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

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May 31, 2015
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- Financial support for this project was provided by the Mount Sinai Emergency Associates Academic Fund at the University of Toronto.

- No conflict of interests to report.
Background
Background

• Older ED patients are challenging

• Geriatric EM training may not be adequate
The 8 Domains of Competency for Geriatric EM

1. Atypical presentation of disease
2. Trauma, including falls
3. Cognitive and behavioral disorders
4. Emergent intervention modifications
5. Medication management
6. Transitions of care
7. Pain management and palliative care
8. Effect of comorbid conditions

Research Questions
Research Questions

1. How comfortable are graduating Canadian PGY5 residents with the geriatric EM competency domains?

2. Do Canadian EM residents become more comfortable with the geriatric EM competencies through residency?

3. What is the association between geriatric educational exposures and resident comfort with geriatric EM?
Study Design
Study Design

- Online survey of FRCPC EM PGY1 and PGY5 residents.

- Resident self-reported comfort with the eight geriatric EM competency domains.

- We illustrated a clinical ED scenario for each of the eight domains.
Residents ranked their comfort with respect to each scenario.

- Very Uncomfortable
- Uncomfortable
- Somewhat Uncomfortable
- Neither Comfortable or Uncomfortable
- Somewhat Comfortable
- Comfortable
- Very Comfortable
• Types of geriatric educational experiences during undergraduate and postgraduate training.
Study Setting, Population, and Time Period

- June & July 2014
- 14 FRCPC EM residency training programs
- Incoming PGY1 cohort and the graduating PGY5 cohort
- 141 residents total: 77 PGY1s and 64 PGY5s
Results
Results

• 77% response rate:
  – 88% of PGY1s
  – 64% of PGY5s
Percentage of Residents Comfortable with Each Competency Domain by Post-Graduate Year

Geriatric EM Competency Domains

- Domain 1: Atypical Presentation of Disease
- Domain 2: Trauma and Falls
- Domain 3: Cognitive and Behavioral Disorders
- Domain 4: Emergency Intervention Modifications
- Domain 5: Medication Management
- Domain 6: Transitions of Care
- Domain 7: Pain Management and Palliative Care
- Domain 8: Effect of Comorbid Conditions
Percent of Residents per Number of Competencies with which they are Comfortable (PGY1)
Percent of Residents per Number of Competencies with which they are Comfortable (PGY5)
Percent of Residents per Number of Competencies with which they are Comfortable

![Bar Chart]

- **Percent (%)**
- **Number of Competencies with which Residents are Comfortable**

- **PGY1**
- **PGY5**
Results

• Residents and medical students are exposed to a highly variable set of geriatric EM experiences.

• We could not detect a relationship between resident comfort and the types of geriatric education the residents had received.
Discussion
Discussion

• Is it acceptable that only 1/3 of graduating FRCPC residents are comfortable with all core components of geriatric EM?

• Are current geriatric EM exposures effective at developing comfort with geriatric care?
Discussion

• PGY5s:
  – 15% report taking a course on geriatric medicine
  – 12% report completing a geriatrics rotation
Limitations
Limitations

• We assessed a surrogate for *competence*, residents’ self-reported level of *comfort*.

• Survey tool used in the study was original and was designed for our specific purpose and thus lacks criterion validity.
Conclusions
Conclusions

• Only one-third of graduating FRCPC EM residents are comfortable with all core domains of care of older persons in the ED.

• Current EM residency training in Canada may not be adequately preparing practitioners to provide competent care for older patients.

• Addition of focused geriatric EM content across all Canadian EM programs may improve outcomes with our geriatric EM population.
Thank You

Questions or Comments?
References

# Average Comfort of Emergency Medicine Residents per Geriatric Emergency Medicine Competency Domain and Post Graduate Year

<table>
<thead>
<tr>
<th>Very Comfortable</th>
<th>Comfortable</th>
<th>Somewhat Comfortable</th>
<th>Neither Comfortable or Uncomfortable</th>
<th>Somewhat Uncomfortable</th>
<th>Uncomfortable</th>
<th>Very Uncomfortable</th>
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</thead>
<tbody>
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<td><strong>Domain 1</strong></td>
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<td>(Emergency Intervention</td>
<td>(Medication</td>
<td>(Transitions</td>
<td>(Pain Management</td>
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<td>Presentation</td>
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<td>Modifications)</td>
<td>Management)</td>
<td>of Care)</td>
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<td>of Disease)</td>
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<td>Care)</td>
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**GEM Competency Domains**
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<tr>
<th>Individual Lectures</th>
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<td>Lecture Series</td>
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<td>Clinical Teaching</td>
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<td>Problem Based Learning</td>
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<td>Rounds</td>
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<td>Course in Geriatric Medicine</td>
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<td>Assignments</td>
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<td>Journal Club</td>
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<td>Other</td>
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Clinical Scenario Example

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.