THE UNIVERSITY OF BRITISH COLUMBIA
Department of Emergency Medicine
Faculty of Medicine

Objectives and Learning Outcomes

Geriatric Foundations – PGY 1

1. Appreciate normal age-related changes in anatomy and physiology, that influence symptom presentation, physical exam findings, and test results and how they contribute to atypical presentations of older adults in the emergency department.
2. Develop an understanding of why medical diagnoses in older patients can present with atypical symptoms including alterations in physiology, cognitive impairment, polymorbidity, polypharmacy, and psychosocial factors.
3. Develop an understanding of the components of a comprehensive geriatric assessment and be able to apply these components as appropriate to the assessment of an older adult in the emergency department setting.
4. Identify strategies for gathering information about an older patient in the ED, which includes understanding the importance of obtaining collateral history utilizing multiple sources for assessment, transitions of care and discharge.
5. Demonstrate an ability to generate a differential diagnosis with an appropriate evaluation and management plan for older patients presenting to the emergency department with "vague" complaints.
    a. Appreciate the broad range and multi-factorial nature of potential etiologies of their symptoms including the following: pain, general weakness, fatigue, dizziness, anorexia, falls, confusion, altered mental status and acute functional decline.
6. Demonstrate an understanding of how to perform a tailored functional assessment in an older adult, including observing transitions and gait as part of the physical exam, and utilizing this information in safe discharge planning and transitions of care.
7. Recognize the value of interdisciplinary teams in the assessment of the geriatric patient and develop an understanding of the roles of allied health providers including physiotherapy, occupational therapy, pharmacy, social work, transitional care coordinators, and geriatric nurse specialists.

E-Learning Modules (to be completed prior to session)

1. Atypical Presentations
   https://gedcollaborative.com/course/atypical-presentations-in-the-older-ed-patient/
   Once completed, please download your certificate and send a screenshot of your record of attendance to savmforrester@gmail.com prior to the session

2. Functional Assessment & Discharge Planning
   https://geri-em.com/functional-assessment/introduction/
   Once completed, please download your certificate from the dashboard and send a screenshot of this to savmforrester@gmail.com prior to the session

References (NOT required to be completed prior to session)

Rosen's 10th Edition Chapters 178, e4

The Geriatric Emergency Department Collaborative
https://gedcollaborative.com/

The Senior-Friendly ED
https://geriatric-ed.com/

GEMCast Podcast

https://gedcollaborative.com/resources/gemcast/

Geriatric Core – PGY 2

1. Demonstrate an organized approach to the assessment, investigation and management (both non-pharmacological and pharmacological strategies) of the geriatric patient with delirium, dementia and behavioral and psychological symptoms of dementia.
2. Develop an approach to the management of the agitated older adult patient in the emergency department, with an ability to advocate for non-pharmacological strategies as well as understanding appropriate indications and potential harms for use of chemical and physical restraints.
3. Develop an understanding of ethical and legal issues as it pertains to care of older adults with suspected cognitive impairment in the emergency department setting.
    a. Understand the key issues in determining capacity and an approach to its assessment in the older patient.
    b. Understand the indications for implementing a Mental Health Act Form for Involuntary Admission in an older patient with cognitive impairment.
    c. Understand the indications for implementing the Health Care Consent Act in an older patient with cognitive impairment.
    d. Develop a basic understanding of the concepts of advance care directives, substitute decision makers, power of attorney and office of the public guardian and trustee.
4. Recognize the unique aspects of pharmacotherapy in older adults, including differences in normal aging physiology, pharmacokinetics, adverse drug reactions and prescribing cascades.
5. Demonstrate an understanding of adverse reactions to medications, including drug-drug and drug-disease interactions as part of the differential diagnosis on presentation.
6. Develop an approach to prescribing appropriate drugs and dosages considering the patient's acute and chronic medical conditions, other medications, functional status, and knowledge of age-related physiologic changes.
    a. Demonstrate an ability to communicate clearly to patients and care providers administration instructions, indications, and potential side effects.
7. Demonstrate an ability to recognize high risk medications for geriatric patients and how they can be safely used or avoided using risk-benefit analysis.

E-Learning Modules (to be completed PRIOR to session)

1. Cognitive Impairment in the Older ED Patient
   https://gedcollaborative.com/course/cognitive-impairment-in-the-older-ed-patient/
   Once completed, please download your certificate and send a screenshot of your record of attendance to savmforrester@gmail.com prior to the session

2. Medication Management in Older ED Patients
   https://gedcollaborative.com/course/medication-management-in-older-ed-patients/
   Once completed, please download your certificate and send a screenshot of your record of attendance to savmforrester@gmail.com prior to the session

References (NOT required to be completed prior to session)

Rosen's 10th Edition Chapters 13, 90, 180

Brief Confusion Assessment Method (bCAM)
http://eddelirium.org/wp-content/uploads/2016/05/bCAM-Training-Manual-Version-1.0-10-15-2015.pdf

Seniors First BC – Health Care Consent
http://seniorsfirstbc.ca/for-professionals/adult-guardianship/health-care-consent/

Lexicomp Drug Interactions
-available under "drug interactions" tab on Up To Date

American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults (free access available through UBC library)
https://agsjournals.onlinelibrary.wiley.com/doi/pdfdirect/10.1111/jgs.15767

Choosing Wisely Recommendations
https://choosingwiselycanada.org/recommendation/geriatrics/

ACB (Anticholinergic Burden) Calculator
https://www.acbcalc.com/

STOPP (Screening Tool of Older People's potentially inappropriate Prescriptions)
START (Screening Tool to Alert doctors to Right Treatment)
https://www.cgakit.com/_files/ugd/2a1cfa_bcf4d63c427e4e18963c64e74663728e.pdf

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Geriatric Core – PGY 3

1. Demonstrate an ability to evaluate for causes of falls such as medications; substance use, abuse and withdrawal; gait instability and balance disorders; acute medical illness and/or deterioration of chronic medical conditions; sensory deficits and environmental factors.
2. Develop an approach to patients presenting with a fall including:
   a. Assessing for predisposing factors and potential etiologies of the fall
   b. Assessing for traumatic injuries secondary to the fall
   c. Identifying acute changes in functional ability with a focus on prevention of future falls
   d. Coordinating a safe disposition plan

3. Outline unique considerations in trauma management of the older patient regarding airway management, abnormal vital signs and assessment of shock, patterns of injuries, impact of medications, and cognitive impairment.
4. Describe appropriate indications for imaging in the older adult trauma patient including those patients with head injuries, potential cervical spine fractures and rib fractures.
5. Develop an ability to rapidly establish and document goals of care for those older adult patients who present with a serious or life threatening condition and institute an appropriate plan of care including recommendation of therapy based on the actual benefit-to-risk ratio, so that age alone does not exclude patients from any therapy.
6. Develop an understanding of the concept of frailty, how to screen for it in the emergency department setting, and the implications of the vulnerability of this patient population.
7. Demonstrate an ability to screen for and recognize patterns of trauma (physical, sexual, emotional, neglect) that are consistent with elder abuse and have an approach to manage the abused patient.

E-Learning Modules (to be completed PRIOR to session)

1. Emergency Management of Falls in the Older ED Patient
   https://gedcollaborative.com/course/emergency-management-of-falls-in-the-older-ed-patient/
   Once completed, please download your certificate and send a screenshot of your record of attendance to savmforrester@gmail.com prior to the session

2. Using the Elder Mistreatment Brief Screen
   https://gedcollaborative.com/course/emed-module-2/
   Once completed, please send a screenshot of your knowledge assessment results to savmforrester@gmail.com prior to the session

References (NOT required to be completed prior to session)

Rosen's 10th Edition Chapters 179, 181

Academy of Geriatric Emergency Medicine Peer-Reviewed Resources for Fall Assessment and Prevention
https://www.saem.org/about-saem/academies-interest-groups-affiliates2/agem/online-education/fall-assessment-and-prevention

Clinical Frailty Scale
https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html

Frailty Modifier – CAEP Position Statement, Revisions to the Canadian Emergency Department Triage and Acuity Scale (CTAS) Guidelines 2016
http://ctas-phctas.ca/wp-content/uploads/2018/05/revisions_to_the_canadian_emergency_department_triage_and_acuity_scale_ctas_guidelines_2016.pdf

The Association of Frailty with Adverse Outcomes After Multisystem Trauma: A Systematic Review and Meta-Analysis
https://journals.lww.com/anesthesia-analgesia/Fulltext/2020/06000/The_Association_of_Frailty_With_Adverse_Outcomes.7.aspx

GEDC E-Learning Module – Using the Elder Mistreatment Full Screen
https://gedcollaborative.com/course/emed-module-3/

Seniors First BC – Responding to Elder Abuse and Neglect
https://seniorsfirstbc.ca/for-professionals/responding-elder-abuse-neglect/

Seniors Abuse and Information Line
http://seniorsfirstbc.ca/programs/sail/

Podcasts:

EM Cases: Ep 159 Geriatric Trauma Part 1: The Under-Triaging Problem, Resuscitation, Airway, Head and C-spine Imaging, Clearing the C-spine
https://emergencymedicinecases.com/geriatric-trauma-under-triaging-resuscitation-airway-head-c-spine-imaging-clearing-c-spine/

EM Cases: Ep 160 Geriatric Trauma 2 Rib Fractures, Pelvic Fractures, Prognostication, Elder Abuse, Discharge Planning
https://emergencymedicinecases.com/geriatric-trauma-rib-fractures-pelvic-fractures-prognostication-elder-abuse-discharge-planning/