

GP Specialty Training Programme

GERIATRICS

GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that GPStRs work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	9
Supplementary sections that may be covered	15.1, 15.2, 15.6, 15.7, 15.8

Learning Needs

To help identify learning needs in relation to the GP Curriculum the Trainee should complete the self-assessment rating scale tool.

This should be completed before the initial meeting of the Trainee with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the Trainee in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

Assessments and Reviews

During this 6 month post it is the responsibility of the Trainee to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- DOP assessments – as appropriate
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

Study Leave

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor. The Trainee is recommended to use up their study leave entitlement within the 6month post and spend as much time as possible in general practice with their Educational Supervisor. This may include their 6 monthly Educational Supervisor review. It is the responsibility of the Trainee to book any study leave with the relevant hospital department.

GP Specialty Training Programme

Learning Objectives & Assessment in GERIATRICS

What the Trainee can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<u>Appreciation of important issues identified:</u>			
1. Importance of Continuity	✓		
2. Managing patients with co-morbidity	✓		
3. Pharmacy Issues - Problems of Polypharmacy and Compliance	✓		
4. Communication with elderly patients, relatives/carers and wider team	✓	✓	
5. Ethical issues - Adults with Incapacity, Competency, Consent, Acting as Patient Advocate	✓		
6. Importance of Team Working	✓		
7. Holistic approach – More general assessment and health promotion	✓		
8. Nursing Home Issues	✓		
<u>Knowledge of specific clinical cases:</u>			
1. Psychiatry			
– Dementia,	✓		
– Presentation of Depression in the elderly,	✓	✓	
– Psychosis,	✓		
– Alcohol	✓		
– Awareness of Mental Health Resources available e.g. Alzheimer's Society, CPN, SW dept	✓		
– Memory Assessment		✓	
2. Medical			
– Incontinence,	✓		
– Acute Confusional State,	✓	✓	
– Parkinson's,	✓	✓	
– Stroke,	✓	✓	
– Falls,	✓	✓	
– Hip Fracture	✓	✓	

What the Trainee can learn	CbD	Mini-CEX	DOPS
<u>Appreciation of the roles of others:</u>			
1. Carers – support available	✓		
2. Multi-disciplinary team – members roles, involvement in discharge planning	✓		
3. Day Hospital – What happens there? Aim to spend at least a day or 2	✓		
4. Hospital SW – understand difference with community SW	✓		
5. Pharmacist – dosette boxes, polypharmacy, prescribing in the elderly	✓		
6. Community Support Services	✓		
7. Immediate Discharge Teams	✓		
8. Community Nursing Team	✓		
<u>Specific Procedural Skills:</u>			
1. Rectal examination			✓
2. Prostate examination			✓
3. Testing for blood glucose			✓
4. Application of simple dressings			✓
5. Proctoscopy			✓

How the Trainee can learn

LEARNING OPPORTUNITIES IN HOSPITAL SETTING

- Outpatient Clinics** – Seeing the type of patients commonly referred by GPs and their management e.g. Parkinson's, Increased falls, Multiple medical co-morbidities
It is hoped that trainees could aim to be involved with the clinics at least once a week.
- Specialised Clinics** – Availability and types of clinics will obviously vary locally. E.g. falls clinic
- Teaching Ward Rounds and MDT Meetings**
- Case Based Discussion/ Case Presentations** – These should take a particular focus e.g. Polypharmacy Case, Follow a patient from admission to discharge
- Formal Teaching Sessions**
- Discharges** – Discharge planning and review discharge letters

FURTHER PRIMARY CARE OPPORTUNITIES

- House Calls** – Opportunity to gain experience in general assessment including home environment. Can use to follow up.
- Referral letters** – review acute and OP referrals
- Consultant Domiciliary Visits** – Attend with Consultant (if they still do them locally)
- Nursing Home Involvement** – Not all practices look after a local NH. Trainees may need to link with another practice to get experience of the specific issued involved.
- Flu Clinic Organisation**

Educational Plan from to

Trainee:.....

email:.....

Clinical Supervisor:.....

email:.....

Educational Supervisor:.....

email:.....

Learning Needs Identified:

How will these be addressed?

Assessment Planner		
Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
CbD 3		
Mini-CEX1		
Mini-CEX2		
Mini-CEX3		
Additional		

Signed & agreed:

Trainee:		Date:
Clinical Supervisor:		Date: