Preface

By the time this book comes to print, the demographic shift toward an older-aged America will already be in full swing. The concept of this book was born from three paradigm shifts for the future of eye care in geriatric patients. The first shift is that eye care providers need to move away from the traditional “disease-diagnose-treat” model of ophthalmic care to a more holistic model that emphasizes and promotes “disease prevention, contextual diagnosis, functional assessment, treatment and rehabilitation.” The second shift is the understanding that geriatric patients are more than just “older adults.” A similar shift already has occurred in the evaluation and treatment of pediatric patients who are of course not just “little adults.” There are specific differences in the anatomy, physiology, pathophysiology, pharmacology, clinical presentations, and responses to disease and treatments in older patients. Finally, the third shift is moving from a “medical knowledge” based model of ophthalmic care to a competency-based model. In fact, this textbook could be subtitled, “What every eye doctor needs to know about geriatrics” in order to capture the essence of these three paradigm shifts in geriatric ophthalmology.

We have chosen a case-driven format that highlights “competency based” concepts rather than the traditional medical knowledge-based paradigm. We have attempted to align our teaching exercises with the emerging consensus for more comprehensive understanding and proficiency by eye doctors in general competencies as outlined by the Accreditation Council for Graduate Medical Education (ACGME) and other organizations. The six general ACGME competencies are (1) patient care, (2) medical knowledge, (3) interpersonal skills and communication, (4) professionalism, (5) practice-based learning and improvement, and (6) systems-based practice. Each chapter has an illustrative case that exemplifies the points of care encompassed by the competencies. We hope to provide practical and everyday advice that will increase geriatric expertise among ophthalmic providers.

For the purposes of this text, we will rely upon the ACGME definitions of the six competencies (Table 1). The reader might wish to have this glossary handy in the beginning as the definitions for these competencies are not always intuitive or self-explanatory.
Table 1  ACGME Competencies (from http://www.acgme.org/outcome/comp/compFull.asp)

1. **Patient Care**: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

2. **Medical Knowledge**: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

3. **Practice-Based Learning and Improvement**: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
   - Identify strengths, deficiencies, and limits in one’s knowledge and expertise;
   - Set learning and improvement goals;
   - Identify and perform appropriate learning activities;
   - Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
   - Incorporate formative evaluation feedback into daily practice;
   - Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
   - Use information technology to optimize learning; and,
   - Participate in the education of patients, families, students, residents, and other health professionals.

4. **Interpersonal and Communication Skills**: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
   - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
   - Communicate effectively with physicians, other health professionals, and health-related agencies;
   - Work effectively as a member or leader of a health care team or other professional group;
   - Act in a consultative role to other physicians and health professionals; and,
   - Maintain comprehensive, timely, and legible medical records, if applicable.

5. **Professionalism**: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
   - Compassion, integrity, and respect for others;
   - Responsiveness to patient needs that supersedes self-interest;
   - Respect for patient privacy and autonomy;
   - Accountability to patients, society, and the profession; and,
   - Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

6. **Systems-Based Practice**: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
   - Work effectively in various health care delivery settings and systems relevant to their clinical specialty;
   - Coordinate patient care within the health care system relevant to their clinical specialty;
   - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
   - Advocate for quality patient care and optimal patient-care systems;
   - Work in interprofessional teams to enhance patient safety and improve patient care quality; and
   - Participate in identifying system errors and implementing potential systems solutions.
This book is aimed at residents and fellows as well as clinicians including optometrists and ophthalmologists in practice and is designed to be a practical and clinically based tool for the evaluation and care of geriatric patients in the ambulatory eye setting.

We do not intend for this book to be all-inclusive and we encourage the reader to invest the time to investigate other areas of geriatric care that might be of applicable to eye care providers. We hope that this little book encourages you to think about geriatric patients with the competencies in mind and with the unique issues of our elderly population. Our goal is not to make eye doctors into geriatricians but simply to increase awareness and expertise by eye doctors in geriatric topics. After all we all will (hopefully) end up joining this demographic someday.
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