

高齡醫學訓練醫師 高齡知識技能調查表

年齡	20-30	31-40	41-50
性別	男		女
級別			
見習醫師	第 年	實習醫師	第 年
住院醫師	第 年	專科訓練醫師	第 年
公費訓練醫師	第 年	原科別：	
填表時間	年	月	日

A. Cognitive Assessments

A-1.Perform a cognitive assessment and obtain collateral history relevant to cognitive and/or functional decline.				
極同意	同意	中等	不同意	極不同意
A-2.Define and distinguish between the clinical presentations of delirium, dementia, and depression.				
極同意	同意	中等	不同意	極不同意
A-3.Diagnose delirium, formulate a differential diagnosis, and develop and implement plans for evaluation and management.				
極同意	同意	中等	不同意	極不同意
A-4.Diagnose common dementias, formulate a differential diagnosis, and develop plans for management.				
極同意	同意	中等	不同意	極不同意
A-5.Recognize and manage common issues in dementia care (e.g., driving, capacity, wandering, BPSD, rational use of antipsychotics, caregiver stress) during initial and follow-up visits.				
極同意	同意	中等	不同意	極不同意
A-6.Perform standard cognitive testing and have good knowledge and application of advanced cognitive testing relevant to the diagnosis of dementia and delirium.				
極同意	同意	中等	不同意	極不同意

B. Functional Assessment (Self Care Capacity)

B-1.Evaluate baseline (pre-morbid) and current functional abilities (both basic and instrumental activities of daily living) using reliable sources of information including standardized assessment tools.				
極同意	同意	中等	不同意	極不同意
B-2.Develop and implement plans for the assessment, management, and maintenance of patients with functional deficits, including the use of adaptive interventions, in collaboration with interdisciplinary team members.				
極同意	同意	中等	不同意	極不同意

C. Falls, Balance, and Gait Assessment

C-1.Construct a differential diagnosis (including risk factors) and plans for the evaluation, management, and prevention of falls.				
極同意	同意	中等	不同意	極不同意
C-2.Assess and manage gait, balance, and movement disorders using accepted standardized assessment tools.				

極同意	同意	中等	不同意	極不同意
C-3.Identify consequences of immobility in the elderly patient.				
極同意	同意	中等	不同意	極不同意
C-4.Work with interdisciplinary teams to prevent, manage, and treat consequences of immobility in the elderly patient.				
極同意	同意	中等	不同意	極不同意

D. Medication Management

D-1.Obtain a structured medication review that includes a list of all medications being taken, dosages, frequencies, indications, evidence of benefit, side effects, and an assessment of adherence.				
極同意	同意	中等	不同意	極不同意
D-2.Outline the pharmacokinetic changes that commonly occur with aging and demonstrate the ability to modify drug regimens to account for age-related decreases in renal function.				
極同意	同意	中等	不同意	極不同意
D-3.Identify and alter medication therapy that is most likely to cause adverse drug events in an older individual.				
極同意	同意	中等	不同意	極不同意
D-4.Identify potential drug-drug and drug-disease interactions with prescribing medications in the elderly.				
極同意	同意	中等	不同意	極不同意
D-5.Work collaboratively with the Pharmacist to assist with structured medication reviews and changes.				
極同意	同意	中等	不同意	極不同意

E. Biology of Aging and Atypical Presentation of Disease

E-1.Describe the usual anatomical and physiological changes seen with aging, understand the concept of frailty and its impact on disease in the elderly.				
極同意	同意	中等	不同意	極不同意
E-2.Demonstrate the ability to recognize, evaluate, and manage atypical presentations of common medical conditions and multisystem disease (e.g., acute coronary syndrome, infections, acute abdomen, depression, chronic pain, CHF) that can be encountered in an older individual.				
極同意	同意	中等	不同意	極不同意

F. Adverse Events and Safety

F-1.Identify, reduce, and manage potential hazards or hospital/institutional care (e.g., delirium, falls, immobility, pressure ulcers, incontinence, indwelling catheters, adverse drug events, malnutrition).				
極同意	同意	中等	不同意	極不同意
F-2.Describe the indications, risks, alternatives, and contraindications for physical and chemical restraints; be aware of the restraint policy and institutions.				
極同意	同意	中等	不同意	極不同意
F-3.Describe how to recognize and manage elder abuse, including assessment of capacity for self care and protection.				
極同意	同意	中等	不同意	極不同意

G. Incontinence

G-1.Evaluate and manage transient and established urinary incontinence and fecal incontinence.				
極同意	同意	中等	不同意	極不同意
G-2.Describe pharmacological and non-pharmacological treatments for UI.				
極同意	同意	中等	不同意	極不同意
G-3.Understand the use and risks of indwelling catheters versus intermittent catheter.				
極同意	同意	中等	不同意	極不同意

H. Oral health and Nutrition

H-1.Understand the importance of oral health in the old.				
極同意	同意	中等	不同意	極不同意
H-2.Describe mastication and swallowing function in the old.				
極同意	同意	中等	不同意	極不同意
H-3.Evaluate nutritional status in the old.				
極同意	同意	中等	不同意	極不同意

I. Transitions of Care

I-1.Communicate and implement the key components of an appropriate transfer or discharge plan using interdisciplinary team resources (e.g., accurate medication list, need for support services, plans for follow-up).				
極同意	同意	中等	不同意	極不同意
I-2.Understand the structure of Continuing Care in Alberta (e.g., placement, bed hubs, role of committees, MDS, specialized units, standards of care).				
極同意	同意	中等	不同意	極不同意
I-3.Describe, access, and understand the spectrum and structure of community-based care resources and rehabilitation services available for seniors within their province of training.				
極同意	同意	中等	不同意	極不同意
I-4.Identify and manage caregiver stress in context of transitions of care.				
極同意	同意	中等	不同意	極不同意

J. Healthcare Planning

J-1.Define and describe (including the roles of physicians and substitute decision-makers) advance planning directives dealing with personal and financial decision-making, as permitted by legislation in their province of training.				
極同意	同意	中等	不同意	極不同意
J-2.Identify and manage common end of life care issues (e.g., nutrition, dysphagia, code status, hospital transfer, home and LTC visits).				
極同意	同意	中等	不同意	極不同意
J-3.Be aware of the key principles of the Mental Health Act, Personal Directive Act, and Adult Guardianship and Trusteeship Act.				
極同意	同意	中等	不同意	極不同意