



AGE SPECIFIC COMPETENCY

AGE SPECIFIC COMPETENCY

Persons generally grow and develop in stages that are related to their age. Age specific competency means that the employee is aware of physical, psychosocial and/or learning needs of patients of different ages. Employees consider these needs when planning and providing care for the patient or when interacting with the patient or family.

Stages of Human Development

Human development can be divided into eight stages. In each stage the individual has a primary task to accomplish or master. Each task is important throughout the life span but is most critical at a particular stage. These stages were defined by Eric Erikson and will be utilized to discuss age specific needs.

Infant (0 - 1 year): The infant must learn to trust that his/her needs will be met.

Infancy is a period of rapid physical growth. The infant doubles his weight in the first six (6) months. In the first year of life the infant starts teething and begins turning, crawling, and preparing to walk. The infant gains pleasure from sucking and may use a pacifier. The infant explores items by placing them in his/her mouth. The infant develops trust and begins to express love and affection. The infant is developing a sense of self and there is evidence of individual personality and temperament. Infants develop a fear of strangers at about six to seven (6 - 7) months and at nine to ten (9 - 10) months may develop a fear of separation. Therefore, the number of caregivers involved should be minimized.

Employees should include the following interventions as appropriate to his/her job description when caring for infants:

- ◆ Take time to comfort, cuddle the infant
- ◆ Utilize appropriate equipment for length and weight
- ◆ Do not leave the infant unattended
- ◆ Encourage participation by the parent
- ◆ Ensure that small objects are outside of the infant's grasp
- ◆ Provide instructions to the parents, including information on normal growth and development
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the infant

Toddler (1 - 3 years): The toddler must learn to develop a sense of himself as an independent person and gain self-confidence and self-control.

The toddlers continue rapid physical and cognitive growth. The toddler is beginning to use language and can relate words to actions. The toddler understands simple directions and requests. The toddler is mobile and inquisitive and may "get into anything". Fear of separation is evident and new experiences may be fearful. The toddler may wish to keep a favorite toy or blanket with him. The toddler will also want to have his parent with him during examinations.

The toddler is developing a sense of self. He is more independent and is learning new skills such as dressing himself and feeding himself. The child appreciates being rewarded for his new skills. The toddler may be more cooperative if simple directions are given at the time of the examination or procedure.

The inquisitive toddler may wish to handle equipment and this should be allowed if safety can be maintained. The toddler values honesty. Never tell a child a procedure will not hurt if this is not true.

The toddler likes routine and is not able to adapt easily to new or frightening situations. Try to avoid restraining the toddler but rather remain flexible when providing care. For example, the caregiver can examine the toddler while on a parent's lap or sitting on the floor.

Employees should include the following interventions, as appropriate to his/her job description, when caring for toddlers:

- ◆ Take time to get acquainted with the toddler
- ◆ Utilize appropriate equipment for size and weight
- ◆ Do not leave the toddler unattended
- ◆ Tell the toddler the truth
- ◆ Allow the toddler to examine equipment if safety can be maintained
- ◆ Provide instructions to the parents, including child-proofing the home
- ◆ Maintain a safe environment; remove all used equipment
- ◆ Set limits without being overly restrictive
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the toddler

Pre-school child (3 - 6 years): The pre-school child must develop a sense of initiating (being able to explore the world and start projects).

The pre-school child becomes thinner and taller. The child can skip and hop and has achieved bowel and bladder control. The child continues to develop language skills and communication is possible. The preschooler's memory and attention span is longer and he is better able to understand what is happening to him.

The pre-schooler is exploring his world and learning to interact with others. The child is enlarging his social interests to include others outside of the immediate family. Magical thinking may occur and the child may believe that wishing makes things happen. The pre-school child may have difficulty separating fantasy from reality and may be fearful. This child may think that anything that moves is alive and be frightened by a vacuum or other equipment.

The pre-schooler will ask questions and attempt to cooperate with procedures. The child may want to "help" the caregiver to get the job done. The child appreciates plenty of praise when he does cooperate. He will want a parent with him during examinations and procedures. Honesty is important to the child.

Employees should include the following interventions, as appropriate to his/her job description, when caring for the pre-school child:

- ◆ Take time to get acquainted with the child
- ◆ Utilize appropriate equipment
- ◆ Do not leave the child unattended
- ◆ Give simple directions to the child
- ◆ Encourage the child to cooperate and reward the child
- ◆ Include parents in instructions and planning
- ◆ Provide a safe environment; remove all used equipment
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the pre-schoolers

School age child (6 - 12 years): The school age child must develop a sense of his/her own self-worth through accomplishments and interaction with others.

The school age child continues to grow but at a slower rate. He begins to read and to think logically. The school age child is very active physically and mentally. The school age child is learning to fit in with his peers and peer acceptance is very important. The child may fear looking different. The school age child works hard to be successful in what he does. The child needs to be rewarded. Teachers influence the child and behavior is controlled by expectations, regulations and praise or blame.

The school age child may prefer to visit with health care personnel alone rather than having a parent with them. The school age child can accept explanations in greater length. The child can cooperate with exams and procedures.

Employees should include the following interventions, as appropriate to his/her job description, when caring for the school age child:

- ◆ Praise the child for cooperation, help and accomplishments
- ◆ Introduce yourself to the child and establish a relationship
- ◆ Utilize appropriate equipment
- ◆ Give explanation to the child and encourage questions
- ◆ Demonstrate procedure
- ◆ Set behavioral limits
- ◆ Include parents in instructions and planning
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the child

Adolescent (13 - 20 years): The adolescent must develop his/her own identity.

The adolescent experiences physical maturation and continued cognitive development. The adolescent experiences an increase in weight and height. Sexual development occurs with girls experiencing menarche and boys experiencing testicular growth. The adolescent has a greater need for privacy and the caregiver should verbally acknowledge that need and ensure that privacy is given.

The adolescent is developing a strong sense of self. The adolescent desires greater independence, especially independence from parents. The adolescent will challenge authority and will seek peer acceptance. Experimentation with cigarettes, alcohol, drugs and sex may occur. The adolescent has trouble believing that he can be injured and will take risks.

The adolescent should be treated more as an adult than a child. Explanations should be given to the adolescent. The adolescent does not want to appear "stupid" and therefore may not ask questions. Parental involvement should be encouraged but with the adolescent's agreement.

Employees should include the following interventions as appropriate to his/her job description when caring for the adolescent:

- ◆ Take time to establish a relationship with the adolescent
- ◆ Provide privacy
- ◆ Provide discussion time with the adolescent without his/her parents present
- ◆ Encourage parental involvement by including them in planning and instructions
- ◆ Be aware that this is a time of physical maturation and provide learning material as appropriate
- ◆ Recognize risks for drug, alcohol and cigarette use
- ◆ Encourage questions
- ◆ Recognize the adolescent's need to socialize with peers and provide opportunities for socialization
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the adolescent

Young adult (21 - 43 years): The young adult must develop close relationships.

The young adult has reached physical maturity and physical changes are at a minimum. The adult continues to develop problem-solving skills. The young adult is a decision maker and is making career choices and life plans. The young adult moves from a dependent to an independent role in life. The adult wants intimacy and may be choosing a mate. Young adults assume responsibility for the health and welfare of themselves and their families. The adult's interest expands to include his church, community and world affairs.

The young adult must obtain information about health hazards at the workplace. He is concerned about work limitations and time lost to work due to illness or poor health. Education regarding a healthy lifestyle should be made available. For example, stop smoking programs and nutritional information should be available.

Employees should include the following interventions as appropriate to his/her job description when caring to the young adult:

- ◆ Provide privacy
- ◆ Recognize potential lifestyle stressors
- ◆ Provide education and guidance to develop a healthy lifestyle

- ◆ Involve the young adult in all decision making and planning
- ◆ Provide information upon request for work related issues such as hazardous materials at the workplace
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the adult

Middle adult (44 - 65 years): The middle adult must develop a sense of community and assume responsibility for others.

The middle adult begins to experience physical changes such as a decrease in visual acuity, a change in sleeping patterns, and a decrease in muscle tone and bone density. The middle adult may need eyeglasses. The adult needs to initiate physical exercise programs at a slower pace and should select a low impact program. The middle adult woman experiences menopause and needs education regarding osteoporosis risk, hormone therapy, and the importance of exercise and nutrition.

The middle adult is more susceptible to anxiety and depression. The children are leaving home and pursuing their careers and aging parents require more care. The middle adult realizes that vocational successes have peaked and expresses concern regarding goals that are not met. Middle adults have many personal and social obligations and responsibilities to manage.

Employees should include the following interventions, as appropriate to his/her job description, when caring for the middle age adult:

- ◆ Recognize physical changes and potential psychological changes
- ◆ Involve individual in plan of care and all decision making
- ◆ Recognize potential lifestyle stressors
- ◆ Provide information regarding a healthy lifestyle
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the middle age adult

Older adult (65 years and older): The older adult must come to understand the meaning of his/her life in terms of what has been accomplished.

The older adult experiences increased physical and psychosocial changes and must adjust to those changes. The older adult's ability to perform activities of daily living may be limited by physical changes in vision, hearing and motor skills. The individual experiences a decrease tolerance to heat and cold. Older adults may experience some loss of short-term memory. In the healthy individual only minor changes in memory occur. The older adult is at an increased risk for falls and an increased risk for injury, should a fall occur. The older adult may need assistance to remain independent at home.

The older adult needs to be central to decisions concerning health care. The older adult requires a longer time for learning new skills and for processing information. Life review is an important part of this stage in development.

The individual is attempting to decide what contributions or legacies he/she has made or left to the family, to friends and to society. The older adult experiences many losses due to death, physical or psychological illnesses, changes in social roles, or changes in residence. These changes may lead to loneliness and isolation. The individual needs to develop supportive relationships and maintain a sense of productivity. The older adult should be approached with a minimum of stereotyping. The caregiver should approach the older adult with respect for his or her knowledge and experience.

Employees should include the following interventions as appropriate to his/her job description when caring for the older adult:

- ◆ Recognize normal signs of aging; especially visual and hearing changes
- ◆ Determine patient's ability to perform activities of daily living
- ◆ Provide adequate time for the adult to process new information
- ◆ Use both verbal and written instructions
- ◆ Use full name of the individual when speaking to him/her
- ◆ Explore the older adult's support system
- ◆ Instruct on increase risk for falls
- ◆ Provide a safe environment: keep hallways and doorways free of clutter.
- ◆ Consult with the family when appropriate to obtain historical data and/or to plan for continuity of care
- ◆ Assess for over-the-counter drug interaction with prescribed medications
- ◆ Reflect age-related data in documentation
- ◆ Use appropriate references for tailoring medication administration and/or clinical assessment of the older adult

AGE SPECIFIC COMPETENCY

1. Human development can be divided into eight (8) stages. List them and the age span.

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

2. List three (3) interventions of pre-schoolers ages three to six (3 - 6) years.

a. _____

b. _____

c. _____

3. **True or False:** The older adult must come to understand the meaning of his/her life in terms of what has been accomplished.