Table 1. Categories of Clinical Competency Expectations for GWEP Fellows

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|  Geriatric Clinical Competencies |
| Differentiate between normal physiologic age-related changes and abnormal disease-related findings.    |
| Assess/diagnose disease and clinical syndromes in older adults. |
| Manage common disease states and clinical syndromes in older adults. |
| Assess/diagnose alterations in cognitive status including dementia, delirium, and depression. |
| Assess psychosocial status using standardized procedures and instruments. |
| Counsel patients and families for management of psychosocial needs. |
| Manage medications for treatment of disease and clinical syndromes consistent with age-related pharmacokinetics and pharmacodynamics (APN only) |
| Demonstrate culturally sensitive shared decision-making with patients and families/caregivers. |
| Manage transitions of care across settings. |
| Educate patient and family/caregivers to support highest levels of independence. |
| Work effectively in interprofessional teams. |
| Use community resources to support patient independence and caregiver respite.  |
| Communicate about clinical cases in a clear and concise manner. |
| Evaluate patient and family/caregiver outcomes using findings to modify the plan of care.  |
| Use change strategies to modify system-level barriers to delivery of best practices in care of older adults.  |

*Note*: Competencies in each category were tailored to the professional role differentiating performance expectations for social workers, nurse practitioners, and clinical nurse specialists.