Defining Priorities for the Assessment of Competence in Care of the Elderly by Family Physicians – The Priority Topics


Presenter: Lesley Charles, MBChB, CCFP

Associate Professor and Program Director
Division of Care of the Elderly
Department of Family Medicine, University of Alberta

March 04, 2016
Faculty/Presenter Disclosure

• Faculty/Presenter: Lesley Charles

• Relationships with commercial interests:
  – Grants/Research Support: Not applicable
  – Speakers Bureau/Honoraria: Not applicable
  – Consulting Fees: Not applicable
Disclosure

Funding for Past Travel and Accommodation

CFPC covers flight and accommodation to attend meetings at the College in Mississauga.
CFPC Working Group on the Assessment of Competence in COE

Tim Allen  
The CFPC

Marcel Arcand  
Centre de recherche sur le vieillissement  
Université de Sherbrooke

Lesley Charles  
Family Medicine, University of Alberta

Sidney Feldman  
Family and Community Medicine,  
University of Toronto

Chris Frank  
Medicine, Queens University

Robert Lam  
Geriatric Rehabilitation Program,  
University Health Network – Toronto

Pravin Mehta  
Family Medicine, University of Manitoba

Nadia Mangal  
The CFPC

Tatjana Lozanovska  
The CFPC
The CFPC has introduced Certificates of Added Competence (CACs) in 5 domains, one being Care of the Elderly (COE).

CAC awards will be based on the demonstration of specific competencies.

The first steps of defining these competencies are a determination of priority topics (What needs to be dealt with tasks/problems/topics/situations).
Objective

To determine priority topics for the assessment of competence in COE
Methods

• A modified Delphi technique was used with on-line surveys and face-to-face meetings.

• The Working Group of 6 physicians, with enhanced skills in COE, acted as the nominal group.

• A larger group of randomly selected family practitioners from across Canada acted as the Validation Group.
Methods

• The Working Group followed by the Validation Group, completed electronic write-in surveys that asked them to identify the priority topics.
• Responses from the 2 groups were correlated.
• Based on the responses, the Working Group, then, used face-to-face meetings and iterative discussion to decide on the final list of priority topics.
• Analysis: Descriptive statistics; Pearson’s correlation
Results

Working Group Members: 9
Validation Group Participants: 41
Response Rate: 19% (41 / 212)

Selection of Topics

Correlation of Selected Priority Topics: r = 0.68
Correlation of Selected Generic Skills of Competence: r = 0.89

The Final List of Priority Topics

Figure 1. Selected Priority Topics
Figure 2. Selected Generic Skills of Competence
Final List of Priority Topics

1. Cognitive impairment
2. Frailty continuum (incl. functional assessment)
3. End-of-life care
4. Falls and mobility issues
5. Delirium
6. Depression/anxiety
7. Incontinence
8. Decision making capacity
9. Medical conditions – e.g., stroke, cancer
10. Appropriate prescribing
11. Family and informal care supports
12. Organising care using community resources
13. Care in different settings – e.g., home, hospital
14. Pain
15. Driving issues
16. Goals of care, including advanced care planning
17. Communication
18. Teams
Conclusion

• Defining the required competencies is a first step to establishing national standards in COE and these standards can be the basis for awarding CACs.

• The methodology used and the high correlation between the lists generated by the Working Group and the Validation Group suggest that this priority topic list is valid for COE.
Next Steps

Define key features and higher cognitive levels for each priority topic.
Questions