UNIVERSITY OF ALBERTA

UofA Geriatric Emergency Medicine Residency Curriculum: Learning Objectives

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A. Medication management in older adults in the ED

1. Describe the pharmacokinetic and pharmacodynamic changes associated with aging, and explain how this affects prescribing in the older patient.
2. Demonstrate how to complete a detailed medication review with consideration to adverse reactions, drug-drug interactions. Incorporate medication adverse reactions, polypharmacy, and drug interactions as part of the differential diagnosis.
3. When prescribing medications to older patients, consider appropriate drugs and dosages that account for the patients age-related physiologic changes, acute and chronic diagnoses, other medications, and functional status.
4. Recognize high risk medications and how they can be safely used or avoided
5. Demonstrate strategies for effective communication about medications to older patients.

B. Cognitive impairment in the ED (delirium, depression, dementia)

1. Describe the 3D's (delirium, depression, dementia) and recognize their importance in the ED
2. Assess and document an older person's mental status using screening tools. Specifically to identify delirium with special attention to determining delirium superimposed on dementia.
3. Formulate a differential diagnosis for an older patient with new cognitive or behavioral impairment
4. Initiate a diagnostic workup to determine etiology for delirium
5. List non-pharmacologic and pharmacologic strategies to manage delirium patients, both agitated and hypoactive.
6. Identify preventative strategies in the emergency department to decrease the risk of precipitating delirium

C. Trauma & elder abuse in older adults in the ED

1. Describe how ATLS and trauma principles may be different in older patients

2. Correlate physiologic and anatomic changes in older adults with adapted principles of trauma resuscitation
3. Describe the consequences of undertriage in the older adult trauma population and be familiar with adaptations in triage criteria for older patients
4. Identify types of injuries most common in older adults.
5. Define special trauma management issues in the older patient regarding assessment of shock and management of common injuries
6. Define elder abuse and neglect and recognize patterns of trauma consistent with abuse
7. Screen and manage patients with suspected elder abuse and/or neglect

D. Atypical presentations and frailty in older ED patients

1. Develop an understanding of why medical diagnoses in older patients can present with atypical symptoms including age-related changes in anatomy, physiology, psychosocial factors, and polymorbidity and polypharmacy.
2. Generated a broad differential diagnosis and appropriate work-up/management plan for the ”vague” ED presentations seen in older adult patients.
3. Describe the difference between asymptomatic bacteriuria and a urinary tract infection and implement a rational approach to urine investigations in older ED patients.
4. Explain what frailty is and how it affects clinical care and outcomes
5. Describe evidence based frailty screening tools and demonstrate how to incorporate these into your practice

E. Falls, functional assessment and transitions of care

1. Describe an approach to the older ED patient who has fallen, including evaluation for potential causes of falls, management of injuries, coordination of safe disposition plan, and prevention of future falls
2. Identify the components of a functional assessment
3. Demonstrate the importance of an interdisciplinary team in assessing functional status of older patients with falls
4. Identify essential parts of a safe discharge plan for an older patient, and use this to guide your decision for patient disposition
5. List strategies for communicating with patient and care providers at transitions of care

F. End of life issues and symptom management

G. Simulation Session