INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

GERIATRIC MEDICINE AND GENERAL INTERNAL MEDICINE

OUTCOME-**B**ASED **E**DUCATION – OBE CURRICULUM

This curriculum of Higher Specialist Training in Geriatric Medicine and General Internal Medicine was developed in 2023 by a working group led by Dr Clodagh O'Dwyer, Professor Martin O'Donnell, and Dr Hilary Cronin, National Specialty Directors, and the RCPI Workplace Education Team. The Curriculum undergoes an annual review process led by the National Specialty Directors the RCPI Education Department. The curriculum is approved by the Specialty Training Committee and the Institute of Medicine.

Version	Date Published	Last Edited By	Version Comments
1.0	July 2025	Stephen Capper	No edits from the previous year

National Specialty Directors' Foreword

The Geriatric Medicine HST programme is designed to cultivate and train expert Geriatricians with a broad range of clinical and academic skills. The last decade has seen exciting developments in our speciality such as frailty at the front door, the expansion of integrated care services as well as the development of new liaison services.

As our speciality develops, so too must our training programme. A move to an outcome-based curriculum is designed to both guide and assess trainees in their clinical skills as they progress through the five years of training. It is meant to provide a road map for trainees and give them the foundation skills they require to be future clinical leaders in Geriatric Medicine. It also provides guidance to the many trainers across the country, to whom we are indebted. It is hoped that this curriculum will allow for meaningful dialogue, feedback and support to both trainees and trainers.

We would like to thank all the people who were involved in the revision of the curriculum, particularly the Geriatric SPRs and trainers who attended our workshop in the RCPI.

We wish you all the very best as you embark on your training and clinical career.

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1. INTRODUCTION

This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.

1.1. Purpose of Training

This programme is designed to provide training in Geriatric Medicine and General Internal Medicine (GIM) in approved training posts, under supervision, to fulfil agreed curricular requirements. Each post provides a trainee with a named trainer and the programme is under the direction of the National Specialty Director(s) (NSD) for Geriatric Medicine.

1.2. Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to work as an independent consultant. The Curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

In keeping with developments in medical education, and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes-Based Education (OBE) approach. This Curriculum design differs from traditional minimum-based requirement designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

1.3. How to use the Curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the Curriculum as a blueprint for their training and record specific feedback, assessments, and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

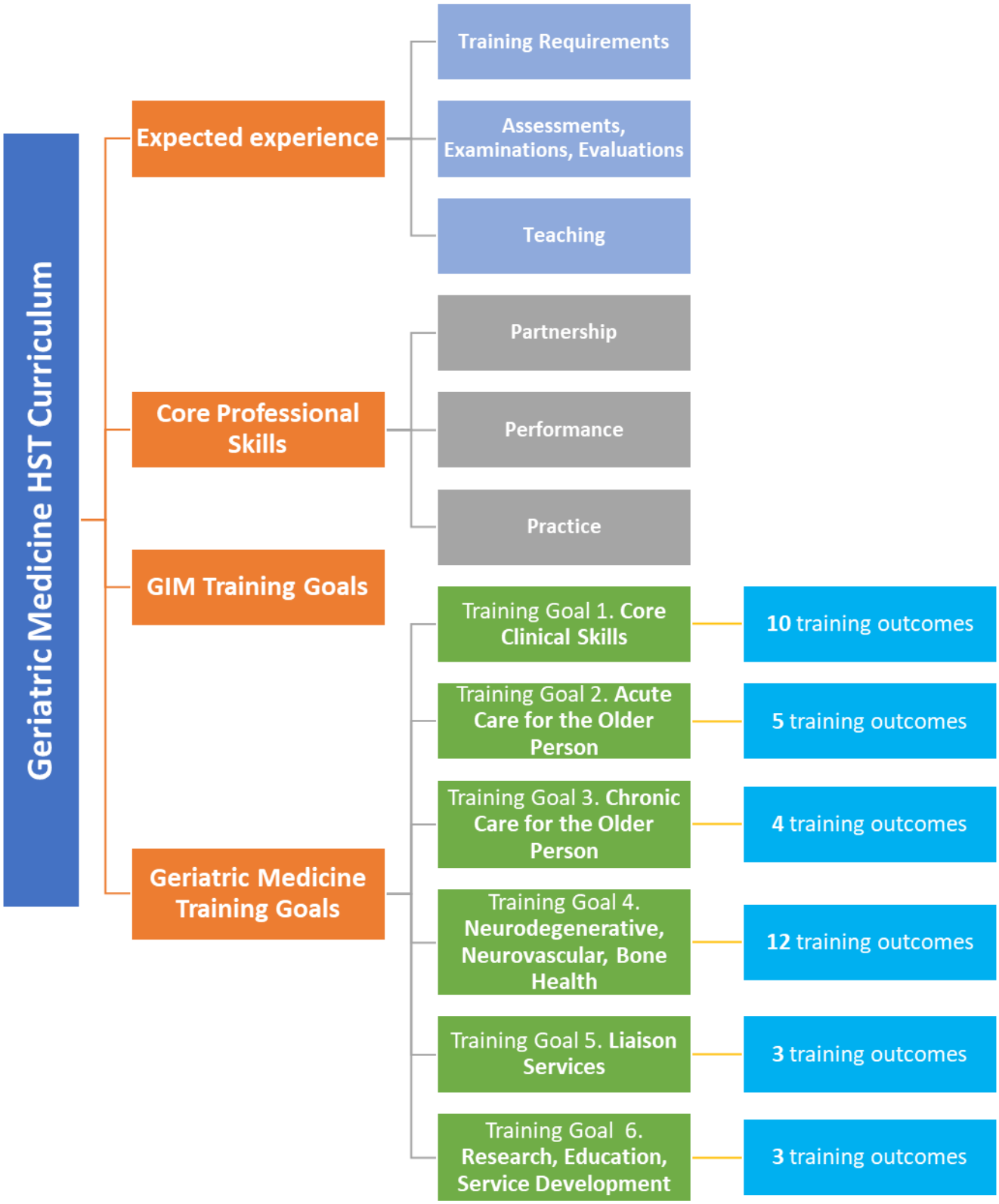
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the Curriculum in the first instance for information on the requirements of the training programme.

Please note: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

1.4. Reference to rules and regulations

Please refer to the following sections within the Geriatric Medicine HST Training Handbook for rules and regulations associated with this post. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website following this link.

1.5 Overview of Curriculum Sections and Training Goals



2. EXPECTED EXPERIENCE

This section details the training experience and the service provision tasks that all Trainees are expected to complete throughout the Higher Specialist Training.

2.1. Duration & Organisation of Training

The duration of Higher Specialist Training (HST) in Geriatric Medicine and General Internal Medicine (GIM) is five years, one year of which may be gained from a period of full-time research or other academic endeavour during the Out of Clinical Programme Experience (OCPE).

Core Training: Trainees must spend the first two years of training in clinical posts in Ireland before undertaking any period of research or OCPE. The earlier years of training will usually be directed towards acquiring a broad general experience of Geriatric Medicine and GIM 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.

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 to acquire the broad range of training required. A degree of flexibility to meet the individual training needs is supported where practical especially towards the end of the training programme following discussion with the NSDs, and rotations may evolve due to year-on-year availability and proportion of trainees on OCPE. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the NSDs 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 (regional/national) 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 in a clinical post for more than 1 year.

Out of Clinical Programme Experience: Trainees can undertake one, or more years out of their HST programme to pursue research, further education, special clinical training, lecturing experience, or other relevant experiences.

OCPE must be preapproved, and retrospective credit cannot be applied.

It must be noted that even if trainees can undertake more than one year to complete their OCPE of choice, RCPI would award a maximum of 12 months of training credits towards the achievement of CSCST. In certain circumstances, RCPI may award no credits. The decision of whether to award credits for one year may differ from specialty to specialty and it is discretionary by the NSDs of each respective specialty.

For more information on OCPE, please refer to the RCPI website (here).

Training Principles: During the period of training the Trainee must take increasing responsibility for seeing patients, undertaking ward consultations, making decisions, and operating at a level of responsibility which would prepare them for practice as an independent Consultant. Over the course of HST, Trainees are expected to gain experience in a variety of hospital settings.

Core Professional Skills: Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all the medical and related specialties. It is intended that all

Trainees should re-affirm those competencies during HST. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Trainee's suitability and ability to become an independent specialist.

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 their expected experience. 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 during the GIM specific year. In addition, the trainee is expected to record a minimum of 480 new acute medical assessments and admissions over the course of their two Dual Specialty training years. 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 the follow up post discharge. In this capacity, the trainee 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 always available for advice) of the more junior members (SHO/Intern) of the clinical team. 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 ICU/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.

Procedures: The trainee should acquire the 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 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".

Recording of Evidence of training: The target numbers for training items in the following sections represent the recording requirement to document evidence of relevant and varied clinical experience; it is understood that actual number of training experiences is likely to be well in excess of these numbers.

2.2. Clinics list, Ward Rounds and Consultations, Training Activities

Attendance at Outpatient Clinics, participation in Ward Rounds, Patient Consultations and engagement with integrated care and community geriatrics are required elements of all posts throughout the programme. The timetable and frequency of attendance should be agreed with the assigned trainer at the beginning of the post.

This table provides an overview of the expected experience a Trainee should gain regarding clinics attendance, ward rounds and consultations. All these activities should be recorded on ePortfolio using the respective form.

While it is recognised the opportunity to experience these training activities may not be available at every site, these activities can be captured at other sites over the course of the training programme, providing the expected experience number is met.

ON CALL ROTA **Unselected Admissions for General Internal Medicine (Completed in first 3 years)**		
HST Year	**Expected Experience**	**ePortfolio Form**
GIM Year	Record 480 over the course of GIM specific year	Clinical Activities
Dual Specialty Year (over 2 years)	Record 480 over the course of 2 Dual Specialty years	
OUTPATIENT CLINICS		
Type	**Expected Experience**	**ePortfolio Form**
General Geriatric Medicine Clinic	Attend at least 1 per week of training in Geriatric Medicine, record attendance	Clinics
When rotating through Specialty Clinics:		
TIA / Stroke	Attend at least 1 per week of training in Subspecialty, record attendance	
Falls & Syncope	Attend at least 1 per week of training in Subspecialty, record attendance	
Memory Clinic	Attend at least 1 per week of training in Subspecialty, record attendance	
Outreach Clinics (Integrated Care)	Attend at least 1 per week of training in Subspecialty, record attendance	
Orthogeriatric/Bone health Clinic	Attend at least 1 per week of training in Subspecialty, record attendance	
Movement Disorders Clinic	Attend at least 1 per week of training in Subspecialty, record attendance	
Other Clinics as relevant (e.g., ulcer clinics, chronic disease management, etc.)		
WARD ROUNDS/CONSULTATIONS		
Type	**Expected Experience**	**ePortfolio Form**
Consultant Led	Attend at least 1 per week, record attendance	Clinical Activities
SpR Led	Attend at least 1 per week, record attendance	
Consultations	Attend at least 1 per week, record attendance	
AMBULATORY AND COMMUNITY GERIATRICS		
Type	**Expected Experience**	**ePortfolio Form**
Day Hospital	Record 1 session per week of training in Geriatric Medicine during rotational experience	Additional Special Experience

Domiciliary Visits	Record 5 over course of HST	
Long Term Care	Record 5 over course of HST	
EMERGENCY/COMPLICATED CASES		
Type	**Expected Experience & Recording Requirements**	**ePortfolio Form**
Acute falls or syncope in the older person	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	Cases
Acute trauma or fracture	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
Acute Stroke	Expected to see at least 45 cases over the course of HST, and Record at least 1 case over the course of HST	
Acute TIA	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
Acute Delirium	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
Parkinsons	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
Polypharmacy	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
Complex Discharge Planning	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
Continence Management	Expected to see at least 15 cases over the course of HST, and Record at least 1 case over the course of HST	
End-of-life	Expected to see at least 30 cases over the course of HST, and Record at least 1 case over the course of HST	
ADDITIONAL/SPECIAL EXPERIENCE GAINED		
Type	**Recommended Experience**	**ePortfolio Form**
Continence Services	Record 1 over the course of HST (Desirable)	Additional Special Experience
Old age Psychiatry	Record 1 over the course of HST (Desirable)	
Palliative Care Specialist Service	Record 1 over the course of HST (Desirable)	
OncoGeriatrics	Record 1 over the course of HST (Desirable)	
MANAGEMENT EXPERIENCE		
Type	**Expected Experience**	**ePortfolio Form**
Management Experience	Record 1 over the course of HST	Management Experience

2.3 Procedural/Practical/Surgical Skills in Geriatric Medicine

Trainees are expected to complete and record a minimum number of certain procedures which are essential in Geriatric Medicine.

This table summarises the **minimum expected training per each procedure per each year of training**, simply log the procedures on ePortfolio and complete the related DOPS Assessment as indicated:

PROCEDURES, PRACTICAL/SURGICAL SKILLS EXPECTED EXPERIENCE PER EACH YEAR/PER PROGRAMME			
Type	**Expected Experience**	**Perform DOPS Assessment**	**ePortfolio Form**
Tilt Table	Record 10 over the course of HST	At least 2 DOPS assessment over the course of HST	Procedures, Skills & DOPS
Stroke Thrombolysis/Thrombectomy	Record 10 over the course of HST	At least 2 DOPS assessment over the course of HST	
Capacity Assessment	Record 10 over the course of HST	At least 2 DOPS assessment over the course of HST	

2.4 In-house commitments

Trainees are expected to attend a series of in-house commitments as follows:

- Attend at least **20 Grand Rounds per year**
- Attend at least **20 Journal Club per year**
- Attend at least **20 MDT Meeting per year**
- Attend at least **10 Radiology conferences per year**
- Attend and participate in a variety of learning experiences including but not limited to seminars, lectures, case discussions, case conferences etc… (1 per month during clinical years over the course of HST)

2.5 Research, Audit and Teaching experiences

Trainees are expected to complete the following activities:

- Deliver **10 teaching sessions** (to include tutorials, lectures, bedside teaching, etc.) per each year of HST
- Deliver **2 Oral presentations or Poster presentations** (hospital wide forum, journal clubs, inter hospital opportunities) per each year of HST
- Complete **1 Audit or Quality Improvement Project**, per each year of HST
- Attend **1 National or International Meeting** (Can be recorded as study day), per each year of HST
- Gain **Committee Membership** over the course of HST

In addition, it is desirable that Trainees aim to

- Complete **1 research project**, over the course of 5 years of HST

- Complete **1 publication**, over the course of 5 years of HST

2.6 Teaching attendance/Study Days

Trainees are expected to attend the majority of the courses and study days as detailed in the Teaching Appendix, at the end of this document.

Trainees should attend a minimum of 3 out of 4 Geriatric Medicine study days per year.

The exception to this is trainees in their acute GIM year who are required to attend 6 GIM study days.

Trainees in dual training years, should attend 3 out of 4 Geriatric medicine study days and a minimum of 3 GIM study days.

2.7 Assessments, Evaluations, and Examinations

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 assessment per quarter)
- Complete **1 end of post evaluation at the end of each post** (this can replace the quarterly evaluation in happening at the end of a post)
- Complete **1 end of year evaluation at the end of each training year**
- Complete **4 Case Based Discussion (CBD) per each training year (1 per quarter, each CBD to address different learning outcomes)**
- Complete **4 MiniCEX per each training year**
- Complete all the **workplace-based assessments** as agreed with Trainer.
- All Trainees are required to sit and expected to pass the **Specialty Certificate Examination in Geriatric Medicine (Exam can be attempted more than once over course of HST)**

For more information on evaluations, assessment, and examinations, please refer to the Assessment Appendix at the end of this document.

2.8 Summary of Expected Experience

Experience Type	Expected	ePortfolio form
Rotation Requirements	Complete all requirements related to the posts agreed	n/a
Personal Goals	At the start of each post complete a Personal Goals form on ePortfolio, agreed with your trainer and signed by both Trainee & Trainer	Personal Goals
On-call Commitments	Partake in on-call commitments in Geriatric Medicine and GIM for the full duration of the programme and record attendance on ePortfolio	Clinical Activities

Clinics	Attend Geriatric Medicine outpatient and Subspecialty Clinics as agreed with your trainer and record attendance per each post on ePortfolio	Clinics
Ward Rounds/Consultations	Gain experience in clinical handover and ward rounds as agreed with your trainer and record attendance per each post on ePortfolio	Clinical Activities
Deliver Teaching	Record on ePortfolio all the occurrences where you have delivered Tutorials, Lectures and Bedside teaching. Record 10 examples per year of HST	Delivery of Teaching
Research	Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	Desirable Experience: complete 1 publication during the training programme	Additional Professional Activities
Presentation	Deliver 2 oral presentation or poster per each year of training	Additional Professional Activities
Audit	Complete and report on an audit or Quality Improvement (QI) per each year of training, either to start, continue or complete	Audit and QI
Attendance at In-House Activities	Each year attend at least 20 Grand Rounds, 20 Journal Club, 10 Radiology Conferences, 20 MDT Meetings. Attend a range of learning experiences including but not limited to Seminars, Lectures, Case Discussions, etc…1 per month of HST. Record attendance on ePortfolio	Attendance at hospital-based learning
National/International Meetings	Attend 1 per year of training	Additional Professional Activities
Teaching Attendance	Attend courses and Study Days as detailed in the Teaching Appendix	Teaching Attendance
Examinations	Experience which can be recorded on ePortfolio	Examinations
Evaluations and Assessments	Complete a Quarterly Assessment/End of post assessment with your trainer 4 times in each year. Discuss your progress and complete the form.	Quarterly Assessments/End-of-Post Assessments
Workplace-based Assessment	Complete all the workplace-based assessment as agreed with your trainer and complete the respective form.	CBD/DOPS/Mini-CEX
End of Year Evaluation	Prepare for your End of Year Evaluation by ensuring your portfolio is up to date and your End of Year Evaluation form is initiated with your trainer.	End of Year Evaluation

3. CORE PROFESSIONAL SKILLS

This section includes the Medical Council guidelines for medical professional conduct, regarding Partnership, Performance and Practice.

These principles are woven within training practice and feedback is formally provided in the Quarterly Evaluations, End of Post, End Year Evaluation.

Partnership

Communication and interpersonal skills

- Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, and have a respectful and honest approach
- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns, and opinions of others
- Consider data protection, confidentiality, duty of care and appropriate modes of communication when exchanging information with others

Collaboration

- Collaborate with patients, their families, and your inter-professional colleagues to work in the best interest of the patient, for improved services and to create a positive working environment
- Work cooperatively with colleagues and team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Appropriately share knowledge and information, in compliance with GDPR guidelines
- Take on-board available, relevant feedback

Health Promotion

- Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine
- Seek up-to-date evidence on lifestyle factors that:
    - negatively impact health outcomes
    - increase risk of illness
    - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

Caring for patients

- Take into consideration patient's individuality, personal preferences, goals, and the need to provide compassionate and dignified care
- Be familiar with
    - Ethical guidelines
    - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision-making and discuss consent

Performance

Patient safety and ethical practice

- Put the interest of the patient first in decisions and actions
- React in a timely manner to issues identified that may negatively impact the patient's outcome
- Follow safe working practices that impact patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting
- Be aware of the risk of abuse, social, physical, financial, and otherwise, to vulnerable persons

Organisational behaviour and leadership

- The activities, personnel and resources that impact the functioning of the team, hospital, and health care system
- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

Wellbeing

- Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes
- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain your own physical and mental well-being

Practice

Continuing competence and lifelong learning

- Continually seek to learn, improve clinical skills and understand established and emerging theories in the practice of medicine
- Meet career requirements including those of the medical council, your employer, and your training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

Reflective practice and self-awareness

- Bring awareness to your actions and decisions and engage in critical appraisal of your own work to drive lifelong learning and improve practice
- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of your own level of practice and your learning needs
- Evaluate and appraise your decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

Quality assurance and improvement

- Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams
- Gain knowledge of quality improvement methodology
- Follow best practices in patient safety
- Conduct ethical and reproducible research

4. GENERAL INTERNAL MEDICINE SECTION

This section includes the General Internal Medicine requirements that the Trainee should demonstrate proficiency in by the end of the higher specialist training.

In order to demonstrate proficiency, it is recommended to agree the most appropriate training and assessment methods with the assigned Trainer.

By the end 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 (CBD)
- ePortfolio
- Annual assessment
- Direct Observation of Procedural Skills (DOPS)
- Mini Clinical Examination Exercise (MiniCEX)

In the Acute Setting

During the course of HST the trainee will encounter common acute presentations and will be expected to 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

1. Shortness of breath
2. Cough
3. Chest Pain
4. Blackout/ Collapse/ Dizziness
5. The frail older patient in the acute setting
6. Abdominal Pain
7. Fever
8. Alcohol and substance dependence or withdrawal
9. Falls and Decreased mobility
10. Weakness and Paralysis
11. Headache
12. Limb Pain and/or Swelling
13. Nausea and Vomiting
14. Seizure
15. Diarrhoea
16. Delirium/Acute confusion
17. Acute Psychological illness
18. Palpitations
19. Hepatitis or Jaundice
20. Gastrointestinal Bleeding
21. Haemoptysis
22. Rash
23. Acute Back Pain
24. Poisoning and Drug Overdose
25. 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
- Acute Stroke Management - Thrombolysis
- The unconscious patient
- Unstable hypotensive patient

Skills and Knowledge in General Medicine Setting

By the end of Higher Specialist Training, 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 presents with neurological symptoms, blacks out, collapses or presents with dizziness a trainee is expected to 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 is expected to 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 is expected to 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
    - Extra abdominal 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 diseases causing weakness

Headache

When a patient presents with headache a trainee is expected to 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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 is expected to 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
    - Oesophageal 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 is expected to 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 Haemoptysis
- 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 is expected to 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 is expected to 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 aetiologies 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 is expected to 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-glycaemia a trainee is expected to 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 hyperglycaemic states

Procedures

By the end of Higher Specialist Training the Trainee will be expected to develop proficiency in common procedures required for general internal medicine.

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

General Internal Medicine Procedures Requirements Map

Trainees are expected to complete and record a minimum number of certain procedures which are essential in general internal medicine.

This table summarises the **minimum expected training per each procedure over the course of HST,** simply log the procedures on ePortfolio and complete the related DOPS Assessment as indicated:

Activity	Expected Experience & DOPS Assessments	ePortfolio form name
BIPAP/CPAP	Complete 10 procedures and 1 DOPS over the course of HST	Procedures, Skills and DOPS
Emergency DC cardioversion	Complete 10 procedures and 1 DOPS over the course of HST	
ECG interpretation	Complete 50 procedures and 1 DOPS over the course of HST	
Joint aspiration	Complete 4 procedures and 1 DOPS	
Lumbar puncture	Complete 20 procedures and 1 DOPS over the course of HST	
Abdominal paracentesis – under ultrasound	Complete 4 procedures and 1 DOPS over the course of HST (Desirable)	
Femoral venous line placement – under ultrasound	Complete 1 procedure and 1 DOPS over the course of HST (Desirable)	
Pleural aspiration – under ultrasound	Complete 4 procedures and 1 DOPS over the course of HST (Desirable)	
Intercostal drain Insertion – under ultrasound	Complete 1 procedure	
Stroke Thrombolysis	Complete 1 procedure and 1 DOPs over course of HST	

5. SPECIALTY SECTION – GERIATRIC MEDICINE TRAINING GOALS

This section includes the Geriatric Medicine Training Goals that the Trainee should achieve by the end of the Higher Specialist Training.

Each Training Goal is broken down into specific and measurable Training Outcomes.

*Under each Outcome there is an indication of the **suggested** assessment/learning opportunities.*

In order to achieve the Outcomes, it is recommended to agree the most appropriate assessment methods with the assigned Trainer.

Training Goal 1 – Core Clinical Skills

By the end of Geriatric Medicine Training, the Trainee is expected to demonstrate proficiency in the core clinical and professional skills of Geriatric Medicine. It is expected that trainees will incorporate an evidence-based medicine approach and apply the best available research to clinical care.

Outcome 1 – Perform a comprehensive geriatric assessment and formulate treatment plan

For the Trainee to demonstrate proficiency in performing a Comprehensive Geriatric Assessment and formulate a treatment plan.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Specialty Certificate Examination in Geriatric Medicine

Outcome 2 – Safe evidence-based prescribing for the older person

For the Trainee to demonstrate proficiency in safe evidence-based prescribing for the older person.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Specialty Certificate Examination in Geriatric Medicine

Outcome 3 – Identify and rationalise inappropriate prescribing in the older person

For the Trainee to identify and rationalise inappropriate prescribing in the older person

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Study days
- Specialty Certificate Examination in Geriatric Medicine

Outcome 4 – Understand impact of nutrition, sarcopenia, and tissue viability on recovery

For the Trainee to understand the impact of nutrition, sarcopenia, and tissue viability on recovery from illness and disease processes.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

Outcome 5 – Assess and manage patients with continence issues

For the Trainee to to be able to assess and manage patients with continence issues.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 6 – RECOGNISE AND RESPOND APPROPRIATELY TO CASES OF POTENTIAL ELDER ABUSE AND SELF-NEGLECT

For the Trainee to be able to recognise and respond appropriately to cases of potential elder abuse and self-neglect.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD) as indicated by Trainer
- Study Days
- Taught Programme – Ethics
- Course - Respecting Autonomy and Safeguarding the Rights of Older People

OUTCOME 7 – ABILITY TO WORK WITHIN ETHICAL FRAMEWORKS WHEN PROVIDING CARE

For the Trainee to demonstrate an ability to work within the ethical and legal frameworks when providing clinical care.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 8 – CAPACITY ASSESSMENT OF THE OLDER PERSON

For the Trainee to demonstrate competency in capacity assessment of the older person.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 9 – ASSESS AND MANAGE OLDER PERSONS WITH LIFE-LIMITING DISEASES

For the Trainee to to have the knowledge and skills required to assess and manage older persons with life-limiting diseases.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 10 – COMMUNICATE EFFECTIVELY AND SENSITIVELY WITH PATIENTS, RELATIVES, CARERS, AND PROFESSIONAL COLLEAGUES

For the Trainee to demonstrate the ability to communicate effectively and sensitively with patients, relatives, carers, and professional colleagues in different situations.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD) as indicated by Trainer
- Taught Programme
- Specialty Certificate Examination in Geriatric Medicine

Training Goal 2 – Acute Care for the Older Person

By the end of Geriatric Medicine Training, the Trainee is expected to demonstrate proficiency in assessing and managing the older adult within different settings of the acute healthcare environment.

Outcome 1 – Diagnosis and management of multimorbidity in the older person

For the Trainee to be competent in the diagnosis and management of multimorbidity in the older person, including atypical presentations of common syndromes.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- MiniCex – Leading a ward round

Outcome 2 – Identification and management of the frail older person

For the Trainee to demonstrate competence in the identification and management of the frail older person presenting to an acute healthcare setting.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Important that all trainees gain exposure to at least 2 of the following areas:
    - Frailty at front door placement and/or
    - AMU
    - AMAU
    - MAU

Outcome 3 – Managing a multidisciplinary team

For the Trainee to demonstrate competence in managing a Multidisciplinary Team.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX) as indicated by Trainer
- Chair an MDT meeting

Outcome 4 – Complex discharge planning

For the Trainee demonstrate competence in complex discharge planning, ensuring continuity and coordination of patient care, where appropriate.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Care Planning Meetings

OUTCOME 5 – MANAGING AND LEADING REHABILITATION SERVICES

For the Trainee to demonstrate competence in managing and leading rehabilitation services for the older person including appropriate patient selection, goal setting and discharge planning.

Assessment and learning opportunities

Feedback Opportunity
Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
Consultations
Chair and MDT in Rehabilitation Hospital

Training Goal 3 – Chronic Care for the Older Person

By the end of Geriatric Medicine Training, the Trainee is expected to demonstrate proficiency in assessing and managing the older adult outside of the acute hospital setting.

Outcome 1 – Support older persons in making positive lifestyle choices to optimise chronic disease management

For the Trainee to demonstrate the ability to support older persons in making positive lifestyle choices to optimise chronic disease management and health promotion.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Delivery of teaching

Outcome 2 – Assess, diagnose, and treat patients in ambulatory or community settings

For the Trainee to assess, diagnose and treat patients in ambulatory or community settings including management of long-term conditions.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Trainees need to ensure they gain exposure in the following settings:
    - Geriatric day-hospital
    - Domiciliary visits
    - Outreach clinics

Outcome 3 – Assess an older person's suitability for long-term care

For the Trainee to demonstrate the knowledge and skills required to assess an older person's suitability for long-term care.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- ALL Trainees to participate to Local Placement Forum

Outcome 4 – Managing older persons in long term care settings

For the Trainee to demonstrate proficiency in managing older persons in long-term care settings, including enhanced care delivery and advanced care planning.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer

Training Goal 4 – Neurodegenerative, Neurovascular and Bone Health

By the end of Geriatric Medicine Training, the Trainee is expected to demonstrate proficiency in the assessment, diagnosis, and management of a wide range of common presentations in older adults.

Outcome 1 – Assessment of persons presenting with stroke and TIA in hyperacute phase

For the Trainee to demonstrate competence in the assessment of persons presenting with stroke and TIA in the hyperacute phase, including suitability for cerebral reperfusion treatments.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- Course - Acute Reperfusion Therapies in Stroke
- Thrombolysis (Record at least 10 cases)
- Annual Stroke Conference
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

Outcome 2 – Investigation and ongoing management of persons following acute stroke

For the Trainee to demonstrate competence in the investigation and ongoing management of persons following an acute stroke.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Annual Stroke Conference
- Study Days
- Specialty Certificate Examination in Geriatric Medicine
- Recommended that all trainees gain experience working with dedicated stroke service

Outcome 3 – Managing and leading rehabilitation services for persons following stroke

For the Trainee to demonstrate competence in managing and leading rehabilitation services for persons following acute stroke.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Chair Rehabilitation MDT
- Consultations

Outcome 4 – Identify, assess and manage delirium

For the Trainee to be able to identify, assess and manage delirium in all clinical settings.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 5 – INVESTIGATE, DIAGNOSE, AND MANAGE OLDER PERSONS WITH COGNITIVE IMPAIRMENT

For the Trainee to to be able to appropriately investigate, diagnose and manage older persons presenting with cognitive impairment in all clinical settings.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 6 – RECOGNISE, DIAGNOSE, AND MANAGE DEMENTIA SUBTYPES

For the Trainee to demonstrate ability to recognise, diagnose, and manage dementia subtypes.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

OUTCOME 7 – ASSESS AND MANAGE OLDER PERSONS WITH COMMON PSYCHIATRIC CONDITIONS

For the Trainee to demonstrate the knowledge and skills required to assess and manage older persons presenting with common psychiatric conditions.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine
- Where possible/available – placement with Psychiatry of later life

OUTCOME 8 – ASSESS AND MANAGE SLEEP DISORDERS IN THE OLDER PERSON

For the Trainee to be able to assess and manage sleep disorders in the older person.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

Outcome 9 – Assess, diagnose, and manage older persons with movement disorders

For the Trainee to attain the knowledge and skills to assess, diagnose and manage older persons with movement disorders including Parkinson's Disease.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine
- Where possible/available – placement with Neurology movement disorders service

Outcome 10 – Assess causes, risk factors, and impact of falls and gait instability

For the Trainee to demonstrate competence in assessing causes, risk factors, and impact of falls and gait instability.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine
- All trainees to attend placement with a fall service

Outcome 11 – Assess, diagnose, and manage older persons presenting with syncope

For the Trainee to demonstrate competence in assessing, diagnosing, and managing older persons presenting with syncope and related disorders.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- DOPS (tilt table testing, vestibular assessment)
- Study Days
- Syncope Diploma
- All trainees to attend placement with syncope service

Outcome 12 – Assess and treat fracture risk in the older person

For the Trainee to be able to assess and treat fracture risk in the older person.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine
- Where possible/available – trainees to attend Bone Health Clinics

Training Goal 5 – Liaison Services

By the end of Geriatric Medicine Training, the Trainee is expected to demonstrate proficiency in co-managing and collaborating with other specific specialties.

Outcome 1 – Assess and manage acutely ill orthopaedic patients and rehabilitation

For the Trainee to gain the knowledge and skills necessary to assess and manage acutely ill orthopaedic patients and subsequent rehabilitation.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, CBD, or DOPS) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

Outcome 2 – Manage older person following trauma and/or surgical admission

For the Trainee to be able to optimise and manage the older person following trauma and/or surgical admission.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

Outcome 3 – Manage liaison with other subspecialties

For the Trainee to demonstrate the ability to manage liaison with other subspecialty teams such as oncology, cardiology, etc.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Study Days
- Specialty Certificate Examination in Geriatric Medicine

Training Goal 6 – Research, Education and Service Development

By the end of Geriatric Medicine Training, the Trainee is expected to apply an evidence-based approach to the care of the older person, with respect to research, education and service development.

Outcome 1 – Knowledge of research methodology principles and biostatistics

For the Trainee to demonstrate appropriate knowledge of research principles and biostatistics and their translation into clinical practice.

Assessment and learning opportunities

- Feedback Opportunity
- Journal Clubs
- Research Project (Desirable)
- Presentation at National/International Conferences
- Study Days (Biostatistics)

Outcome 2 – Deliver effective teaching and training

For the Trainee to deliver effective teaching and training with specific reference to the older person.

Assessment and learning opportunities

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX, or CBD) as indicated by Trainer
- Delivery of Teaching within the following settings:
    - Undergraduate
    - Postgraduate
    - Interdisciplinary

Outcome 3 – Leadership skills for service development and evaluation

For the Trainee to develop the leadership skills necessary for service development and evaluation, aimed at improving care for the older person.

Assessment and learning opportunities

- Feedback Opportunity
- QI & Audit
- Taught Programme (Management and Leadership)
- Committee Membership
- Study Days
- Management Experience

6. APPENDICES

This section includes two appendices to the curriculum.

The first one is about Assessment (i.e. Workplace Based Assessments, Examinations, and Evaluations)

The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)

ASSESSMENT APPENDIX

Workplace-Based Assessment and Evaluations

The expression "workplace-based assessments" (WBA) defines all the assessments used to evaluate trainees' daily clinical practices employed in their work setting. It is primarily based on the observation of trainees' performance by trainers. Each observation is followed by a trainer's feedback, with the intent of fostering reflective practice.

Relevance of Feedback for WBA

Although "assessment" is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for trainees. Such feedback is expected to be:

- **Frequent**: the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely**: preferably, the feedback should be a direct conversation between trainer and trainee in a timeframe close to the training event. The trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive**: the recorded feedback would inform both trainee's practice for future performance and committees for evaluations. Hence, feedback should provide trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable**: to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee's strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; and *Feedback*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

Mandatory Evaluations are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Evaluation/End of Post Evaluation; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track trainees' progression.

Formative and Summative Feedback

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).
If the WBA is logged as formative, the trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression.

Specialty-Specific Examination

Specialty Certificate Examination in Geriatric Medicine:

All Trainees are required to sit and expected to pass the **Specialty Certificate Examination in Geriatric Medicine (Exam can be attempted more than once over course of HST)**

WORKPLACE-BASED ASSESSMENTS	
***CBD |** Case Based Discussion*	This assessment is developed in three phases: 1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion. 2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills. 3. Feedback: The Trainer provides constructive feedback to the Trainee. It is good practice to complete at least one CBD per quarter in each year of training.
***DOPS |** Direct Observation of Procedural Skills*	This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter. In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback. It is good practice to complete at least one assessment per quarter in each year of training.
***MiniCEX |** Mini Clinical Evaluation Exercise*	The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases: 1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback. It is good practice to complete at least one assessment per quarter in each year of training.
Feedback Opportunity	Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX)
MANDATORY EVALUATIONS	
***QA |** Quarterly Assessment*	As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months). It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio. However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post. This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement.
***EOPA |** End of Post Assessment*	
***EOYE |** End of Year Evaluation*	The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June).
***PYE |** Penultimate Year Evaluation*	The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training. It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so.
***FYE |** Final Year Evaluation*	In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation.

TEACHING APPENDIX

RCPI Taught Programme

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training curriculum for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the Geriatric Medicine/GIM HST curriculum.

Trainees are expected to attend a minimum of 3 out of 4 Geriatric Medicine Study days.

Acute General Internal Medicine Year: Minimum of 6 GIM study days (Geriatric Study Day attendance encouraged where possible but not obligatory)

Non-acute GIM Years (Usually 2 in total): 3 out of 4 Geriatric Medicine Study days and a minimum of 3 GIM study days

Clinical Geriatric Year or OCPE: 3 out of 4 Geriatric Medicine Study days and 3 additional 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

Geriatric Medicine & General Internal Medicine Teaching Attendance Requirements