IRISH COMMITTEE
ON HIGHER
MEDICAL TRAINING

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

GERIATRIC MEDICINE

This curriculum of training in Geriatric Medicine was developed in 2010 and undergoes an annual review by Dr. Tara Coughlan and Dr. Paul Gallagher National Specialty Directors, Dr Ann O'Shaughnessy, Head of Education, Innovation & Research and by the Geriatric Medicine Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.

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Introduction

Geriatric Medicine is the branch of medicine that focuses on health care of older people. It aims to promote health and to prevent and treat diseases and disabilities in older adults.

A trainee in Geriatric Medicine should develop expertise the clinical, rehabilitative, preventive, and social aspects of illness in the older adult. Specific expertise should be gained in the comprehensive assessment and management of older people with acute and chronic illness in a wide variety of clinical settings – in hospital, at the out-patients department, in an ambulatory care setting, in continuing long term care & in the patients' own home.

Particular expertise needs to be acquired in the diagnosis and treatment of acute illness in older people where clinical presentation can be non-specific and/or atypical. Development of skills and expertise in the diagnosis and management of the principal problems (syndromes) in Geriatric Medicine such as falls, acute confusion, mobility disorders or incontinence is required. Experience must be gained in the multi-disciplinary approach to management of patients, a central component of all geriatric medicine services.

All trainees will be expected to incorporate their training objectives into their day to day working with self-directed learning playing as central role in training as formal supervised educational opportunities.

Beside specialty-specific elements, trainees in Geriatric Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

Upon satisfactory completion of specialist training in Geriatric Medicine, the doctor will be **competent** to undertake comprehensive medical practice in the specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty of Geriatric Medicine, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion.
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice.
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals.
- Capability to be a scholar, contributing to development and research in the field of Geriatric Medicine.
- Professionalism.
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations.
- Ability to understand health care and identify and carry out system-based improvement of care.

Professionalism

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness with the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

Entry Requirements

Applicants for Higher Specialist Training (HST) in Geriatric Medicine must have a certificate of completion in Basic Specialist Training (BST) in General Internal Medicine and obtained the MRCPI.

BST should consist of a minimum of 24 months involved with direct patient care supervised by senior clinicians and based on a clinical curriculum and professional and ethical practice learnt through mentorship by senior clinicians and supported by RCPI's mandatory courses.

BST in General Internal Medicine (GIM) is defined as follows:

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
- Assessment of knowledge and skills gained by each trainee during their clinical experience. This assessment takes place in the form of the mandatory MRCPI examination (*The MCRPI examination was introduced as mandatory for BST as of July 2011)
- For further information please review the BST curriculum

Those who do not hold a BST certificate and MRCPI must provide evidence of equivalency.

Entry on the training programme is at year 1. Deferrals are not allowed on entry to Higher Specialist Training.

Duration & Organisation of Training

The duration of HST in Geriatric Medicine and General Internal Medicine is five years, one year of which **may** be gained from a period of full-time research. For further information on the training requirements for General Internal Medicine please refer to the Higher Specialist Training General Internal Medicine Curriculum on our website www.rcpi.ie

Trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or Out of Programme Clinical Experience (OCPE). The earlier years of training will usually be directed towards acquiring a broad general experience of Geriatric Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Geriatric Medicine (e.g. Stroke, Falls etc.),, this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

Trainees on HST programme in Geriatric Medicine are given a rotation of posts at the start of the programme. Each rotation will provide the trainee with experience in different hospitals so as to acquire the broad range of training required. A degree of flexibility to meet the individuals training needs is possible especially towards the end of the training programme following discussion with the NSDs.

Generic knowledge, skills and attitudes support competencies which are common to good medical practice in all the medical and related specialties. It is intended that all Specialist Registrars should fulfil those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a Specialist Registrar's suitability and ability to become independently capable as a specialist.

Flexible Training

National Flexible Training Scheme – HSE NDTP

The HSE NDTP operates a National Flexible Training Scheme which allows a small number of Trainees to train part time, for a set period of time.

Overview

- Have a well-founded reason for applying for the scheme e.g. personal family reasons
- Applications may be made up to 12 months in advance of the proposed date of commencement of flexible training and no later than 4 months in advance of the proposed date of commencement
- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees

Job Sharing - RCPI

The aim of job sharing is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Overview

- A training post can be shared by two trainees who are training in the same specialty and are within two years on the training pathway
- Two trainees will share one full-time post with each trainee working 50% of the hours
- Ordinarily it will be for the period of 12 months from July to July each year in line with the training year
- Trainees who wish to continue job sharing after this period of time will be required to re-apply
- Trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme

Post Re-assignment – RCPI

The aim of post re-assignment is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation.

Overview:

- Priority will be given to trainees with a significant change in circumstances due to their own disability, it will then be given to trainees with a change in circumstances related to caring or parental responsibilities. Any applications received from trainees with a change involving a committed relationship will be considered afterwards
- If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis

For further details on all of the above flexible training options, please see the Postgraduate Specialist Training page on the College website www.rcpi.ie

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Geriatric Medicine programmes in approved training hospitals. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Geriatric Medicine or, in the case of GIM, the Regional Specialty Advisor. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. The rotations in Geriatric Medicine are arranged so that a Specialist Registrar will not spend more than one year in a clinical Geriatric Medicine post in a single hospital. Overall, in the programme a Specialist Registrar may **not** remain in the same hospital for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

Teaching, Research & Audit

All trainees are required to participate in teaching. They should receive some formal training in medical education methods, such as a “Teaching the Teacher” course at some stage during their training.

All trainees should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work. A period of supervised research relevant to Geriatric Medicine is considered highly desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to an MSc, MD, or PhD, by stepping aside from the programme for a time. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

ePortfolio

The trainee is required to keep their ePortfolio up to date and maintained throughout HST. The ePortfolio will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the trainee and must be produced at the annual Evaluation meeting.

The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Department and Dean of Postgraduate Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training.
At the annual Evaluation, the ePortfolio will be examined. The results of any assessments and reports by educational supervisors, together with other material capable of confirming the trainee's achievements, will be reviewed.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Geriatric Medicine curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at annual review. The assessment of training may utilise the Mini-CEX, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the curriculum e.g. competence in procedural skills, or in generic components. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Annual Evaluation of Progress

The HST Annual Evaluation of Progress (AEP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded each year. The evidence to be reviewed by the panel is recorded by the trainee and trainer in the trainee's e-Portfolio.
There is externality in the process with the presence of the National Specialty Director (NSD), a Chairperson and an NSD Forum Representative. Trainer's attendance at the Evaluation is mandatory, if it is not possible for the trainer to attend in person, teleconference facilities can be arranged if appropriate. In the event of a penultimate year Evaluation an External Assessor, who is a consultant in the relevant specialty and from outside the Republic of Ireland will be required.

Purpose of Annual Evaluation

- Enhance learning by providing formative Evaluation, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform Medical Training, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- Identify trainees who should be advised to consider a change in career direction.

Structure of the Meeting

The AEP panel speaks to the trainee alone in the first instance. The trainee is then asked to leave the room and a discussion with the trainer follows. Once the panel has talked to the trainer, the trainee is called back and given the recommendations of the panel and the outcome of the AEP.
At the end of the Evaluation, all panel members and the Trainee agree to the outcome of the Evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations will be available to the trainee and trainers within their ePortfolio.

Outcomes

- Trainees whose progress is satisfactory will be awarded their AEP
- Trainees who are being certified as completing training receive their final AEP
- Trainees who need to provide further documentation or other minor issues, will be given 2 weeks (maximum 8) from the date of their AEP to meet the requirements. Their AEP outcome will be withheld until all requirements have been met.
- Trainees who are experiencing difficulties and/or need to meet specific requirements for that year of training will not be awarded their AEP. A date for an interim AEP will be decided and the trainee must have met all the conditions outlined in order to be awarded their AEP for that year of training. The "Chairperson's Overall Assessment Report" will give a detailed outline of the issues which have led to this decision and this will go the Dean of Postgraduate Specialist Training for further consideration.
- Trainees who fail to progress after an interim Evaluation will not be awarded their AEP.

The Dean of Postgraduate Training holds the final decision on AEP outcomes. Any issues must be brought to the Dean and the Annual Chairperson's Meeting for discussion.

Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process.

All training locations approved for HST have been inspected by the RCPI. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of Geriatric Medicine to be acquired.

Physical facilities should include the provision of sufficient space and opportunities for practical and theoretical study. Access to professional literature and information technologies is essential so that self-learning is encouraged and that data and current information can be obtained to improve patient management.

Trainees in Geriatric Medicine should have access to an educational programme e.g. lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc., capable of covering the theoretical and scientific background to the specialty. The STC will set down a schedule of appropriate educational activities for trainees in Geriatric Medicine and the minimum acceptable attendance. Trainees should be notified in advance of dates so that they can arrange for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

Generic Components

This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.

As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.

Standards of Care

Objective: To be able to consistently and effectively assess and treat patients' problems

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

KNOWLEDGE

Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Knowledge of the procedure for the commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

Disease prevention and health education

- screening for disease, (methods, advantages and limitations),
- health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes
- Disease notification; methods of collection and sources of data

Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- The need and place for specific types of notes e.g. problem-orientated discharge, letters, concise out-patient reports
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

Handover

- Know what are the essential requirements to run an effective handover meeting
    - Sufficient and accurate patients information
    - Adequate time
    - Clear roles and leadership
    - Adequate IT
- Know how to prioritise patient safety
    - Identify most clinically unstable patients
    - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
    - Proper identification of tasks and follow-ups required
    - Contingency plans in place
- Know how to focus the team on actions
    - Tasks are prioritised
    - Plans for further care are put in place
    - Unstable patients are reviewed

Relevance of professional bodies

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
    - Effective listening
    - Ability to articulate and deliver instructions
    - Encourage questions and openness
    - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Ability to enlist patients' involvement in solving their health problems, providing information, education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Valuing contributions of health education and disease prevention to health in a community
- Compiling adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Audit
- Medical Council Guide to Professional Conduct and Ethics

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

KNOWLEDGE

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

SKILLS

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tool (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

Good Professional Practice

Objective: Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

KNOWLEDGE

Effective Communication

- How to listen to patients and colleagues
- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information according to Data Protection Act and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- When and how to report a near miss or adverse event
- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

Raising concerns about patient safety

- The importance of patient safety relevance in health care setting
- Standardising common processes and procedures – checklists, vigilance
- The multiple factors involved in failures
- Safe healthcare systems and provision of a safe working environment
- The relationship between 'human factors' and patient safety
- Safe working practice, role of procedures and protocols in optimal practice
- How to minimise incidence and impact of adverse events
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- human and economic costs

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ability to learn from errors and near misses to prevent future errors
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Using the Open Disclosure Process Algorithm
- Managing errors and near-misses
- Managing complaints
- Ethical and legal decision making skills

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- Patient Safety (on-line) – recommended
- RCPI HST Leadership in Clinical Practice
- Quality improvement methodology course - recommended
- RCPI Ethics programmes (I-IV)
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice

Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

KNOWLEDGE

Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available (including the 5 Moments for Hand Hygiene guidelines)
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent Clostridium difficile
- Knowledge and understanding the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, Clostridium difficile
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of infectious disease requiring notification
- In surgery or during an invasive procedure, understanding the increased risk of infection in these patients and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
    - Working knowledge of those infections requiring notification
    - Undertaking notification promptly
    - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
    - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
    - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection, prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace

Therapeutics and Safe Prescribing

Objective: To progressively develop ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB , and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Taking a history of drug allergy and previous side effects

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Principles of Antibiotics Use (on-line) – recommended
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

Self-Care and Maintaining Well-Being

Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

KNOWLEDGE

- Self knowledge – understand own psychological strengths and limitations
- Understand how own personality characteristics (such as need for approval, judgemental tendencies, needs for perfection and control) affect relationships with patients and colleagues
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy for specific patients
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-malfeasance and justice
- Recognise own feelings (love, anger, frustration, vulnerability, intimacy, etc) in "easy" and difficult patient-doctor interactions
- Recognising the symptoms of stress and burn out

SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

ASSESSMENT & LEARNING METHODS

- On-going supervision
- Ethics courses
- RCPI HST Leadership in Clinical Practice course
- RCPI Physician Wellbeing and Stress Management
- RCPI Building Resilience in a Challenging Work Environment

Communication in Clinical and Professional Setting

Objective: To demonstrate the ability to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations, knowing how and when to break bad news, how to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments, how to deal with challenging or aggressive behaviour
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger, frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (written, verbal or electronic)
- Knowledge of legal context of status of records and reports, of data protection (confidentiality), Freedom of Information (FOI) issues
- Understanding of the relevance to continuity of care and the importance of legible, accessible, records
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

Maintaining continuity of care

- Understanding the relevance to outcome of continuity of care, within and between phases of healthcare management
- The importance of completion of tasks and documentation (e.g. before handover to another team, department, specialty), of identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care such as maintaining (legible) records, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure, retain attention avoid distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of risks of information overload
- Interpreting results, significance of findings, diagnosis, explaining objectives, limitations, risks of treatment, using communication adjusted to recipients' ability to comprehend
- Ability to achieve level of understanding necessary to gain co-operation (compliance, informed choice, acceptance of opinion, advice, recommendation)

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identifying issues and responding quickly and appropriately to a complaint received

SKILLS

- Ability to elicit facts, using a mix of open and closed-ended questions appropriately
- Using "active listening" techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other's culture, opinions, patient's right to be informed and make choices
- Respecting another's right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting (and attempting to reach) realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (leaflets) diagrams, educational aids and resources appropriately
- Ability to establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
    - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
    - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- Ethics courses
- RCPI HST Leadership in Clinical Practice Course

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
    - Role of governance
    - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
    - Knowledge of how to prepare a budget
    - Defining value
    - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
    - How to manage staff training, development and education
- Managing performance
    - How to perform staff appraisal and deal effectively with poor staff performance
    - How to rewards and incentivise staff for quality and efficiency

Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

Demonstrating personal qualities

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- RCPI HST Leadership in Clinical Practice (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Quality Improvement

Objective: To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

KNOWLEDGE

Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

ASSESSMENT & LEARNING METHODS

- Health Research – An Introduction
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Performing audit course –mandatory
- Health Research Methods for Clinicians - recommended

Management

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services, to develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

ASSESSMENT & LEARNING METHODS

- Mastering Communication course
- Performing Audit course
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

Specialty Section

Basic Knowledge Areas

Objective: To understand and be able to explain basis of care of all aspects of medicine for older people. To be capable of applying this information correctly in the diagnosis and management of illness in older people.

The basic knowledge areas in Geriatric Medicine form the core basic skills that are required for the general and sub-speciality clinical areas. Developing an understanding of the basic knowledge areas is essential in the early years of Geriatric Medicine training but they will be built upon and added to throughout training and beyond.

Basic Science and Gerontology

Objective: To understand and be able to explain the normal processes of aging. To understand how the effects of ageing and adaptive changes with ageing influence and interact with disease and disability in later life.

KNOWLEDGE

- The process of normal ageing in humans
- The effect of ageing on the different organ systems and homeostasis
- The effect of aging on functional ability
- Past, present & predicted demographic trends in Ireland & worldwide
- Epidemiology of diseases frequently seen in old age
- The basic elements of the psychology of ageing
- The social determinants of healthy ageing

SKILLS

- Be able to critically review the literature in this area
- Displaying an interest in the science underlying ageing
- Data retrieval & evaluation
- Information systems skills
- Management skills

ASSESSMENT & LEARNING METHODS

- Case-based Discussion (CBD)

Comprehensive Geriatric Assessment

Objective: To perform a comprehensive assessment of health status of any illness in an older person, including mood and cognition, nutrition, gait, fitness for surgery in an outpatient, inpatient, day hospital or community setting. Trainees should be able to define the causes, pathophysiology, clinical features, laboratory findings, treatments, prognosis and preventative measures for the common problems and presentations in old age and their impact on the social and functional status of the older person.

KNOWLEDGE

- Functional status evaluation including assessment of basic ADL and IADL, social support, mental health and cognitive status, mobility including gait and balance, and nutritional evaluation
- Interpretation of results in the context of health planning, quality of life assessment, and appropriate use of available health-related and social-related resources
- Factors influencing health status in older people including multimorbidity and polypharmacy
- Measures employed in measuring health status and outcome
- Understanding of the concept of frailty
- Nutritional and feeding disorders
- Management of inpatient consultations
- Assessment of older patients pre- and post-surgery
- Influences of disease and ageing on the different organs and body systems
- Management of non-specific presentations in older people e.g. dizziness, fatigue, anaemia, weight loss, suspected abuse
- Role and importance of carers
- Interpretation of results in the context of health planning & quality of life assessment
- Appropriateness of investigation in older people
- Awareness of health-related and quality of life
- Complex discharge planning

SKILLS

- Ability to perform a comprehensive geriatric assessment in different healthcare settings
- Communication skills
- Accurate and thorough history taking and examination
- Collateral history taking
- Prepare a priority list of diagnoses, health-related and social-related needs
- Team working
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHOD

- CBD
    - SpR-led MDT meeting
- Mini-CEX
    - History-taking and physical examination
    - Obtaining a collateral history
    - Functional status evaluations

Drug Therapy in the Older Person

Objective: To be able to explain the indications, effectiveness, potential adverse effects, potential drug interactions and alternatives for medications commonly used in older patients. A working knowledge of the basic principles of therapeutics including adverse drug reactions, drug interactions, effects of disease states on drug pharmacokinetics is important.

Medication usage in older people is a vital aspect of knowledge for trainees in Geriatric Medicine. Knowledge in this area needs to be continuously updated. The list below is not intended to be exhaustive but highlights the basic and essential areas of knowledge.

KNOWLEDGE

- Changes in pharmacokinetics and pharmacodynamics in older people
- Indications & types of medication commonly used in older people
- Ability to identify non pharmacological treatments that can complement or rationalise drug therapy
- Potential adverse effects of medication commonly used in older people
- Safely discontinuing inappropriate medication
- Reasons for poor concordance with prescribed medication & how to improve it
- An understanding of the consequences of administering drugs to older people
- A knowledge of Drug Formularies should be obtained at local and national levels
- Tools for measuring appropriate prescription in older people e.g. Beers criteria, Stopp/Start tools
- Tools to maximize drug safety

SKILLS

- Practice evidence based prescribing
- Displaying professionalism, thoroughness, empathy, and respect for older people.
- Be able to critically review the literature
- Information systems

ASSESSMENT & LEARNING METHODS

- Study days
- CBD
- RCPI Medication Safety (online) course

Rehabilitation in the Older Person

Objective: To understand and explain the principles of rehabilitation in older people and the importance of comprehensive geriatric assessment. To be able to explain the principles and measurements employed to assess and manage effectively disablement as it presents in older people.

Illness and disability coexist with increasing frequency with increasing age. It is therefore essential that all trainees attain the knowledge and skills required to provide rehabilitation to older adults in a variety of settings and are exposed to these rehabilitation settings throughout their training.

KNOWLEDGE

Knowledge of:

- the basic biology of ageing and its impact on older persons function in a variety of medical and surgical conditions
- the evidence base for rehabilitation
- the principles of rehabilitation and comprehensive geriatric assessment
- assessment scales and their use in Goal Setting in rehabilitation
- the feasibility of and the ability to select the most appropriate
- environment for rehabilitation
- objective evaluations of activities of daily living (ADL) ability, level of disability, handicap, cognitive status, and mood
- requirements, roles and expertise of the different members of a multidisciplinary team
- the range of interventions such as physical treatments, aids, appliances and adaptations, and of specialist rehabilitation services available both in the hospital and in the community
- specific requirements of stroke and orthopaedic rehabilitation
- practical issues involved in complex discharge planning & follow up including appropriate resources available to facilitate discharge.

SKILLS

- Communication
- Selection of patients suitable for a particular rehabilitation setting
- Goal setting
- Medical management of patient with multiple medical problems and disabilities.
- Team working & contribution within a multidisciplinary team
- Management skills to promote team development
- Leadership in a multidisciplinary meeting setting
- Conflict resolution

ASSESSMENT AND LEARNING METHODS

- Study days
- Mini-CEX
    - SpR-led MDT/rehabilitation ward rounds
- CBD
    - Referral to rehabilitation

Discharge Planning

Objectives:

- To understand the process of discharge planning
- To be able to document & implement a discharge plan
- To understand a person-centred approach to discharge planning and the role of the multidisciplinary team.
- To obtain the knowledge and skills to plan the discharge of frail older patients from hospital

KNOWLEDGE

- Understand discharge planning as a process not an event, which is most effective when commenced at the earliest opportunity
- Patient autonomy and advocacy (versus beneficence)
- Principle of confidentiality and disclosure of information only with patient's consent
- Capacity assessment
- Roles and skills available within the multidisciplinary team
- Role of appropriate rehabilitation
- Tools that delineate dependency
- Service provision for older people in the community, how to access them & their role
    - Community care / community rehabilitation
    - Respite care
    - Institution-based long term care facilities
    - Voluntary agencies
    - Home help- home care package provision
    - Informal care provision and the role of carers
- Effect of physical, mental impairments on activities of daily living including impact of new irreversible loss of function on home discharge
- The interaction of illness & functional disability in later life
- The prognosis of disease, how this impacts on readmission risk and appropriate intervention to address this
- Family dynamics and socio-economic factors which affect successful discharge
- Recognise when inpatient setting is no longer necessary for optimum care
- The criteria for long term residential care & the pathways through which this is organised
- Legislative background to long term residential care provision

SKILLS

- Awareness of home and environmental factors in discharge planning
- Assessment of functional effect of disease and impact on ADLs
- Team working
- Co-ordination and leadership in discharge planning
- Communication with patient, family and primary care services
- Advocacy role for patient

ASSESSMENT & LEARNING METHODS

- Study/training days
- CBD
- Mini-CEX
    - Chair MDT

Elder Abuse

Objective: To recognise and respond appropriately to cases of suspected elder abuse and self-neglect. To be aware of the procedures and protocols for dealing with suspected elder abuse both locally and nationally. To understand and be aware of the issue of ageism in society & in particular in healthcare. To develop respect for the autonomy of older patients. To develop advocacy skills to support older people in health & social care settings.

KNOWLEDGE

- Forms of abuse that older adults can suffer (financial, physical, emotional/psychological, sexual)
- Self-neglect
- Understand how concerns about elder abuse are highlighted
- Understand the role of elder abuse community case workers, hospital medical social workers, public health nurse, General Practitioners and Old Age Psychiatry (where appropriate in the assessment of an older adult with suspected elder abuse)
- Be aware of management guidelines both locally and nationally
- Understand the legislative background relating to elder abuse
- Medico-legal matters pertaining to geriatric medicine, including enduring-power of attorney & ward of court procedures
- Understand forms of ageism particularly as they relate to health services
- Service provision for those elderly in the area and resources required to provide this and their critical evaluation
- Understand issues where a geriatrician can act as an advocate for vulnerable older adults including strategies to empower the older adult

SKILLS

- Communication and advocacy skills
- Interviewing skills
- Capacity assessment
- Team-working, recognition of the roles & expertise of others
- Be able to question the patient with appropriate empathy
- Come to a conclusion about the competence of the patient having assessed the patient's cognition and mood
- Knowledge of how to carry out the appropriate physical examination

ASSESSMENT & LEARNING METHODS

- Elder abuse
- Mini-CEX
    - Capacity assessment
    - SpR-led multidisciplinary meetings
- RCPI courses: Ethics I, II, III, IV
- Specialty Study Days
- CBD

Core Clinical Topics

Objectives:

- To diagnosis, manage & treat illness in older patients in different health care settings
- To understand the varying ways older people present with acute illness
- To appreciate, diagnose & manage the typical geriatric syndromes (Geriatric Giant)
- To understand the appropriateness & limitations of treatment of older people in different healthcare settings.

Acute medical care for frail older people

Assessment, care & management of acutely presenting older patients within an acute hospital is expected for at least part of two years of the training programme

Objective: To develop the knowledge and skills, and demonstrate appropriate behaviours for managing frail older people

KNOWLEDGE

- Concept of frailty
- Frailty syndromes -falls, delirium and dementia, polypharmacy, incontinence, immobility,end of life care
- Presentation with multiple problems & atypical symptoms in frail, older people
- Assessment of physical, cognitive and social fraility
- Treatment options, pharmacological & non-pharmacological
- Principles of appropriate prescribing & pharmacology in older people
- Appropriateness of investigation
- Impact of fraility on the acute medical illness
- Importance of timely access to a comprehensive geriatric assessment
- Role of rehabilitation in conjunction of management of acute illness
- Management of resuscitation state of illness
- Awareness of health-related quality of life

SKILLS

- Communication skills
- History taking from patient and carer
- Use of appropriate assessment tools and care pathways
- Appropriate investigation and interpretation of results
- Diagnostic skills
- Management skills in supervising & deploying junior staff
- Appropriate referral to other specialists
- Teamwork
- Rehabilitation skills
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT AND LEARNING METHODS

- CBD
- Mini-CEX
- Specialty study days

Diagnosis and Management of Chronic Disease

Objective: To obtain the knowledge and skills to diagnose and manage older people with chronic disease and disability in in-patient, out-patient, day hospital and community settings.

KNOWLEDGE

- Application of basic gerontology to chronic illness
- Comprehensive geriatric assessment
- Major geriatric syndromes - intellectual impairment, immobility, instability & incontinence
- Diagnosis & management of chronic illness in older people
- Service provision in different settings, out-patients, day hospital, community
- Appropriateness of investigation
- Measurement of disability
- Measurement of Commonly Used Disease Severity Scales (e.g. NYHA in Heart Failure, GOLD in COPD etc)
- Rehabilitation for older people
- Measuring and use of rehabilitation outcome scales
- Modified Rankin Score
- Health Promotion
- Nutritional assessment
- Investigations and interpretation of results
- Drug and non-drug interventions
- Health promotion and vaccination
- Health-related quality of life
- Secondary disease prevention

SKILLS

- Communication skills
- History taking & examination
- Diagnostic skills
- Assessment of disability
- Management skills in supervising & deploying junior staff
- Rehabilitation skills
- Team working
- Use & interpretation of outcome scales
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Specialty study days
- CBD
- Mini-CEX

Interface and Community Practice

Objective: To understand the importance of the interface of acute and community care, especially for frail older people. To understand the principles of care, and to become competent in the management of older patients, in a community geriatric setting in conjunction with a community-multidisciplinary team and other relevant agencies.

KNOWLEDGE

- Knowledge and understanding of the various agencies involved in community services in Ireland and locally
- Understand the management structures that influence the development of community services for older people
- Models of community geriatric care
    - Outreach service
    - Specialist early supported discharge e.g. stroke
    - Community hospital activity
- Evaluation of the evidence base supporting complex health care interventions (e.g. cost benefit analysis, cost consequence analysis etc)
- Provide leadership role in identifying opportunities that support older people remaining appropriately within the community and the necessary supports required to ensure quality care outcomes with same
- Identify opportunities and provide leadership around engagement with private nursing homes and community nursing units that enhance collaboration and drive the creation of mentoring / education roles in these areas
- Identify opportunities and provide leadership through collaboration with community partners in advocating for community roles that improve outcomes for older people e.g. Clinical Nurse Specialists in the community, AHPs
- Identify opportunities and provide leadership in conjunction with other specialties (including palliative care and mental health for older persons) on quality initiatives that improve care outcomes in the community for older people with complex needs (e.g. complex Dementia care needs or Patients with complex care needs to wards end of life)

SKILLS

- Facilitating transition between care services
- Communication: translation of patient information and care across/between services
- Medicines reconciliation
- Communication skills among wider clinical teams

ASSESSMENT & LEARNING METHODS

- Specialty study days
- CBD
    - Medicines reconciliation
- Mini-CEX
    - Multidisciplinary meeting (e.g. with GP, nursing home)
    - Assessment of resident in nursing home

Long Term Care

Objectives:

- To obtain the knowledge and skills to assess a patient's suitability for long-term care
- To provide appropriate care to those in long-term care settings

KNOWLEDGE

- Basic gerontology and the major geriatric syndromes and illnesses
- Pharmacology: appropriateness and side effects of drugs in long-term use
- Falls prevention in long term care
- Ethical issues, obtaining consent, non-competent individuals; medico-legal issues; medico-legal context of decisions, best-interest judgment, testamentary capacity
- Understand the role of HIQA as it pertains to Nursing Home structures
- Legal framework for management of adults lacking capacity (including concept of guardianship, ward of court, power of attorney, care representatives)
- Assessment procedures for long term care applicants
- Cognitive, functional & medical assessments
- Prognosis of common conditions in older people
- Nursing Home Support Scheme provisions/care representatives
- Practical issues that arise in application for funding of long-term care
- Relevant national provisions for regulating health care providers.
- Awareness for assessing standards in long term care
- Knowledge of HIQA Standards for continuing care
- Knowledge of minimum data set in long-term care
- Awareness of different types & levels of long term care
- Social aspects of long term care provision
- Role of Health & Social Care Professionals in long term care
- Advance care planning and DNAR orders
- Palliative care
- Selecting drug and non-drug interventions, assess outcome
- Role of the coroner's office

SKILLS

- Effective communication, writing concise, accurate reports, handover skills
- Diagnostic, prognostic skills, anticipate problems, arrange appropriate review
- Team and leadership, palliative care skills
- Assessment for appropriate long term care e.g. common summary assessment record
- Displaying professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Mini-CEX/Case-based discussion
    - Long term care assessments
    - SpR-led MDT
    - Family meetings in transition phases
- Attendance at local placement forum
- Attendance & care provision in long term care setting
- Ethics I, II, III, IV

Delirium

Objective: To identify, diagnose and manage delirium in all clinical settings.

KNOWLEDGE

- Association between acute illness and risk of delirium in vulnerable patient groups
- Outcomes for patients with delirium
- Risk factors and principal causes of delirium
- Diagnostic criteria for delirium- (DSM V)
- Relationship between delirium, dementia, and depression and distinguishing between them
- Delirium in particular clinical settings: post-operative patients, patients in residential care, palliative care, intensive care units
- Understanding of standardised measures of global cognitive status, retrieval of a collateral history and application of standardised delirium screening instruments
- Severity indices in delirium
- To recognise the core diagnostic features of delirium, different motor subtypes
- To be competent in managing the delirious patient including:
    - (1) treatment of the underlying cause(s)
    - (2) the principles of multi-component non-pharmacological management,
    - (3) appropriate use of antipsychotic and sedative medications
- Recognises legal issues
    - Consent
    - Management patients in common law
    - Appropriate regard for ethical principles governing actions
- Consideration of environmental and safety factors- need for enhanced supervision
- Importance of follow on care and documentation of delirium once identified

SKILLS

- Apply standardised screening instruments to assess for global cognitive impairment and delirium in various settings
- Identification of risk factors for delirium
- An approach to managing patients with significant behavioural disturbance
- Communicating effectively with family and relatives

ASSESSMENT & LEARNING METHODS

- CBD
- Non-clinical DOPS/Mini-CEX
    - Standardised screening test e.g. CAM/ CAM-ICU/ DRS-98
- Think Delirium! Write Delirium! Treat Delirium! RCPI online course (mandatory)
- Ethics I, II, III, IV
- Specialty study days

Dementia

Objectives:

- To be able to investigate and assess chronic cognitive impairment appropriately
- To recognise and diagnose the common sub-types of dementia
- To manage dementia in older people

KNOWLEDGE

- Application of basic gerontology
- Subjective memory complains
- Understanding of various cognitive domains and assessment instruments for diagnosis of dementia
- Awareness of diagnostic criteria for dementia syndromes
- Common causes of dementia e.g. Alzheimer's, vascular, mixed-type, frontotemporal, Lewy body
- Aetiology and pathophysiology of dementia subtypes including the evolving field of the use of diagnostic biomarkers
- Implications and risk of delirium in patients with dementia
- Awareness of implications of dementia diagnosis - social, legal, financial
- Competence in pharmacology management of dementia
- Capacity assessment in dementia
- Management of behavioural and psychological symptoms in dementia
- Awareness of social supports for patients and their carers e.g. respite, day centres etc.
- Role of carers & family
- Role of voluntary organisations e.g. Alzheimer's society support
- Role of multidisciplinary team
- Appropriate referral to other specialties (e.g. psychiatry of old age)
- Awareness of diagnosis of mild cognitive impairment (MCI) subtypes and their relationship to dementia development
- Role of memory clinic in assessment of cognitive symptoms
- Medico-legal aspects of dementia care e.g. capacity
- Palliative care for patients with advanced dementia

SKILLS

- Communication skills
- Diagnostic skills (assessment and interpretation of results) and management of dementia
- Assess Capacity
- Professionalism, thoroughness, empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Working under supervision
- CBD
- DOPS (non-clinical)/ Mini-CEX
    - Capacity assessment
- Ethics I, II, III, IV
- Specialty study days

Falls, Instability & Gait Disorders

Objective: To obtain the knowledge and skills to assess and manage older patients presenting as a result of falls (with or without fracture) in an in- or out-patient setting, or in the community. To obtain the knowledge and skills to access and manage older patients with gait problems & a risk of falling

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Role & expertise of the multidisciplinary team
- Causes and, risk factors for non-syncopal falls, syncope & gait problems
- The interlinking of falls, syncope & gait problems
- Drugs and neurovascular causes of falls and syncope
- Knowledge of complications of falls - both physical and physiological
- Awareness of Falls Prediction Tools e.g. STRATIFY
- Intervention to provide fracture prevention – osteoporosis & bone protection
- Interventions to prevent & reduce falls
- Gait assessment
- Balance, strength and mobility assessments e.g. Elderly Mobility Scale, Berg Balance Scale and Timed Up and Go test
- Drugs and non-drug interventions to reduce risk, protect from effects
- Health promotion, encourage appropriate activity, instruct/advise on use of aids
- In-hospital falls management strategies
- Awareness of issues regarding restrain use
- Awareness of home environment to reduce the risk of future falls
- Awareness of issues pertaining to vision, footwear, seating in falls prevention

SKILLS

- Communication skills
- History taking & examination
- Diagnostic skills
- Gait assessment
- Rehabilitation skills
- Team working

ASSESSMENT & LEARNING METHODS

- Specialty study days
- CBD
- Mini-CEX
    - Balance/functional gait assessment

Continence Care

Objective: To attain the knowledge and skills to successfully assess, diagnose & manage the basics of urinary and faecal incontinence in older people, and access relevant sources of assistance.

KNOWLEDGE

- Application of basic gerontology
- Risk factors and causes of incontinence
- Comprehensive geriatric assessment
- Presentation of a wide spectrum of diseases with incontinence
- Appropriateness of investigations
- Management including the role of physiotherapy, drugs and surgery
- Aids and equipment available
- The role of the continence nurse specialist
- Investigations to direct/plan interventions i.e. urodynamics
- Drug and non-drug interventions applicable
- Role of carers & carer burden
- Health related quality of life issues
- Special considerations for continence management in long term care settings

SKILLS

- Communication skills
- History taking & examination skills
- Interpretation of investigations to direct/plan interventions (i.e. urodynamics)
- Management of both urinary & faecal incontinence in older patients
- Empathy, and respect for older people

ASSESSMENT & LEARNING METHODS

- Specialty study days
- CBD
    - Urodynamics
- Mini-CEX

Sub-Specialty Experience

Objective: The later years of training should focus on consolidating the basic knowledge areas & core clinical topics with greater emphasis on developing the skills required to practice independently. An expertise in the common problems encountered in older patients, such as falls, delirium, dementia, incontinence and poor mobility should be developed throughout training. In the later years of an SpR's training, sufficient time should be assigned to education and training in the subspecialties areas within Geriatric medicine if this has not been achieved in earlier years. All trainees are required to gain experience in all sub-speciality areas. Such subspecialty experience may be acquired in specific full time or sessional attachments (by arrangement), in order to achieve the appropriate levels of knowledge and skills. Some trainees may wish to develop additional skills & expertise in individual sub-specialty areas.

Stroke

Objectives:

- To demonstrate an evidence-based approach to decision-making in acute and rehabilitative phases of stroke care
- To demonstrate application of current evidence-based best-practice in the management of acute stroke

Acute Stroke Care

KNOWLEDGE

- Neuro-anatomy & stroke pathophysiology
- Epidemiology of stroke
- Stroke Risk Factors
- Clinical presentation and differential diagnosis of stroke mimics
- Acute stroke assessment
- Diagnostic issues relating to neuroimaging in stroke disease
- Evidence base for carotid and neuroimaging in stroke
- Clinical evidence – indications/contraindications – for thrombolysis
- Management of post thrombolysis complications
- Measurement of Stroke Severity/ Use of Stroke Severity Scores
- Stroke therapeutics
- Evidence base for structured and organised acute – and rehabilitation – stroke management
- Primary and secondary prevention measures for stroke
- Complications of acute stroke e.g. seizure, dysphagia, sepsis etc
- Nutrition & Feeding issues in the acute phase
- Post stroke Depression
- Legal, ethical and palliative care issues relating to stroke patients

SKILLS

- Apply an evidence-based approach to assessment, choice of investigation and interpretation, diagnosis, and management of acute stroke
- Recognise and investigate stroke mimics
- Demonstrate an evidence-based approach to thrombolysis decisions
- Deliver thrombolysis
- Assess mood and cognitive impairment post stroke
- Coordinate decision-making on management and rehabilitation/longterm care/discharge planning in conjunction with the patient, their family/carers and the MDT

ASSESSMENT AND LEARNING METHODS

- Specialty study days
- NIHSS course (online)
- RCPI Diploma in Cerebrovascular Medicine and Stroke (optional)
- Delivering Thrombolysis in Clinical Practice course (mandatory)
- RCPI Ethics I, II, III and IV
- CBD
    - Evidence-based decision making
        - A: Care decisions
        - B: Thrombolysis decisions
- Mini-CEX
    - Assessment and management of acute stroke including thrombolysis decisions
    - Lead MDT
    - Lead Family meeting
- DOPS
    - Thrombolysis

Rehabilitation and Secondary Prevention in Stroke

KNOWLEDGE

- Transient ischaemic attack assessment & risk stratification for impending stroke
- Secondary prevention measures for stroke
- Roles and scope of practice of multidisciplinary team
- Principles of rehabilitation and evidence-based outcome measurement
- Nutrition and feeding issues in the rehabilitative phase
- Longer term / chronic stroke sequelae e.g. cognitive impairment, hypertonicity etc
- Complex discharge planning issues
- Effects on carers
- Ethical and legal issues relating to patient with severe disability
- Community Supports for stroke patients e.g. Volunteer Stroke Scheme

SKILLS

- Communicate with patients, their families/carers and the MDT in care and management decisions
- Lead the rehabilitation MDT
- Liaise with GPs and community-based MDT in long-term outpatient management of chronic stroke
- Manage chronic stroke-related disability
- Manage spasticity in line with current evidence e.g. for botulinum toxin injection
- Manage nutrition and feeding problems in collaboration with dietetic and nutrition services
- Manage language difficulties in collaboration with speech and language therapy services
- Assess fitness to drive post-stroke using current best-practice guidelines
- Assess and advise patients on flying post-stroke

ASSESSMENT & LEARNING METHODS

- Specialty study days
- NIHSS course (online)
- RCPI Diploma in Cerebrovascular Medicine and Stroke (optional)
- RCPI Ethics I, II, III and IV
- CBD
    - Care decisions
- Mini-CEX
    - Lead MDT
    - Lead Family meeting

Palliative Care

Objective: To acquire the knowledge, skills and attitude to deliver appropriate palliative care treatment to older patients

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Definition and roles of: palliative care, specialist palliative medicine, hospice and terminal care
- Evolving nature of palliative care and it's integration with active treatment in the course of both malignant and non-malignant life limiting conditions in older people
- Psycho-social aspects of palliative care
- Assessment of prognosis
- Assessment of quality of life
- Adaptation and rehabilitation to optimise function and quality of life
- Benefits, burdens and appropriateness of investigations, interventions and non-interventions
- Symptoms causes by disease, treatment or concurrent disorder
- Symptom profiles in terminally ill patients
- Pathophysiology of pain and other common symptoms
- Pain assessment including atypical pain presentation in older people e.g. delirium
- Principles of pain management including adjunct analgesia and pain specialist interventions e.g. nerve blocks
- Assessment and management of other common symptoms e.g. nausea, dyspnoea, anxiety, fear, constipation and terminal agitation
- Safe and appropriate prescribing including delivery routes and treatment discontinuation
- Awareness of pharmacological issues with syringe drivers e.g. stability and miscibility
- Management of emergencies in palliative care:
    - acute pain
    - hypercalcaemia
    - haemorrhage
    - spinal cord compression
    - status epilepticus
    - pathological fractures
- Recognition of the dying process
- Issues around hydration, nutrition continence, and mood
- Ethic issues in end-of-life care
- Medico-legal aspects of end-of-life care
- Palliative care issues in long term care
- Modern approaches to bereavement care
- Recognition of abnormal grief patterns and those at risk
- Ethnic, cultural, religious and spiritual issues in relation to life limiting illness, death and bereavement and individual diversity

SKILLS

- Communication skills
- Team work
- Diagnostic skills
- Appropriate investigation in the context of life limiting conditions
- Ability to develop an appropriate management plan which also anticipates future problems
- Assessment and management of pain, symptoms and other problems in life limiting conditions
- Pharmacotherapeutic skills including appropriate discontinuation of medications
- Compassionate understanding of a dying person's wishes
- Awareness and respect for ethnic, cultural, religious and spiritual diversity in palliative care
- Actively anticipates and deals with the impact of bereavement on people and families.
- Ability to advocate for patient and their carers
- Management skills supervising & deploying junior staff
- Rehabilitation skills
- Professionalism, thoroughness, empathy, and respect

ASSESSMENT & LEARNING METHODS

- Experience with specialist palliative care service
- Specialty study days
- Attend the Coroner's Court
- Attend family meeting relating to end of life care
- Ethics I, II, III, IV
- CBD
- Courses
    - Breaking Bad News
    - Mastering Communication (Year 1)
    - Advance care planning (online)
    - Certificate /Diploma in Palliative Care

Psychiatry in older age

Objective: To achieve the knowledge and skills to assess and manage older patients presenting with the common psychiatric conditions, and to know when to seek specialist advice.

KNOWLEDGE

- Application of basic gerontology to older persons mental health
- Organization of Old age Psychiatry Services: Acute care and Community
- Major common psychiatric conditions/illnesses affecting older persons: Depression, delirium, late onset psychosis, anxiety
- Diagnostic criteria/assessment tools for major psychiatric conditions
- Interaction of cognitive disorders and mental health
- Pharmacology and therapeutics in mental illness
- Ethics/Legal issues including capacity

SKILLS

- Communication skills
- Team work
- Diagnostic skills
- Assessment of the mood/cognition/capacity
- Appropriate use of drug and non-pharmaceutical interventions

Attitudes

- Collaborative working, particularly with Specialist in Old Age Psychiatry and Mental Health agencies
- Adoption of positive approach to the diagnosis, investigation and management of the older person with psychiatric/mental health illness
- Recognition of the wishes of patients and their carers with due cognizance of cultural and/or religious beliefs which may impact on mental health
- Advocacy for the older person with mental ill health
- Maintenance of professionalism and recognition of failures of same in oneself or team members

ASSESSMENT & LEARNING METHODS

- Study/training days
- CBD
    - Liaise with mental health agencies
- Mini-CEX
    - Screening/diagnostic tools
- Psychiatry of older age clinics/experience

Orthogeriatrics & Bone Health

Objective: To achieve the knowledge and skills to provide assessment of acutely ill orthopaedic patients and subsequent rehabilitation for these patients. To attain the knowledge to assess & treat fracture risk in older patients

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Common medical problems in patients with fractures neck of femur
- Operative risk assessment
- Peri-operative surgical and anaesthetic issues
- Major geriatric syndromes and illnesses that commonly occur in the acute fracture setting and acute post-operative setting e.g. delirium, infections, electrolyte abnormalities, dehydration
- Principles & values of shared care
- Rehabilitation post fracture
- Role & expertise of multidisciplinary team
- Causes and management of osteoporosis
- Principles of risk assessment for future fracture e.g. FRAX tool
- Bone densitometry interpretation & its' limitations
- International Management Guidelines for prescribing e.g. SIGN, NICE etc
- Bone Turnover Markers & their role in therapeutics
- Management of Vitamin D deficiency
- Different models of orthogeriatric care
- Awareness of falls prevention services
- Importance of interlinking of falls & bone health services for older people
- Principles of discharge planning

SKILLS

- Diagnostic skills
- Team work
- Interpretation of investigation
- Displaying professionalism, thoroughness, empathy and respect for older people

ASSESSMENT & LEARNING METHODS

- Specialty study days
- CBD
- Mini-CEX

Syncope

Objectives:

- To attain the knowledge and skills to assess, diagnose & manage patients presenting with syncope in different settings: general practice, the emergency room, acute hospital and long term care.
- To understand the development of a comprehensive syncope service

KNOWLEDGE

- Application of basic gerontology
- Comprehensive geriatric assessment
- Epidemiology of syncope
- Classification of syncope
- Differential diagnosis of syncope and the clinical features that distinguish between those differential diagnoses.
- Investigation and management of Reflex (Neurally-Mediated) syncope: Vasovagal Syncope; Situational Syncope; Carotid Sinus Syndrome.
- Investigation and Management of Syncope due to Orthostatic Hypotension: Primary Autonomic Failure; Secondary Autonomic Failure; Drug-Induced Orthostatic Hypotension; Volume Depletion
- Investigation and Management of Cardiac Syncope: Arrhythmias; Structural Heart Disease.
- Familiarity with continuous beat to beat non-invasive blood pressure measurement and also 24 hour ambulatory blood pressure measurement.
- Familarity with different means of cardiac rhythm monitoring including indications for use of implantable loop recorders
- Complications of investigative procedures
- Drug and non-drug interventions
- Establishing a syncope clinic and a cohesive structured care pathway for syncope.
- Risk Stratification of syncope & awareness of international management guidelines e.g. European Cardiology Society Guidelines on Syncope
- Overlap in aetiology between syncope and falls and the interlinking of falls, bone health & syncope investigation and management.
- Distinguishing between vestibular causes of dizziness and presyncope (knowledge of Benign Paroxysmal Positional Vertigo; Meniere's disease)

SKILLS

- Communication skills
- History taking & examination
- Clinical evaluation and assessment of patients with instability, dizziness, falls or syncope
- Assessment regarding safety to drive in patients presenting with syncope.
- Use and interpretation of continuous non-invasive beat-to-beat blood pressure measurement
- Use and interpretation of continuous ambulatory blood pressure measurement
- Use and interpretation of different types of cardiac monitors (Holter monitor; Event monitor; Internal loop recorder)
- Tilt table testing – ability to perform and interpret
- Carotid sinus massage – ability to perform and interpret
- Halpike manouevre – ability to perform and interpret
- Displaying professionalism, thoroughness, empathy and respect for older people

ASSESSMENT & LEARNING METHODS

- Experience in syncope investigation/syncope/blackout clinics
- DOPS
    - Tilt-table testing
    - Halpike manoeuvre
- Osteoporosis specialty clinic
- Specialty study days
- CBD
- Mini-CEX
- Diploma in Syncope and Related Disorders (optional)

Movement Disorders in Older Person

Objectives:

- To attain the knowledge and skills to assess, diagnose & manage older patients with movement disorders including Parkinson's Disease

KNOWLEDGE

Application of basic gerontology

- Comprehensive geriatric assessment
- Role & expertise of the multidisciplinary team
- Pathophysiology, epidemiology & clinical features of the common movement disorders in older people including: idiopathic Parkinson's disease; Parkinsonian syndromes (Progressive supranuclear palsy; Multiple system atrophy); drug-induced parkinsonism, dementia with Lewy Bodies
- Investigation & differential diagnosis of tremor
- Principles of investigation and management of patients with Parkinson's disease - including motor and non-motor symptoms (including neuropsychiatric, autonomic, sensory and bulbar manifestations)
- Parkinsonism differential diagnoses
- Drug and non-drug therapies
- Rehabilitation issues
- Strategies for managing PD complications
- Speech and swallowing difficulties; Pain; End of life care
- Measurement of Parkinson's disease severity e.g. UPDRS, Hoehn and Yahr scale
- Management of Parkinson's disease in nil-by-mouth or post-operative setting
- Management of acute illness presentations in Parkinson's disease patients
- Complex therapy strategies including use of infusion therapies (amorphine and Duodopa®) and the role of neurosurgery in PD
- Role of palliative care in PD
- Establishing a Parkinson's disease clinic & Role of Parkinson's Nurse Specialist

SKILLS

- History taking & examination
- Team working
- Assessment of gait and tremor
- Assessment of patients with Parkinson's disease
- Rehabilitation principles
- Discharge planning skills
- Displaying professionalism, thoroughness, empathy and respect for older people

ASSESSMENT & LEARNING METHODS

- Movement disorders clinic
- Specialty study days
- CBD
    - discharge planning
- Mini-CEX
    - assessment of gait/tremor

Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your specialty coordinator

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Form 052
Personal Goals Review form	Required	1	Training Post	Form 137
On Call Rota	Required	1	Training Post	Form 064
Section 2 - Training Activities				
Outpatient Clinics (minimum 1 clinic per week either general or Specialty)	Required	40	Year of Training	Form 001
General Geriatric Medicine Clinic				
Specialty Clinics including:				
TIA / Stroke				
Osteoporosis / Bone health				
Syncope & Falls				
Movement Disorders				
Memory Clinic				
Ward Rounds/Consultations				
Consultant Ward Round (minimum 1 per week)	Required	40	Year of Training	Form 002
SpR Led Ward Round (minimum 1 per week)	Required	40	Year of Training	Form 002
Consultations	Required	40	Training Programme	Form 002
Emergencies/Complicated Cases				
Adverse Drug Reactions (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute falls or fracture in the older person (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Stroke (minimum 1 case per year)	Required	1	Year of Training	Form 003

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Acute TIA (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Delirium (minimum 1 case per year)	Required	1	Year of Training	Form 003
Acute Sepsis (minimum 1 case per year)	Required	1	Year of Training	Form 003
Procedures/Practical Skills/Surgical Skills				
Tilt Table	Required	10	Training Programme	Form 004
Thrombolysis	Required	10	Training Programme	Form 004
Capacity assessment	Required	5	Training Programme	Form 004
Additional/Special Experience Gained				
Continence Services	Required	1	Training Programme	Form 005
Stroke (Thrombolysis) Services	Required	1	Training Programme	Form 005
Orthogeriatrics	Required	1	Training Programme	Form 005
Old age Psychiatry	Required	1	Training Programme	Form 005
In-patient Rehabilitation for Older People	Required	1	Training Programme	Form 005
Palliative Care Specialist Service	Required	1	Training Programme	Form 005
Clinical Pharmacology	Desirable	1	Training Programme	Form 005
Community Liaison	Desirable	1	Training Programme	Form 005
Relatively Unusual Cases	Desirable	1	Training Programme	Form 019
Chronic Cases/Long term care	Required	1	Training Programme	Form 066
Offsite Activities				
Community Activities	Required	1	Year of Training	Form 082
Day hospital	Required	1	Year of Training	Form 082
Domiciliary Visits	Desirable	1	Year of Training	Form 082
ICU/CCU Cases	Required	1	Training Programme	Form 090
Management Experience	Desirable	1	Training Programme	Form 110
Section 3 - Educational Activities				
Mandatory Courses				
ACLS	Required	1	Training Programme	Form 006
Advance Care Planning (online) (year 1)	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Delivering Thrombolysis in Clinical Practice	Required	1	Training Programme	Form 006
Elder Abuse	Required	1	Training Programme	Form 006
Ethics I: Professionalism	Required	1	Training Programme	Form 006
Ethics II: Ethics & Law	Required	1	Training Programme	Form 006
Ethics III: Research	Required	1	Training Programme	Form 006
Ethics IV: End of Life	Required	1	Training Programme	Form 006
Health Research – An introduction	Required	1	Training Programme	Form 006
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	Form 006
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Online NIHSS course	Required	1	Training Programme	Form 006
Performing Audit (Year 1)	Required	1	Training Programme	Form 006
Think Delirium! Write Delirium! Treat Delirium! (online) (year 1)	Required	1	Training Programme	Form 006
Non – Mandatory Courses				
Health Research Methods for Clinicians	Desirable	1	Training Programme	Form 007
Study Days (attend 3 out of 4 study days per year and an additional 3 discretionary days)	Required	6	Year of Training	Form 008
The minimum requirements of 6 credits must reflect a minimum of 3 study days. The remainder can be obtained (at trainees' discretion) from the following list: • Hot topics days • Masterclasses (0.5 credits each) • Other recognised courses • Specialty-related national and international meetings				
National/International meetings (minimum 1 per year)	Required	1	Year of Training	Form 010
Participation at In-house activities minimum of 1 per month from the categories below:				
Grand Rounds (minimum 1 per week)	Required	40	Year of Training	Form 011
Journal Clubs (minimum 1 per month)	Required	10	Year of Training	Form 011
MTD meetings (minimum 1 per week)	Required	40	Year of Training	Form 011
Radiology Conferences	Desirable	1	Year of Training	Form 011
Pathology Conferences	Desirable	1	Year of Training	Form 011

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Lecture	Desirable	1	Year of Training	Form 011
Seminar	Desirable	1	Year of Training	Form 011
Examinations	Desirable	1	Training Programme	Form 012
Delivery of Teaching	Required	10	Year of Training	Form 013
Lecture				
Tutorial				
Bed side Teaching				
Research	Desirable	1	Training Programme	Form 014
Audit activities and Reporting (minimum 1 audit per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of Training	Form 135/152
Publications	Desirable	1	Year of Training	Form 016
Presentations	Required	1	Year of Training	Form 017
Committee Attendance	Desirable	1	Training Programme	Form 063
Additional Qualifications	Desirable	1	Training Programme	Form 065
Section 4 - Assessments				
CBD (see the following)	Required	4	Year of Training	Form 020
Geriatric Assessment Discharge planning Othogeriatrics & Bone Health Diagnosis and Management of Chronic Disease Interface and Community Practice Palliative Care Dementia Syncope Drug Therapy in the Older Person Rehabilitation Elder Abuse Countering Ageism and Advocacy Long Term Care Delirium Instability and Falls Continence Care				

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Stroke Care Movement Disorders Diagnosis and Management of Acute Illness				
DOPS				
Tilt table testing	Required	1	Training Programme	Form 021
Mini-CEX	Required	4	Year of Training	Form 023
Quarterly Assessments	Required	4	Year of Training	Form 092