

Age-Specific Competencies

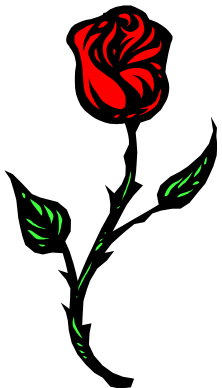


*Different strokes (of attention) for
different folks*

Prepared by Walter Clark, MD, MSHCM

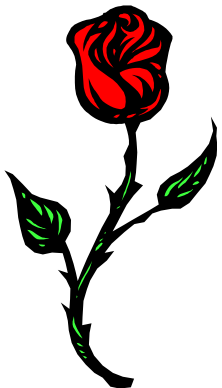
Age-Specific Competencies

- Age is part of what makes each person unique.
 - Addresses and respects patients' needs.
 - NEON strives to provide quality care to each patient.
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- Age-specific competencies involve understanding basic Growth & Development (G&D) issues that help us anticipate the needs and preferences of various age groups.



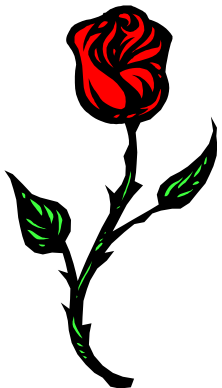
Know Thyself

- You may have certain views about illness.
- You may see illness as having a physical cause, an emotional cause, or another cause.
- You may value certain communication styles.
- NEON has its own beliefs, values, and practices that may not be shared by all patients (i.e., appointments, preventive health, nature of illness).



Try to Know Thy Patient

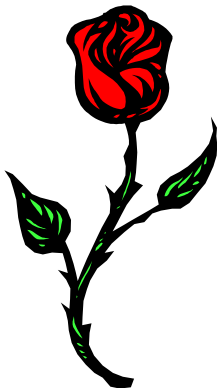
- **Different patients based on different ages have different expectations for themselves and how health care providers should treat them.**
 - **Different strokes (of attention) for different folks**
- **Be aware of potential language and communication issues.**



“the curious”

Birth to Age 3 G&D

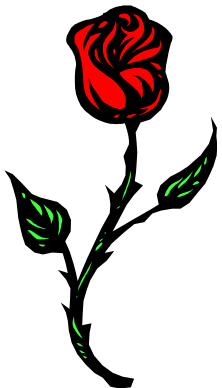
- **Physical – grows at a rapid rate, especially brain size.**
- **Mental – learns through senses, exploring, playing; communicates by crying, babbling, then ‘baby talk’, simple sentences.**
- **Social/emotional – seeks to build trust in others; dependent; beginning to develop a sense of self.**



“the curious”

Birth to Age 3 Competencies

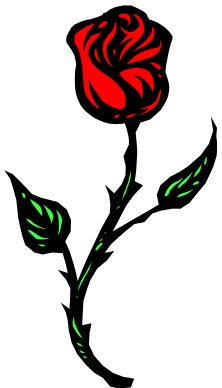
- **Educate parents about the need for checkups, screenings and immunizations.**
- **Determine family needs and expectations.**
- **Develop trust with patient and parent.**
- **Provide proper supervision and a safe environment.**
- **Keep parent in line of vision for procedures when age is 0-18 months.**



“the curious”

Birth to Age 3 Competencies

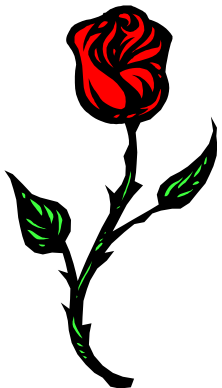
- **Provide simple explanations to patient, if child speaks.**
- **Provide care to foster sense of autonomy that is based on developmental status.**
- **Take vital signs at appropriate anatomical sites.**
- **Provide injections at appropriate anatomical sites.**
- **Incorporate religious/cultural beliefs.**



“the active”

Ages 4 to 6 G&D

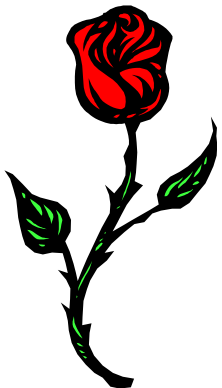
- **Physical – grows at a slower rate; improving motor skills; dresses self; toilet-trained.**
- **Mental – begins to use symbols; improving memory; vivid imagination, fears; likes stories.**
- **Social/emotional – identifies with parent(s); becomes more independent; sensitive to other’s feelings.**



“the active”

Ages 4 to 6 Competencies

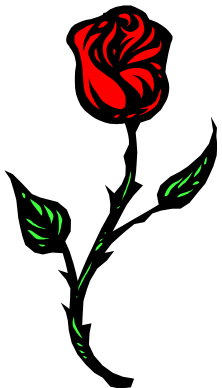
- **Educate parents about the need for checkups, screenings and immunizations.**
- **Promote safety habits (use of helmets, safety belts, etc.) and help parent with instruction.**
- **Determine family needs and expectations.**
- **Develop trust with patient and parent.**
- **Provide proper supervision and a safe environment.**



“the active”

Ages 4 to 6 Competencies

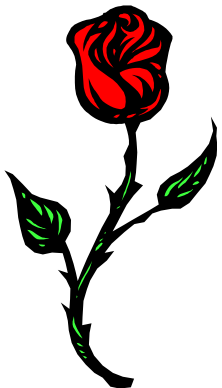
- **Give praise, rewards, and clear rules.**
- **Provide privacy (5 - 6 yrs).**
- **Provide care to foster sense of autonomy that is based on developmental status.**
- **Take vital signs at appropriate anatomical sites.**
- **Incorporate religious/cultural beliefs.**
- **Encourage child to ask questions.**



“the doers”

Ages 7 to 12 G&D

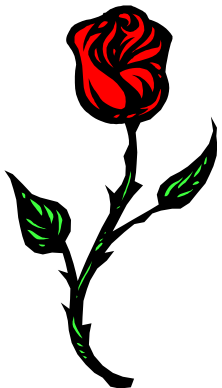
- **Physical** – grows slowly until a “spurt” at puberty.
- **Mental** – active, eager learner; understands cause and effect; can read, write and do math.
- **Social/emotional** – develops greater sense of self; focuses on school activities, “fitting in” with peers; negotiates for greater independence.



“the doers”

Ages 7 to 12 Competencies

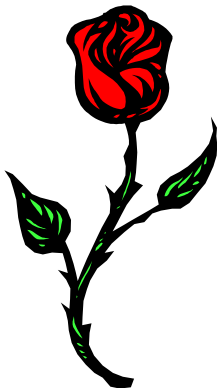
- Educate parent and child about the need for checkups, screenings and immunizations.
- Promote safety habits (use of helmets, safety belts, playground safety, resolving conflicts, etc.) and help parent with instruction.
- Determine family needs and expectations.
- Develop trust with patient and parent.
- Provide proper supervision and a safe environment.



“the doers”

Ages 7 to 12 Competencies

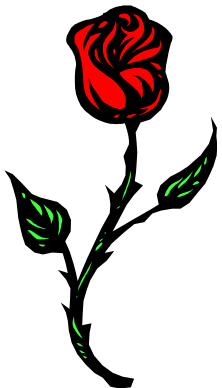
- **Provide privacy during examinations and procedures.**
- **Help child feel competent.**
- **Allow child to make some care decisions (“In which arm do you want the shot.”).**
- **Help parent(s) talk with child about peer pressure, sexuality, and drug abuse.**
- **Incorporate religious/cultural beliefs.**



“the big transition”

Ages 13 to 18 G&D

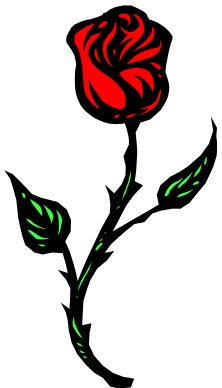
- **Physical – grows in spurts; matures physically; able to reproduce.**
- **Mental – becomes an abstract thinker (goes beyond simple solutions, can consider many options, etc.); chooses own values.**
- **Social/emotional – develops own identity; builds close relationships; tries to balance peer group with family interests; concerned about appearance; challenges authority.**



“the big transition”

Ages 13 to 18 Competencies

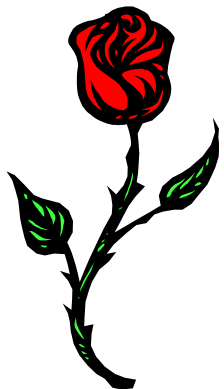
- **Determine which name the teen prefers.**
- **Develop trust with patient and parent.**
- **Provide privacy during examinations and procedures.**
- **Help teen feel competent.**
- **Allow teen to make some care decisions and provide input.**
- **Determine family needs and expectations.**



“the big transition”

Ages 13 to 18 Competencies

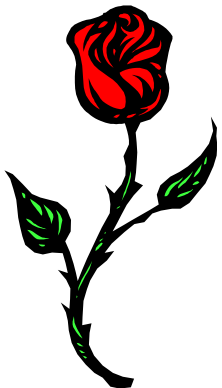
- **Help parent(s) talk with teen about peer pressure, sexuality, and substance abuse.**
- **Provide teen with additional info or correct misconceptions.**
- **Recognize teen’s concern for appearance and increased need for independence.**
- **Discourage risk taking (promote safe driving violence prevention, sex, and drug abuse).**
- **Incorporate religious/cultural beliefs.**



“building connections”

Ages 19 to 39 G&D

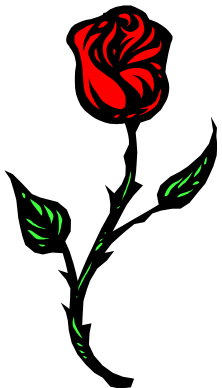
- **Physical – reaches physical and sexual maturity; nutritional needs are for maintenance, not growth.**
- **Mental – acquires new skills, information; uses these to solve problems.**
- **Social/mental – seeks closeness with others; sets career goals; chooses lifestyle, community; may start own family.**



“building connections”

Ages 19 to 39 Competencies

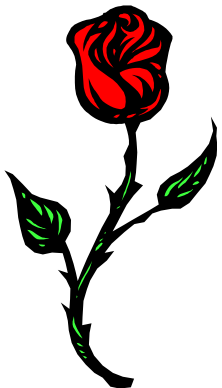
- **Address patient by using his/her formal name.**
- **Encourage regular health screenings.**
- **Work at developing trust with patient.**
- **Respect patient’s privacy and confidentiality.**
- **Involve patient in decision-making.**



“building connections”

Ages 19 to 39 Competencies

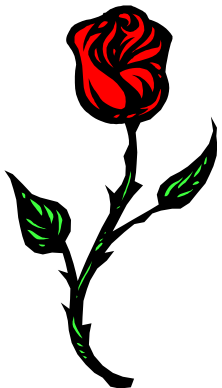
- **Educate patient about healthy lifestyle (through exercise, weight control, hygiene, etc.).**
- **Use appropriate teaching materials.**
- **Recognize patient’s commitment to family, career, and community.**
- **Incorporate religious/cultural beliefs, and ethical values/belief system.**



“seeking personal growth”

Ages 40 to 64 G&D

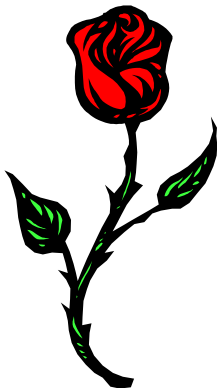
- **Physical – begins to age: experiences menopause (women); may develop chronic health problems.**
- **Mental – uses life experiences to learn, create, solve problems.**
- **Social/emotional – hopes to contribute to future generations; wants to stay productive and avoid feeling “stuck” in life; is trying to balance dreams with reality; plans retirement; may care for children and parents.**



“seeking personal growth”

Ages 40 to 64 Competencies

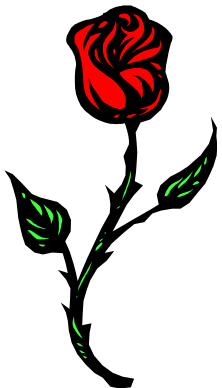
- **Address patient by using his/her formal name.**
- **Encourage regular health screenings.**
- **Work at developing trust with patient.**
- **Respect patient’s privacy and confidentiality.**
- **Involve patient and close family in decisions about care.**
- **Start teaching about advance directives.**



“seeking personal growth”

Ages 40 to 64 Competencies

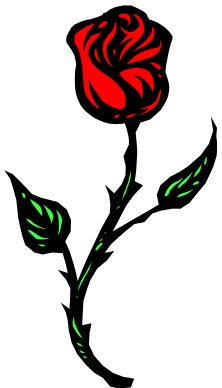
- **Educate patient about healthy lifestyle (stress management, exercise, weight control, hygiene, etc.).**
- **Use appropriate teaching materials.**
- **Help with plans for a healthy and active retirement.**
- **Recognize the patient’s physical, mental, and social abilities, as well as contributions.**



“seeking personal growth”

Ages 40 to 64 Competencies

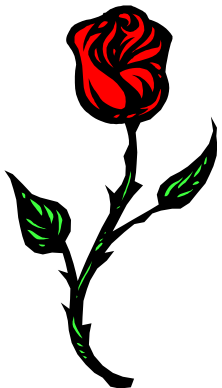
- **Observe for fear or stress via verbal and non-verbal behavior and adapt a communication style that is appropriate to situation.**
- **Allow for verbalization of changes in self-image.**
- **Incorporate religious/cultural beliefs, and ethical values/belief system.**



“enjoying new opportunities”

Ages 65 to 79 G&D

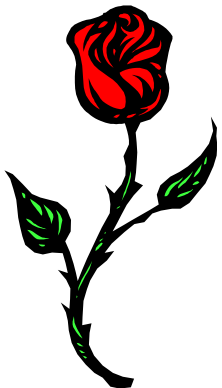
- **Physical – ages gradually; natural decline in some physical abilities, senses.**
- **Mental – continues to be an active learner, thinker; memory skills may start to decline.**
- **Social/emotional – takes on new roles (grandparent, widow/er, etc.); attempts to balance independence and dependence; reviews life.**



“enjoying new opportunities”

Ages 65 to 79 Competencies

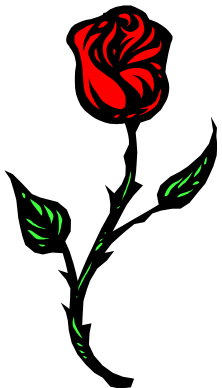
- **Address patient by using his/her formal name.**
- **Encourage regular health screenings and especially immunizations.**
- **Work at developing trust with patient.**
- **Speak clearly and directly to patient.**
- **Respect patient’s privacy and confidentiality.**



“enjoying new opportunities”

Ages 65 to 79 Competencies

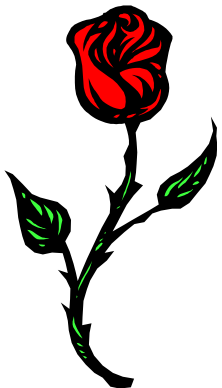
- **Provide care that recognizes the potential for the patient’s sensory deficits in sight, hearing, judgment, or memory.**
- **Provide care that recognizes the need for mobility assistance but still encourage independence when at all possible.**
- **Give the patient chances to reminisce, to help promote a positive self-image.**



“enjoying new opportunities”

Ages 65 to 79 Competencies

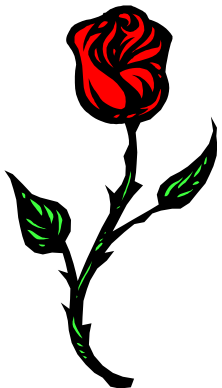
- **Encourage the patient and family to take an active role in care. Discuss concerns. Talk about family and other support systems.**
- **Teach about advance directives.**
- **Incorporate religious/cultural beliefs, and ethical values/belief system.**



“moving to acceptance”

Ages 80 & up G&D

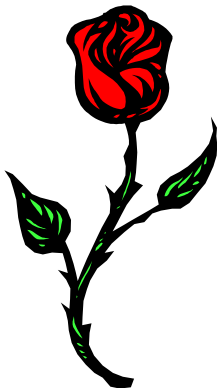
- **Physical – continues to decline in physical abilities; at increasing risk for chronic illness, major health problems.**
- **Mental – continues to learn; memory skills and/or speed of learning may decline; confusion often signals illness or a medication problem.**
- **Social/emotional – accepts end-of-life and personal losses; lives as independently as possible.**



“moving to acceptance”

Ages 80 & up Competencies

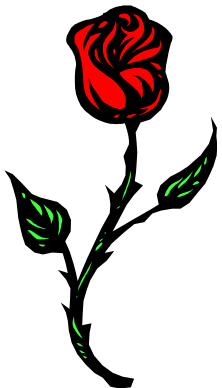
- **Address patient by using his/her formal name.**
- **Encourage regular health screenings and especially immunizations.**
- **Work at developing trust with patient.**
- **Speak clearly and directly with patient.**
- **Respect patient’s privacy and confidentiality.**



“moving to acceptance”

Ages 80 & up Competencies

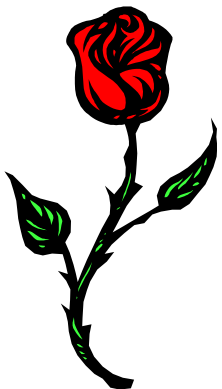
- **Provide care that recognizes the potential for the patient’s sensory deficits in sight, hearing, judgment, or memory.**
- **Provide care that recognizes the need for mobility assistance but still encourage independence when at all possible.**
- **Give the patient chances to reminisce, to help promote a positive self-image.**



“moving to acceptance”

Ages 80 & up Competencies

- **Encourage physical and social activity.**
- **Encourage the patient and family to take an active role in care and discuss concerns with such involvement.**
- **Talk about family and other support systems.**
- **Teach about advance directives.**
- **Incorporate religious/cultural beliefs, and ethical values/belief system.**



“moving to acceptance”

Ages 80 & up Competencies

- **Promote, and assist with, self-care and independence as much as possible.**
- **Assist with end-of-life planning – provide information, resources, etc.**
- **Educate about home safety and safe medication use.**

