

Certified Professional in Age-Friendly Health Care (CPAFH) Examination Content Outline

The Certified Professional in Age-Friendly Health Care (CPAFH) examination, informed by the evidence-based *4Ms Framework* (What Matters, Medication, Mentation, and Mobility) is designed to assess the knowledge, skills and competencies essential for health care professionals to deliver person-centered care to older adults. The principles of the 4Ms are woven throughout the exam domains and secondary classifications, reinforcing their relevance across all aspects of age-friendly care.

1	Age-Friendly Assessment, Principles, and Considerations	33
1A	Common Older Adult Conditions and Evidenced-Based Practices (e.g., age-friendly framework)	
1A1	Comprehensive Geriatric Assessment	
1A2	Sensory Systems (e.g., low-vision, hearing loss)	
1A3	Geriatric Syndromes (e.g., delirium, falls, sleep) and Frailty	
1A4	Mental/Behavioral Health	
1A5	Cognition (e.g., mentation)	
1A6	Management of Disease, Advanced Illness, and Multi-Morbidity/Complexity	
1A7	Atypical Presentations of Disease and Conditions	
1A8	Risk Assessment (e.g., elder abuse, neglect)	
1A9	Advance Care Planning and Goals of Care (e.g., what matters)	
1B	Medication	
1B1	Prescription Medications, Over the Counter Medications, and Dietary Supplements	
1B2	Polypharmacy, Drug Interactions, and Medication Management (e.g., deprescribing)	
1B3	Pharmacokinetics/Pharmacodynamics of Aging	
2	Age-Friendly Interventions, Education, and Counseling	40
2A	Care/Interventions, Care Preferences, Wellness, and Wellbeing Support	
2A1	Physical Function Status and Goals, including Mobility	
2A2	Mental Health/Cognitive Care, Treatment, and Support (e.g., mentation)	
2A3	Medication Support, including Adherence and Pain Management	
2A4	Nutrition, Hydration, and Oral Health	
2A5	Isolation, Socialization, Engagement, and Connection (e.g., mentation)	
2A6	Cultural, Spiritual, and Values Considerations	
2A7	Caregivers/Care Partners/Guardians/Family Factors and Supports	
2A8	Economic, Social, and Community Resources and Supports	
2B	Interdisciplinary Care, Care Planning, and Collaboration	
2B1	Care Transitions and Continuity of Care	
2B2	Levels of Care Across Settings, including Accessibility	
2B3	Rehabilitative Care (e.g., PT, OT, Speech, Recreation Therapy)	

- 2B4 Quality of Life Activities (e.g., work, leisure, volunteerism, sexual activities)
- 2B5 Modifications and Assistive Technology and Aids
- 2B6 Activities of Daily Living and Instrumental Activities of Daily Living
- 2B7 Palliative/Hospice/End of Life Care/Comfort Care

3 Age-Friendly Framework, Practices and Design

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3A Age-Friendly Practices and Outcomes

- 3A1 Evidence-based Tools
- 3A2 Documentation and Communication
- 3A3 Social Determinants of Health and Equitable Care
- 3A4 Advocate for Age-Friendly Care and Continuous Improvement
- 3A5 Professional Practice, Ethics, Standards, and Responsibilities

3B Systems of Practice and Design

- 3B1 Safety Considerations
- 3B2 Integration of Age-Friendly Principles (e.g., 4Ms Framework-what matters, medication, mentation, mobility)
- 3B3 Accountability and Process Measures
- 3B4 Ageism and Bias

Secondary Classifications

1. Assess older adult's health status, specific health outcomes goals, preferences, and what matters, (e.g., physical, mental, cognitive, psychosocial, spiritual, cultural, end of life).
2. Observe older adults for any changes in health status to adjust/modify care plans and align with care goals/preferences.
3. Document or use documentation of an older adult's specific health outcome goals and care preferences to align care.
4. Facilitate alignment of care based on individual preferences and goals.
5. Support delivery of person-centered care to older adults according to their specific health outcomes goals and preferences.
6. Communicate, collaborate, and coordinate care with individuals, families, caregivers, guardians, and interdisciplinary care team.
7. Assess caregiver burden and provide support.
8. Identify levels of care and support systems to support older adults across settings of care.
9. Identify and mitigate risks associated with transitions of care and handovers.
10. Facilitate and advocate for health equity, inclusion, and diversity for older adults.
11. Identify how social determinants of health and available resources may affect the delivery of equitable, age-friendly care for older adults.
12. Address health literacy, language skills, and sensory impairments to provide person-centered care, education, and counselling for older adults, families, caregivers, and guardians.
13. Review and support an older adult's advance care plan.
14. Review and identify medication and dietary supplement use for risk and benefits, polypharmacy, adherence, and deprescribing.
15. Assess level of social support to promote mentation through social engagement, wellness, and wellbeing activities.
16. Identify and support care for geriatric syndromes and mentation.
17. Support older adults to move safely every day to maintain or improve function.
18. Assess and optimize environments for older adults, including mitigating risk for harm.
19. Measure, monitor, evaluate, and improve quality of age-friendly care.