OAKWOOD HEALTHCARE SYSTEMS

AGE SPECIFIC COMPETENCIES

What are Age Specific Competencies?

✓ They are skills you use to give care that meets each patient's unique needs.

✓ Every Patient is an individual – Each has his or her own:
  ▪ Likes and dislikes
  ▪ Feelings, thoughts and beliefs
  ▪ Limitations and abilities
  ▪ Life experiences

✓ But everyone grows and develops in a similar way – Experts generally believe that people:
  ▪ Grow and develop in stages that are related to their age
  ▪ Share certain qualities at each stage

AGE SPECIFIC COMPETENCIES BENEFIT YOU, YOUR PATIENTS AND YOUR FACILITY

They help to:

✓ Ensure quality care – With age-specific competencies, each patient (1) gets individual care he or she needs and deserves (2) becomes a partner in his or her own health care.

✓ Improve job performance and satisfaction - Putting age-specific competencies into practice can be a challenge. But the rewards are great – improved patient care, relationships and teamwork.

✓ Meet Joint Commission standards - Age-specific competencies are a key area of focus for the Joint Commission survey. They are essential to gaining and retaining accreditation.

“AGE-SPECIFIC COMPETENCIES ENABLE YOU TO CARE FOR THE INDIVIDUAL AT EVERY STAGE OF LIFE”
## OAKWOOD HEALTHCARE SYSTEM_ VOLUNTEER SERVICES
### AGE SPECIFIC COMPETENCIES

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<th>AGE GROUP</th>
<th>GROWTH &amp; DEVELOPMENT</th>
<th>KEY HEALTH CARE ISSUES</th>
<th>EXAMPLES</th>
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| AGES 0 – 3 YEARS   | **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 | **Communications** – provide security, physical closeness; promote healthy parent-child bonds  
                   **Health** – keep immunization/checkups on schedule; promote proper nutrition, sleep, skin care, oral health, routine screening.  
                   **Safety** – ensure a safe environment for exploring, playing, sleeping. | Involve child and parent(s) in care during feeding, diapering, bathing  
                   Provide safe toys and opportunities for play  
                   Encourage child to communicate-smile, talk softly to him or her, etc.  
                   Help parent(s) learn about proper child care |
| **“CURIOUS”**      |                      |                        |                                                                                                                                        |
| AGES 4 TO 6 YEARS  | **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 others feelings | **Communications** - give praise, rewards, clear rules  
                   **Health** – keep immunizations/checkups on schedule; promote healthy habits (good nutrition, personal hygiene, etc) | Involve parent(s) and child in care – and let child make some food choices  
                   Use toys, games, etc. to teach children, reduce fear  
                   Encourage child to ask questions, play with others, and talk about feelings.  
                   Help parent(s) teach child safety rules |
| **“ACTIVE”**       |                      |                        |                                                                                                                                        |
| AGES 7 TO 12 YEARS | **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 | **Communications** - help child to feel competent, useful  
                   **Health** – keep immunizations/checkups on schedule; give information on alcohol, tobacco, other drugs, sexuality  
                   **Safety** – promote safety habits (playground safety, resolving conflicts peacefully, etc.) | Allow child to make some care decisions (“in which arm do you want the vaccination?”)  
                   Build self-esteem – ask child to help you do a task, recognize his or her achievements, etc.  
                   Guide child in making lifestyle choices that are healthy and safe.  
                   Help parent(s) talk with child about peer pressure, sexuality, alcohol, tobacco, other drugs |
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| AGES 13 TO 20 YEARS  
“TRANSITION” | - **Physical** – grows in spurts; matures physically; able to reproduce  
- **Mental** – becomes a 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 interest; concerned about appearances; challenges authority | - **Communication** – provide acceptance, privacy; build team work, respect  
- **Health** – encourage regular checkups; promote sexual responsibility; advise against substance abuse; update immunizations  
- **Safety** – discourage risk-taking (promote safe driving, violence prevention, etc.) | - Treat more as an adult than a child – avoid authoritarian approaches  
- Show respect – be considerate of how procedures, treatments, etc. may affect appearances, relationships  
- Guide teen in making positive lifestyle choices – for example, correct misinformation from teen’s peers  
- Encourage open communication between parent(s), teen, and peers. |
| AGES 21 TO 39 YEARS  
“BUILD CONNECTIONS” | - **Physical** - reaches physical and sexual maturity; nutritional needs are for maintenance, not growth  
- **Mental** – acquires new skills, information; uses these to solve problems  
- **Social/emotional** - seeks closeness with others; sets career goals; chooses lifestyle, community; may start own family | - **Communication** – be supportive and honest; respect personal values  
- **Health** – encourage regular checkups; promote healthy lifestyle (proper nutrition, exercise, weight control, etc.); inform about health risks (heart disease, cancer, etc.); update immunizations  
- **Safety** – provide information on hazards at home and work. | - Support the person in making health-care decisions  
- Encourage healthy and safe habits at work and home.  
- Recognize commitments to family, career, community (time, money, etc.) |
| AGES 40 TO 64 YEARS  
“SEEK PERSONAL GROWTH” | - **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; stays productive, avoids feeling “stuck” in life; balances dreams with reality; plans retirement; may care for children and parents | - **Communication** – keep a hopeful attitude; focus on strengths, not limitations  
- **Health** – encourage regular checkups and preventative exams; address age related changes; monitor health risks; update immunizations  
- **Safety** – address age-related changes (effect on senses, reflexes, etc.) | - Address worries about future – encourage talking about feelings, plans, etc.  
- Recognize the person’s physical, mental, social abilities, contributions.  
- Help with plans for a healthy, active retirement. |
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| **AGES 65 TO 79 YEARS**
“ENJOY NEW OPPORTUNITIES” | ▪ **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.); balances independence, dependence; review life. | ▪ **Communication** – give respect; prevent isolation; encourage acceptance of aging.  
▪ **Health** – monitor health closely; promote physical, mental, social activity; guard against depression, apathy; update immunizations  
▪ **Safety** – promote home safety, especially preventing falls | ▪ Encourage the person to talk about feelings loss, grief, achievements  
▪ Provide information, materials, etc. to make medication use, home safer.  
▪ Provide support for coping with any impairment. (Avoid making assumptions about loss of abilities)  
▪ Encourage social activity with peers, as a volunteer, etc. |
| **AGES 80 AND OLDER**
“MOVE TO ACCEPTANCE” | ▪ **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 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. | ▪ **Communication** – encourage the person to express feelings, thoughts, avoid despair; use humor, stay positive  
▪ **Health** – monitor health closely; promote self-care; ensure proper nutrition, activity level, rest; reduce stress; update immunizations  
▪ **Safety** – prevent injury; ensure safe living environment | ▪ Encourage independence – provide physical, mental, social activities  
▪ Support end-of-life decisions – provide information resources, etc.  
▪ Assist the person in self-care – promote medication safety; provide safety grips, ramps, etc. |
RECOGNIZE ROAD BLOCKS TO COMMUNICATION

ASSESS EVERY PATIENT YOU DEAL WITH FOR POSSIBLE:

- **Physical Impairments**
  - Does the patient have a speech, hearing or sight disability?
  - Is his or her confusion due to illness or physical disability?

- **Emotional Stresses**
  - Could the patient’s depression, anxiety or fear be a sign of a physical or mental illness?
  - Is he or she worried about how health-care decisions may affect abilities, family, school, job, etc.?

- **Learning Difficulties**
  - At what approximate grade level can the patient understand instructions?
  - Has he or she been tested for a learning disability?

- **Language Barriers**
  - What is the patient’s primary language?
  - Could he or she benefit from a translator’s services?

- **Cultural Differences**
  - What is the patient’s cultural background?
  - Could certain gestures (for example, direct eye contact or touching) offend him or her?

“REMEMBER TO GIVE THE PERSON YOUR FULL ATTENTION – LISTEN AND OBSERVE”