Geriatric Emergency Medicine Elective – Goals and Objectives

1. Medical Expert
    a. Obtain a proper history and physical of the geriatric patient presenting to the emergency department (ED).
    b. Generate a differential diagnosis with an appropriate evaluation and management plan for elderly patients presenting to the ED that recognize the broad range and multi-factorial nature of potential etiologies of their symptoms (e.g. pain, general weakness, dizziness, falls, altered mental status).
    c. In patients who have fallen, evaluate for precipitating causes of falls such as medications; alcohol use/abuse, gait or balance instability; medical illness and/or deterioration of medical condition.
    d. Emergently evaluate and formulate an age-specific differential diagnosis for an older patient with new cognitive or behavioral impairment, and initiate a diagnostic work-up to determine the etiology, and initiate treatment
    e. Assess and document current mental status and any change from baseline in every older adult; with special attention to determining if delirium has been superimposed on dementia.
    f. Demonstrate consideration of adverse reactions to medications, including drug-drug and drug-disease interactions as part of the differential diagnosis on presentation.
    g. Document gait on all ambulatory fallers; ensure appropriate disposition and follow up including attempt to reach primary care provider.
    h. Institute appropriate monitoring early with the understanding that elders are at risk for occult shock
    i. Demonstrate ability to recognize patterns of trauma (physical/sexual, psychological, neglect/abandonment) that are consistent with elder abuse.
    j. Prescribe appropriate drugs and dosages considering the patient's acute and chronic diagnoses, other medications, functional status, and knowledge of age-related physiologic changes.
    k. Assess and correct (if appropriate) causative factors in agitated patients such as untreated pain, hypoxia, hypoglycemia and use of irritating tethers (monitor leads, blood pressure cuff, pulse ox, IV and Foley), environmental factors (light, temperature), disorientation.
    l. Able to search for interactions and document reasons for use when prescribing drugs which may present high risk either alone, or in drug-drug or drug-disease interactions (e.g. benzodiazepines, digoxin, insulin, NSAID's, opioids, and warfarin).
    m. Assess and document the presence of co-morbid conditions (e.g. pressure ulcers, cognitive status, falls in the past year, ability to walk and transfer, renal function, and social support) and include them in the differential diagnosis and plan of care.
    n. Develop treatment plans that anticipate and monitor for dysfunction in multiple organ systems that can cause decline or complications in the patient’s condition.
    o. Assess and provide ED management for pain and key non-pain symptoms based on the patient's goals of care.
2. Communicator

    a. Assess whether an older patient is able to give an accurate history, participate in determining the plan of care, and understands discharge instructions.
    b. Communicate with patients with hearing/sight impairments, speech difficulties, aphasia and cognitive disorders using adaptive equipment and communication options (e.g. family/friend, caregiver).
    c. Rapidly establish and document patient goals of care for those who present to the ED, and institute an ED plan of care consistent with their plan of care
    d. Explain all newly prescribed drugs to patients and caregivers at discharge assuring they understand how and why the drug should be taken, the possible side effects, and when it should be stopped.
3. Collaborator
    a. Understand the roles and work as part of a multi-disciplinary health care team including geriatric nurses, social workers, physiotherapy, referring care homes.
    b. Obtain history from long term care home of the acute events necessitating ED transfer including goals of visit, medical history, medications, allergies, cognitive and functional status, advance care plan and most responsible physician.
    c. Work with and involve the patient and family in decision making and treatment plan.
    d. Work with EMS personnel by reviewing patient care with EMS upon their arrival to the department.
    e. Provide long term care home with visit summary and plan of care, including follow-up when appropriate.
    f. Know how to access community-based palliative care and how to manage palliative-care patients while in the ED.
4. Manager
    a. Consult appropriately and prioritize the timing of consults.
    b. Triage tasks in order of priority.
    c. Use resources such as lab testing and radiology cost-effectively.
    d. Participate in the direction of effective patient flow within the Emergency Department.
    e. Use the hospital computer database/information technology effectively to help direct the individual patient's care.
    f. Ensure comprehensive care of patients seen including following up of tests done on that visit, transfer of care, and discharge planning.
5. Health Advocate
    a. Act as the patient's advocate.
    b. Be capable of discussing with patients as well as families risk and harm reduction strategies, including discussions on level of care and the potential for palliation.
    c. Be capable of obtaining appropriate social service involvement on behalf of the patient.
    d. In the case that elder abuse is identified/suspected, manage the abused patient in accordance within the provincial and institutional rules.
    e. Identify and implement measures that protect older patients from developing iatrogenic complications common to the Emergency Department including invasive bladder catheterization, spinal immobilization and central line placement.

    f. Assess and document suitability for discharge considering the ED diagnosis, including cognitive function, the ability in ambulatory patients to ambulate safely, availability of appropriate nutrition/social support and the availability of access to appropriate follow-up therapies with recognition of unique vulnerabilities in an older patient.
6. Scholar
    a. Demonstrate affinity in acquiring geriatric emergency medicine knowledge by continued reading.
    b. Be cognizant of emergency related geriatric emergency medicine educational resources.
    c. Use information technology to direct self-learning as well as patient care.
7. Professional
    a. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.
    b. Show awareness of the racial, cultural and societal facets that influence the delivery of emergency medical care.
    c. Be a leader in dealing with the difficult patient and show skills in conflict management.
    d. Receive and accept constructive criticism.
    e. Be a role model to fellow physicians, nurses, residents, and medical students.
    f. Display knowledge of the professional, legal and moral codes binding physicians, in particular as they apply to issues of consent and refusal of care in the geriatric patient.

Framework designed with assistance from the:
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