and patients at the end of life. This experience must include cognitive and functional assessments, disease prevention, health promotion and managing older adults with multiple chronic diseases. The resident should be required to have clinical experience providing continuing care for older adult patients in the ambulatory setting, home, hospital and long-term care facilities.

Resources

American Academy of Hospice and Palliative Medicine. *Primer of Palliative Care.* 7th ed. Glenview, Ill: AAHPM; 2019.

American Geriatrics Society. *Doorway Thoughts: Cross-Cultural Health Care for Older Adults, Volume 2*; 2014.

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Reuben DB, Herr KA, Pacala JT, et al. *Geriatrics at Your Fingertips.*17th ed. Mechanicsburg, Pa: Fry Communications; 2015.

Synderman D, Rovner BW. Mental status examination in primary care: a review. *Am Fam Physician*. 2009;80(8):809-814.

Tatum P, Talebreza S, Ross J. Geriatric assessment: an office-based approach. *Am Fam Physician*. 2018;97(12):776-784.

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Tinetti M, Huang A, Molnar F. The geriatrics 5M's: a new way of communicating what we do. *J Am Geriatr Soc*. 2017;65(9):2115.

American Geriatrics Society. 2023 updated AGS Beers criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc*. 2023;71(7):2052-2081.

Website Resources

Accreditation Council for Graduate Medical Education, American Board of Family Medicine, American Board of Internal Medicine. The Geriatric Medicine Milestone Project. January 2015. https://acgme.org/Portals/0/PDFs/Milestones/GeriatricMedicineMilestones.pdf?ver=2015-11-06-120530-847

American Geriatrics Society. www.americangeriatrics.org

Journal of the American Geriatric Society. https://onlinelibrary.wiley.com/journal/15325415

AAFP EveryONE Project Neighborhood Navigator. www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html

American Academy of Hospice and Palliative Medicine. www.aahpm.org

American Association for Geriatric Psychiatry. www.aagponline.org/

British Geriatrics Society. www.bgs.org.uk

Cleveland Clinic Healthy Brains Initiative. https://healthybrains.org/healthy-brains-initiative/

Dementia Care Aware. www.dementiacareaware.org/resources/

The University of Iowa Geriatric Education Center. https://igec.uiowa.edu/

University of California San Francisco ePrognosis. https://eprognosis.ucsf.edu/

University of Southern California Center for Elder Justice Elder Abuse Curriculum for Medical Residents and Geriatric Fellows. https://eldermistreatment.usc.edu/projects/the-elder-abuse-curriculum-for-medical-residents-and-geriatric-fellows/

National Institute on Aging elder abuse information. www.nia.nih.gov/health/elder-abuse

U.S. Preventive Services Task Force recommendations. www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations

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