

Effective for residents who enter training on or after July 1, 2019.

DEFINITION

Geriatric Medicine is that branch of medicine concerned with the prevention, diagnosis, treatment, and social aspects of illness in older adults.

GERIATRIC MEDICINE PRACTICE

Geriatricians provide diagnosis and treatment of a broad range of presentations and conditions, in hospitalized and ambulatory older adults. Geriatric Medicine's expertise can be described by the 5Ms: Mind, Mobility, Medications, Multi-complexity, and what Matters most to the patient and family. Geriatricians provide holistic comprehensive geriatric assessment, preventive care, management, and follow-up care, as well as end-of-life care, as applicable to their patients' unique needs.

The comprehensive geriatric assessment identifies individualized patient-centred medical and functional issues. The geriatrician's expertise is recognizing the relationship between medical co-morbidities and the psychosocial determinants of health that can impact their patients' capacity for decision-making and independent living. Geriatricians' interventions aim to maximize the potential to improve patients' function and to maintain their independence.

Geriatricians collaborate with other health care providers in interprofessional teams to optimize care for the population they serve. They work closely with the patient and their family, primary health care providers, specialists, other health professionals, and social support service providers to establish and communicate goals of care, assist with clarifying prognosis and care directions, and provide care and counselling related to end-of-life issues.

In order to manage the spectrum of geriatric presentations, Geriatricians collaborate with primary health care providers, care of the elderly physicians, and medical, surgical, and rehabilitation specialists. Geriatricians work in a variety of academic and community-based settings, including inpatient, outpatient, and day-hospital practices.

Geriatricians advocate for vulnerable older adults dealing with complex psychosocial and bioethical issues, such as elder abuse. They advocate at a systems-level for essential hospital and community resources and services for the population they serve.

ELIGIBILITY REQUIREMENTS TO BEGIN TRAINING

Royal College certification in Internal Medicine.

OR

Eligibility for the Royal College certification examination in Internal Medicine.

OR

Registration in a Royal College-accredited residency program in Internal Medicine (see requirements for these qualifications).

A maximum of one year of training may be undertaken at the fourth year residency level during training for certification in Internal Medicine.

ELIGIBILITY REQUIREMENTS FOR EXAMINATION¹

All candidates must be Royal College certified in Internal Medicine in order to be eligible to write the Royal College examination in Geriatric Medicine.

GERIATRIC MEDICINE COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, Geriatricians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Geriatricians are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Geriatric Medicine
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Geriatric Medicine
 - 1.3.1. Distinction between normal aging and disease states
 - 1.3.2. Impact of age on common medical conditions

¹ These eligibility requirements are not applicable to Subspecialty Examination Affiliate Program (SEAP) candidates. Please contact the Royal College for information about SEAP.

GERIATRIC MEDICINE COMPETENCIES (2019)

- 1.3.3. Principles of functional inquiry in the older adult
- 1.3.4. Principles of the diagnosis and management of common medical conditions in the older adult
- 1.3.5. Principles of the diagnosis and management of the older adult with:
 - 1.3.5.1. Frailty
 - 1.3.5.2. Neuropsychiatric conditions
 - 1.3.5.2.1. Delirium
 - 1.3.5.2.2. Dementia, including behavioural and psychological symptoms
 - 1.3.5.2.3. Mild cognitive impairment (MCI)
 - 1.3.5.2.4. Mood disorders and other psychiatric presentations
 - 1.3.5.3. Mobility issues
 - 1.3.5.3.1. Falls
 - 1.3.5.3.2. Effects of immobility
 - 1.3.5.4. Bowel and bladder dysfunction
 - 1.3.5.5. Pain
 - 1.3.5.6. Osteoporosis, and metabolic disorders of bone
 - 1.3.5.7. Interacting co-morbidities
 - 1.3.5.8. Neglect and/or abuse
 - 1.3.5.9. Palliative and end-of-life care needs
- 1.3.6. Principles of pharmacology for the older adult:
 - 1.3.6.1. Medication reconciliation
 - 1.3.6.2. Pharmacokinetic and pharmacodynamic changes that occur with aging
 - 1.3.6.3. Adverse drug effects, including drug-drug and drug-disease interactions and the prescribing cascade
 - 1.3.6.4. Appropriate prescription of drugs, including their impact on frailty, life-expectancy, and multiple co-morbidities
 - 1.3.6.5. Promotion of adherence to a prescribed drug regimen
- 1.3.7. Principles of rehabilitation potential in the older adult
- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
- 1.5. Carry out professional duties in the face of multiple, competing demands

- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in geriatric medicine practice
 - 1.6.1. Provide evidence informed, patient-centred care in the presence of medical co-morbidities, frailty, and multicomplicity

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
- 2.2. Perform a comprehensive geriatric assessment, which requires evaluation of the medical, functional, cognitive-affective, and socio-environmental domains; elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Elicit a history
 - 2.2.1.1. Elicit a detailed medication history
 - 2.2.2. Perform a comprehensive physical examination appropriate to the patient presentation
 - 2.2.3. Perform screening assessments of the older adult, including:
 - 2.2.3.1. Vision and hearing
 - 2.2.3.2. Gait and balance
 - 2.2.3.3. Risk of falls
 - 2.2.3.4. Delirium
 - 2.2.4. Perform a comprehensive neurological exam
 - 2.2.5. Perform a mental status examination
 - 2.2.5.1. Assess cognition using standardized, valid, and reliable instruments
 - 2.2.5.2. Assess for psychiatric conditions, including mood disorders and the behavioural and psychological symptoms of dementia, using standardized, valid, and reliable instruments
 - 2.2.6. Identify varying capacity to consent to treatment, make personal decisions, make financial decisions, drive a motor vehicle, and make wills and testaments
 - 2.2.7. Assess mobility skills and balance using standardized, valid, and reliable instruments
 - 2.2.8. Assess basic and instrumental activities of daily living, including assessment of risk, using standardized, valid, and reliable instruments
 - 2.2.9. Perform and interpret nutritional assessments of older adults using anthropometric, historical, dietary, subjective, and/or laboratory features

- 2.2.10. Assess for fecal and urinary incontinence
- 2.2.11. Adapt clinical assessments for patients with significant communication challenges due to cognitive impairment, sensory impairment, behavioural problems, or ethno-cultural differences
- 2.2.12. Perform and interpret an environmental safety assessment, including the patient's home
- 2.2.13. Recognize when cognitive and functional impairments affect driving risk
- 2.2.14. Recognize risk factors for and signs of abuse of older adults

- 2.3. Establish goals of care in collaboration with patients and their families², which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
 - 2.3.1. Identify the prognostic factors related to age, diagnosis, and comorbidities, leading to a discussion about the appropriate level of intervention based on the patient's wishes and clinical context

- 2.4. Establish a patient-centred management plan
 - 2.4.1. Provide diagnosis and management of the older adult across the breadth of presentations
 - 2.4.1.1. Common medical conditions
 - 2.4.1.2. Multiple complex medical conditions or syndromes
 - 2.4.1.3. Multiple cognitive, psychiatric, functional, and/or psychosocial issues
 - 2.4.2. Plan and implement a geriatric rehabilitation plan in collaboration with patients, their families, attending physicians, consultants, and other health care professionals, including treatment goals, likely outcome prediction, and likely duration of the rehabilitation course
 - 2.4.3. Apply accepted recommendations for primary and secondary prevention measures relevant to Geriatric Medicine
 - 2.4.4. Tailor health promotion and disease prevention activities specifically to the older adult's functional status, goals, and preferences
 - 2.4.5. Determine when cognitive and functional impairments affect driving risk and propose a management plan in conjunction with the patient and family
 - 2.4.6. Propose a management plan to address abuse, in conjunction with the clinical team
 - 2.4.7. Propose a management plan for caregiver stress and/or burnout, in conjunction with the clinical team

² Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
 - 3.1.1. Weigh the relative benefits and risks of investigations and interventions that are being proposed for older adults, in the presence of multiple co-morbidities
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances

4. Establish plans for ongoing care and, when appropriate, timely consultation

- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
 - 4.1.1. Demonstrate an understanding of family dynamics and other factors which impact the implementation of a management plan
 - 4.1.2. Identify the presence and capabilities of caregiver(s) to meet the needs of older adults
 - 4.1.3. Detect and manage caregiver stress

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents and adverse drug events
- 5.2. Adopt strategies that promote patient safety and address human and system factors
 - 5.2.1. Apply basic principles of patient safety as they relate to the older adult
 - 5.2.2. Demonstrate an understanding of the principles of senior-friendly hospitals
 - 5.2.3. Apply best practices for safe care of older adult patients including:
 - 5.2.3.1. Physical restraint
 - 5.2.3.2. Fall prevention
 - 5.2.3.3. Pressure ulcer prevention
 - 5.2.3.4. Antibiotic stewardship
 - 5.2.3.5. Prevention of iatrogenic and other complications

Communicator

Definition:

As *Communicators*, Geriatricians form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Geriatricians are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
 - 1.2.1. Optimize the older adult's ability to communicate by ensuring access to appropriate assistive devices (e.g., eyeglasses, hearing aids)
- 1.3. Recognize when the perspectives, values, or biases of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
 - 1.4.1. Recognize and respond to non-verbal cues from patients with various conditions including cognitive impairment, pain, delirium, and behavioural disturbances
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
 - 1.6.1. Work effectively with older adults who present significant communication challenges because of cognitive impairment, sensory impairments, behavioural problems, or ethno-cultural backgrounds different from the physician's own

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

- 3.1. Share information and provide explanations that are clear, accurate, and timely while assessing for patient and family understanding
 - 3.1.1. Use effective language, and communication and teaching strategies with patients and their families
- 3.2. Disclose harmful patient safety incidents to patients and their families accurately and appropriately

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, Geriatricians work effectively with other health care professionals to provide safe, high-quality patient-centred care.

Key and Enabling Competencies: Geriatricians are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
 - 1.1.1. Demonstrate both knowledge of critical concepts and the skills needed for

the effective functioning of interprofessional teams

- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Assure that individual responsibilities in a specific care plan are explicit
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Apply principles of case management
 - 1.3.1.1. Collaborate with others to develop a care plan that balances patient autonomy and safety, addressing the right to live at risk
 - 1.3.2. Work effectively with the family physician, specialists, and other primary health care providers
 - 1.3.3. Facilitate team and family meetings which include older adults with cognitive or sensory challenges, balancing the needs of the patient and their caregivers

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators
- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
 - 2.2.1. Identify the characteristics of effective and dysfunctional teams
 - 2.2.2. Identify potential conflicts that may occur in an interprofessional team
 - 2.2.3. Identify strategies for fostering a functional team and promote effective team functioning
 - 2.2.4. Identify strategies for managing a dysfunctional team

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
 - 3.2.1. Facilitate transitions between the settings where older adults may receive services, including the patient's home, ambulatory care setting, hospitals,

residential care³ facilities, and other health care settings

Leader

Definition:

As *Leaders*, Geriatricians engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Geriatricians are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to contribute to improving systems of patient care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety
 - 1.4.1. Collect and analyze data on outcomes of care to identify changes which might improve them

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Identify specific age-associated issues in clinical practice and the allocation of health care resources, including distributive justice
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Demonstrate an understanding of the structure and functioning of the health care system as it relates to the care of older adults
 - 3.1.2. Plan and manage health care services for older adults in a variety of settings, including the patient's home, ambulatory care settings, hospitals, residential care facilities, and other health care settings

³ Throughout this document, references to residential care are intended to include retirement homes, nursing homes, long term care facilities, complex continuing care units, assisted living facilities, group homes, and/or special care homes.

3.1.3. Demonstrate an understanding of the functioning of health care organizations in which geriatricians work, including organizational structure and reporting relationships

3.2. Facilitate change in health care to enhance services and outcomes

3.2.1. Promote integrated care of older adults, especially those with complex needs

3.2.2. Apply strategies used in the implementation of evidence-based geriatric care, including:

3.2.2.1. Delirium prevention programs

3.2.2.2. Fall prevention programs

3.2.2.3. Principle of least restraints

3.2.2.4. Clinical practice guidelines

3.2.3. Identify opportunities and challenges, consider alternative strategies, and select the preferred means of health care service provision for older adults

4. Manage career planning, finances, and health human resources in personal practice(s)

4.1. Set priorities and manage time to integrate practice and personal life

4.2. Manage personal professional practice(s) and career

4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, Geriatricians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Geriatricians are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources

1.1.1. Identify specific patient vulnerabilities that increase the risk that the health care system will be unable to meet the patient's needs, including:

1.1.1.1. Inadequate social support

- 1.1.1.2. Inadequate access to primary care
 - 1.1.1.3. Chronic, complex, physical, and mental health issues
 - 1.1.2. Facilitate access to local resources and agencies that provide health and social care for the older adult
 - 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Advocate for evidence-based health promotion, including regular physical and cognitive exercise, nutrition, and vaccination
 - 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
- 2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner**
- 2.1. Work with a community or population to identify the determinants of health that affect them
 - 2.1.1. Identify variations in the determinants of health related to population differences including ethno-cultural differences, gender, and sexual orientation
 - 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
 - 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Advocate on behalf of the community with respect to the determinants of health that may impact older adults, including access to in-home care, community-based services, residential care, and senior friendly hospitals
 - 2.3.2. Identify and respond to current policies that positively or negatively affect older adults' health, including publicly funded drug benefit programs, income support programs, and retirement policies
 - 2.3.3. Work at the level of the system to advocate for essential hospital and community resources and services

Scholar

Definition:

As *Scholars*, Geriatricians demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Geriatricians are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
- 4.3. Contribute to the work of a research program

- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
 - 4.4.1. Complete scholarly activities (e.g., submission and presentation to a scientific meeting, submission of a peer-reviewed manuscript)
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, Geriatricians are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Geriatricians are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
 - 1.1.1. Maintain privacy and confidentiality for older adults, particularly with respect to adult children, caregivers, and for patients with impaired capacity
 - 1.1.2. Balance confidentiality and privacy with the need for communication and collaboration within the circle of care of the older adult
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
- 1.3. Recognize and respond to ethical issues encountered in practice
 - 1.3.1. Apply an ethical framework in decision-making when working with the older adult
 - 1.3.2. Respect patient autonomy when there are decisions that may put the patient at risk
 - 1.3.3. Manage ethical issues encountered in the clinical setting, including genetic testing, enteral feeding in the end-of-life setting, elder abuse, resuscitation, and end-of-life issues
- 1.4. Recognize and manage conflicts of interest
- 1.5. Exhibit professional behaviours in the use of technology-enabled communication

2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care

- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
- 2.2. Demonstrate a commitment to patient safety and quality improvement

3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation

- 3.1. Fulfil and adhere to the professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Apply professional standards and laws governing capacity and competence for medical decision making
 - 3.1.2. Adhere to the legal obligations, as well as local policies and procedures relevant to substitute decision-making, and documentation of advanced directives and goals of care
 - 3.1.3. Maintain public safety through adherence to requirements for mandatory reporting, such as driving restrictions
- 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
- 3.3. Participate in peer assessment and standard-setting

4. Demonstrate a commitment to physician health and well-being to foster optimal patient care

- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Geriatric Medicine by December 2020.

APPROVED – Specialty Standards Review Committee – May 2018