

Charles, L. Covenant Health care of the elderly core competencies (Poster presentation)

Lesley Charles, MBChB, CCFP– Asst. Professor, Family Med; Program Director, Care of the Elderly Postgraduate Program, UofA
Lesley.Charles@albertahealthservices.ca

Context. In Canada, family physicians specialize in caring for the older adult by taking additional training in 'Care of the Elderly' (COE). Family Medicine and COE residents need clearly defined education objectives in order to meet necessary core competencies for management and treatment of their complex frail patients.

Objective: To develop incremental Core Competencies for Family Medicine residents (Year 1 and 2) and Care of the Elderly residents (Year 3).

Design. Iterative consensus group process.

Intervention/Instrument. The incremental Core Competencies, developed by administrators of the COE Program at the University of Alberta, are based on core competencies for medical students developed by the Medical Education Committee of the Canadian Geriatrics Society and the work of the Health Care of the Elderly Committee (HCOE), CFPC on Core Competencies for Family Medicine residents in Year 1 and 2.

Outcome measures: Using an iterative process, core competencies for the two groups were initially identified and reviewed by a group of 6 experts in the area. Each worked on certain domains. Consensus on the final set of Core Competencies was reached based on a formalized process of meeting, reviewing, discussing, and reaching consensus.

Results. Eighty-five incremental Core Competencies for COE Diploma were chosen. The Core Competencies follow the CanMEDS Family Medicine Roles which cover the domains of cognition, function, mobility, medication, biology of aging, adverse events, urinary incontinence, transitions of care, health care planning, professionalism, communication, and research. Fifty-seven Core Competencies are used in the evaluation of Family Medicine residents in Year 1 Integrated Geriatrics and Year 2 Geriatrics rotation. The Core Competencies described above have been implemented into the program. Core Competencies also are utilized in the rotation evaluations and the Exit Examination which have been mapped to cover the competencies. They are similarly important to Family Medicine residents who will increasingly be caring for older patients.

Conclusion. The incremental Core Competencies were developed in the context of the growing mandate for direct assessment of residents' clinical competence. It is hoped that through further work with the HCOE, the incremental Core Competencies will be adopted nationally.