

Comfort with Geriatric Emergency Medicine Competencies: A Survey of Canadian Emergency Medicine Residents

Tristan Snider HBSc MD
FRCP Emergency Medicine Resident, University of Toronto

Don Melady BA MD CCFP(EM) FCFP
Emergency Physician, Schwartz-Reisman Emergency Centre, Mount Sinai Hospital, Toronto
Lecturer, DFCM, University of Toronto

This survey contains 8 questions plus a second page of demographic information.

Pilot groups have all completed this survey in less than 9 minutes.

Participation in this study is voluntary. The purpose of this study is to:

- 1) Determine if EM residency training in Canada currently satisfies established GEM training goals, in order to adequately serve our growing elderly population.
- 2) Identify aspects of EM residency training that can be modified to better satisfy established GEM training goals, in order to better serve our elderly population in the emergency department.

Survey responses are completely anonymous. Completing this survey indicates implied consent with regards to participating in this study.

The geriatric emergency medicine competencies for EM residents presented in this survey are extracted from:

Hogan TM, Losman ED, Carpenter CR, et al. Development of geriatric competencies for emergency medicine residents using an expert consensus process. *Acad Emerg Med.* 2010;17(3):316-324.

In order to complete the survey and qualify for the \$10 Starbucks card, all required questions must be answered. Comment boxes are available for use but are not required. Required questions are indicated by a red asterisk.

***Required**

1. Atypical Presentation of Disease

An 82 year old man presents in mid-afternoon on Tuesday. His wife says he is “just not himself in the past few days.” She reports he slept more than usual yesterday and she thinks he may have had a fall. He has moderate dementia, hypertension, BPH, dyslipidemia. He manages

his medications himself. He has had no operations and no hospitalizations. His vital signs are 128/55; HR 94; Temp 37.0; RR 16; Sat 96% on room air.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Generate an age-specific differential diagnosis, recognizing that typical signs and symptoms may be less prominent in older persons with serious disease.
- Consider adverse reactions to medications as part of the initial differential diagnosis.

1. How comfortable are you satisfying ALL of the above competencies for this patient? *

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

2. Comments?

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2. Trauma and Falls

An 82 year old woman is brought in by the caregiver at 9pm who reports that she fell on the sidewalk while walking home from grocery store.

Along with the caregiver, the patient is also accompanied by her husband who suffers from advanced dementia. She is ambulatory in the ED. Her medications include metoprolol and warfarin. Her vital signs are stable, and she is awake and responding to questions. She is joking with nurses but complaining of right shoulder pain.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Evaluate for precipitating causes of falls.
- Assess for gait instability and ensure appropriate disposition and follow-up.
- Recognize patterns of trauma that are consistent with elder abuse and manage.
- Institute monitoring and testing with the understanding that older persons may present with muted signs and symptoms and are at risk for occult shock.

3. How comfortable are you satisfying ALL of the above competencies for this patient? *

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

4. Comments?

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3. Cognitive and Behavioral Disorders

A 79 year old woman is in the Fast Track area. The chief complaint reads "UTI"; normal vital signs on Nurse's Notes; bloodwork done on arrival is normal and the urine is positive for WBCs and bacteria. Patient reports she is "not feeling well" but is unable to explain further. She is appropriately dressed for the weather, but is unkempt.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Assess the patient's cognitive status and her ability to understand discharge instructions.
- Assess current mental status and any change from baseline with special attention to delirium.
- Evaluate older persons with new cognitive or behavioural impairment and formulate an age-specific differential diagnosis.
- Assess and correct causative factors in agitated older persons.

5. How comfortable are you satisfying ALL of the above competencies for this patient? *

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

6. Comments?

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4. Emergency Intervention Modifications

At 6pm a 92 year old man presents to the ED of your PCI-capable hospital with 30 minutes of retrosternal chest pain at rest that occurred 2 hours ago. Patient is asymptomatic now. A similar episode of pain occurred this morning. He is a smoker and his medications include tamsulosin and risedronate. Vital signs are normal. Physical exam is normal. ECG and troponins are normal. TIMI score 3.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Recommend therapy based on the actual benefit to risk ratio, so that age alone does not exclude older persons from any therapy.
- Identify and implement measures that protect older persons from developing iatrogenic complications common to the ED.

7. How comfortable are you satisfying ALL of the above competencies for this patient? *

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

8. Comments?

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5. Medication Management

A 75 year old man has arrived in your ED for urinary frequency and dysuria with no systemic symptoms. He is on the following medications: warfarin, ASA, ramipril, metoprolol, hydrochlorothiazide, amiodarone, metformin, alendronate, vitamins, and calcium. He is started on trimethoprim-sulfamethoxazole. Four days later he's back with an exsanguinating nosebleed, an INR of 7, requiring prothrombin complex concentrate, and transfusion.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Prescribe appropriate drugs and dosages considering all relevant factors.
- Search for interactions and document reasons for use when prescribing drugs that are potentially high risk.
- Provide counselling regarding all newly prescribed drugs at discharge.

9. **How comfortable are you satisfying ALL of the above competencies for this patient? ***

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

10. **Comments?**

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6. Transitions of Care (Discharge Planning)

In the Fast Track, you're seeing an 84 year old woman who arrived by ambulance from her independent living suite at a retirement residence. She presents with right shoulder pain and no transfer note. She usually uses a cane. Her past medical history includes arthritis, osteoporosis, hypertension, previous MI, and a right hip fracture (8 years ago). Physical exam reveals decreased range of motion. A shoulder X-Ray is normal. Your plan is to treat her with a shoulder immobilizer, acetaminophen for pain, and follow-up with an orthopedic surgeon in a few weeks.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Document adequate history obtained from community care providers including extended care facilities.
- Provide extended care facilities and FP with ED visit summary, plan of care, and follow up.

- Assess and document suitability for discharge considering all relevant factors.
- Select and document the rationale for the most appropriate available disposition.

11. **How comfortable are you satisfying ALL of the above competencies for this patient? ***

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

12. **Comments?**

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7. Pain Management and End of Life Care

A 76 year old man with Stage IV lung cancer with metastases to his ribs is in your ED. All chemotherapy options have been stopped. His only medication is two tabs of acetaminophen 325/oxycodone 5 every four hours. At this point, he spends almost all day in bed, taking sips of water only. His daughter – his only care-giver – is exhausted. In the ED he describes symptoms of chest pain, nausea, and constipation.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Rapidly establish and document goals of care.

- Manage pain and key non-pain symptoms.
- Know how to access palliative care services and manage older persons currently in palliative care.

13. **How comfortable are you satisfying ALL of the above competencies for this patient? ***

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

14. **Comments?**

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8. Consideration of Co-Morbidities

An 82 year old man presents to your ED. He lives at home with his wife, retired on the farm. He drives, and is still cutting wood though he says he has “slowed down a bit lately”. His wife reports he is weak. He has early dementia and mild hearing impairment. His medications include hydrochlorothiazide, atorvastatin, ASA, tamsulosin, and metoprolol. On examination his vitals are BP: 135/70, HR 90, T 37.6; Sat 96% and you find no focal findings on any system. His hematology, chemistry, and urine R&M are all within normal limits.

In the context of this patient scenario, competent EM residents are expected to be able to appropriately:

- Assess and document the presence of comorbid conditions.
- Develop plans of care that anticipate and monitor for predictable complications.
- Communicate with patients with cognitive and sensory impairments.

15. **How comfortable are you satisfying ALL of the above competencies for this patient? ***

Tick all that apply.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable

16. **Comments?**

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17. **In what year of residency are you? ***

Mark only one oval.

- PGY1 *Skip to question 23.*
- PGY5 *Skip to question 18.*

Questions only for PGY5 residents:

18. At what university did you do your EM residency? *

Mark only one oval.

- Dalhousie University
- Université Laval
- Université de Montréal
- McGill University
- University of Ottawa
- Queen's University
- University of Toronto
- McMaster University
- Western University
- University of Manitoba
- University of Saskatchewan
- University of Alberta
- University of Calgary
- University of British Columbia

19. **What educational experiences have you encountered in your residency training related to care of the older person in the emergency department? ***

Mark only one oval per row.

	Yes	No
Individual Lectures	<input type="radio"/>	<input type="radio"/>
Lecture Series	<input type="radio"/>	<input type="radio"/>
Simulation	<input type="radio"/>	<input type="radio"/>
Oral Exams	<input type="radio"/>	<input type="radio"/>
Clinical Teaching	<input type="radio"/>	<input type="radio"/>
Rounds	<input type="radio"/>	<input type="radio"/>
Course in Geriatric Medicine	<input type="radio"/>	<input type="radio"/>
Assignments	<input type="radio"/>	<input type="radio"/>
Directed Reading	<input type="radio"/>	<input type="radio"/>
Journal Club	<input type="radio"/>	<input type="radio"/>
Rotation in Geriatrics	<input type="radio"/>	<input type="radio"/>
Web-Based	<input type="radio"/>	<input type="radio"/>
Podcast	<input type="radio"/>	<input type="radio"/>
Conferences	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>
Other (See below)	<input type="radio"/>	<input type="radio"/>

20. **Were there any other educational experiences you encountered in your medical training related to care of the older person in the emergency department?**

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21. **If you did a rotation in geriatric medicine and/or palliative care, how many weeks did you complete in total?**

Mark only one oval.

1 2 3 4 5 6 7 8 9 10

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22. **Comments?**

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Questions only for PGY1 residents:

Stop filling out this form.

23. At what university did you do your undergraduate medical training? *

Mark only one oval.

- Memorial University
- Dalhousie University
- Université Laval
- Université de Sherbrooke
- Université de Montréal
- McGill University
- University of Ottawa
- Queen's University
- University of Toronto
- McMaster University
- Western University
- Northern Ontario School of Medicine
- University of Manitoba
- University of Saskatchewan
- University of Alberta
- University of Calgary
- University of British Columbia
- Other

24. What educational experiences have you encountered in your medical training related to care of the older person in the emergency department? *

Mark only one oval per row.

	Yes	No
Individual Lectures	<input type="radio"/>	<input type="radio"/>
Problem Based Learning	<input type="radio"/>	<input type="radio"/>
Clinical Teaching	<input type="radio"/>	<input type="radio"/>
Rounds	<input type="radio"/>	<input type="radio"/>
Course in Geriatric Medicine	<input type="radio"/>	<input type="radio"/>
Directed Reading	<input type="radio"/>	<input type="radio"/>
Rotation in Geriatrics	<input type="radio"/>	<input type="radio"/>
Rotation in Palliative Care	<input type="radio"/>	<input type="radio"/>
Web-Based	<input type="radio"/>	<input type="radio"/>
Podcast	<input type="radio"/>	<input type="radio"/>
Conferences	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>
Pre-Med Training	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

25. **Were there any other educational experiences you encountered in your medical training related to care of the older person in the emergency department?**

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26. **If you did a rotation in geriatric medicine and/or palliative care, how many weeks did you complete in total?**
Mark only one oval.

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>									

27. **Comments?**

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