

Example of geriatric competencies for third-year medical students

University of Wisconsin Medical School Competencies for Geriatrics in Years 1-4

Students should be able to:

I. Recognize how the features of the **aging process** are distinct from those of age-related illness

- Acknowledge how decreased physiologic reserve and co-morbid illness can contribute to **atypical presentations** for common diseases

II. Identify psychosocial and economic **risk factors** for older adults that predispose them to illness and loss of function

III. Perform the basic components of a **geriatric assessment** including:

- Conduct a medical and social history adapted for the older adult (include communication strategies to compensate for common sensory and learning barriers)
- Perform a functional assessment addressing basic and instrumental activities of daily living
- Administer a screening mental status examination (e.g. Folstein Mini Mental State Exam)
- Perform a mobility assessment (e.g. subjective gait analysis, Get Up and Go exam)
- Discuss end-of-life decisions and advance directives with older patients

V. Recommend age-appropriate **preventive care** for older adults including

- Healthy behaviors and lifestyle changes that promote successful aging
- Primary, secondary, and tertiary prevention screening appropriate for age, functional status and life expectancy
- Home safety evaluations for frail older adults

VI. Demonstrate knowledge of basic approaches in screening for and managing the following **geriatric syndromes/illnesses**:

- Dementia/ delirium
- Osteoporosis
- Urinary incontinence
- Pressure ulcers
- Falls/ impaired mobility
- Malnutrition
- Later-life depression
- multiple medication use and inappropriate prescribing

V. Adjust treatment strategies in older adults considering:

- The critical role of rehabilitation for improved function
- Patient-centered expectations for independence, comfort and autonomy
- The role for curative interventions versus chronic disease management, palliative care or end-of-life care
- Changes in pharmaco-kinetic and pharmaco-dynamic processes with aging that dictate difference drug prescribing behaviors