OBJECTIVES OF TRAINING IN
Geriatric Psychiatry

(Please see also the “Policies and Procedures” booklet.)

DEFINITION

Geriatric Psychiatry, a psychiatric subspecialty, focuses on the assessment, diagnosis, and treatment of complex mental disorders uniquely occurring in late life. In contrast to subspecialties that deal with organ-specific diseases, Geriatric Psychiatry is focused on providing care for intensive-needs patients and their caregivers at the end of the life cycle, a time when many complex physical and mental health issues coalesce. The subspecialty generates new knowledge through research, and interprets and disseminates new knowledge and best practices in Geriatric Psychiatry to all health care professionals and trainees involved in the care of the elderly. Geriatric Psychiatry organizes service delivery of psychiatric care to the elderly in multidisciplinary teams and in locations that best serve the needs of this elderly population. Geriatric Psychiatry is engaged in advocacy and development of health policy and planning related to late-life mental illness and mental health, caregiver and care provider support, and systems of care.

GOALS

Upon completion of training, a resident is expected to be a competent specialist in Geriatric Psychiatry capable of assuming a consultant’s role in the specialty. The resident must acquire a working knowledge of the theoretical basis of the specialty, including its foundations in the basic medical sciences and research.

Only candidates certificated by the Royal College of Physicians and Surgeons of Canada in Psychiatry may be eligible for the certification in Geriatric Psychiatry

Residents must demonstrate the requisite knowledge, skills, and attitudes for effective patient-centred care and service to a diverse elderly population. In all aspects of specialist practice, the graduate must be able to address issues of gender, culture, ethnicity, and ethics in a professional manner.
Geriatric Psychiatry

COMPETENCIES:

At the completion of training, the resident will have acquired the following competencies at a Proficient or Advanced level, as defined below. Some competencies may have been completed to the Expert/Master level, but this is considered exceptional.

**Proficient:** Able to demonstrate working knowledge enhanced by a developmental, cultural, and lifespan prospective, allowing detailed interviewing and biopsychosocial problem formulation, with capacity to teach, consult, and assess and manage referrals. The resident can review the scientific literature.

**Advanced:** Detailed and sophisticated understanding, which is multimodal and interdisciplinary, leading to advanced teaching and consultation on complex referrals. The resident is readily able to apply and demonstrate familiarity with the scientific literature.

**Expert/Master:** Enhanced skills that enable management of elderly patients and their caregivers, with complex co-morbidities, treatment resistance or rare conditions. The expert Geriatric Psychiatrist has the capacity to critically review and contribute to the literature with enhanced expertise and generate new questions for study. This level of competence is generally expected to be achieved following years of practice in the field.

At the completion of training, the resident will function effectively as a:

**Medical Expert**

**Definition:**

As Medical Experts, Geriatric Psychiatrists integrate all of the CanMEDS roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centred care. Medical Expert is the central physician role in the CanMEDS framework.

**Key and Enabling Competencies: Geriatric Psychiatrists are able to…**

1. Function effectively as consultants at the Advanced level, integrating all of the CanMEDS roles to provide optimal, ethical, and patient-centered medical care
   1.1. Effectively perform a consultation, including the presentation of well-documented assessments and recommendations in written and/or verbal form in response to a request from another health care professional
   1.2. Demonstrate effective use of all CanMEDS competencies relevant to Geriatric Psychiatry
   1.3. Identify and appropriately respond to relevant clinical issues arising in care of elderly patients including:
1.3.1 Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to the Geriatric Psychiatrist
1.3.2 Awareness of factors influencing elderly patients’ reactions to the psychiatrist and others
1.3.3 Awareness of one’s own reactions when dealing with elderly patients
1.3.4 Boundary issues
1.3.5 Burden of medical, surgical, and psychiatric illness to elderly individuals, families, caregivers, and systems
1.3.6 Capacity/Competence
1.3.7 Caregiver stress
1.3.8 Confidentiality
1.3.9 Co-morbidity
1.3.10 Consent, in both capable and incapable elderly patients
1.3.11 Culture issues as relevant to elderly patients
1.3.12 End-of-life issues
1.3.13 Family issues involving elderly patients
1.3.14 Forensic issues
1.3.15 Long-term illness and rehabilitation
1.3.16 Psychiatric manifestations of medical and neurological illness
1.3.17 Stigma associated with both aging and mental illness
1.3.18 Suicide, self-harm and/or harm directed towards others
1.3.19 Therapeutic alliance
1.3.20 Trauma, and/or elder abuse or neglect

1.4 Effectively and appropriately prioritize professional duties when faced with multiple complex patients and problems
1.5 Demonstrate compassionate and patient-centred care for elderly patients
1.6 Recognize and respond to the ethical dimensions in medical decision making
1.7 Demonstrate medical expertise in situations other than patient care, such as providing expert legal testimony or advising governments on issues pertaining to the elderly, as needed

2 Establish and maintain clinical knowledge, skills, and attitudes at a Proficient or Advanced level, appropriate to Geriatric Psychiatrists

2.1 Geriatric Psychiatrists will demonstrate competence at the Proficient or Advanced level, as indicated, in the following:
2.1.1 Etiology, symptoms, course of illness, and treatment of the following, at an Advanced level:

2.1.1.1 Behavioural and Psychological Symptoms of Dementia (BPSD)
2.1.1.2 Dementias, including Alzheimer Dementia, Vascular Dementias, Lewy Body Dementia, Fronto-temporal Dementia, and Mixed Dementia
2.1.1.3 Delirium
2.1.1.4 Mood disorders, in late life
2.1.1.5 Movement disorders, both resulting from degenerative brain conditions and secondary to pharmacotherapy side effects
2.1.1.6 Psychiatric disorders secondary to medical conditions.
2.1.1.7 Psychiatric complications of neurodegenerative diseases such as Parkinson disease
2.1.1.8 Psychotherapeutic constructs—individual, family and group, as appropriate to the elderly
2.1.1.9 Schizophrenia, delusional disorder, and other psychotic disorders, both late onset and early onset, in patients who have aged

2.1.2 Etiology, symptoms, course of illness and treatment, of the following, at a Proficient level:

2.1.2.1 Anxiety disorders in late life
2.1.2.2 Adjustment disorders in late life
2.1.2.3 Alcohol and other substance abuse disorders in late life
2.1.2.4 Developmental disabilities in older patients
2.1.2.5 Personality disorders, continuing into late life
2.1.2.6 Sexual disorders in late life
2.1.2.7 Sleep disorders in late life
2.1.2.8 Somatoform disorders in late life

2.1.3 Mental Health legislation and regulations as they pertain to the elderly, including dependant adult legislation, mental health acts, physicians duty to report suspected lack of fitness to operate a motor vehicle, aware of provincial variation in these regulations across the country

2.1.4 Normal and abnormal biological, psychological, and cognitive aspects of the aging
2.1.5 Psychopharmacology and somatic therapies appropriate and inappropriate as treatments in the elderly

2.1.6 Systems of mental health care and delivery, community resources, institutions, services, and alternative living environments available for the elderly

2.1.7 Principles of decisional capacity/competency determination in multiple domains, including the elderly person’s ability to manage property, grant a power of attorney, consent to placement in a supervised living setting, and consent to medical treatment

2.2 Describe the CanMEDS framework of competencies relevant to the Geriatric Psychiatrist

2.3 Apply lifelong learning skills of the Scholar role to implement a personal program to keep up to date, and enhance areas of professional competence

2.4 Contribute to the enhancement of quality care and patient safety in Geriatric Psychiatry, integrating the available best evidence and best practices

3 Perform a complete and appropriate assessment of a patient

3.1 Effectively identify and explore issues to be addressed in a patient encounter, including the elderly patient’s context and preferences. The community and environmental assessment may take place in multiple settings including inpatient units, outpatient clinics, day treatment programs, assisted living settings (such as retirement homes/nursing homes), or the elderly patient’s own home.

3.2 For the purposes of prevention and health promotion, diagnosis and or management, elicit a history that is relevant, concise and accurate to context and preferences. This includes the ability to elicit a history in elderly patients who may have sensory deficits and functional/cognitive impairment.

3.3 Demonstrate a complete functional assessment of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), using collateral informants as necessary.

3.4 For the purposes of prevention and health promotion, diagnosis and management, perform an appropriate and accurate mental status examination, including a cognitive assessment.

3.5 For the purposes of prevention and health promotion, diagnosis, and/or management, perform a focused physical and neurological examination that is relevant and accurate, including an assessment for the presence of movement disorders in the elderly patient.

3.6 Select medically appropriate investigative methods in a resource-effective and ethical manner, including:

   3.6.1 Medical investigation or consultation in elderly psychiatric patients with co-morbid medical conditions

   3.6.2 Collateral information gathering from multiple sources, in elderly patients who may not themselves be reliable sources of information

   3.6.3 Neuropsychological investigations
3.6.4. Structured cognitive assessment tools, as required for complete assessment of the elderly patient

3.6.5. Neuroimaging

3.7 Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting available data and integrating information to generate differential diagnoses and management plans

3.8 Demonstrate an appropriate and effective assessment of decisional capacity, in the elderly patient, in the possible specific domains of consent to medical treatment, manage property, designate a Power of Attorney, or consent to placement in a supervised living environment, when so requested.

4 Use preventive and therapeutic interventions effectively

4.1 Implement an effective management plan in collaboration with a patient and their family including:

4.1.1. Interpretation of results of appropriate laboratory investigations and radiological examinations as they relate to the elderly patient with psychiatric disorders and co-morbid medical conditions

4.1.2. Assessing suitability for and prescribing appropriate psychopharmacological treatments in the acute and maintenance management of psychiatric disorders in elderly patients

4.1.3. Assessing suitability for prescribing and delivering somatic treatments such as ECT in elderly patients

4.1.4. Assessing suitability for appropriate psychological treatment in elderly patients, including:

4.1.4.1 Supportive
4.1.4.2 Psychodynamic
4.1.4.3 Family
4.1.4.3 Cognitive Behavioural
4.1.4.4 Crisis Intervention

4.1.5. Assessing and managing treatment-emergent side effects of psychopharmacological, somatic, and psychological therapies in elderly patients

4.1.6. Assessing and managing treatment adherence

4.2 Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to Geriatric Psychiatry

4.3 Ensure appropriate informed consent is obtained for therapies, from the capable elderly patient or substitute decision maker
4.4 Ensure elderly patients receive appropriate end-of-life care

5 Demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic

5.1 Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to Geriatric Psychiatry patients (including, but not limited to, diagnostic interviewing, standardized screening tool administration, and neuroimaging interpretation)

5.2 Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to Geriatric Psychiatry, such as ECT

5.3 Ensure appropriate informed consent is obtained for procedures, from the capable elderly patient or the substitute decision maker

5.4 Appropriately document and disseminate information related to procedures performed and their outcomes

5.5 Ensure adequate follow-up is arranged for procedures performed, and that elderly patients and their families/caregivers are informed of the plan

6 Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

6.1 Demonstrate insight into their own limitations of expertise

6.2 Demonstrate effective, appropriate, and timely consultation of another health professional as needed for optimal care of elderly patients with mental illness

6.3 Discriminate clinical cases along the simple—complicated—complex continuum of Geriatric Psychiatry care, and appropriately identify those complex situations for which subspecialized care is most appropriate

6.4 Arrange appropriate follow-up care services for elderly patients and their families

Communicator

Definition:

As Communicators, Geriatric Psychiatrists effectively facilitate the doctor–patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.
Key and Enabling Competencies: Geriatric Psychiatrists are able to demonstrate the following competencies at a Proficient level, when working with elderly patients...

1 Develop rapport, trust, and ethical therapeutic relationships with elderly patients and families
   1.1 Recognize that being a good communicator is a core clinical skill for physicians, and that effective physician–patient communication can foster patient and family satisfaction, physician satisfaction, adherence, and improved clinical outcomes for elderly patients
   1.2 Establish positive therapeutic relationships with elderly patients and their families that are characterized by understanding, trust, respect, honesty, and empathy
   1.3 Respect elderly patients' confidentiality, privacy, and autonomy
   1.4 Listen effectively to elderly patients and, when appropriate, to the substitute decision maker
   1.5 Be aware and responsive to nonverbal cues in elderly patients
   1.6 Recognize transference and counter-transference towards the aged and the aging process
   1.7 Effectively facilitate a structured clinical encounter in various settings where elderly patients are usually assessed, including community settings and long-term care homes. Use telepsychiatry as appropriate.

2 Accurately elicit and synthesize relevant information and perspectives of elderly patients and families, colleagues, and other professionals
   2.1 Gather information about a disease, but also about an elderly patient's beliefs, concerns, expectations, and illness experience
   2.2 Seek out and synthesize relevant information from other sources, such as a patient's family, caregivers, and other professionals. Information from the elderly patient may be inaccurate or incomplete if cognitive impairment is present.

3 Accurately convey relevant information and explanations to elderly patients and families, colleagues, and other professionals
   3.1 Deliver information to an elderly patient and family, colleagues, and other professionals in a humane manner and in such a way that it is understandable and encourages discussion and participation in decision-making
   3.2 Respect patient privacy, being knowledgeable of provincial legislation governing confidentiality of patient information, and judge the appropriate extent of information sharing when multiple agencies are involved
   3.3 Adapt communication, as required, for both direct and indirect care, across the varied settings where Geriatric Psychiatry care is provided
4 Develop a common understanding on issues, problems, and plans with patients, families, and other professionals to develop a shared plan of care

4.1 Effectively identify and explore problems to be addressed from a patient encounter, including the elderly patient’s context, responses, concerns, and preferences

4.2 Respect diversity and difference, including, but not limited to, the impact of gender, religion, and cultural beliefs on decision making

4.3 Encourage discussion, questions, and interaction in the encounter

4.4 Engage elderly patients, their families, caregivers and relevant health professionals in shared decision making to develop a plan of care

4.5 Effectively address challenging communication issues such as obtaining informed consent, delivering bad news, and addressing anger, sensory impairment, cognitive impairment, and frailty

5 Convey effective oral and written information about a medical encounter

5.1 Maintain clear, concise, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans

5.2 Produce a clear, concise, and timely consultation report

5.3 Effectively present verbal reports of clinical encounters and plans when appropriate

5.4 When appropriate, effectively present medical information to the public or media about a mental health issue concerning elderly patients

Collaborator

Definition:

As Collaborators, Geriatric Psychiatrists, effectively work within a health care team and with community partners, to achieve optimal patient care.

Key and Enabling Competencies: Geriatric Psychiatrists are able to demonstrate the following competencies at a Proficient level, when working with elderly patients ...

1 Participate effectively and appropriately in an interprofessional health care team

1.1 Clearly describe the Geriatric Psychiatrist’s roles and responsibilities to other professionals

1.2 Describe the roles and responsibilities of other professionals within the geriatric mental health care team, across various typical Geriatric Psychiatry settings

1.3 Recognize and respect the diversity of roles, responsibilities, and competences of other professionals in relation to their own

1.4 Recognize the roles of family members and caregivers of elderly patients as important members of the health care team

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1.5 Work with others to assess, plan, provide, and integrate care for individual elderly patients (or groups of patients)

1.6 Work with others to assess, plan, provide, and review other tasks, such as research problems, educational work, program review, system delivery issues, or administrative responsibilities

1.7 Participate effectively in interprofessional team interactions, aware of the principles of team dynamics

1.8 Enter into interdependent relationships with other professions for the provision of quality care. This may include working with primary care providers in a shared care model, community agency professionals, other community resource personnel, and other medical specialties as part of the extended health care team

1.9 Appreciate the contributions of local community resources, such as day and other respite programs, Meals on Wheels, seniors’ centres, home care agencies, driving assessment facilities, and others, as integral components of the spectrum of services available to elderly persons and their caregivers

1.10 Demonstrate leadership in a geriatric mental health care team. Be available as an expert resource on issues such as ethics, privacy/confidentiality, safety, mental health legislation, resource allocation, system delivery, and professionalism

2 Effectively work with other health professionals to prevent, negotiate, and resolve interprofessional conflict

2.2 Demonstrate a respectful attitude towards other colleagues and members of an interprofessional team

2.3 Work with other professionals to prevent conflicts

2.4 Employ collaborative negotiation to resolve conflicts

2.5 Respect differences and address misunderstandings and limitations in other professionals

2.6 Recognize one’s own differences, misunderstanding, and limitations that may contribute to interprofessional tension

2.7 Reflect on interprofessional team function

Manager

Definition:

As Managers, Geriatric Psychiatrists are integral participants in health care organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Geriatric Psychiatrists are able to demonstrate the following competencies at a Proficient level…
1 Participate in activities that contribute to the effectiveness of their health care organizations and systems
   1.1. Work collaboratively with others in their organizations
   1.2. Participate in systemic quality process evaluation and improvement, such as patient safety initiatives
   1.3 Describe the structure and function of the health care system as it relates to Geriatric Psychiatry, including the roles of physicians
   1.4 Describe principles of health care financing, including physician remuneration, budgeting and organizational funding

2 Manage their practice and career effectively
   2.3 Set priorities and manage time to balance patient care, practice requirements, outside activities, and personal life
   2.4 Manage a practice, including finances and human resources
   2.5 Implement processes to ensure personal practice improvement
   2.6 Employ information technology appropriately for patient care

3 Allocate finite health care resources appropriately
   3.3 Recognize the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care
   3.4 Apply evidence and management processes for cost-appropriate care
   3.5 Plan, develop, and continually evolve appropriate services and health care delivery systems to optimize the function of these tertiary-level resources for family physician, general psychiatry, and other specialist colleagues, community partners, patients, caregivers, and members of the public

4 Serve in administration and leadership roles
   4.3 Chair or participate effectively in committees and meetings
   4.4 Lead or implement change in health care for the elderly
   4.5 Plan relevant elements of health care delivery for the elderly (e.g., work schedules for geriatric mental health teams)
Health Advocate

**Definition:**

As *Health Advocates*, Geriatric Psychiatrists responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations. Geriatric patients are a vulnerable group that offers numerous and unique opportunities for advocacy at the individual level on a daily basis.

**Key and Enabling Competencies: Geriatric Psychiatrists are able to demonstrate the following competencies at a Proficient level...**

1. **Respond to individual patient health needs and issues as part of patient care**
   1.1. Identify the health needs of individual elderly patients
   1.2. Identify opportunities for advocacy, health promotion, and disease prevention with elderly individuals to whom they provide care

2. **Respond to the health needs of the communities that they serve**
   2.2. Describe the practice communities of elderly patients that they serve
   2.3. Identify opportunities for advocacy, health promotion, and disease prevention in the community of elderly that they serve, and respond appropriately
   2.4. Appreciate the possibility of competing interests between the elderly and other populations

3. **Identify the determinants of health for the populations that they serve**
   3.2. Identify the determinants of health of the elderly population, including barriers to access to care and resources
   3.3. Identify vulnerable or marginalized populations of elderly patients within those served and respond appropriately

4. **Promote the health of individual elderly patients, communities, and populations**
   4.2. Describe an approach to implementing a change in a determinant of health of the elderly populations they serve
   4.3. Describe how public policy impacts on the health of the elderly population
   4.4. Identify points of influence in the health care system and its structure
   4.5. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism
   4.6. Appreciate the possibility of conflict inherent in their role as a health advocate for an elderly patient or community with that of manager or gatekeeper
4.7 Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Definition:

As Scholars, Geriatric Psychiatrists demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

Key and Enabling Competencies: Geriatric Psychiatrists are able to demonstrate the following competencies at a Proficient level...

1 Maintain and enhance professional activities through ongoing learning
   1.1 Describe the principles of maintenance of competence
   1.2 Describe the principles and strategies for implementing a personal knowledge management system
   1.3 Recognize and reflect learning issues in Geriatric Psychiatry
   1.4 Conduct a personal practice audit
   1.5 Pose an appropriate learning question concerning Geriatric Psychiatry practice
   1.6 Access and interpret the relevant evidence
   1.7 Integrate new learning into practice
   1.8 Evaluate the impact of any change in practice
   1.9 Document the learning process

2 Critically evaluate medical information and its sources, and apply this appropriately to practice decisions in Geriatric Psychiatry
   2.1 Describe the principles of critical appraisal
   2.2 Critically appraise retrieved evidence to address a clinical question
   2.3 Integrate critical appraisal conclusions into clinical care

3 Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others in topics of Geriatric Psychiatry
   3.1 Describe principles of learning relevant to medical education
   3.2 Collaboratively identify the learning needs and desired learning outcomes of others
   3.3 Select effective teaching strategies and content to facilitate others’ learning
   3.4 Demonstrate an effective lecture or presentation

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3.5 Assess and reflect on a teaching encounter
3.6 Provide effective feedback
3.7 Describe the principles of ethics with respect to teaching

4 Contribute to the development, dissemination, and translation of new knowledge and practices in Geriatric Psychiatry

4.1 Describe the principles of research and scholarly inquiry
4.2 Describe the principles of research ethics
4.3 Pose a scholarly question
4.4 Conduct a systematic search for evidence
4.5 Select and apply appropriate methods to address the question
4.6 Appropriately disseminate the findings of a study

Professional

Definition:

As Professionals, Geriatric Psychiatrists are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key and Enabling Competencies: Geriatric Psychiatrists are able to demonstrate the following competencies at a Proficient level…

1 Demonstrate a commitment to their patients, profession, and society through ethical practice

1.1. Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect, and altruism
1.2. Demonstrate a commitment to delivering the highest quality care and maintenance of competence
1.3. Recognize and appropriately respond to ethical issues encountered in Geriatric Psychiatry
1.4. Appropriately manage conflicts of interest
1.5 Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law
1.6 Maintain appropriate relations with elderly patients and caregivers
2 Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation
   2.3 Appreciate the professional, legal, and ethical codes of practice
   2.4 Fulfill the regulatory and legal obligations required of current practice
   2.5 Demonstrate accountability to professional regulatory bodies
   2.6 Recognize and respond to others’ unprofessional behaviours in practice
   2.7 Participate in peer review

3 Demonstrate a commitment to physician health and sustainable practice
   3.3 Balance personal and professional priorities to ensure personal health and a sustainable practice
   3.4 Strive to heighten personal and professional awareness and insight
   3.5 Recognize other professionals in need and respond appropriately