



**THE JOHN A. HARTFORD FOUNDATION
INSTITUTE FOR GERIATRIC NURSING**

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Competency: Care of Adult 65 years +

Method of Evaluation Key:

Knowledge: T-Test/Self Learning Module, S-Simulation/Scenario, V-Verbalizes Understanding

Skills and Behavior: O-Direct Observation, MR-Medical Record Audit, RD-Return Demonstration, NA=Not Applicable

COMPETENCIES	Self Evaluation By Employee			Validation of Competency	
	No Prior Experience	Needs to Review	Can Perform	Date Preceptor/Evaluator Signature Print Name	Evaluation Method (See Key Above)
1. COMMUNICATION: For older adults, demonstrate knowledge, skills and behavior of best practices in order to: Use communication strategies to meet patients' needs Assure participation in decision making: advance directives, health care proxy, DNR, informed consent					
Assess barriers (drug interactions, dementia, delirium, disease states, depression) that impact patients' understanding of information, following directions and making needs known Demonstrate familiarity w/adaptive devices (hearing aid, listenator)					
2. PHYSIOLOGICAL AND PSYCHOLOGICAL AGE CHANGES: For older adults, demonstrate knowledge, skills and behavior of best practices in order to: Intervene to address changes in temperature, BUN and creatinine Assess cognitive status for delirium, dementia and/or depression. Use standardized scale to assess: Mental Status (e.g., Mini Mental Status Examination - MMSE) Delirium (e.g., Confusion Assessment Method - CAM)					

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Depression (e.g., Geriatric Depression Scale - GDS)					
Use organization's established criteria for management of polypharmacy					
Intervene to eliminate or sharply curtail adverse events associated with medications, diagnostic or therapeutic procedures, nosocomial infections or environmental stressors					
3. PAIN: For older adults, demonstrate knowledge, skills and behavior of best practices in order to:					
Assess pain in cognitively impaired patients using valid and reliable self-report instruments and/or observations of patient behaviors (agitation, withdrawal, vocalizations, facial response/grimaces) *					
Intervene for the cognitively impaired when assessment is inconclusive and pain is to be expected					
* assessment & management of pain in cognitively intact older patients is no different than all patients					
4. SKIN INTEGRITY: For older adults, demonstrate knowledge, skills and behavior of best practices in order to:					
Assess the risk of skin breakdown using a standardized scale (e.g., Braden Scale)					
Use organization's established criteria to implement appropriate bathing, choice of skin products, and positioning					

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5. FUNCTIONAL STATUS: For older adults, demonstrate knowledge, skills and behavior of best practices in order to:					
Overall function:					
Demonstrates within care plan appropriate intervention to promote function in response to change in activities of daily living(ADL) and instrumental activities of daily living(IADL)					
Use assistive devices and suggest or initiate referral to appropriate therapies (OT, PT, ST) to promote and maintain optimal function					
Urinary incontinence:					
Identify and refer to appropriate clinician recent onset of urinary incontinence (UI)					
Document rationale for use of indwelling catheters other than in specified clinical situations(e.g., stage III/IV pressure ulcers, monitored acutely ill patients, urinary retention not manageable by other means)					
Nutrition/Hydration:					
Use organization's established criteria to identify high risk patients for nutritional/fluid deficit					
Intervene to address barriers to nutritional/fluid adequacy (e.g., difficulty with chewing & swallowing, alterations in hunger and thirst, inability to self feed & capacity of others to feed)					
Falls and injuries:					
Use a valid and reliable measure of fall risk assessment					
Use the organization's established falls prevention protocol					

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6. RESTRAINTS: For older adults, demonstrate knowledge, skills and behavior of best practices in order to: Document discussion of the use of a physical restraint(Posey, mitts, chairs with fixed trays, sheets, side rails) Document behavior of patient who is physically restrained Intervene to eliminate or sharply curtail the use of physical restraints (e.g. alternate strategies to prevent falls, to prevent treatment interference, and to manage agitated and/or combative behavior)					
7. ELDER ABUSE: For older adults, demonstrate knowledge, skills and behavior of best practices in order to: Use organization's established criteria to identify elder abuse					
8. DISCHARGE PLANNING: For older adults, demonstrate knowledge, skills and behavior of best practices in order to: Transmit timely and complete information to patient/family, home care/ skilled nursing facility (e.g. minimal data elements include diagnoses and medications, including dose & last dose taken) Provide patient education materials that are legible, printed clearly and at appropriate level of medical literacy Refer for evaluation of the need for special resources for transition to home (e.g.:Meals on Wheels, adaptive devices, etc.)					

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