THE MALAYSIAN GERIATRIC MEDICINE SUBSPECIALTY TRAINING CURRICULUM

Produced by

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FOREWORD

This curriculum was put together by a culmination of efforts between all our geriatric medicine subspecialty trainees. It is not meant to be a prescriptive document but to provide a guide of the breadth of learning that is expected of a specialist in geriatric medicine. This is the first edition, which will be reviewed regularly and updated according to continued advances in our field. In addition, the scope of the document will continue to be widened to match up with the constant changes that are occurring in geriatric medicine training worldwide.

Acknowledgements
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1. Scientific Basis for Geriatric Medicine

Knowledge

- Ageing physiology, pathophysiology and biology
- Outline principles of pharmacology, ageing demography, social gerontology and epidemiology

Skills

- Describe the physiology and biology of ageing
- Describe the concepts of frailty, impaired homeostasis, impaired immunity and reduced reserve
- Use the knowledge to dispense appropriate prescription for older people
- Describe present and predictable demographic and epidemiological features of ageing in Malaysia and the rest of the world
2. Therapeutics and Safe Prescription

Knowledge

- Indications, contraindications, adverse effects, drug interactions and dosage of commonly used drugs
- Drugs that require therapeutic drug monitoring and the interpretation of its results
- Tools to promote patient safety and prescribing, including IT systems
- Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the elderly patient
- Recognise the roles of regulatory agencies involved in monitoring and licensing of drug use

Skills

- Anticipate and avoid defined drug interactions, including complementary medicines
- Advise patients and carers about important interactions and adverse drug effects
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change
- Use IT prescribing tools, where available, to improve safety
- Employ validated methods to improve patient adherence to prescribed medication
- Provide comprehensible explanations to the patient, and carers when relevant, regarding the use of medicines
3. Time Management

Knowledge

- Prioritise workload
- Delegate when it is appropriate to do so
- When to call for help
- Ensure continuity of care
- Arrangements to cover holidays, study leave and other leave

Skills

- Set realistic schedules
- Prioritise workload and complete tasks
- Provide full documentation for handover, referral; strive to maintain continuity and standards of care especially across shifts and arrange rotations and cover for others
- Make adequate arrangements to cover for holidays, study leave and other leave
- Ability to recognise and cope with stress; ask for help when necessary and have an awareness of responsibility to others
- Be willing to take time off; and, if necessary, re-train/redevelop skills
4. Decision Making

Knowledge

- Deliver best patient care with integrity at all times and work in a professional manner with colleagues
- Act fairly in all situations; moral reasoning and legal and ethical issues (see also Ethics section)
- Understand principles of medical ethics including beneficence, autonomy and justice/equity
- Issues surrounding confidentiality, disclosure/release of information; discovery (FOI) of records.

Skills

- Effective communication with patients, families and colleagues
- Develop self-awareness and understand personal style and its impact on others
- Enhance personal and professional development through scholarship and further training and education where appropriate
- Develop networks to expand knowledge and sphere of influence
- Build and maintain key relationships
- Adapt style to work with different people and different situations
5. Patient as Central Focus of Care

Knowledge

- Understand the health care needs of each patient are different and unique depending on his/her ethnicity, cultural background and religion
- Principles of safe prescription
- Principles of risk assessment and management
- Recognize the role and responsibility of each member of the health care team in patient care
- Outline the features of a safe work environment

Skills

- Encourage patients and give adequate time for patients to express their idea, choice of preference, concern and expectation about their illness and future care plan.
- Respond to questions honestly and seek advice if unable to answer
- Develop a self-management plan including investigation, treatments and requests/instructions to other healthcare professionals, in partnership with the patient
- Support patients and carers where relevant to comply with management plans
- Lead and participate in interdisciplinary team meetings to ensure the care plan is individualized and suitable for the patients and carers.
- Encourage the health care team to respect the philosophy of patient focussed care
- Recognise when a patient is not responding to treatment or deterioration, reassess the situation, and act accordingly.
- Ensure the correct and safe use of medical equipment and report faulty equipment immediately
- Recognise and respect the request for a second opinion
• Maintain standard good clinical practise according to Clinical Practise Guidelines and evidence based medicine.

• Contribute to quality improvement processes

• Audit of personal and departmental performance errors / discrepancy meetings

• Critical incident reporting

• Unit morbidity and mortality meetings

• Local and national databases
6. Team Work and Patient safety

Knowledge

- Develop the ability to work well in a variety of different teams – occupational therapist, physiotherapist, dietician, speech therapist, etc
- Develop the leadership skills necessary to lead teams so that members are more effective and able to deliver better safer care

Skills

- Able to lead in incident reporting when appropriate
- Accurate attributable note-keeping
- Detailed handover between shifts and areas of care
- Lead and participate in interdisciplinary team meetings
- Provide appropriate supervision to less experienced colleagues
- Provide induction to new members of a team
- Able to handle conflict resolution
7. Infection Control

Knowledge

- Identify the age associated alterations in host resistance as they relate to specific systems
- Understand the alteration of clinical presentation in the elderly eg, subtle symptoms as loss of appetite, confusion, delirium, weight loss or weakness.
- Age-related reduction in the immune response to infection
- Changes in organ structure and function thus relates to higher risk of infection
- Premorbid illness that could compromise the elderly defense mechanism
- Common types of infection and the likely organism affecting the elderly population
- Broad spectrum antibiotics and drugs side effects in elderly population
- Complication that occurs post-acute setting and during the rehabilitation process

Skills

- Practise aseptic techniques and hand hygiene
- Recognise the potential for infection within patients being cared for
- Adhere to the local infection control procedures
- Prescribe antibiotics according to local antibiotic guidelines
- Encourage staff, patients and relatives to observe infection control principles
- Collaborate with external agencies regarding reporting, investigating and management of notifiable diseases
8. Manage Long-Term Conditions and Promote Patient Self-Care

Knowledge

- Recall the natural history of diseases that run a chronic course
- Outline the concept of patient self-care
- Know, understand and be able to compare medical and social models of disability
- Understand the services and support groups available for older persons in the community ie social services provision, non-governmental organisations (NGOs) facilities

Skills

- Develop and agree to a management plan with the patient (and carers), ensuring comprehension to maximise self-care within care pathways when relevant
- Provide effective patient education, with support of the multi-disciplinary team
- Provide relevant and evidence based information in an appropriate medium to enable sufficient choice, when possible
9. Breaking Bad News

Knowledge

- Understand that different levels of explanations may be required and responses to bad news are varied
- Acknowledge that bad news is confidential but the patient may wish to be accompanied
- Recognise that the manner in which bad news is delivered may affect the subsequent relationship with the patient

Other issues

- Hydration and nutrition eg legal, ethical and technical aspects (including withholding and withdrawing of treatment)
- Understand a dying person's wishes and advance directives
- Awareness of patient's personal, cultural and religious background

Skills

- Be exposed to a variety of settings eg hospice, specialist palliative care unit, day hospice, general hospital, outpatients
- Undertake comprehensive assessment of patient's physical and mental state (including patients with impaired cognition/dementia)
- Ability to break bad news in a structured manner
- Have sufficient uninterrupted time
- Choose an appropriate private environment
- Have sufficient information; eg. setting the scene, establishing understanding and discussion of the diagnosis, implications, treatment, prognosis and subsequent care
- Ability to prognosticate and recognise a dying patient
- Formulation of a holistic approach of the terminally ill (including management of symptoms and consideration of quality of life) using pharmacological and non-
pharmacological treatments

- Ability to manage a patient requesting for terminal discharge with the collaboration of the multidisciplinary team members and other specialists and hospice to provide the best possible care

- Bereavement care and impact on family members and carers
10. Complaints and Medical Error

Knowledge

- Define local complaints procedure
- Learn to recognise factors likely to lead to complaints including:
  - poor communication
  - dishonesty
  - improper documentation
  - illegible handwriting
  - inadequate nurse-to-patient ratios / doctor to patient ratio
- Adopt behaviours likely to prevent complaints
- Deal with dissatisfied patients or relatives/carers
- Recognise when something has gone wrong
- Act with honesty and sensitivity in a non-confrontational manner
- Outline the principles of an effective apology
- Identify sources of help and support when a complaint is made about oneself / colleague / unit

Skills

- Contribute to processes whereby complaints are reviewed and improvement/changes implemented
- Explain comprehensively to the patient the events leading up to a medical error
- Deliver an appropriate apology
- Distinguish between system and individual errors
- Show an ability to learn from previous errors
11. Health Promotion and Public Health

Knowledge

- Understand the factors which influence the incidence of and prevalence of common conditions
- Understand the factors which influence health – life styles, psychological, biological, social, cultural and economic especially poverty
- Understand the purpose of screening programmes and outline the common programmes available (including primary, secondary and tertiary prevention)
- Know the key local concerns about health of communities

Skills

- Identify opportunities to prevent ill health and disease in patients
- Promote changes in lifestyle and other factors which will positively improve health
- Counsel patients appropriately on the benefits and risks of screening
- Work collaboratively with other agencies to improve the health of communities
12. Principles of Medical Ethics

Knowledge

- Demonstrate knowledge of the principles of medical ethics
- Outline the procedures for seeking a patient’s consent for disclosure of identifiable information
- Understand the principles of Data Protection
- Able to obtain valid consent from patient
- Recognise the problems posed by disclosure in the public interest, without patient’s consent
- Recognise the factors influencing ethical decision making: religion, moral beliefs, cultural practices
- Outline the principles of the Mental Capacity Act
- Understand sources of medical legal information
- Understand disciplinary processes in relation to medical malpractice
- Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected

Skills

- Make ethical decisions and give due consideration to the aspects of patient care as governed by the Malaysian law
- Obtain informed consent for treatment with due consideration to ethical issues
- Promote and ensure patient confidentiality is maintained at all times
- Able to write and maintain clear and accurate reports within clinical practice
- Able to assess patient’s mental capacity for providing consent
- Counsel patients, family, carers and advocates tactfully and effectively when making
decisions about resuscitation status, and withholding or withdrawing treatment
13. Ethics and Research

Knowledge

- Understand the good practice in research
- Acknowledge the difference between audit and research
- Understand how clinical guidelines are produced
- Knowledge of research principles and the formulation of a research question and the design of a project
- Comprehend research methods; qualitative, quantitative, statistical and epidemiological methods
- Recognise the ethical responsibilities to conduct research with honesty and integrity, safeguarding the interests of the patient and obtaining ethical approval when needed

Skills

- Display good critical appraisal skills and application when reading literature
- Knowledge on how to apply for appropriate ethical research approval
- Appropriate use of literature databases
- Ensure guidelines are followed on ethical conduct in research and consent for research
- Demonstrate good verbal and written presentations skills
- Able to write a scientific paper and understand regarding plagiarism
14. Evidence and Guidelines

Knowledge

- Understand the advantages and disadvantages of different study methodologies (randomised control trials, case controlled cohort etc)
- Understand the principles of critical appraisal and application of statistics in scientific medical practice
- Understand levels of evidence and quality of evidence
- Understand the role and limitations of evidence in the development of clinical guidelines
- Understand the advantages and disadvantages of guidelines

Skills

- Able to search the medical literature including use of PubMed, Medline, Cochrane reviews and the internet
- Appraise retrieved evidence to address a clinical question
- Apply conclusions from critical appraisal into daily clinical practise
- Identify the limitations of research
- Contribute to the construction, review and updating of local and national guidelines of good practice using the principles of evidence based medicine
15. Evaluate Performance and Develop and Lead Services

Knowledge

- Understand the importance of leadership in a clinical setting
- Recognise and articulate your own values
- Identify your strengths, limitations, emotions and prejudices and its impact on your behavior
- Understand the wide range of leadership styles and its application to different situations and people
- Understand how to run a service and how it relates to the other organisations and the community
- Understand the performance measures to evaluate a service eg. mortality, length of stay, adverse events, patient and carer satisfaction, discharge destination and readmission rates
- Application of any information to challenge existing practices and processes that might be improved and the appraisal of options in terms of benefits and risks
- Perform an effective communication strategy within organizations and understand the implications of change and possible barriers
- Ability to look into the future by scanning for ideas, best practice and emerging trends
- Learn and compare the different services you work in during your training and reflect on its good and bad points

Skills

- Able to have self-awareness and change accordingly
- Able to balance personal and professional responsibilities
- Able to conduct a multidisciplinary team meeting, facilitate discussion and build rapport
- Resolve conflicts
- Develop and implement protocols and guidelines using information from audits
- Effective time management
16. Comprehensive Geriatric Assessment

Knowledge

- History taking

- Obtain a detail history: including presenting complaint, underlying medical / surgical history, premorbid status, allergy / drug history, mental and psychological, cultural or religious, nutritional and social history

- Clarification of all the relevant history of the presenting complaints

- Ability to summarise all the relevant investigations; imaging, interventional procedure and results

- Understand that patients do not present history in structured fashion

- Recognise the importance of collaborative history and issues regarding carer’s concerns and burden

- Clinical examination

- Understand the importance of a clinical examination including relevant positive and negative physical signs

- Acknowledge the limitations of a physical examination and the application of the adjunctive forms of assessments to help confirm diagnosis

- Identify the factors influencing health status of patients and their outcome

- Others

- Understand evidence based CGA

- Knowledge of the healthcare system, social welfare, non-governmental organizations and its setups and how to access it
Skills

- History taking
- Perform an effective communication
- Obtain relevant aspects of history or information from patient
- Able to clarify the history with standardised instruments or questionnaires
- Assess issues that occurred in the family and carers
- Recognise and interpret the use of non-verbal communication from patients and carers
- Clinical examination
- Perform an effective communication and examination, especially in patients with special needs such as hearing, visual and speech impairments or confusion and mental health issues
- Interpretation of the physical examination findings and history in order to come to a diagnosis. Recognise the importance of mental and psychological, cultural or religious and social factors
- Assess patient’s functional status including assessment of basic ADL, IADL, social support, mental health and cognitive status, mobility (gait and balance), and nutritional status
- Able to formulate conclusions in cases with multiple pathologies and associated psychological and social issues
- Apply the accumulated information from a CGA and form management plans
17. Diagnosis and Management of Acute Illness

Knowledge

- Emergency presentations and acute medical conditions which occur in older people
- Central nervous system
- Stroke
- Epilepsy / Seizures
- Mood disorders
- Acute confusional state
- Schizophrenia
- Syncope/pre syncope/dizziness
- Cardiology
- Acute coronary syndrome/Coronary heart disease
- Valvular heart disease
- Heart failure
- Cardiac Arrhythmias
- Peripheral vascular diseases
- Haematology
- Anaemia
- Lymphoma
- Bleeding disorder
- Thrombosis
- Endocrine
- Thyroid disorders
• Diabetes emergencies (DKA, HHS, Hypoglycaemia)
• Infections in elderly
• Mobility
• Pressure sore
• Fall/ fracture
• Constipation, faecal impaction
• Non-specific acute presentations seen in older patients
• Drugs, including compliance, interactions and unwanted effects, in older people
• Ethical and legal framework for making decisions on behalf of patients who lack mental capacity
• Secondary complications of acute illness in older people and strategies to prevent them

Skill

• Obtain relevant information rapidly about patients who are unable to give a clear history.

• Perform and interpret a focussed general clinical examination and basic practical procedures on a patient unable to co-operate fully.

• Assess acutely unwell older people in non-hospital settings, and to judge when hospitalisation is necessary.

• Apply legal and ethical principles to patients lacking mental capacity in an emergency situation
18. Diagnosis and Management of Chronic Disease and Disability

Knowledge

- The major chronic illnesses and disabling conditions seen in older people
- Ischemic heart disease, heart failure, atrial fibrillation, hypertension
- Chronic lung disease including cancer
- Chronic liver disease, malnutrition, chronic bowel disorders including constipation and incontinence
- Chronic kidney disease, prostate disease, incontinence
- Sensory impairment, movement disorders, stroke
- Arthritis, polymyalgia rheumatica, osteoporosis
- Falls, dizziness, syncope
- Dementia, depression, anxiety
- Diabetes, thyroid disease
- Skin ulceration and chronic oedema
- Anaemia
- Weight loss, including sarcopenia
- Incurable cancer
- Services available locally to support patients and carers
- Drug and non-drug management of chronic conditions, including use of aids and appliances and technology
- Ethical and legal framework for making decisions on behalf of patients who lack mental capacity
- Principles of rehabilitation
- Health promotion and preventive medicine
• Influences of environment, culture and behaviour including poverty, poor housing and low expectations of access to healthcare and health outcomes

Skills

• Undertake a diagnostic assessment of disabling or chronic conditions in hospital and non-hospital settings

• Assess physical function, mood and cognition using appropriate scales e.g. Barthel ADL scale, Geriatric Depression Scale, mini mental state examination, CAM (confusion assessment method) and IQ-CODE (Informant Questionnaire on Cognitive Decline in the Elderly)

• Assess impact of chronic illness on the patient and carers CbD, mini-CEX 1

• Nutritional assessment and support

• End of life management
19. Rehabilitation and Multidisciplinary Team Work

Knowledge

- Knowledge of the principles of rehabilitation and comprehensive assessment
- Goal setting in rehabilitation
- Evidence based rehabilitation
- Rehabilitation measures and assessment scales
- Roles and expertise of different members of interdisciplinary team
- Physical therapies and modalities in rehabilitation
- Therapeutic training to improve balance and gait
- Prescription of aids and appliances
- Specialist rehabilitation services
- Understand the structure, roles and responsibilities of the multidisciplinary team including the importance of outside agencies and the way in which individual behaviour can impact on a group

Skills

- Select patients for rehabilitation
- Continence care—assessment and treatments
- Goal setting according to expected disease prognosis
- Expertise in managing patients with multiple medical problems and disabilities
- Lead a multidisciplinary team meeting, facilitate discussion, build rapport and resolve conflicts as it arise
20. Planning Transfers of Care, Including Discharge

Knowledge

- Variety of resources available following discharge including intermediate care, community care, domiciliary care, voluntary sector support, respite care, institution-based long-term care, health service, funded long-term care
- Current criteria (and processes) for health service-based continuing care
- General awareness of the financial support available to patients and their carers
- Assessment methods/processes undertaken to access services (including the unified single assessment process)
- Roles and rights of carer
- Role of the geriatrician and the multidisciplinary team in discharge planning

Skills

- Planning skills
- Able to assess and document mental capacity
21. Dementia

Knowledge

- Apply the diagnostic criteria in the diagnosis of different types of dementia
- Arrange for appropriate investigations including blood test, neuroimaging and neuropsychological assessment
- Management of the dementia including pharmacological and non-pharmacological management
- Apply palliative care management in advance dementia patient
- Identify and introduce available support for dementia to patient and carers
- Manage the underlying co-morbidity with dementia
- Educate patient and carers

Skills

- Use the different assessment tools to assess the cognitive status, behavioural and psychological symptoms associated with dementia patients
- Identify dementia in people with a learning disability
- Able to communicate the diagnosis, prognosis and information regarding the relevant support and treatment options to people with dementia and their family or carers
- Differentiate the different types of dementia and illness related to it
- Co-manage with other team members
22. Delirium

Knowledge

- Diagnostic criteria for delirium (Confusion Assessment Method, DSM criteria, and other diagnostic tools)
- Relationship of delirium with dementia syndromes
- Delirium in post-operative patients
- Appropriate standardised measures of cognitive status
- Severity indices in delirium
- Risk factors and principal causes of delirium
- Non-pharmacological management and role of drugs in safe dosages when other measures fail
- Complications of restraining patients (physically or with medication)

Skills

- Be competent in managing the delirious patient including the management of underlying physical illness, the accompanying distressed mental state and consideration of environmental factors in its management
- Manage and assess cognitive status of patient in delirious states
- Communicate effectively with family and relatives
- Educate nurses and other allied health professionals in the management of delirious patients
23. Falls

Knowledge

- Causes and risk factors for non-syncopal falls, syncope and gait problems
- Interlinking of falls, syncope and gait problems
- Drugs and neurovascular causes of falls and syncope
- Knowledge of complications of falls - both physical and physiological
- Intervention to provide fracture prevention - osteoporosis and bone protection
- Interventions to prevent and reduce falls
- Epidemiology of syncope
- Differential diagnosis of syncope
- Carotid sinus syndrome and orthostatic hypotension
- Investigation and management of patients with syncope.
- Familiarity with non-invasive beat to beat and continuous ambulatory blood pressure measurement

Skills

- Diagnostic skills
- Gait assessment
- Rehabilitation skills
- Experience in syncope investigation
- Drug and non-pharmacological intervention
- Able to perform Tilt-table testing and


24. Continence

Knowledge

- Learn the basic gerontology and ageing effects on urogenital tract
- Understand the epidemiology, risk factors and etiology of urinary and faecal incontinence
- Investigation of the cause of incontinence, eg. how to interpret the bladder chart, urinalysis, bladder scanning and urodynamics
- Learn the management and evidence based on the
  - pharmacological treatments
  - behavioural treatments
  - surgical treatments
  - catheters and devices
  - padding
  - equipment
- Team work and understand the role of Continence Nurse, Urologist and Gynaecologist

Skills

- Obtain a detail continence history from the patient, family, carer or nursing staff
- Do a detail and proper physical examination including external / internal genitalia and rectal examination
- Interpretation of bladder charts and baseline investigations
- Offer a pharmacological and non-pharmacological management to patient and educate or counsel the patient, carer and family
- Co-manage with other team members
25. Nutrition

Knowledge

- Effect of ageing on the digestive system
- Epidemiology of nutrition and malnutrition in Malaysia
- Nutritional requirement in older adults
- Risk factors and causes of poor nutrition
- Nutritional assessment tools (MNA, etc)
- Investigation for patients with malabsorption
- Nutritional support including delivery routes (NG, PEG, PEJ) and potential problems such as refeeding syndromes
- Effects of nutrition on disease processes, tissue viability, recovery from illness and surgery
- Challenges in feeding the elderly, use of assistive devices

Skills

- History taking on factors relating to and affecting nutrition
- Undertake a full physical and mental state examination to ensure causes which may affect nutrition are excluded
- Identify which patients have or are at risk of malnutrition
- Formulate a nutritional support strategy with the dietician
- Explore the indication for PEG insertion
26. Tissue Viability

Knowledge

- Basic biology and disease processes of ageing skin
- Aetiology, risk factors and pathology of common causes of ulceration (especially pressure ulcers)
- Stages of pressure ulcer according to the NPUAP
- Strategies in preventing pressure ulcers
- Risk Assessment Scores for prevention e.g. Waterlow, Norton, Braden
- Principles of wound healing
- Dressings, topical and systemic antibiotic therapy
- Indications and techniques for non-surgical and surgical debridement
- Compression treatment, larval and vacuum therapy
- Indications for skin biopsy

Skills

- Able to diagnose the common types of skin ulceration in the elderly
- Able to understand indication for different dressings and other therapy
- Understand and work with the multidisciplinary team to holistically manage pressure ulcers in patients.
- Recognise unusual causes of non-healing eg malignancy, vasculitis, infection
- Attachment to different specialized clinic/teams, ie tissue viability nurses, diabetic foot clinic, podiatry
27. Sleep Disorders/Disturbance

Knowledge

- Diagnose sleep disorders/disturbances in older people

Skills

- Manage sleep disorders/disturbances in older people

28. Sensory Impairment

Knowledge

- Visual and hearing impairment

Skills

- Manage older people with visual and hearing impairment

29. Oral diseases and disorders

Knowledge

- Describe common oral disease and disorders seen in older people

Skills

- Recognize when further assessment by a dental service would be beneficial
30. Community Practice Including Continuing, Respite and Intermediate Care

Knowledge

- Basic knowledge on Gerontology
- Recognise the importance of the role of a geriatrician in intermediate care
- Rehabilitation prior to returning to the community
- Health promotion
- Understand the models of intermediate care including evolving role of day hospitals and agencies involved in community care
- Acknowledge the usage of assistive technologies eg monitoring devices, technology assisted living
- Skin and wound care
- Continence care
- Establishment of links with GPs for joint management of cases
- Visitation to Intermediate Care and Continuing Care Hospital and participation in medical home visits

Skills

- Establish diagnosis and recommend pharmacological and non-pharmacological interventions
- Recurrent review of medication
- Aim to prevent ill health and disease in patients eg. changes in lifestyle
- Perform nutritional assessments and develop approaches to feeding eg. PEG
31. Orthogeriatrics

Knowledge

- Common medical problems in patients with fractures in neck of femur
- Principles and values of shared care
- Rehabilitation of post fracture
- Role and expertise of multidisciplinary team
- Causes and management of osteoporosis
- Principles of risk assessment for future fracture e.g. FRAX tool
- Bone densitometry interpretation and its limitations

Skills

- Diagnostic skills and interpretation of investigations
- Planning transfer of care
- Nutritional assessment and intervention
- Team work
32. Psychiatry of Old Age

Knowledge

- Major psychiatric conditions and illnesses: depression, delirium, dementia, anxiety and paranoid states
- Clinical pharmacology, therapeutics and pharmacy for older people with psychiatric conditions
- Ethics and medico-legal issues
- Organization of old age psychiatry services
- Psychiatric assessment methods and tools

Skills

- Diagnostic skills
- Drug and non-drug interventions
- Team and leadership skills
- Cognitive and mood assessment
- Appropriate referral to other specialists
- Assessment and documentation of mental capacity
33. Palliative Care

Knowledge

- Understand the role of palliative care team and the hospice
- Knowledge of signs and symptom profiles in the terminally ill and an understanding of their pathophysiology
- Appropriateness of investigations
- Management of common symptoms in both malignant and non-malignant life-limiting disease eg end-stage dementia, heart failure, COPD
- Symptom control
- Pain
- Understand the pathophysiology of pain
- Types of pain - nociceptive, visceral, neuropathic, incident
- Assessment of pain eg. pain scores
- Principles of pain management
- Pharmacological knowledge (including pharmacodynamics/pharmacokinetics) of commonly used medications for pain, including:
  - Types of drugs and routes of administration
  - Dosage adjustment in the elderly and in altered metabolism
  - Specialist pain intervention eg. nerve blocks, TENS, acupuncture
- Non-pharmacological e.g. palliative surgery, radiotherapy, physical therapy, psychological therapy
- Emergencies
- Management of emergencies in palliative care eg acute pain, hypercalcaemia, haemorrhage, spinal cord compression, breathlessness, infection
34. Pre-operative Medicine for Older People

Knowledge

- Pre-operative surgical and anaesthetic issues associated with geriatric syndromes and illnesses that commonly occur in the acute fracture setting and acute post-operative setting e.g. delirium, infections, electrolyte abnormalities, dehydration

- Identify multi-domain issues (medical, functional, psychological and social)

- Assess risk of pre-operative mortality (using an accepted tool e.g. PPOSSUM, ASA)

- Assess risk of post-operative morbidity (e.g. delirium, AKI, ACS, respiratory decompensation, functional decline)

- Undertake optimisation across all domains in order to modify pre-operative risk

- Provide specialist advice on issues related to consent and ethics of surgery

- Ensure patient is well informed, promote wellbeing and health promotion
35. Stroke Care

Knowledge

- Epidemiology of stroke, particularly pertinent to older people
- Primary and secondary prevention measures
- Acute stroke and TIA management
- Complications of stroke and its management
- Rehabilitation models in hospital and community
- Effects on carers and patients
- Knowledge of prognosis, local services and voluntary agencies
- Ethical and legal issues relating to patients with severe disability.
- Feeding issues, mental capacity and welfare issues in cognitively impaired patients
- Awareness of functional presentations

Skills

- Able to obtain relevant neurological and cardiovascular history, undertake a neurological and cardiovascular examination, conduct bedside assessment of cognitive function, give logical differential diagnoses, interpret abnormal haematology, biochemistry and clotting, interpret 12-lead ECG, 24 hour ECG and blood pressure monitoring recordings.
- Appropriate referral to other specialties
- Screening for safe swallowing
- Assess and manage fluid balance
- Interpret and manage the changes in physiological variables, including hypoxia, abnormal cardiac rhythms, hypotension, hypertension, hypoglycaemia and hyperglycaemia
- Interpret neurological observation charts
- Accurately score patients using the Glasgow Coma Score, NIH Stroke Scale
• Initiate appropriate management of complications based on relevant investigations

• Provide intensive monitoring to acutely unwell patients

• Manage complications of stroke

• Assess and manage nutrition and hydration

• Formulate appropriate strategies for prevention of DVT and early stroke recurrence

• Rehabilitate stroke patients and assess and manage patients with chronic stroke-related disability

• Able to work with a multidisciplinary team including goal setting

• Leadership in a multi-disciplinary team and the organization of a stroke rehabilitation service

• Communicate with patients and their carers about practical and emotional issues arising from living with a disability

• Recognise and assess functional deterioration

• Manage an outpatient follow-up clinic
36. Elder Abuse and Countering Ageism

Knowledge

- Knowledge of abuse that the elderly can suffer (financial, physical, emotional/psychological, sexual)
- Understand the role of elder abuse among community case workers, hospital medical social workers, General Practitioners and Psychogeriatrician in the management of the suspected elder being abused
- Be aware of national management guidelines
- Understand the legislative background relating to elder abuse
- Knowledge on medico-legal matters, including enduring power of attorney
- Recognise the forms of ageism particularly as it relate to health services
- Role of a geriatrician as an advocate for vulnerable older adults

Skills

- Able to conduct an interview with empathy
- Knowledge of how to carry out the appropriate physical examination
- Formulation of a conclusion about the competence of the patient based on assessment of patient’s cognition and mood
- Work in a multidisciplinary team in recognition of the roles and expertise of others in such sensitive cases
- Capacity assessment