Canadian Geriatric Society | Aging Care 5M Competencies for Undergraduate Medical Students

APPENDIX 1

The purpose of this appendix is to provide further details on each competency and examples to facilitate the development of learning objectives. It is not an exhaustive list of additional topics and resources. We have included relevant available Medical council of Canada learning objectives. The MCC objectives with partial coverage are italicized.

Competency	Topics /Resources	Relevant MCC Objectives
1. (A) Describe the demography and epidemiology of aging and its implications.	Local, national and international context Implications on society, the health care system	*ME: 78-2 78-7*
(B) Recognize the impact of social determinants of health (SDH) on aging.	Consider the SDH and their impact on the aging process, the development of geriatric syndromes, and morbidity and mortality.	ME: 78-7
2. Demonstrate knowledge about healthy aging, health promotion and preventive measures in older adults.	Definition of healthy aging and enablers for healthy aging Preventive measures at individual level and population level Physical activity, social engagement, immunizations Age-appropriate screening Healthy lifestyle counselling across the lifespan	ME: 78-3, 78-7
3. Describe the physiological changes of aging, and their clinical implications.	Theories of aging, cellular aging Changes in body composition Homeostasis, heterogeneity Organ system changes with aging Clinical implications on disease development and presentations Implications for medication management	Not available
4. Complete a comprehensive geriatric assessment (CGA):	Obtain a detailed history from the older adult with attention to the components specific to a CGA -- - Functional history - Family and social history	*Communicator: 1, 2* *Collaborator*

(A) Complete the data gathering involved in a CGA.	- Geriatric review of systems - Collateral history Should be proficient in gathering all components individually. May also participate with team members for a full CGA.	
(B) Perform a mental status and physical exam.	Emphasize the focus on function	
(C) Apply validated screening/diagnostic tools relevant to the assessment.	Screening/diagnostic tools related to cognition, mood, vision, hearing, balance, nutrition, and risk of elder abuse	
(D) Develop a problem list and preliminary management plan.		
5. Communicate respectfully and effectively with older adults, family members and other healthcare professionals.	Make accommodations for individuals with cognitive and sensory impairments.	Communicator 1, 2
6. Understand the role and contribution of different healthcare providers in caring for older adults.	Roles of -Regulated health care providers -Unregulated health care providers Identify which provider(s) to involve and when to collaborate based on an older adult's care needs. Emphasize the importance of a collaborative approach in caring for older adults.	Collaborator: 3.1
7. Understand the epidemiology, pathophysiology, risk factors, clinical features, diagnosis, management and preventive	Consider contributions from age-related physiologic changes and diseases in the development of the geriatric syndromes (e.g. functional decline, urinary incontinence, sensory impairment, delirium, dementia, depression, polypharmacy, falls and frailty).	ME: 47-1, 31-1,

strategies of common geriatric syndromes.		
8. Differentiate geriatric syndromes from normal aging.	Be aware of common myths about aging.	Not available
9. Identify risk factors, signs and prevention strategies of caregiver stress.		Not available
10. (A) Describe the continuum of care options for older adults, including home-based and care facility-based resources.	Available local options	ME: 78-7
(B) Understand the components of safe transfers of care for older adults.	Consider a transition of care plan for an older patient based on the level of care needed at the time of transition, functional status, and available community resources. Communicate care course, ongoing care needs, and an accurate and reconciled medication list in a timely manner to receiving health care teams, patient and family/caregivers. Recognize potential sequelae of poor communication during transfers of care.	Communicator 5.2 Collaborator 3.5
11. Identify hazards facing older adults in different health care settings, and participate in efforts to reduce potential vulnerabilities.	Hazards of hospitalization and institutionalized care include delirium, falls, immobility, deconditioning, functional decline, restraint use (chemical or physical), pressure injuries, incontinence, indwelling catheters, medication-related adverse events, malnutrition, nosocomial infections and risk of outbreak.	*78-7*
12. Identify the presence of ageism, elder maltreatment, neglect, system gaps and opportunities for advocacy when caring for older adults.	Reflect on unconscious and conscious biases to better provide compassionate care and dignity for the person.	ME: 114-2, 78-7

13. Administer standardized cognitive testing using validated tools and understand their limitations	Recognize abnormal results.	ME: 58-2, 58-3
14. Recognize and differentiate between delirium, dementia and depression.	Emphasize the importance of knowing patients baseline functional status	ME: 58-2, 58-3, 59-1
15. (A) Recognize delirium as a medical emergency and initiate diagnostic work-up to identify precipitating factors. (B) Identify predisposing factors and apply preventive measures to decrease the risk of delirium in hospitalized patients.		ME: 58-2
16. Identify safety concerns related to cognitive impairment.	E.g. Driving safety, wandering risk	
17. Identify behaviours arising from delirium or dementia and outline an initial nonpharmacologic and pharmacologic management approach.	Identify behaviours and possible underlying causes. Consider non-pharmacologic measures first (unless harm to self or others). Minimize/avoid the use of physical and chemical restraints.	ME: 58-2, 58-3
18. Screen for falls, identify risk factors, and formulate a plan for prevention.	Conduct a detailed falls history. Incorporate gait assessment and balance testing in physical exam. List intrinsic risk factors and extrinsic risk factors for falls. Address reversible factors for falls, injury and fracture prevention.	ME:32
19. (A) Elicit functional status including basic activities of	Detailed assessment of BADLs and IADLs.	*Communicator: 2.1, 2.4*

daily living and instrumental activities of daily living.	Recognize when it is appropriate to obtain collateral history. Review the appropriate and safe use of equipment to aid daily function.	
(B) Identify safety risks in the living environment.	Address reversible extrinsic risk factors in the home environment (e.g., stairs, rugs). Consider a home safety assessment.	
20. Assess mobility and functional deficits in collaboration with other healthcare professionals.	Find opportunities to observe/participate with physiotherapists and occupational therapists during their assessments.	ME: 32 Collaborator: 3
21. Conduct a Best Possible Medication History (BPMH) and structured medication review.	Collect BPMH from the patient, healthcare records, family or caregivers and collaborate with other team members to gather information about medications. Understand how to assess indication, benefit, safety, adherence and the role of family/caregivers in medication management. Collect information regarding prescription and non-prescription medications, natural health products, vitamins, supplements and substances. When available, observe a pharmacist conducting a structured medication review.	Prescribing Practices - 125 *Collaborator*
22. Outline pharmacokinetic and pharmacodynamic changes that commonly occur with aging and know how to modify drug regimens.	For pharmacokinetics, learn the differences in absorption, distribution, metabolism and elimination with aging and disease. Describe the pharmacodynamic changes that occur with age. Consider frailty status and comorbid conditions when prescribing.	Not available
23. (A)Identify potentially inappropriate medication classes in older adults.	List examples of potentially inappropriate medications and explain why they are considered inappropriate.	not available

(B) Recognize that new symptomatology, including geriatric syndromes, may be due to medications or medication changes.	Be familiar with useful clinical tools such as the American Geriatric Society (AGS) Beers Criteria and Screening Tool of Older Persons' Prescriptions (STOPP) and Screening Tool to Alert to Right Treatment (START) criteria.	
24. (A) Understand the principles of appropriate prescribing to minimize risk of polypharmacy and under treatment. (B) Identify opportunities for deprescribing.	Identify the risks for polypharmacy. Describe why it is necessary to review all medications in order to address risk of medication interactions, adverse drug events, prescribing cascades and polypharmacy. Appreciate that undertreatment is common in older adults. Recognize that deprescribing is a process that involves shared decision-making and be aware of resources to guide deprescribing. https://deprescribing.org/resources/	ME: 125
25. Identify frailty using validated screening tools, and recognize that frailty informs health care decisions and impacts health outcomes.	https://www.cfn-nce.ca/frailty-matters/how-screening-for-frailty-helps/ https://apps.apple.com/ca/app/clinical-frailty-scale-cfs/id1508556286	ME:31-1
26. Recognize atypical presentations of common medical conditions in older adults.	Acute coronary syndrome, acute abdomen, thyroid conditions, infections, and depression	Not available
27. Understand that the approach to diagnosing and managing common chronic medical conditions can differ in older adults, particularly frail older adults, compared to young adults.	Diabetes, hypertension, dyslipidemia, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, asthma, and osteoarthritis	Not available
28. Understand the basic principles of managing multi-morbidity in a patient-centered manner and be	Patient preferences, interpreting evidence, prognosis, clinical feasibility, optimizing therapies, and care plan	not available

aware of resources to guide appropriate care in older adults.	Recognize that treatment outcomes may differ because of the complexity that comes with caring for older adults with multi-morbidity. https://eprognosis.ucsf.edu/calculators.php Choosing Wisely https://choosingwiselycanada.org/geriatrics/ Guiding Principles for the Care of Older Adults with Multiomorbidity: An Approach for Clinicians (AGS Expert Panel on the Care of Older Adults with Multimorbidity) J Am Geriatr Soc 2012 Oct;60(10):E1-E25. J Am Geriatr Soc 2012 Oct;60(10):1957-1968.	
29. Identify patients with limited life expectancy and recognize a palliative approach to care as an appropriate treatment option for a patient with advanced disease.	Terminal diagnoses are not limited to cancer, but also include dementia, frailty, and end stage organ failures. Palliative Performance Scale Clinical Frailty Scale	*ME :25*
30. Apply a holistic and patient-centred approach to care. Demonstrate the ability to assess patient priorities and goals.	Initiate goals of care discussion. Consider psychological, spiritual, social and cultural needs. Prioritize a preliminary management plan based on patient preference. https://www.ipfcc.org/ Core principles of patient centred care 1. Dignity and Respect 2. Information Sharing 3. Participation 4. Collaboration	*ME: 78-3*
31. Identify gaps in equity and highlight systemic challenges encountered by older adults with an anti-oppression and anti-racism lens.	Consider challenges and inequalities in care faced by older adults (e.g., racial minorities, sexual and gender minorities, socioeconomically disadvantaged and other intersecting vulnerabilities).	ME 78-1, 78-7
32. Recognize and screen for isolation and loneliness in older adults.	Explore the patient's support network and available resources.	*ME: 78-1, 78-7*

33. Understand the ethical and legal issues in caring for older adults.	Capacity, advance directives, artificial nutrition and feeding, cardiopulmonary resuscitation decisions, withdrawal and withholding of medical treatment, medical assistance in dying	ME: 121