| | Course Course Date Instru | uctor Name | | | Date | Form Con | pleted _ | | | | | |
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| | INSTRUCTIONS: Place a "B" (Basic), "I" (Intermediate), or "A" (Advanced) in the box next to the indicate the Geraitaric Competency being taught, the corresponding Method of Subject Delivery Level. | , and Target Competency | HOD OF S | SUBJEC | T DELIV | ERY | | G | | UNT | HEALTH S | the Education Resease Program |
| concepts o (I) INTERM application (A) ADVAN syntheses a | Competency Levels: Level of mastery of the competency. Student will demonstrate knowledge & comprehension, and an ability to identify r skills; has only limited ability to perform the skills. Needs close supervision and instruction. EDIATE Level of mastery of the competency. Student will demonstrate knowledge, comprehension and simple . Can describe the skill and demonstrate moderate skill ability; still needs supervision and instruction. ICED Level of mastery of the competency. Student will demonstrate knowledge, comprehension, application, analysis, & evaluation. Can synthesize, critique, demonstrate, and explain the skill to others. Knowledge and skills are advanced still an apprentice in need of supervision. | Reading Case Review | Denors orac lea | QIOU SUN | Anetheli Anine Anetheli Anine Anetheli Carnine | ist isaring | ore PO. Strail Ci | SEL OF RE | Direct Patters | lab loro | 255 Lab 5. | in Isb Onm |
| ATTITUDE C | OMPETENCIES | | | | | | | | | | | |
| | | | | | | | | | | | | |
| GERI-A-1 | Awareness of Myths and Stereotypes Related to Older People | (AGS, OMS) | | | | | | | | | | |
| GERI-A-2 | Recognition of Negative Aspects of Ageism on Optimal Care of the Elderly | (AGS, OMS) | | | | | | | | | | |
| GERI-A-3 | Recognition of the Heterogeneity of Older Persons | (AGS, OMS) | | | | | | | | | | |
| GERI-A-4 | Openness & Willingness to Work With Other Disciplines in Caring for Older Patients | (AGS, OMS) | | | | | | | | | | |
| GERI-A-5 | Aging Self-Awareness and Personal Attitudes (Own Aging, Disability, Death) | (AGS, OMS) | | | | | | | | | | |
| GERI-A-6 | Attitude of Compassion & Understanding for Care givers of the Frail Elderly | (AGS, OMS) | | | | | | | | | | |
| GERI-A-7 | Appreciation for Improving and Optimizing Functionality for Older People | (AGS, OMS) | | | | | | | | | | |
| GERI-A-21 | Awareness of and Presentation of Palliative Care (Including Hospice) as a Positive, Active Treatment Option for a Patient With Advanced Disease | (AAMC 21) | | | | | | | | | | |
| | GE COMPETENCIES | | | | | | | | | | | |
| BASIC SCIEN | | | | | | | | | | | | |
| GERI-K-27 | Demography and Epidemiology of Aging | (AGS, OMS) | | | | | | | | | | |
| GERI-K-28 | Theories of Aging (Biochemical/Molecular, Cellular, Genetic, Biopsychosoical) | (AGS, OMS) | | | | | | | | | | |
| GERI-K-29 | Normal Aging | (AGS, OMS) | | | | | | | | | | |
| GERI-K-30 | Anatomic and Histologic Changes of Aging | (AGS, OMS) (AGS, OMS) | | | | | | | | | | |
| GERI-K-31 GERI-K-17 | Pathology of Normal Aging (See also K17 below for AAMC) Physiology of Aging (Organ Systems) | (AGS, AAMC 17, OMS) | | | | | | | | | | |
| 02.1111127 | AAMC 17 Requires identify 3 Physiologic Changes and Their Contribution to Homeostenosis | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | |
| PHARMACO | LOGIC CHANGES RELATED TO AGING | (AGS, AAMC 1-3, OMS) | | | | | | | | | | |
| GERI-K-1 | Drug Selection and Dose Based on Knowledge of Age-Related Changes | (AAMC 1) | | | | | | | | | | |
| | Familiarity with Research Foundation, Titration, Drug Half-Life Variability in Older Adults, Factors | (OMS) | | | | | | | | | | |
| | on Rates of Absorption, on Prescription and Over the Counter Medications, and Polypharmacy. | | | | | | | | | | | |
| GERI-K-2 | Identify Drugs to Be Avoided and Explain Potential Problems With Each | (AAMC 2) | | | | | | | | | | |
| GERI-K-3 | Inappropriate Prescribing of Medications | (AGS) | | | | | | | | | | |
| | (See Under Skills Competencies Development of Patient's Med. List) | | | | | | | | | | | |

| | Course Course Date I | nstructor Name | Date Form Completed |
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| concepts or (I) INTERMI application (A) ADVAN syntheses & | Competency Levels: evel of mastery of the competency. Student will demonstrate knowledge & comprehension, and an ability to identif skills; has only limited ability to perform the skills. Needs close supervision and instruction. :DIATE Level of mastery of the competency. Student will demonstrate knowledge, comprehension and simple Can describe the skill and demonstrate moderate skill ability; still needs supervision and instruction. :ED Level of mastery of the competency. Student will demonstrate knowledge, comprehension, application, analysi e evaluation. Can synthesize, critique, demonstrate, and explain the skill to others. Knowledge and skills are advance still an apprentice in need of supervision. | Reading Control | Demonstration Alectranism Andrew Alexandrew Alexa |
| KNOWLEDG | E COMPETENCIES | | |
| Osteopathic | Manipulative Medicine | (OMS) | |
| GERI-K-48 | Osteopathic Principles & Practices Related to Geriatrics | (OMS) | |
| GERI-K-49 | Osteopathic Manipulative Methods | (OMS) | |
| KNOWLEDG | E COMPETENCIES | | |
| Health Care | Financing | (AGS, OMS) | |
| GERI-K-66 | Mechanisms and Implications (Medicare, Medicaid, Managed Care, Capitation) | | |
| | E COMPETENCIES | | |
| CLINICAL PR | | | |
| Knowledge, | Diagnosis, and Differential Diagnosis of Geriatric Syndromes and Conditions | | |
| | Including Etiology | (AGS, AAMC, OMS) | |
| GERI-K-4 | Depression | (AGS, AAMC 4, OMS) | |
| GERI-K-4.1 | Dementia | (AGS, AAMC 4, OMS) | |
| GERI-K-4.2 GERI-K-8 | Delirium | (AGS, AAMC 4, OMS) (AAMC8) | |
| ULIN-K-0 | Develop an Evaluation and Non-Pharmacologic Management Plan for Agitated Demented or Delirious Patients (AAMC 8) | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| GERI-K-32 | Incontinence | (AGS, OMS) | |
| GERI-K-33 | latrogenesis (Consequences of Hosp. & Bed Rest) | (AGS, OMS) | |
| GERI-K-12 | Falls (AAMC 12 >65 Access For Falls Past Year) | AGS, AAMC 12, OMS) | |
| GERI-K-34 | Osteoporosis | (AGS, OMS) | |
| GERI-K-9 | Alterations Special Senses (Vision & Hearing) | AGS, AAMC 9, OMS) | |
| GERI-K-35 | Failure to Thrive | (AGS, OMS) | |
| GERI-K-13 | Immobility and Gait disturbances | (AGS,AAMC12,13,OMS) | |
| GERI-K-26 | Pressure Ulcers (AAMC 26 Requires Examination of Skin) | (AGS,AAMC 26,OMS) | |
| GERI-K-36 | Sleep Disorders | | |
| GERI-K-18 | Atypical Presentation of Disease | (AGS, AAMC 18, OMS) | |
| | For AAMC 18 Must Generate Differential Diagnosis Including | | |
| GERI-K-18.1 | Acute Coronary Syndrome | | |
| GERI-K-18.2 | · | | |
| GERI-K-18.3 | Urinary Tract Infection | | |
| GERI-K-18.4 | Acute Abdomen | | |
| GERI-K-18.5 | Pneumonia | | |

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| concepts of (I) INTERN applicatio (A) ADVAI syntheses | Competency Levels: Level of mastery of the competency. Student will demonstrate knowledge & comprehension, and an ability to identify or skills; has only limited ability to perform the skills. Needs close supervision and instruction. IEDIATE Level of mastery of the competency. Student will demonstrate knowledge, comprehension and simple n. Can describe the skill and demonstrate moderate skill ability; still needs supervision and instruction. ICED Level of mastery of the competency. Student will demonstrate knowledge, comprehension, application, analysis, & evaluation. Can synthesize, critique, demonstrate, and explain the skill to others. Knowledge and skills are advanced s still an apprentice in need of supervision. | Self Directed Structure Case Review 1059 | Demonstration 4 Demonstration | ARECIGIANISTICS ACCURATIONS AC | Stelt ASSESSMENT CHINE CL Stelt OSS CARD ON CHINE CL Strail GOUS | IB Gross Lab | Sim ist onmy |
| KNOWLEDG | E COMPETENCIES | | | | | | |
| Knowledge, | diagnosis, and Differential Diagnosis of Diseases common to Older People | | | | | | |
| GERI-K-37 | Rheumatological Diseases | (AGS, OMS) | | | | | |
| GERI-K-38 | Genito-Urological Diseases | (AGS, OMS) | | | | | |
| GERI-K-39 | Neurological diseases | (AGS, OMS) | | | | | |
| GERI-K-40 | Cardiovascular Diseases | (AGS, OMS) | | | | \downarrow | |
| GERI-K-41 | Endocrinological diseases | (AGS, OMS) | | | | \downarrow | |
| GERI-K-42 | Cancer of Various Organs | (AGS, OMS) | | | | | |
| GERI-K-43 | Infections | (AGS, OMS) | | | | | |
| GERI-K-44 | Renal diseases | (AGS, OMS) | | | | | |
| GERI-K-45 | Gastroenterological Disorders | (AGS, OMS) | | | | | |
| GERI-K-46 | Psychiatric Diseases | (AGS, OMS) | | | | | |
| GERI-K-47 | Others (like Fractures, Amyloidosis) | (AGS, OMS) | | | | | |
| - | | | | | | | |
| | E COMPETENCIES | | | | | | |
| Prevention | | | | 1 1 | I | 1 | 1 |
| GERI-K-58 | Primary Prevention (exercise, nutrition, psychosocial interventions to aid in independent living) | (AGS, OMS) | | | | | |
| GERI-K-59 | Secondary Prevention (Age Appropriate Screening) | (AGS, OMS) | | | | | |
| GERI-K-60 | Tertiary Prevention Strategies | (AGS, OMS) | | | | | |
| OLN-R-00 | | (A03, 0103) | | | | | |
| KNOWLEDG | E COMPETENCIES | | | | | | |
| Psychosocia | | | | | | | |
| GERI-K-50 | Normal Behavioral Late Life Changes | (AGS, OMS) | | | | | |
| GERI-K-51 | Psychopathology | (AGS, OMS) | | | | | |
| GERI-K-52 | Under-Reporting of Symptoms & Illness | (AGS, OMS) | | | | | |
| GERI-K-53 | Sexuality & Aging | (AGS, OMS) | | | | 1 1 | 1 |
| GERI-K-54 | Elder Abuse & Neglect | (AGS, OMS) | | | | 1 1 | 1 |
| GERI-K-55 | Suicide | (AGS, OMS) | | | | | |
| GERI-K-11 | Home Safety (AAMC11 Requires Home Safety Assessment with Recommendations) | (AGS, AAMC 11) | | | | | |
| GERI-K-56 | Community Resources | (AGS, OMS) | | | | | |
| GERI-K-57 | Adaptation to Care in Alternative Living Situations | (AGS, OMS) | | | | | |
| | | | | | | | |
| KNOWLEDO | E COMPETENCIES | | | | | | |
| | es in Geriatric Care | (AGS, AAMC 14, OMC) | | | | | |
| GERI-K-14 | Code Status (Must Be Able to Define and Differentiate) | (AAMC 14) | | | | | |
| GERI-K-14.1 | Health Care Proxies (Must Be Able to Define and Differentiate) | (AAMC 14) | | | | | |
| GERI-K-14.2 | Advance Directives | | | | | | |
| GERI-K-61 | Decision-Making Capacity | (AGS, OMS) | | | | | |
| GERI-K-62 | Euthanasia, Assisted Suicide | (AGS, OMS) | | | | | |
| GERI-K-63 | Health Care Rationing | (AGS, OMS) | | | | | |
| GERI-K-64 | Pain Management | (AGS, AAMC, OMS) | | | | | |

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| (B) BASIC Level of mastery of the compe concepts or skills; has only limited ability (I) INTERNEDIATE Level of mastery of th application. Can describe the skill and d (A) ADVANCED Level of mastery of the e syntheses & evaluation. Can synthesize, however is still an apprentice in need of | y to perform the skills. Needs close supe he competency. Student will demonstra demonstrate moderate skill ability, still n competency. Student will demonstrate t, critique, demonstrate, and explain the | ervision and instruction. ate knowledge, comprehension and sin needs supervision and instruction. knowledge, comprehension, applicatic | nple n, analysis, | Reading Case Reader | Denorstetion & stud | al est Min est | vic loss train Reserve | A CONTRACTOR CONTRACTOR | E SINILAGE OMMS |
| | | | | | | | | | |

KNOWLEDGE COMPETENCIES

| GERI-K-65 | End-of-Life Care | (AGS, AAMC, OMS) | | | | | |
|-------------|---|------------------|--|--|--|--|--|
| GERI-K-19 | Palliative Care Based on Identification of Patient's Goals for Care | (AGS, AAMC, OMS) | | | | | |
| GERI-K-19.1 | Pain Management | (AAMC 19) | | | | | |
| GERI-K-19.2 | Management of Non-Pain Symptoms | (AAMC 19) | | | | | |
| | Identify Patient's and Family's | (AAMC 20) | | | | | |
| GERI-K-20 | Psychological Needs | (AAMC 20) | | | | | |
| GERI-K-20.1 | Social Needs | (AAMC 20) | | | | | |
| GERI-K-20.2 | Spiritual Needs | (AAMC 20) | | | | | |
| GERI-K-21 | Coordinate Care With An Appropraite Interdisciplinary Team | (AAMC 21) | | | | | |
| GERI-K-15 | Identify When Factors Override Standard Recommendations for Tests | (AAMC 15) | | | | | |
| GERI-K-16 | Identify When Factors Override Standard Recommendations for Treatment | (AAMC 16) | | | | | |

| KNOWLEDG | KNOWLEDGE COMPETENCIES | | | | | | | | | | | | |
|--------------------------------------|-------------------------------------|------------|--|--|--|--|--|--|--|--|--|--|--|
| Cultural Aspects of Aging (AGS, OMS) | | | | | | | | | | | | | |
| GERI-K-67 | Ethnic Demography | (AGS, OMS) | | | | | | | | | | | |
| GERI-K-68 | Heterogeneity of Minority Groups | (AGS, OMS) | | | | | | | | | | | |
| GERI-K-69 | Disease Prevalence and Risk Factors | (AGS, OMS) | | | | | | | | | | | |
| GERI-K-70 | Culturally Competent Medical Care | (AGS, OMS) | | | | | | | | | | | |

| KNOWLEDO | KNOWLEDGE COMPETENCIES | | | | | | | | | | | |
|---------------|--|---------|--|--|--|--|--|--|--|--|--|--|
| Hospital Care | | | | | | | | | | | | |
| GERI-K-22 | Identify Potential Hazards of Hospitalization for All Older Adult Patients (AA | AMC 22) | | | | | | | | | | |
| GERI-K-23 | Explain Risks, Indications, Alternatives, and Contraindications for Indwelling (Foley) Catheter Use in (AA | AMC 23) | | | | | | | | | | |
| | Older Adult Patients | | | | | | | | | | | |
| GERI-K-24 | Explain Risks, Indications, Alternatives, and Contraindications for physical & Pharmacological (AA | AMC 24) | | | | | | | | | | |
| | Restraint use | | | | | | | | | | | |
| GERI-K-25 | Communicate Key Components of Safe Discharge Plan and Potential Sites for Discharge (AA | AMC 25) | | | | | | | | | | |

| SKILLS COM | SKILLS COMPETENCIES | | | | | | | | | | | | |
|--------------|---|--------------------|--|--|--|--|--|--|--|--|--|--|--|
| Geriatric As | sessment | (AGS & AAMC) | | | | | | | | | | | |
| GERI-S-9 | Physical Assessment and Exam | (AGS & AAMC 9) | | | | | | | | | | | |
| GERI-S-1 | Osteopathic Structural Exam | (OMS) | | | | | | | | | | | |
| GERI-S-2 | Mobility Assessment | (OMS) | | | | | | | | | | | |
| GERI-S-7 | Cognitive Assessment | (AGS & AAMC 7) | | | | | | | | | | | |
| | Formulate a Differential diagnosis and Implement Initial Evaluation in a Patient Who Exhibits | | | | | | | | | | | | |
| GERI-S-5 | Dementia, Delirium, or Depression | (AAMC 5) | | | | | | | | | | | |
| GERI-S-6 | In an Older Patient with Delirium, Initiate Diagnostic work-up, to Determine Etiology | (AAMC 6) | | | | | | | | | | | |
| GERI-S-4 | Emotional Assessment | (AGS) | | | | | | | | | | | |
| GERI-S-8 | Social Functioning Assessment | (AGS) | | | | | | | | | | | |
| GERI-S-9 | Assessment of ADLs | (AGS, AAMC 9, OMS) | | | | | | | | | | | |
| GERI-S-9.1 | Assessment of IADLs | (AGS, AAMC 9, OMS) | | | | | | | | | | | |

| | Course | Course Date | Instructor Name | | Date F | orm Completed | | | |
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| concep (I) INTI applica (A) AD synthe | Competency Levels: GIC Level of mastery of the competency. Student will demonstrate I its or skills; has only limited ability to perform the skills. Needs closs IRMEDIATE Level of mastery of the competency. Student will demonstrate tion. Can describe the skill and demonstrate moderate skill ability; VANCED Level of mastery of the competency. Student will demonst ses & evaluation. Can synthesize, critique, demonstrate, and explai er is still an apprentice in need of supervision. | e supervision and instruction. onstrate knowledge, comprehension ar still needs supervision and instruction. trate knowledge, comprehension, appl | bility to identify In simple ication, analysis, ills are advanced | Demonstratic viations test stratic set stration set strations | Arosierricanisti Arosierricanisti Arosierricanisti Arosierricanisti | ore log sin i carning Module | Self Vesesin Self vesesin Clines Clines | satient interaction | SI A G SIN LAG ONIN |
| SKILLS CON | PETENCIES | | | | | | | | |
| GERI-S-11 | Pre-operative Assessment | | (OMS) | | | | | | |
| GERI-S-3 | Document Patient's Complete Medication List (Prescri | bed & Over Counter) | (AAMC 3) | | | | | | |
| Developme | nt of a Management Plan | | | · · · | | | | | |
| GERI-S-10 | Develop a Preliminary Management Plan for Patients I Adaptive Interventions and Coordination of Interdiscip rehabilitation, nutrition, and pharmacy.) | e e e e e e e e e e e e e e e e e e e | - | | | | | | |

Synthesis of the competencies represented in the following sources:

AGS The American Geriatrics Society Education Committee. Areas of Basic Competency for the Care of Older Patients for Medical and Osteopathic Schools.

http://www.americangeriatrics.org/education/competency.shtml. American Geriatrics Society . New York, NY.

AAMC The Association of American Medical Colleges. Geriatric Competencies for Medical Students. Recommendations of the July 2007 Geriatrics Consensus Conference.

http://ww.aamc.org/newsroom/presskits/competencies.pdf. The Association of American Medical Colleges. Washington DC.

OMS Gugliucci, Marilyn, Giovanic, Athina; Geriatrics Curricula for Undergraduate Medical Eduation in Osteopathic Medicine, in Guidelines for Gerontology and Geriatrics Programs 2008 Update. Programs 2008 Update. Association for Gerontology in Higher Education. Washington DC.

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David Farmer PhD, UNTHSC Reynolds GET-IT Program 08/24/2009 Revised 7/27/2010 to Replace (CIL) with Problem (PLM) and Mechanism (MLM) Based Learning Modules under Methods of Subject Delivery