INSTITUTE
OF MEDICINE

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 Martin O'Donnell, Dr Martin Mulroy, Dr Clodagh O'Dwyer National Specialty Directors, Ann O'Shaugnessy, Head of Education, and by the Geriatric Medicine Training Committee. The curriculum is approved by the The Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
11.0	01 July 2022	Aisling Smith	No content changes, updated ePortfolio form references

Table of Contents

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.

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.

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.

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.

Dual Specialty Training

GIM training is expected to be completed in the first 3 years of the programme. One of these years is a GIM specific year. During the other 2 years trainees must complete their GIM training as per the minimum requirements.
Each post must include general medicine on-call commitment for acute unscheduled/emergency care with attendance at relevant post-take rounds.

Acute Medicine:
There must be evidence of direct supervision of the activity of the more junior members of the "on-take" team and a minimum of 10 (480 per year) new acute medical assessments and admissions during the 24-hour period are expected. In addition, the trainee will be expected to have ongoing care/responsibility for a proportion of the patients for the duration of the clinical inpatient journey as well as follow up post discharge. In this capacity you should develop skills in non-technical aspects of care including discharge planning and end of life care.

Inpatient Responsibilities:
The trainee will have front line supervisory responsibilities for general medical inpatients. This will require supervising the activities (e.g. being available for advice) of the more junior members (SHO/Intern) of the clinical team at all times. In addition to personal ward rounds, a minimum of two ward rounds with the consultant each week is expected for educational experience. Ongoing responsibility for shared care of the team's inpatients whilst in the ITU/HDU/CCU is also essential. If this is not possible in a particular hospital/training institution then a period of secondment to the appropriate unit will be required.

Outpatient Responsibilities:
The trainee is expected to have personal responsibilities for the assessment and review of general medicine outpatients with a minimum of at least one consultant led GIM clinic per week. The trainee should assess new patients; access to consultant opinion/supervision during the clinic is essential. In the event of clinics being predominantly subspecialty orientated, a trainee must attend other clinics to ensure comprehensive General Internal Medicine training.

General Education in Training:
The trainee is expected to spend four hours per week, in formal general professional education for certification of training. In the types of experience noted below, time must be fairly distributed between GIM and the other specialty in dual training programmes. Review of all these activities will form part of the training record for each trainee.

All trainees are required to undergo training in management. This will take the form of day-to-day involvement in the administration of the team/firm and must include attendance at a management course during the training period.

Trainees are expected to be actively involved in audit throughout their training and should have experience of running the unit's audit programme and presenting results of projects at audit meetings. They should also regularly attend other activities, journal clubs, X-ray conferences, pathology meetings etc.

Trainees should be expected to show evidence of the development of effective communication skills. This can be assessed from taking part in formal case presentations or in giving lectures/seminars to other staff or research/audit presentations at unit meetings.

All trainees must have a current ACLS certificate throughout their HST.

Procedures:
During training the trainee should acquire those practical skills that are needed in the management of medical emergencies, particularly those occurring out of normal working hours. Some exposure to these skills may have occurred during the period of BST but experience must be consolidated and competencies reviewed during HST. The procedures, with which the trainee must be familiar and show competencies in, either as essential to acquire, or as additional procedural skills i.e. desirable to acquire.

Essential & Additional Experience:

The trainee will be expected to have had experience of/be familiar with the management of a wide range of cases presenting to hospitals as part of an unselected acute medical emergency "take". Whilst trainees will not need to be expert in all of these areas they will be expected to be able to plan and interpret the results of immediate investigations, initiate emergency therapy and triage cases to the appropriate specialist care. These emergency situations have been considered under each specialty section and are indicative of what should be covered but are not prescriptive. It should form the basis of regular discussions between the trainee and trainers as training progresses. The various clinical situations listed for experience have been divided into those, which are considered "essential" and others, which are "additional".

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.

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.

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
- 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 in accordance with data protection legislation 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)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- 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

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- 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 in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

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
- Ethical and legal decision making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

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
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

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 of 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 notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure 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
- Personal Protective Equipment Training Course (In hospital)

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-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- 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
- 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 in straightforward and complex 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
- RCPI Ethics programmes
- Wellness Matters Course
- RCPI HST Leadership in Clinical Practice course

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
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and 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 a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or 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 of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, 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 and retain attention avoiding 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 the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; 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, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

SKILLS

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- 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 realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- 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
- RCPI Ethics programmes
- 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

- An Introduction to Health Research (online)
- Performing audit course (online)
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- 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 (online)
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

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
- Understand the clinical significance of references ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for 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, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- 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
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- 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
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the 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)
- Transfer information in an appropriate and timely manner

- 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)
- Annual 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, including complex discharge
- 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 tools (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

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

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
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

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
- Take and record an accurate drug allergy history and history of 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
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

General Internal Medicine Section

Objective: On completion of Higher Specialist Training the trainee will be able to identify and treat immediate life threatening causes of common medical presentations, form a differential diagnosis for non-life threatening cases and effectively manage the patient including further investigation and appropriate referral. They will have acquired a broad range of procedural and clinical skills to manage diverse presentations.

Assessment and Learning Methods

Learning opportunities during HST are through:

- Self-Directed Learning
- Attendance at Study days
- Participation in In-house activities
- Unselected acute on call
- General Medicine outpatient clinics
- Department education sessions (black box, journal club, tutorials)
- Completion of Required courses
- Attendance at additional learning events such as recommended courses and masterclasses

Progress is assessed through:

- Case Based Discussion
- ePortfolio
- Annual assessment
- DOPS

In the Acute setting

During the course of HST the trainee will encounter common acute presentations and demonstrate the following competencies:

- Recognising and assessing urgency
- Stabilising the patient
- Prioritising
    - Tasks
    - Investigations
- Managing co-existing morbidities
- Making appropriate referrals
- Decision making and appropriate delegation

The presentations listed in this section represent the most common acute presentations and conditions currently seen in Irish hospitals, accounting for over 95% of admissions. It is expected that HST trainees in general internal medicine will have a comprehensive knowledge of, and be able to provide a differential diagnosis for, these conditions.

Presentations

- Shortness of breath
- Cough
- Chest Pain
- Blackout/ Collapse/ Dizziness
- The frail older patient in the acute setting
- Abdominal Pain
- Fever
- Alcohol and substance dependence or withdrawal
- Falls and Decreased mobility
- Weakness and Paralysis
- Headache
- Limb Pain and/or Swelling
- Nausea and Vomiting
- Seizure
- Diarrhoea
- Delirium/Acute confusion
- Acute Psychological illness
- Palpitations
- Hepatitis or Jaundice
- Gastrointestinal Bleeding
- Haemoptysis
- Rash
- Acute Back Pain
- Poisoning and Drug Overdose
- Hyper-glycaemia

Emergency management

Recognising and managing emergency cases including:

- Acute Coronary Syndrome
- Acute Kidney Injury
- Acute Respiratory Failure
- Acute Seizure
- Anaphylaxis / Angioedema
- Cardio-respiratory arrest
- Critical electrolyte abnormalities (calcium, sodium, potassium)
- Hypo- or Hyperglycaemia
- Sepsis and septic shock
- Stroke/ TIA
- The unconscious patient
- Unstable hypotensive patient

Skills and Knowledge in the General Medicine Setting

On completion of HST the trainee should know life threatening causes, clinical feature, classifications, investigations and management, including indications for urgent referral, for common general medicine presentations. The following outlines commonly associated features, causes and/or routes of investigation for these presentations, both acutely and for ongoing case management, the trainee is expected to know and the competencies they are expected to demonstrate.

When a patient presents with a general medicine complaint the trainee should demonstrate an ability to:

- Assess their signs and symptoms; formulating a differential diagnosis
    - Take history as part of an investigation
    - Undertake primary assessment
    - Recognise and assess urgency
    - Undertake secondary assessment
- Initiate appropriate investigations
    - Interpret results for common investigations
- Initiate appropriate treatment, including stabilising the patient where necessary
- Manage co-existing morbidities
- Manage on-going cases including
    - confirming a diagnosis for those not requiring urgent referral
    - assessing response to initial treatment
    - recognising signs to escalate management when needed
- Appropriately refer based on:
    - Response to treatment
    - Local guidelines
    - Culture
    - Self-awareness of their own knowledge and ability
    - Services available
- Provide ongoing management of the case

Shortness of breath

When a patient presents with shortness of breath a trainee should demonstrate knowledge of the clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for common causes.

- Life threatening causes of breathlessness
    - Airway Obstruction
    - Acute severe asthma
    - Acute exacerbation of COPD
    - Pulmonary oedema
    - Tension pneumothorax
    - Acute presentations of Ischaemic heart disease
    - Acute severe left ventricular failure
    - Dysrhythmia
    - Pulmonary embolus
    - Cardiac tamponade
    - Metabolic acidosis

Cough

When a patient presents a cough a trainee should demonstrate knowledge of the clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Common causes of acute cough
    - Viral and Pertussis type cough
    - Acute bronchitis
    - Pneumonia
    - Tuberculosis
    - Lung cancer
    - Understand the relevance of subacute and chronic cough
    - Common causes (Asthma, Upper airway, GORD)
    - When to refer for assessment of lung cancer
    - Consideration of Interstitial lung disease

Chest Pain

When a patient presents with chest pain a trainee should demonstrate knowledge of the clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for common causes.

- Life threatening causes of chest pain
    - Myocardial infarction
    - Dissecting aortic aneurysm
    - Pulmonary emboli
    - Tension pneumothorax
    - Oesophageal rupture
- Clinical features of:
    - Cardiac chest pain
    - Chest pain caused by respiratory disease and oesophageal rupture
    - Chest pain caused by gastrointestinal disease
    - Chest wall pain
    - Functional chest pain

Blackout / Collapse / Dizziness

When a patient blacks out, collapses or presents with dizziness a trainee should demonstrate that they know the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Stroke
    - Cerebral infarction
    - Primary intracerebral haemorrhage
    - Subarachnoid haemorrhage
- Syncope
    - Cardiac causes (arrhythmia, cardiogenic shock)
    - Vasovagal syncope
    - Postural hypotension (e.g., drugs, neurocardiac, autonomic)
    - Localised vascular disease (posterior circulation)
    - Metabolic causes (e.g., hypoglycaemia)
- Seizures and epilepsy

Management of the frail older patient in the acute setting

When a frail older patient presents a trainee should demonstrate knowledge of the appropriate approach to assessment, risk factors, appropriate investigations and necessary management, including indications for urgent referral, for this population.

- Understand the broad differential diagnosis and management of complex multi-morbid illness in older patients
- Approach to investigation and management of recurrent Falls
- Non-pharmacological and pharmacological management of behavioural complications of dementia
- Investigation of causes, non-pharmacological and pharmacological management of Delirium
- Polypharmacy and inappropriate prescribing in older patients (e.g. renal dose adjustment)
- Medical management of nursing home residents- identifying aspiration risk
- Palliative care and pain management in the acute setting
- Acute stroke thrombolysis delivery and criteria for referral for intravascular intervention
- Completion of NIHSS stroke scale

Abdominal Pain

When a patient presents with abdominal pain a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Initial assessment of abdominal pain
- Differential Diagnosis:
    - Intra-abdominal
        - Gastrointestinal
        - Vascular (aneurysm, ischemia)
        - Urological
        - Gynaecological
    - Extraabdominal causes of pain
- Ability to identify and initiate management of life threatening conditions causes of abdominal pain
- Indications for surgical consultation and urgent referral
- Identifying constipation and urinary retention in older patients

Fever

When a patient presents with fever a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Recognize the symptoms and signs of sepsis
- Identify common causes of fever
    - Infection
    - Non-infectious including PE, Drugs, vasculitis,
- Delivery of initial management of septic patient
- Knowledge of the choice of empiric and infection targeted antibiotics

Alcohol and substance dependence or withdrawal

When a patient presents with dependence or withdrawal a trainee should demonstrate that they know the classifications and necessary management, including indications for referral.

- Recognition
- Psychosocial dysfunction
- Autonomic disturbances
- Stress and panic disorders
- Insomnia and sleep disturbance
- Understand the role of psychiatrist and referral to rehabilitation services

Falls and Decreased mobility

When a patient falls or presents with decreased mobility a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Common medical and social causes of falls in medical patients
- Complications of falls
    - Fractures including the neck of the femur
    - Intracranial injury
    - Rib fracture and pneumothorax
    - Loss of mobility and independence

Weakness and Paralysis

When a patient presents with weakness or paralysis a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Stroke/ space occupying lesion
- Spinal cord injury
- Underlying neurological causes: e.g. multiple sclerosis, Guillain-Barre syndrome
- Infections and disease causing weakness

Headache

When a patient presents with headache a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Clinical classifications of headache
- Headache with altered neurological and focal signs
- Headache with features suggestive of raised intracranial pressure
- Headache with papilloedema
- Headache with fever
- Headache with extracranial signs
- Headache with no abnormal signs
- Drugs and toxins

Limb Pain and/or Swelling

When a patient presents with limb pain or swelling a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- As a result of injury
- As a result of an underlying medical condition
    - Undifferentiated inflammatory arthritis

Nausea and Vomiting

When a patient with nausea and vomiting a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Understanding of common causes
    - Abdominal
        - Acute Gastroenteritis
        - PUD
        - Pancreatitis
        - Acute hepatitis
        - Bowel obstruction
    - Central Causes (CNS)
    - Poisoning and Medications
- Management
    - Identification of underlying cause
    - Control of symptoms
    - Treating dehydration

Seizure

When a patient presents with seizures a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Causes
    - Unprovoked seizures/epilepsy
    - Seizures associated with metabolic, toxic and system illness
    - Cerebral hypoxia
    - Seizures associated with drugs and toxic substances
- Management
    - Emergency supportive treatment
    - Anticonvulsant treatment
    - Work up of first presentation with seizure
    - Understand driving implications for patients with seizures

Diarrhoea

When a patient presents with diarrhoea a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Classification
  - Osmotic
  - Secretary
  - Exudative
- Causes
  - Infectious
  - Inflammatory
  - Ischemic
  - Malignant
- Complications
- Management
  - Acute management
  - Knowledge of appropriate investigations
  - Recognition of associated complications
  - Role of antibiotics
  - When to refer to gastroenterology.

Delirium/Acute confusion

When a patient presents with delirium or acute confusion a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Clinical features of acute confused state- differentiating delirium, dementia, depression and psychosis
- Causes of delirium
- Use of screening instruments for delirium and/or cognitive impairment
- Clinical features of acute delirium
- Clinical features of acute functional psychosis
- Causes of confused state associated with alcohol abuse- delirium tremens, Wernicke's encephalopathy
- Drug induced/related confusion/delirium
- Bacterial meningitis, Viral encephalitis
- Subarachnoid haemorrhage/ subdural haematoma

Social issues

When a patient presents with social issues a trainee should demonstrate knowledge of the appropriate approach to assessment, risk factors, appropriate investigations and necessary management, including indications for urgent referral, for this population.

- Managing medical conditions with an uncooperative patient
- Identifying potential elder abuse
- Recognising substance abuse
- Basic principles of psychiatry
- Recognising an at risk patient

Palpitations

When a patient presents with palpitations a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Anxiety
- Exercise induced
- In relation to pre-existing conditions including
    - Thyroid disease
    - Anaemia
    - Fever
    - Dehydration
    - Low blood sugar
    - Low blood pressure
- Resulting from medications or toxins
- Hormonal changes
- After prior myocardial infarct
- Coronary artery disease
- Other heart problems including congestive heart failure, heart valve or heart muscle problems

Hepatitis or Jaundice

When a patient presents with hepatitis or jaundice a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Incubation and prodromal phase
- Virus-specific
- Toxic hepatitis
- Autoimmune
- Acute liver failure

Gastrointestinal Bleeding

When a patient presents with gastrointestinal bleeding a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Understanding of the initial assessment and stabilization of patients with GI bleeding
- Understanding of haemovigilance and blood transfusion protocols
- Upper gastrointestinal bleeding including
    - Peptic ulcer Disease
    - Gastritis
    - Esophageal varices
    - Mallory-Weiss tears
    - Gastrointestinal cancers
    - Inflammation of the gastrointestinal lining from ingested material
- Lower gastrointestinal bleeding including
    - Diverticular disease
    - Gastrointestinal cancers
    - Inflammatory bowel disease (IBD)
    - Infectious diarrhoea
    - Angiodysplasia
    - Polyps
    - Haemorrhoids and anal fissures

Haemoptysis

When a patient presents with haemoptysis a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Recognition and Management of massive Haemoptysisi
- Common causes of haemoptysis
    - Acute and chronic bronchitis
    - Tuberculosis
    - Lung cancer
    - Pneumonia
    - Bronchiectasis
    - Pulmonary Embolus
    - Alveolar Haemorrhage (vasculitis)

Rash

When a patient presents with a rash a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Urticaria
- Anaphylaxis and Angio Oedema
- Erythroderma and exfoliation
- Psoriasis and seborrhaoeic/contact dermatitis
- Purpura and vasculitis
- Blistering eruptions
- Infections and the skin

Acute Back Pain

When a patient presents with acute back pain a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Non-specific acute back pain
- Causes of chronic low back pain
- Neurologic findings in back pain
- Identifying serious etiologies of back pain e.g.,
    - Cancer
    - Fracture
    - Infection
    - Cauda equina syndrome

Poisoning and Drug Overdose

When a patient presents with poisoning or overdose a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Diagnostic clues in the assessment of overdoses
- Identification of toxic agent (paracetamol, SSRI, benzodiazepines, opiates, amphetamines, TCAD)
- Immediate management
- Mental health assessment and definitive care

Hyper-glycaemia

When a patient presents with hyper-gycaemia a trainee should demonstrate knowledge of the life threatening causes, clinical feature, classifications, appropriate investigations and necessary management, including indications for urgent referral, for the common causes.

- Symptoms of acute hyper-glycaemia
- Recognition and Management of diabetic ketoacidosis
- Recognition and management of Hyperosmolar non ketotic hyperglycemic states

Procedures

Objectives: To develop proficiency in common procedures required for general internal medicine.

Knowledge and Skills

Abdominal paracentesis under ultrasound

ECG Interpretation

Emergency DC cardioversion

- Up to date ACLS training to cover:
    - Necessity of Synchronised Shock
    - Starting voltage
    - Safe use of Defibrillator

Emergency care of tracheostomy

- In cases of:
    - Cardiac arrest
    - Dealing with a compromised airway

Femoral venous lines with ultrasound guidance

- Ultrasound guided femoral venous line placement
- Anatomical markers for femoral veins
- Safe cannulation of vein
- Secure line in place/review position on X-ray

Intercostal drain under ultrasound

- Anatomical markings
- Insertion of intercostal tube (small bore seldinger)
- Connection to underwater seal and secure in place
- Assessment and management of drain
- Safe removal of the tube

Joint aspiration

- Sterile field
- Fluid analysis
- Injectable compounds

Lumbar puncture

- Anatomical markers
- Cannula selection
- Safe puncture including appropriate preparation
- Measurement of CSF pressure
- Removal of samples and interpretation of results
- Management of post lumbar puncture headache

Non-invasive Ventilation

- Principles of BIPAP and CPAP
- Monitoring and limitations
- Mask fitting
- Understanding of pressures

Pleural and ascitic fluid aspiration under ultrasound

- Safe approach and role of ultrasound guidance
- Puncture pleural / peritoneal space
- Withdrawal of fluid

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

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

- RCPI Respecting autonomy and safeguarding the rights of older people
- Mini-CEX
    - Capacity assessment
    - SpR-led multidisciplinary meetings
- RCPI courses: Ethics Foundation and Ethics for General Medicine
- 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 frailty
- Treatment options, pharmacological & non-pharmacological
- Principles of appropriate prescribing & pharmacology in older people
- Appropriateness of investigation
- Impact of frailty 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
- RCPI courses: Ethics Foundation and Ethics for General Medicine

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
- Delirium Recognition and Response (Online) (mandatory)
- RCPI courses: Ethics Foundation and Ethics for General Medicine
- 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
- RCPI courses: Ethics Foundation and Ethics for General Medicine
- 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 courses: Ethics Foundation and Ethics for General Medicine
- 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 courses: Ethics Foundation and Ethics for General Medicine
- 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
- RCPI courses: Ethics Foundation and Ethics for General Medicine
- 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.
- Familiarity 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				
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Training Post	Personal Goals Form
On Call Rota	Required	1	Training Post	Clinical Activities
GIM Year	Required	480	Training Programme	
Dual Specialty Years	Required	480	Training Programme	
Section 2 - Training Activities				
Outpatient Clinics (minimum 1 clinic per week either general or Specialty)	Required	40	Year of Training	Clinics
General Geriatric Medicine Clinic				
Specialty Clinics including:				
TIA / Stroke				
Osteoporosis / Bone health				
Syncope & Falls				
Movement Disorders				
Memory Clinic				
Ward Rounds/Consultations				Clinical Activities
Consultant Ward Round (minimum 1 per week)	Required	40	Year of Training	
SpR Led Ward Round (minimum 1 per week)	Required	40	Year of Training	
Consultations	Required	40	Training Programme	
Emergencies/Complicated Cases				Cases
Adverse Drug Reactions (minimum 1 case per year)	Required	1	Year of Training	
Acute falls or fracture in the older person (minimum 1 case per year)	Required	1	Year of Training	
Acute Stroke (minimum 1 case per year)	Required	1	Year of Training	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Acute TIA (minimum 1 case per year)	Required	1	Year of Training	
Acute Delirium (minimum 1 case per year)	Required	1	Year of Training	
Acute Sepsis (minimum 1 case per year)	Required	1	Year of Training	
Geriatric Medicine Procedures/Practical Skills/Surgical Skills				Procedures, Skills & DOPS
Tilt Table	Required	10	Training Programme	
Thrombolysis	Required	10	Training Programme	
Capacity assessment	Required	5	Training Programme	
General Internal Medicine Procedures/Practical Skills/Surgical Skills				Procedures, Skills & DOPS
BIPAP/CPAP	Required	10	Training Programme	
Emergency DC cardioversion	Required	10	Training Programme	
ECG interpretation	Required	50	Training Programme	
Joint aspiration	Required	4	Training Programme	
Lumbar puncture	Required	20	Training Programme	
Abdominal paracentesis – under ultrasound	Desirable	4	Training Programme	
Femoral venous line placement – under ultrasound	Desirable	1	Training Programme	
Pleural aspiration – under ultrasound	Desirable	4	Training Programme	
Intercostal drain Insertion – under ultrasound	Desirable	1	Training Programme	
Additional/Special Experience Gained				Cases
Continence Services	Required	1	Training Programme	
Stroke (Thrombolysis) Services	Required	1	Training Programme	
Orthogeriatrics	Required	1	Training Programme	
Old age Psychiatry	Required	1	Training Programme	
In-patient Rehabilitation for Older People	Required	1	Training Programme	
Palliative Care Specialist Service	Required	1	Training Programme	
Clinical Pharmacology	Desirable	1	Training Programme	
Community Liaison	Desirable	1	Training Programme	
Relatively Unusual Cases	Desirable	1	Training Programme	Cases

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Chronic Cases/Long term care	Required	1	Training Programme	Cases
Offsite Activities				Clinical and Other Liaisons
Community Activities	Required	1	Year of Training	
Day hospital	Required	1	Year of Training	
Domiciliary Visits	Desirable	1	Year of Training	
ICU/CCU Cases	Required	1	Training Programme	Cases
Management Experience	Desirable	1	Training Programme	Management Experience
Section 3 - Educational Activities				
Mandatory Courses				Teaching Attendance
ACLS	Required	1	Training Programme	
Advance Care Planning (online) (year 1)	Required	1	Training Programme	
Delivering Thrombolysis in Clinical Practice	Required	1	Training Programme	
Ethics: Foundation	Required	1	Training Programme	
Ethics for General Medicine	Required	1	Training Programme	
An Introduction to Health Research Methods (online)	Required	1	Training Programme	
HST Leadership in Clinical Practice (Year 3+)	Required	1	Training Programme	
Mastering Communication (Year 1)	Required	1	Training Programme	
NIHSS (Online course)	Required	1	Training Programme	
Performing Audit (Year 1)	Required	1	Training Programme	
Respecting autonomy and safeguarding the rights of older people	Required	1	Training Programme	
Wellness Matters	Required	1	Training Programme	
NIHSS Stroke Scale	Required	1	Training Programme	
Delirium Recognition and Response (Online)	Required	1	Training Programme	
Non – Mandatory Courses				Teaching Attendance
Health Research Methods for Clinicians	Desirable	1	Training Programme	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Study Days	Required	6	Year of Training	Teaching Attendance
Years 1 - 3 For non-GIM Years: Minimum of 3 GIM study days per year: 2 'core' and 1 'non-core' and attend 3 out of 4 Geriatric Medicine study days per year General Internal Medicine specialty year (Minimum of 6 GIM study days: 3 'core' and 3 'non-core') Years 4 - 5 Attend 3 out of 4 Geriatric Medicine study days per year and 3 additional study days. For Geriatric Medicine Study Days the minimum requirements of 6 per year must reflect a minimum of 3 specified study days. The following list may be counted as additional study days: • 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	Additional Professional Experience
Participation at In-house activities minimum of 1 per month from the categories below:				Attendance at Hospital Based Learning
Grand Rounds (minimum 1 per week)	Required	40	Year of Training	
Journal Clubs (minimum 1 per month)	Required	10	Year of Training	
Multidisciplinary meetings and conferences (minimum 1 per week)	Required	40	Year of Training	
Radiology Conferences	Desirable	1	Year of Training	
Pathology Conferences	Desirable	1	Year of Training	
Lecture	Desirable	1	Year of Training	
Seminar	Desirable	1	Year of Training	

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Examinations	Desirable	1	Training Programme	Examinations
Delivery of Teaching	Required	10	Year of Training	Delivery of Teaching
Lecture				
Tutorial				
Bed side Teaching				
Research	Desirable	1	Training Programme	Research Activities
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	Audit and QI
Publications	Desirable	1	Year of Training	Additional Professional Experience
Presentations	Required	1	Year of Training	Additional Professional Experience
Committee Attendance	Desirable	1	Training Programme	Additional Professional Experience
Additional Qualifications	Desirable	1	Training Programme	Additional Professional Experience
Section 4 - Assessments				
CBD (see the following)	Required	4	Year of Training	Case Based Discussion
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				

Curriculum Requirement	Required/ Desirable	Minimum Requirement	Reporting Period	Form Name
Elder Abuse Countering Ageism and Advocacy Long Term Care Delirium Instability and Falls Continence Care Stroke Care Movement Disorders Diagnosis and Management of Acute Illness				
DOPS				Procedures, Skills & DOPS
Tilt table testing	Required	1	Training Programme	
General Internal Medicine DOPS				Procedures, Skills & DOPS
BIPAP/CPAP	Required	1	Training Programme	
Communication e.g. chairing care planning meeting for complex discharge, procedure consent	Required	1	Training Programme	
DC cardioversion	Required	1	Training Programme	
ECG interpretation	Required	1	Training Programme	
Joint aspiration	Required	1	Training Programme	
Lumbar puncture	Required	1	Training Programme	
Abdominal paracentesis under ultrasound	Desirable	1	Training Programme	
Femoral venous line placement under ultrasound	Desirable	1	Training Programme	
Pleural aspiration under ultrasound	Desirable	1	Training Programme	
Mini-CEX	Required	4	Year of Training	Mini CEX
Quarterly Assessments/End-of-Post Assessments	Required	4	Year of Training	Quarterly Assessments/End-of-Post Assessments
End of Year Evaluation	Required	1	Year of Training	End of Year Evaluation