The Royal Australasian
College of Physicians

Geriatric Medicine
Advanced Training Curriculum
Adult Medicine Division

Australian & New Zealand Society for
Geriatric Medicine

The Royal Australasian College of Physicians

Physician Readiness for Expert Practice (PREP) Training Program

Geriatric Medicine Advanced Training Curriculum

TO BE USED IN CONJUNCTION WITH:

Basic Training Curriculum – Adult Internal Medicine

Professional Qualities Curriculum

ACKNOWLEDGEMENTS

The Royal Australasian College of Physicians (RACP) Fellows, trainees, and staff have contributed to the development of this curriculum.

The College specifically thanks those Fellows and trainees who have generously contributed to the development of these curriculum documents, through critical comments drawn from their knowledge and experience and the donation of their time and professional expertise.

The current version of the curriculum was developed in 2009-2011 by the following members of the Education and Training subcommittee of the Australian and New Zealand Society of Geriatric Medicine (ANZSGM):

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The following Fellows, in particular, deserve specific mention for their contribution to the original version of the curriculum in 2005:

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- Prof Richard Lindley, FRACP

- Dr Vasi Naganathan, FRACP

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- Dr Elizabeth Whiting, FRACP

The Overview of the Speciality section of this document is an edited version of - "What is a Geriatrician?" written by Dr. John Obeid for the Australian Society of Geriatric Medicine in 2004.

The development process was managed by the Curriculum Development Unit within the College's Education Deanery, who designed the document, drafted content material, organised and facilitated writing workshops, developed resource materials, and formatted the final document.

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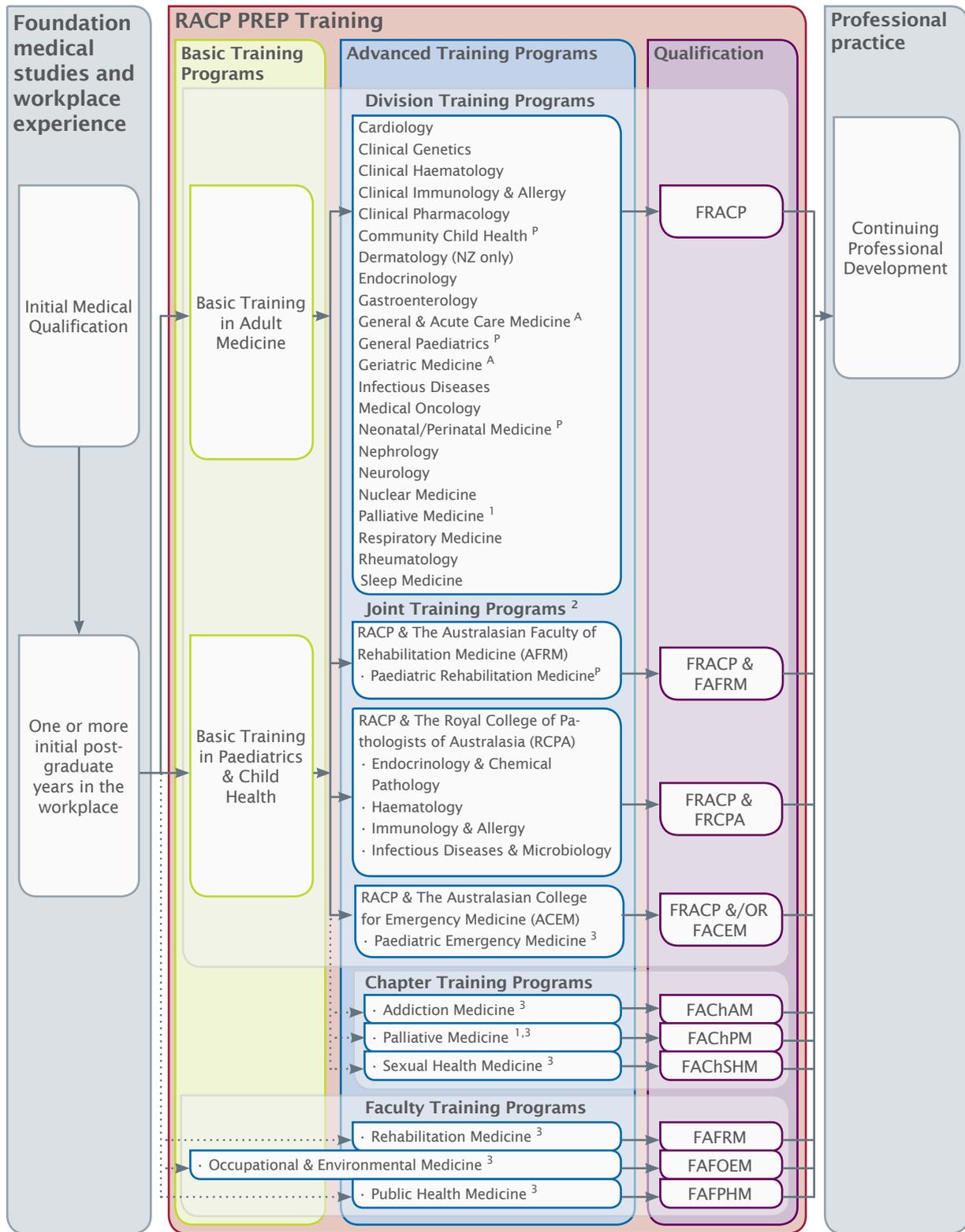Website: www.racp.edu.au

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Foundation medical studies and workplace experience

Initial Medical Qualification

One or more initial post-graduate years in the workplace

RACP PREP Training

Basic Training Programs

Basic Training in Adult Medicine

Basic Training in Paediatrics & Child Health

Advanced Training Programs

Division Training Programs

Cardiology
Clinical Genetics
Clinical Haematology
Clinical Immunology & Allergy
Clinical Pharmacology
Community Child Health [P]
Dermatology (NZ only)
Endocrinology
Gastroenterology
General & Acute Care Medicine [A]
General Paediatrics [P]
Geriatric Medicine [A]
Infectious Diseases
Medical Oncology
Neonatal/Perinatal Medicine [P]
Nephrology
Neurology
Nuclear Medicine
Palliative Medicine [1]
Respiratory Medicine
Rheumatology
Sleep Medicine

Joint Training Programs [2]

RACP & The Australasian Faculty of Rehabilitation Medicine (AFRM)
· Paediatric Rehabilitation Medicine [P]

RACP & The Royal College of Pathologists of Australasia (RCPA)
· Endocrinology & Chemical Pathology
· Haematology
· Immunology & Allergy
· Infectious Diseases & Microbiology

RACP & The Australasian College for Emergency Medicine (ACEM)
· Paediatric Emergency Medicine [3]

Chapter Training Programs

· Addiction Medicine [3]
· Palliative Medicine [1,3]
· Sexual Health Medicine [3]

Faculty Training Programs

· Rehabilitation Medicine [3]
· Occupational & Environmental Medicine [3]
· Public Health Medicine [3]

Qualification

FRACP

FRACP & FAFRM

FRACP & FRCPA

FRACP &/OR FACEM

FAChAM
FAChPM
FAChSHM

FAFRM
FAFOEM
FAFPHM

Professional practice

Continuing Professional Development

P   Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
A   Trainees must complete Basic Training in Adult Medicine to enter this program.
1   Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FAChPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FAChPM upon completion.
2   The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.
3   Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.
NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.
NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

Specialists in geriatric medicine are characterised by specific training, expertise, and roles they fulfil across the continuum of care.

Expertise

A geriatrician has expertise in the diagnosis and management of complex and/or multifactorial internal medicine disorders impacting on the cognition and functional status of the older person. A geriatrician adopts a diagnostic approach to the practice of acute internal medicine in order to identify reversible pathologies impacting on a patient's function, psychological and social wellbeing.

At a minimum, the geriatrician is proficient in:

- acute medical care of the older patient. The approach of the geriatrician will reduce the incidence of post-acute syndrome and functional decline associated with hospitalisation

- management of geriatric syndromes - disorders characterised by the combination of age-related changes, accumulated pathology, polypharmacy, and acute illness reducing the threshold for the occurrence of falls, delirium, and incontinence

- pharmacology and polypharmacy issues in the management of older people

- acute and long-term management of neurodegenerative disorders and stroke in the older person

- coordination and management of the rehabilitation of the older person who, as a result of an acute medical or surgical problem, has suffered a functional decline

- specialist care for the older person with complex or multifactorial problems in the community setting

- working as an integral part of a multidisciplinary team delivering health care to the older person. The geriatrician may be called upon to be the team leader

- assessment of the care requirements for the older person who may require community or residential care

- management of aged care services across the continuum of care

- teaching the principles and practice of geriatric medicine to undergraduate and post-graduate students in medical and allied disciplines.

Role

The roles currently filled by geriatricians are varied as their training and expertise make the geriatrician's services extremely valuable across the broad spectrum of health care. The specific role(s) undertaken by geriatricians depends on the local needs of the population, workforce issues, rural/remote settings, and the extent of other medical services available.

A geriatrician works in some or all of the following roles:

- Acute geriatric internal medicine and rehabilitation care of older people in the hospital setting

- Hospital consultation/liaison services- these may be general geriatric medicine services or highly specialised services, e.g. orthogeriatrics

- Outpatient clinics - these are usually general geriatric medicine clinics, but may include specialty clinics in areas in which geriatricians have particular expertise, for example cognitive disorders, Parkinson's disease, falls, continence, and wounds

- Domiciliary care - home visits and residential aged care facility visits aimed at providing support to GPs in the care of older people

- Aged care assessment teams

-

- Research - includes both specific research units and in research activities involved in day to day work. Research settings include universities, academic medical units, general geriatric medicine units, and private practice. Research includes basic sciences, clinical research, clinical trials, and quality improvement activities directed at improving the health of older people and the efficiency of health services for older people

- Management roles in academic units, hospital units, or health services

- Promotion of healthy ageing and health improvement for older people

- Promotion of the dignity of the older patient

- Improving attitudes toward ageing by the general community, governments, and the health care system

The mix of work undertaken by geriatricians varies according to the needs of the local area and the interests of the geriatrician. It may be different in different states and between rural, remote, and metropolitan areas.

Training

A consultant physician in geriatric medicine in Australia and New Zealand has either:

- attained Fellowship of the RACP (FRACP) through completion of Advanced Training under the auspices of the Australian Specialty Training Committee (STC) in Geriatric Medicine or the New Zealand Specialist Advisory Committee (SAC) in Geriatric Medicine

OR

- achieved an equivalent standard to the above as determined by relevant authorities, such as the Australian Medical Council (AMC), Medical Council of New Zealand (MCNZ), and RACP.

A large majority of geriatricians are members of the ANZSGM, whose membership also includes other interested medical practitioners.

Current strengths and challenges of the specialty

Geriatricians occupy a unique and expanding level of importance at the forefront of a new public need as the population ages. This is significantly reinforced by the high level of political, social, economic, and commercial influence of the 'baby boomer' generation (those born between 1946 and '64) as it ages and moves more into retirement. This influential segment of the population in the main has a reasonably high level of disposable income, is well educated, has often been successful and occupied positions of influence within the commercial, industrial, and educational environments. This segment of society, with its high levels of expectation, is increasingly the main client base of geriatricians. The more disadvantaged older people in society, however, will continue to need the help of geriatricians and should not be forgotten.

Current strengths of this specialty include:

- opportunity to make a positive contribution towards the quality of life, comfort, care, dignity, self respect, and wellbeing of older people within communities

- emphasis on holistic care, seeing and treating the patient as a whole person

- a team-orientated or consensus approach to patient care and management as most geriatricians work along side other health workers

- potential for establishment wholly or partly within a private practice as the need for geriatric medicine specialists increases.

In common with other medical professionals, geriatricians face the challenges of managing an ever increasing, more demanding workload allied to a growth in consumer demand and the changing patterns of health and illness within society. Geriatricians must also respond to the challenges of incorporating advances in medical technology, maintaining professional standards and assimilating and utilising new knowledge, information, and workplace practices, responding to changing legislative and funding requirements, and working within a multisystem/multidisciplinary/multi-team environment

In particular, the specialty faces challenges related to:

- promoting the positive aspects of healthy ageing and promoting the contribution that geriatric medicine and aged care services make within our society

- redressing the traditionally inadequate nature of the training of doctors in the medical care of older people

- increasing the level of support and services available to older people

- more fully integrating geriatric medicine oriented knowledge, skills, and attitudes into university medical curricula

- increasing the focus on, and funding available for, research into ageing and age related illness, disease, and social issues

- determining the best way to expand geriatric medicine services in light of the large number of doctors training in geriatric medicine.

Evolving developments and future directions of the specialty

Geriatricians need to be aware of, and sensitively respond to, changes in society. These may include changes in the broad working environment, legislation, and technology.

Some of the currently identified emerging developments within the field include:

- increasing subspecialisation within the specialty of geriatric medicine, e.g. dementia specialists, continence specialists, orthogeriatrics

- greater community oriented focus in the treatment and care of the aged

- changes in practice patterns of nursing and allied health practitioners

- advances in medical technology

- growth in consumer demand

- availability of new medications and technologies which may improve quality of life and extend life span.

CURRICULUM OVERVIEW

Geriatric Medicine – Advanced Training Curriculum

This Curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, skills, and attitudes required and commonly utilised by geriatric medicine physicians within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on the cognitive and practical skills acquired during Basic Training. At the completion of the Geriatric Medicine Advanced Training Program, trainees should be competent to provide, at consultant level, unsupervised comprehensive medical care in geriatric medicine.

Attaining competency in all aspects of this curriculum is expected to take three years of training. It is expected that all teaching, learning, and assessment associated with the Geriatric Medicine Advanced Training Curriculum will be undertaken within the context of the physician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such, it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition these have been assigned to only one area. In practice, it is anticipated that within the teaching/learning environment the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website.

Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) outlines the range of concepts and specific learning objectives required, and utilised, by all physicians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also utilised as a key component of the Continuing Professional Development (CPD) program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt, and assessed within the context of everyday clinical practice. It is important, therefore, that they be aligned with, and fully integrated into, the learning objectives within this curriculum.

EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within current and emerging professional, medical, and societal contexts. At the completion of the Advanced Training Program in geriatric medicine, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent geriatric medicine practice. It is expected that a new Fellow will be able to:

- apply and promote positive attitudes towards older people

- characterise and explain ageing as a normal process

- assess, diagnose, treat, and manage acute and chronic illnesses in older people

- apply principles of internal medicine in older people

- discern whether and when to order diagnostic tests and interpret results

- understand and acknowledge the importance of socio-economic factors that contribute to illness and vulnerability

- recognise the special needs of older people from culturally and linguistically diverse backgrounds

- work within teams that provide assessment, rehabilitation, and care of older patients

- practise liaison geriatric medicine and understand its role

- provide care for older people in different settings, including hospitals, residential care facilities, and the community

- recognise the need for, develop, and apply patient advocacy skills

- contribute to the education of colleagues, students, junior medical officers, and other health care workers

- promote strategies for healthy ageing

- acquire and process new knowledge

- promote and maintain excellence through actively supporting or participating in research or quality assurance activities.

CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Domains

The domains are the broad fields which group common or related areas of learning.

Themes

The themes identify and link more specific aspects of learning into logical or related groups.

Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills, and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

LEARNING OBJECTIVES TABLES

DOMAIN 1	SCIENTIFIC BASIS FOR GERIATRIC MEDICINE
Theme 1.1	Ageing Physiology, Pathophysiology, and Biology
Learning Objectives	
1.1.1	Describe the physiology and biology of ageing
1.1.2	Describe the concepts of frailty, impaired homeostasis, impaired immunity, and reduced reserve
Theme 1.2	Principles of Pharmacology
Learning Objective	
1.2.1	Outline the principles of geriatric pharmacology and use this to aid appropriate prescribing for older people
Theme 1.3	Ageing Demography, Social Gerontology, and Epidemiology
Learning Objective	
1.3.1	Describe present and predicted demographic and epidemiological features of ageing in Australia/New Zealand and worldwide

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.1	Assessment and Management of Acute and Chronic Illnesses
Learning Objectives	
2.1.1	Describe and understand the fundamentals of acute and chronic illness management
Theme 2.2	Assessment and Management in Specific Settings
Learning Objectives	
2.2.1	Diagnose and manage acute and chronic illness in acute inpatient settings
2.2.2	Provide rehabilitation to older patients across the range of inpatient, day hospital, and community settings
2.2.3	Deliver care in an outpatient setting
2.2.4	Diagnose and manage acute and chronic illness in the home setting
2.2.5	Diagnose and manage acute and chronic illness in residential care settings
DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.1	Cognition
Learning Objectives	
3.1.1	Recognise and manage dementia
3.1.2	Recognise and manage delirium in older people
3.1.3	Recognise and manage behavioural and psychological symptoms of dementia (BPSD)
Theme 3.2	Falls, Mobility, and Bones
Learning Objectives	
3.2.1	Identify risk factors for falls and implement strategies to prevent falls
3.2.2	Assess the causes of gait disorders and immobility, and aid in their management
3.2.3	Assess and manage orthopaedic patients in acute and rehabilitation settings
3.2.4	Diagnose and manage osteoarthritis
3.2.5	Diagnose and manage osteoporosis and osteomalacia
Theme 3.3	Iatrogenic Problems
Learning Objective	
3.3.1	Implement strategies to minimise the risk of iatrogenic problems

Theme 3.4	Continence
Learning Objectives	
3.4.1	Diagnose and manage urinary incontinence and retention
3.4.2	Diagnose and manage constipation and faecal incontinence
DOMAIN 4	**OTHER CONDITIONS IN OLDER PEOPLE**
Theme 4.1	Cardiovascular and Peripheral Vascular Disease
Learning Objective	
4.1.1	Diagnose and manage cardiovascular and peripheral vascular disease in older people
Theme 4.2	Stroke
Learning Objective	
4.2.1	Manage patients with acute stroke and stroke related disability in a multidisciplinary team
Theme 4.3	Parkinson's Disease
Learning Objective	
4.3.1	Manage patients with Parkinson's disease in a multidisciplinary team
Theme 4.4	Ulcers and Wounds
Learning Objective	
4.4.1	Assess and manage ulcers/wounds in older people
Theme 4.5	Sleep Disorders/Sleep Disturbance
Learning Objective	
4.5.1	Diagnose and manage sleep disorders/disturbance in older people
Theme 4.6	Visual and Hearing Impairment
Learning Objective	
4.6.1	Diagnose and manage visual and hearing impairment in older people
Theme 4.7	Oral Diseases and Disorders
Learning Objective	
4.7.1	Describe the common oral diseases and disorders seen in older people and recognise when further assessment by a dental service would be of benefit

Theme 4.8	Nutritional Problems and Obesity
Learning Objective	
4.8.1	Recognise and manage nutritional problems in older people
Theme 4.9	Relationships and Sexuality
Learning Objective	
4.9.1	Describe characteristics of relationships and sexuality in older people
Theme 4.10	Perioperative Care
Learning Objective	
4.10.1	Assess and manage older patients in perioperative care
Theme 4.11	Oncology
Learning Objective	
4.11.1	Describe important issues in the management of cancer in older people
Theme 4.12	Pain
Learning Objective	
4.12.1	Assess and manage acute and persistent (chronic) pain
Theme 4.13	Depression
Learning Objective	
4.13.1	Recognise and manage depression in older people
Theme 4.14	Elder Abuse
Learning Objective	
4.14.1	Recognise and assess cases of elder abuse and understand how to manage the problem
Theme 4.15	Other Medical Illnesses Commonly Seen in Older People
Learning Objective	
4.15.1	Assess and manage other medical illnesses seen in older people
DOMAIN 5	**HEALTHY AGEING**
Theme 5.1	Primary and Secondary Prevention
Learning Objectives	
5.1.1	Describe the key primary prevention strategies applicable to older people
5.1.2	Describe secondary prevention strategies applicable to older people

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.1	Evidence-Based Medicine
Learning Objective	
6.1.1	Apply an evidence-based and rational approach to the use of investigations and different treatment modalities
Theme 6.2	Comprehensive Geriatric Assessment (CGA) and Management
Learning Objective	
6.2.1	Perform a CGA
Theme 6.3	Aged Care Assessment Team (ACAT), Aged Care Assessment Service (ACAS) and Aged Care Community Services
Learning Objectives	
6.3.1	Demonstrate a knowledge of the function of ACAT/ACAS and describe the various aged care community services available
6.3.2	Effectively use locally available resources for assessing and providing care for older people in the community
Theme 6.4	Multidisciplinary Work in Geriatric Medicine
Learning Objectives	
6.4.1	Provide medical leadership of the multidisciplinary team caring for older people
6.4.2	Know the place of and how to conduct family conferences
Theme 6.5	Culturally and Linguistically Diverse (CALD) Backgrounds
Learning Objective	
6.5.1	Provide appropriate medical care for older people from CALD backgrounds
Theme 6.6	Ethical and Medico-Legal Issues
Learning Objective	
6.6.1	Describe ethical and medico-legal issues encountered in the care of older people
Theme 6.7	Discharge Planning
Learning Objective	
6.7.1	Demonstrate the knowledge and skills to plan the successful discharge of older patients from hospital

Theme 6.8	Palliative Care/End-of-Life
Learning Objective	
6.8.1	Demonstrate appropriate decision making related to palliative care and end-of-life care
Theme 6.9	Clinician as Manager
Learning Objective	
6.9.1	Describe the knowledge and skills required of a clinician with management responsibilities

DOMAIN 1	SCIENTIFIC BASIS FOR GERIATRIC MEDICINE
Theme 1.1	Ageing Physiology, Pathophysiology, and Biology
Learning Objective 1.1.1	Describe the physiology and biology of ageing
Attitudes	Accept that ageing is a normal process Accept need to individualise therapy

Knowledge	Skills
• describe the main physiological changes that occur in all organ systems as a consequence of ageing • describe physiological aspects that do not change as a result of ageing • discuss theories of ageing • describe effects of ageing on the special senses.	• use knowledge of normal and abnormal ageing in clinical assessment and management.

DOMAIN 1	SCIENTIFIC BASIS FOR GERIATRIC MEDICINE
Theme 1.1	Ageing Physiology, Pathophysiology, and Biology
Learning Objective 1.1.2	Describe the concepts of frailty, impaired homeostasis, impaired immunity, and reduced reserve
Attitudes	Understand that geriatric medicine is chiefly about the care of older people who are frail, and is a speciality that must deal with complexity

Knowledge	Skills

• discuss the many definitions and characteristics of frailty
 	
• explain why the concept of frailty is at the core of geriatric medicine
 	
• discuss the concept of reduced homeostasis in older people
 	
• give clinical examples of how ageing affects the response to specific homeostatic challenges, for example:
   • changes to ambient temperature
   • fluid challenges and dehydration
   • altered physical activity
 	
• discuss the concept of impaired immunity
 	
• discuss the concept of reduced reserve.
	• tailor interventions and treatment, taking into account frailty, reduced homeostasis, impaired immunity, and reduced reserve.

DOMAIN 1	SCIENTIFIC BASIS FOR GERIATRIC MEDICINE
Theme 1.2	Principles of Pharmacology
Learning Objective 1.2.1	Outline the principles of geriatric pharmacology and use this to aid appropriate prescribing for older people
Attitudes	Be willing to practice in an area with limited evidence Be willing to regularly review older patients' medications Be willing to critically appraise evidence regarding treatment Acknowledge power of pharmaceutical marketing strategies and objectively assess their claims Be prepared to collaborate with GPs, other specialists, and pharmacists to achieve a medication regimen that provides patients with best quality of life

Knowledge	Skills
• describe changes in pharmacokinetics with normal ageing • describe changes in pharmacodynamics with normal ageing • explain the significance of and reasons for polypharmacy • discuss prevalence and spectrum of adverse drug reactions • discuss limitations of evidence for drug use in older people • describe compliance issues in older people • list benefits of collaboration with pharmacists • outline epidemiologic principles of critical appraisal of reports of therapy • describe strategies that can improve prescribing in older people such as regular medication review, and 'start low and go slow' • discuss the evidence for medication withdrawal.	• consider age and disease related changes in pharmacokinetics and pharmacodynamics when prescribing • recognise when adverse effects are due to medications • review and modify patients' prescription, non-prescription, and complementary medications • recognise risk-benefit balance when prescribing for older people • critically appraise evidence when prescribing • effectively communicate with patients and their doctors regarding rationale for prescribing • effectively communicate with pharmacists • identify patients in whom withdrawal of psychotrophic medication is appropriate • manage psychotrophic medication withdrawal.

DOMAIN 1	SCIENTIFIC BASIS FOR GERIATRIC MEDICINE
Theme 1.3	Ageing Demography, Social Gerontology, and Epidemiology
Learning Objective 1.3.1	Describe present and predicted demographic and epidemiological features of ageing in Australia/New Zealand and worldwide
Attitudes	Be willing to use present and predicted knowledge of demographic and epidemiological features of ageing to further develop geriatric medicine services

Knowledge	Skills
• describe current and predicted ageing of the population with an emphasis on the group aged 80 and older • describe life expectancy for different age groups • list the most common medical conditions prevalent in older people and the conditions responsible for most disabilities • describe the prevalence of activities of daily living (ADL) and instrumental activities of daily living (IADL) disability in community-living older people and the risk factors for functional decline • describe the use of formal and informal community services by older people • outline the proportion of older people living in different types of residential care • explain what surveys of older people have shown in terms of their attitude to health, quality of life, and social relationships • outline the range of weekly income of older people in the community and state the average pension income.	• communicate in broad terms the challenges for health services as result of the demographic and epidemiological features of ageing.

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.1	Assessment and Management of Acute and Chronic Illnesses
Learning Objective 2.1.1	Describe and understand the fundamentals of acute and chronic illness management
Links	Domain 6: Professional Skills
Attitudes	Appreciate the importance of performing a comprehensive geriatric assessment (CGA) Take a meticulous problem-solving approach to the treatment of acute and chronic illness Accept clinical uncertainty in situations where knowing more would be of little benefit to patient or carer

Knowledge	Skills
- describe how the clinical presentation of illness in older people can differ from younger people, including: - non-specific presentation - atypical presentation - multiple pathologies or diagnoses - describe how erroneous attribution of symptoms to old age or single pathology/illness can lead to misdiagnoses - explain why older patients can benefit from a CGA irrespective of their primary illness - explain and give examples of how ageing and diseases affects interpretation of investigation results - describe the potential complications of acute illness and immobilisation.	- recognise atypical and non-specific presentation of illness - obtain history from all relevant sources, including family, GPs, and other specialists - perform a CGA - evaluate older persons unable to fully cooperate with assessment - order relevant/pertinent investigations according to priority and know when not to investigate - compile a comprehensive problem list - prioritise problem listing and set appropriate goals - obtain and incorporate assessment and management plans from the multidisciplinary team - ensure prompt interventions to enhance positive outcomes and minimise complications of acute illness and immobilisation - identify patients who would potentially benefit from rehabilitation/restorative care - identify when a palliative approach to care should be taken - collaborate with GPs and other specialists to achieve the best outcomes for patients.

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.2	Assessment and Management in Specific Settings
Learning Objective 2.2.1	Diagnose and manage acute and chronic illness in acute inpatient settings
Attitudes	Be willing to take on the challenge of managing multiple acute medical and chronic illness

Knowledge	Skills
• describe the major acute illnesses seen in older people admitted to hospital • describe the medical and functional consequences of acute illness and immobilisation, and associated prevention strategies.	• provide effective acute medical care • formulate management plans that include guidance on appropriate interventions and limits to treatment • implement strategies to minimise and prevent complications associated with acute illness and hospitalisation • recognise when patients are better cared for by the geriatric medicine service and when better outcomes are likely under the care of another specialty • refer patients to other specialties when necessary • practise effective liaison geriatric medicine and collaborate with the 'home' team to achieve the best outcomes for patients • communicate and plan promptly with inpatient multidisciplinary teams.

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.2	Assessment and Management in Specific Settings
Learning Objective 2.2.2	Provide rehabilitation to older patients across the range of inpatient, day hospital, and community settings
Links	Domain 6: Professional Skills
Attitudes	Be flexible enough to change goals when targets are not being achieved
	Respect the roles and opinions of members of multidisciplinary team
	Give the benefit of the doubt where possible

Knowledge	Skills

• outline the contribution of Marjory Warren to geriatric medicine
 	
• explain the WHO International Classification of Function (1991)
 	
• describe factors that affect rehabilitation potential
 	
• discuss the evidence base for the efficacy and limitations of rehabilitation interventions in older people for specific condition such as:
  • falls
  • arthritis of the knees
  • Parkinson's disease
  • stroke
  • chronic lung disease
  • multiple diseases in old age
  • post acute illness
  • people in residential care
 	
• describe the benefits and limitations of different rehabilitation settings
 	
• describe aims, options, and available resources for continued rehabilitation after hospital discharge
 	
• describe some of the common assessment tools used to monitor functional status progression in rehabilitation settings
 	
• list and discuss the indications for daily living aids (e.g. toilet aid, splints) and environmental modifications commonly recommended by occupational therapists.
	• contribute effectively to the rehabilitation process
	
	• identify patients who would potentially benefit from rehabilitation
	
	• set realistic goals
	
	• interpret functional milestones in rehabilitation programs
	
	• resolve differing expectations of the treating team, the patient, and their family.

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.2	Assessment and Management in Specific Settings
Learning Objective 2.2.3	Deliver care in an outpatient setting
Attitudes	Respect roles and opinions of other members of the team

Knowledge	Skills
• describe the evidence base for multidisciplinary and problem based clinics, including falls, memory, and continence • describe the components of a multidisciplinary clinic that apply to particular geriatric syndromes.	• perform a CGA in the outpatient setting • synthesise gathered information and provide overall assessment in developing an individualised multicomponent management plan • communicate assessment and management plans to the patients, carers and GPs.

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.2	Assessment and Management in Specific Settings
Learning Objective 2.2.4	Diagnose and manage acute and chronic illness in the home setting
Attitudes	Demonstrate the confidence to carry out an assessment in a home setting Accept that a community assessment takes substantially more time than assessments in other settings Be willing to adapt to sub-optimal conditions for examination

Knowledge	Skills
• describe the benefits and limitations of home assessments • describe how to organise investigations and medications in the community • outline potential risks of home assessments to visiting health practitioners.	• coordinate and organise the home assessment, considering who needs to be involved and what steps need to be taken • perform a physical examination in a non hospital setting • manage a patient with limited resources and demonstrate the ability to improvise to manage problems safely in the patient's home • perform a basic home environmental assessment • assess potential risk to health professionals prior to home assessment.

DOMAIN 2	ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE
Theme 2.2	Assessment and Management in Specific Settings
Learning Objective 2.2.5	Diagnose and manage acute and chronic illness in residential care settings
Links	Learning Objective 3.1.3
Attitudes	Demonstrate the confidence to carry out an assessment in a residential care setting
	Accept that residential care assessment takes substantially more time than assessments in other settings
	Be willing to adapt to sub-optimal conditions for examination

Knowledge	Skills
• describe the incidence and prevalence of acute and chronic medical problems that occur in people living in residential care	• effectively gather information from multiple sources before, during, and after assessing someone in residential care
• outline the cost implications for people moving into and living in residential care	• develop an appropriate and optimal medication regimen
• state the criteria for low and high level care	• formulate management plans in consultation with residential care staff and GPs.
• outline the basic aspects of residential aged care funding and accreditation	
• outline the evidence base for non-pharmacological and pharmacological strategies to manage behavioural and psychological problems due to dementia in the residential care setting.	

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.1	Cognition
Learning Objective 3.1.1	Recognise and manage dementia
Attitudes	Be willing to help people with dementia achieve a good quality of life despite their diagnosis Accept that people with dementia have rights Respect people with dementia and understand that the geriatrician can have a role in fostering this

Knowledge	Skills

• describe the prevalence and incidence of dementia
 	
• list the risk factors for dementia and summarise the literature in this area
 	
• describe diagnostic criteria for the different types of dementia and mild cognitive impairment
 	
• explain current theories of dementia syndromes, including their molecular, neuropathological, and genetic basis
 	
• describe the clinical features that help differentiate between dementia, other psychiatric illness, delirium, and depression
 	
• discuss the effect of dementia on the patient, carers, and society
 	
• explain the utility and limitations of the various cognitive assessment tests available
 	
• outline the key principles in the management of dementia
 	
• describe the evidence and issues surrounding modern drug therapy, including:
   • symptom management
   • disease modifying therapy
   • preventative therapy
   • areas of current research
 	
• describe the natural history (progression) and prognosis of dementia
 	
• discuss community services and social supports available for patients and carers
 	
• describe the medical practitioner's legal obligations and position related to reporting fitness to drive in Australian states/New Zealand
 	
• summarise the relevant state/country authority guidelines regarding assessing fitness to drive
 	
• outline the ANZSGM position statement on Driving and Dementia.
	• recognise and investigate for potentially reversible causes for dementia
	
	• obtain an appropriate history including:
	   • symptoms suggestive of dementia
	   • special problems such as driving, nutrition, and wandering
	   • function and social situation
	
	• obtain a collateral history
	
	• perform a mental state examination
	
	• interpret diagnostic modalities, including neuropsychological assessments
	
	• sensitively communicate and interact with people with dementia and their families
	
	• demonstrate insight when revealing a diagnosis of dementia
	
	• formulate a management plan that is of help to patients and their carers
	
	• effectively counsel and answer the questions of patients and their families
	
	• address fitness to drive in terms of assessment, interventions, and counselling patient and carers.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.1	Cognition
Learning Objective 3.1.2	Recognise and manage delirium in older people
Attitudes	Be willing to take on diagnostic and management challenges

Knowledge	Skills
- describe the incidence and prognosis of delirium - explain what is known about the mechanisms/ neuropathology of delirium - describe the diagnostic criteria and differential diagnosis for delirium - describe the key features to differentiate delirium from dementia - list the predisposing and precipitating factors for delirium - list the factors shown to be associated with delirium in hospitilised patients - list the classes of drugs that can cause or contribute to delirium - discuss the evidence for strategies, including pharmacological and non-pharmacological, to prevent or decrease duration and severity of delirium - discuss the role of behavioural units to manage delirium symptoms - discuss the problems associated with pharmacological and physical restraints.	- recognise delirium and differentiate from other causes of confusion - use delirium assessment tools competently - identify precipitating and predisposing factors for delirium - institute appropriate and individualised investigations - formulate clear management plans to prevent and/ or treat delirium in collaboration with other staff and family - prescribe medication appropriately for delirious patients - advocate for adequate nursing resources and a safe environment to manage delirium.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.1	Cognition
Learning Objective 3.1.3	Recognise and manage behavioural and psychological symptoms of dementia (BPSD)
Attitudes	Accept that BPSD is part of a disease process, rather than a manifestation of bad behaviour Where there is conflict between patients' apparent interests and those of their caregivers, carefully balance management options Be prepared to be patients' advocate in the case of patients with BPSD unable to advocate for themselves Be personally comfortable in looking after patients with BPSD

Knowledge	Skills
• list symptoms that are considered BPSD • explain prevalence and incidence of BPSD • outline the evidence for pharmacological and non-pharmacological strategies to manage BPSD.	• differentiate causes or precipitants other than underlying dementia for the neuropsychiatric disturbances that could be BPSD • perform a structured assessment of BPSD, including antecedents to behaviours, the behaviours themselves, and consequences of behaviours • use diagnostic modalities, including neuropsychological assessments, appropriately • institute and review management strategies aimed at decreasing the frequency and impact of BPSD • communicate effectively and sensitively with patients with BPSD • sensitively communicate and interact with families of people with BPSD • guide hospital staff, security staff and police in managing violent, disruptive patients with BPSD.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.2	Falls, Mobility, and Bones
Learning Objective 3.2.1	Identify risk factors for falls and implement strategies to prevent falls
Attitudes	Be supportive of patients' desire for independence
	Have a positive but realistic approach to falls investigation and management

Knowledge	Skills
• describe the incidence of falls in the community, hospitals, and residential care	• systematically identify risk factors for falls through assessment, followed by priorisation of risk factors for intervention in the home and health care facilities
• explain physical and psychological consequences of falls	• use appropriate investigations to determine cause of falls
• list and explain causes and risk factors for falls	
• describe validated falls risk tools	• develop and institute management plans including onward referral reflecting the results of a falls risk assessment as well as the wishes of patient
• describe what is known about medications and risk of falls	
• explain neurocardiovascular causes for falls	• use prescribing practices based on knowledge of the medications associated with falls and fall related injury
• describe how to assess someone who has fallen	
• summarise the evidence base behind fall reduction strategies	• use appropriate investigations to determine the cause of syncope
• summarise the evidence base for reducing injury due to falls, e.g. hip protectors	• manage causes of syncope
• describe strategies to minimise falls risks in hospitals and residential care	• assess and manage dizziness.
• outline the causes of syncope	
• describe the investigation and management of syncope	
• explain the management of postural hypotension	
• describe a classification system that helps to determine the cause of dizziness, keeping in mind that dizziness often has a multifactorial cause in older people	
• describe the investigation and management of dizziness.	

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.2	Falls, Mobility, and Bones
Learning Objective 3.2.2	Assess the causes of gait disorders and immobility, and aid in their management
Attitudes	Have a positive and realistic approach to the investigation and management of gait disorders and immobility

Knowledge	Skills
• describe the normal gait cycle • describe a classification system for gait disorders • list and describe the causes and risk factors for immobility • list potentially treatable causes of gait disorders and immobility • list the key aspects of history and physical examination that are important when assessing gait disorders and immobility • describe interventions to improve gait and mobility • discuss the advantages and disadvantages of different types of mobility aids.	• describe a person's gait pattern • perform a comprehensive assessment to determine the causes for gait disorders and immobility • perform and interpret a performance-based assessment of gait and balance, such as the 'timed get up and go' test • formulate an appropriate investigation and management plan for a patient with gait disorders and mobility problems.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.2	Falls, Mobility, and Bones
Learning Objective 3.2.3	Assess and manage orthopaedic patients in acute and rehabilitation settings
Attitudes	Be willing to liaise with other medical specialities and allied health to achieve the best outcomes for patients

Knowledge	Skills
• describe the different models of orthogeriatric care and the evidence for their effectiveness • describe, with reference to the evidence, the different components of pre-, peri- and postoperative care, including: • timing of surgery • antibiotic prophylaxis • anaesthetic management • delirium prevention • pain relief • describe the principles of surgical management of hip fracture	• assess medical and functional problems in patients with fracture and patients undergoing elective joint replacements • conduct comprehensive preoperative assessment of patients with hip fracture and patients undergoing elective joint replacements • institute appropriate investigation and management plans, including liaising with other specialties regarding timing of surgery • assess and manage acute postoperative medical problems

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.2	Falls, Mobility, and Bones
Learning Objective 3.2.3	Assess and manage orthopaedic patients in acute and rehabilitation settings

• describe, with reference to the evidence, the different components of postoperative care, including:
 	
    • postoperative pain relief
    • antithrombotic prophylaxis
    • weight bearing and early mobilisation
    • urinary catheterisation
    • pressure area care
    • delirium prevention and management
    • falls prevention
    • osteoporosis assessment and management.
	• formulate management plans for postoperative patients through regular review in liaison with orthopaedic team, nursing staff, and allied health staff
	
	• identify patients with fracture who would benefit from rehabilitation
	
	• assess and manage patients receiving rehabilitation after fracture across inpatient, day-hospital, and community settings
	
	• routinely incorporate future falls and fracture prevention in the management of an older person with a fracture.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.2	Falls, Mobility, and Bones
Learning Objective 3.2.4	Diagnose and mange osteoarthritis
Attitudes	Have a proactive approach to diagnosis and management

Knowledge	Skills
• describe the prevalence, incidence, and burden of osteoarthritis • list and describe the known risk factors for osteoarthritis • explain the aetiology of osteoarthritis • summarise the evidence base for non-pharmacological and pharmacological interventions for osteoarthritis • explain the indications and side-effects of commonly used arthritis medications • discuss alternate diagnoses • describe the complications of osteoarthritis • describe indications for joint replacement and the evidence in this area.	• examine symptomatic joints • judge when joint aspiration or injection is appropriate • identify when orthopaedic assessment may be appropriate • develop a management plan to improve the symptoms and disability in patients with osteoarthritis.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.2	Falls, Mobility, and Bones
Learning Objective 3.2.5	Diagnose and manage osteoporosis and osteomalacia
Attitudes	Have a proactive approach to diagnosis and management

Knowledge	Skills
• describe the prevalence, incidence, and risk factors of osteoporosis and osteomalacia in older people • outline potential preventive strategies • describe the evidence base behind the pharmacological treatment of osteoporosis and vitamin D deficiency, including the strengths and limitations of this evidence.	• investigate osteoporosis and osteomalacia • interpret relevant tests such as bone mineral density, vitamin D, calcium, and parathyroid hormone levels • manage osteoporosis, osteomalacia, and vitamin D deficiency.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.3	Iatrogenic Problems
Learning Objective 3.3.1	Implement strategies to minimise the risk of iatrogenic problems
Attitudes	Recognise that older people are at high risk of iatrogenic problems Be proactive in implementing strategies to prevent iatrogenic problems

Knowledge	Skills
• list the common iatrogenic problems that occur in older people and explain the reasons for these • list the hazards of hospitalisation for older people • list the risk factors for developing iatrogenic problems in hospital • list the potential complications of bed rest/immobilisation in older persons	• formulate investigation and management plans that consider the risk of iatrogenic problems • institute strategies to prevent and minimise the impact of iatrogenic disease in hospitalised patients • manage iatrogenic problems with the aim of preventing further complications and achieving optimal functional outcome.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.3	Iatrogenic Problems
Learning Objective 3.3.1	Implement strategies to minimise the risk of iatrogenic problems
Attitudes	Recognise that older people are at high risk of iatrogenic problems Be proactive in implementing strategies to prevent iatrogenic problems

Knowledge	Skills

• discuss strategies that can be implemented to prevent iatrogenic problems, including:
  • delirium
  • immobility
  • functional decline
  • under nutrition
  • adverse drug reactions
  • nosocomial infections, including clostridium difficile and MRSA
  • pressure sores
  • urinary incontinence
  • constipation
  • depression
  • anxiety.	

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.4	Continence
Learning Objective 3.4.1	Diagnose and manage urinary incontinence and retention
Attitudes	Demonstrate a positive attitude to diagnosis and treatment of incontinence Show sensitivity in management

Knowledge	Skills
• explain the physiology of normal urination and the age-related physiological changes in lower urinary tract function • discuss the prevalence of urinary incontinence and describe the potential impact on quality of life • outline the causes of urinary incontinence using a classification system for lower urinary tract symptoms, e.g. storage vs. voiding symptoms • describe types of incontinence, e.g. urge, stress, mixed, voiding problems, and functional • discuss the causes of urinary retention • list the reversible conditions that cause or contribute to urinary incontinence and retention • list the types of medication that can cause urinary incontinence or retention • explain the diagnostic evaluation of persistent urinary incontinence • describe pharmacological and behavioural interventions to treat urinary incontinence and retention • explain the role of surgery and minimally invasive procedures • discuss use of appropriate aids and appliances, and relative costs • list criteria for considering referral for urological, gynaecological, or urodynamic evaluation.	• perform an accurate history taking and physical examination, including assessment of urinary continence as routine • identify the causes and risk factors for urinary incontinence and retention • interpret incontinence charts with a basic understanding of urodynamic tests • develop a management plan to improve symptoms and/or functional impact of incontinence • develop a management plan for urinary retention • identify when to refer to incontinence specialist/ urologist for urodynamic evaluation/surgical procedure etc.

DOMAIN 3	GERIATRIC SYNDROMES
Theme 3.4	Continence
Learning Objective 3.4.2	Diagnose and manage constipation and faecal incontinence
Attitudes	Positive attitude to diagnosis and treatment of bowel problems Show sensitivity in management

Knowledge	Skills
• explain the physiology of defecation and maintenance of faecal continence • discuss the prevalence and causes of constipation and faecal incontinence • list the reversible conditions that cause or contribute to constipation and faecal incontinence • list the types of medications that can cause constipation • discuss the diagnostic evaluation of persistent constipation and faecal incontinence • discuss the pharmacological and non-pharmacological management of constipation and faecal incontinence.	• perform accurate history taking and appropriate physical examination, including assessment of constipation and faecal continence as routine • identify the causes of constipation and faecal incontinence • interpret bowel charts • develop a management plan to improve symptoms and/or functional impact of constipation and faecal incontinence • identify when further investigations and referral to other specialists are needed.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.2	Stroke
Learning Objective 4.2.1	Manage patients with acute stroke and stroke related disability in a multidisciplinary team
Attitudes	Work collaboratively with specialists and other professions to provide a service for patients with stroke Take a positive and realistic approach to the management of patients with stroke to restore function as much as is possible

Knowledge	Skills
• describe the epidemiology of stroke • list the conditions that can mimic stroke • discuss the applicability of the evidence for primary and secondary stroke prevention in older people • discuss the different models of stroke rehabilitation • list the key measures that should be undertaken in the acute and later phases of stroke rehabilitation.	• assess and manage older patients with stroke related disability • determine which patients will benefit from rehabilitation • lead a multidisciplinary team looking after older patients with stroke • assess the need for and institute appropriate interventions to prevent further vascular events • weigh the risks and benefits of anticoagulation.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.3	Parkinson's Disease
Learning Objective 4.3.1	Manage patients with Parkinson's disease in a multidisciplinary team
Attitudes	Take a positive and realistic approach to the management of patients with Parkinson's disease to achieve the best quality of life

Knowledge	Skills
- explain the clinical features of late onset Parkinson's disease - describe the non-motor symptoms of Parkinson's disease - describe the clinical features of other conditions that can cause Parkinsonism - explain the medical management of Parkinson's disease - explain the potential adverse effects of medications used to treat Parkinson's disease - outline the management of non-motor symptoms of Parkinson's disease.	- differentiate Parkinson's disease from other conditions that cause Parkinsonism - manage Parkinson's disease and Parkinsonism - balance the benefits and harms of medications used to treat Parkinson's disease - work collaboratively with specialists and other health professional to achieve best possible function and quality of life for patients with Parkinson's disease and other conditions that cause Parkinsonism.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.4	Ulcers and Wounds
Learning Objective 4.4.1	Assess and manage ulcers/wounds in older people
Attitudes	Appreciate that wound healing takes time, wounds/ulcers are not an inevitable part of ageing Be willing to advocate for pressure ulcer prevention

Knowledge	Skills
- outline the incidence and prevalence of pressure ulcers in various settings - explain the commonly used scales to identify patients at risk of pressure ulcers - describe the types of common ulcers seen in older people and explain their aetiology - explain the principles of ulcer/wound healing - outline the assessment and management of the common types of ulcers seen in older people	- determine type of ulcer/wound and identify contributing factors - investigate and manage wounds and ulcers - accurately stage pressure ulcers - institute appropriate management plans for existing pressure ulcers

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.4	Ulcers and Wounds
Learning Objective 4.4.1	Assess and manage ulcers/wounds in older people
Attitudes	Appreciate that wound healing takes time, wounds/ulcers are not an inevitable part of ageing Be willing to advocate for pressure ulcer prevention

Knowledge	Skills
• explain the principles behind the choice of wound/ulcer dressing products • explain how ulcers can be prevented, e.g. pressure relieving devices.	• institute appropriate management plans to prevent pressure ulcers • involve other health professionals in the prevention and management of ulcers when appropriate.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.5	Sleep Disorders/Sleep Disturbance
Learning Objective 4.5.1	Diagnose and manage sleep disorders/disturbance in older people
Attitudes	Show empathy towards patients with sleep disturbance

Knowledge	Skills
• explain physiology of sleep in older people • outline causes of complaints with sleep in older people, both physiological and pathological • explain pharmacological and non-pharmacological management of sleep disorders • describe the hazards and limited efficacy of medications commonly used for insomnia.	• obtain a sleep history • distinguish physiological from pathological sleep disorder, e.g. early bed time vs. pain, depression • recognise when to refer for specialist evaluation of sleep • advise on non-pharmacological management of insomnia • manage hypnotic sedative withdrawal.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.6	Visual and Hearing Impairment
Learning Objective 4.6.1	Diagnose and manage visual and hearing impairment in older people
Attitudes	Advocate for management strategies that optimise quality of life despite visual or hearing impairment

Knowledge	Skills
• explain the incidence, prevalence, and aetiology of visual and hearing impairment in older people • describe the signs and symptoms associated with common visual problems in older people • describe the potential therapies for conditions that cause visual and hearing impairment • list the potential adverse effects of ophthalmic medications • describe assistive services, devices, and aids which help those with visual and hearing impairment • list the factors that should be considered in evaluating for a hearing aid.	• assess vision and hearing • assess the effect of sensory deprivation on function • consider when and how to refer to other health professions or services for assessment and management of visual and hearing impairment • demonstrate basics of hearing aid use • optimise communication with people who have visual or hearing impairment.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.7	Oral Diseases and Disorders
Learning Objective 4.7.1	Describe the common oral diseases and disorders seen in older people and recognise when further assessment by a dental service would be of benefit
Attitudes	Be willing to arrange dental services as required

Knowledge	Skills

• describe the important oral diseases and problems seen in older people, including:
   • decay and missing teeth
   • periodontal disease
   • salivary dysfunction
   • oral mucosal problems, e.g. oral cancer and candidiasis
 	
• describe preventive strategies for oral health
 	
• outline the consequences of poor dentition and oral health
 	
• list the conditions and medications associated with salivary dysfunction
	• perform basic assessment of oral hygiene/health
	
	• recognise conditions that need referral for dental assessment.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.7	Oral Diseases and Disorders
Learning Objective 4.7.1	Describe the common oral diseases and disorders seen in older people and recognise when further assessment by a dental service would be of benefit

• list the non-pharmacological causes of taste and smell dysfunction in older people • list the common medications that can interfere with taste and smell.	

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.8	Nutritional Problems and Obesity
Learning Objective 4.8.1	Recognise and manage nutritional problems in older people
Attitudes	Positively promote appropriate nutrition

Knowledge	Skills
• describe age-related changes that affect nutrition • describe the nutritional requirements of older people • outline the prevalence and aetiology of obesity and undernutrition • differentiate between nutrition syndromes seen in older people, including: 　• sarcopenia 　• cachexia 　• wasting 　• protein-energy undernutrition 　• obesity • list common treatable causes for undernutrition • list common medications known to cause anorexia or reduce the availability of specific nutrients • describe the consequences of obesity and undernutrition • summarise the evidence regarding the association between higher BMI and poor outcomes in older people as compared to middle aged people • describe the clinical use of nutrition screening and assessment tools • describe management strategies for obesity and undernutrition	• perform basic assessments of patients' nutritional state • recognise, diagnose, and manage contributing factors to malnutrition • utilise multidisciplinary input to optimise patients' nutritional status: 　• dietician 　• speech pathologist 　• community supports 　• nursing staff • prevent and treat undernutrition in hospitalised older patients • assess and manage dysphagia with multidisciplinary input • independently make decisions for commencing, continuing, or ceasing enteral feeding • manage patients receiving enteral feeding.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.8	Nutritional Problems and Obesity
Learning Objective 4.8.1	Recognise and manage nutritional problems in older people

• outline the strengths and limitations of the evidence base for nutritional supplementation • describe types of nutritional supplements available and their cost • explain the evidence and ethical and medico-legal issues regarding enteral feeding in patients with advanced dementia • list some of the complications of enteral feeding • explain the causes of dysphagia in older people.	

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.9	Relationships and Sexuality
Learning Objective 4.9.1	Describe characteristics of relationships and sexuality in older people
Attitudes	Recognise that sexuality is an ongoing component of ageing

Knowledge	Skills
• discuss the many dimensions of relationships and sexuality in older people, including intimacy, romance, physical closeness, self-gratification, and social relationships • describe the various components of social interactions, including structural support, social support, and negative support • describe the physiological changes in sexuality that occur with age • outline the causes, assessment, and management options of erectile dysfunction • explain the management of dyspareunia in post-menopausal women • describe strategies to deal with sexually demanding behaviour by people with dementia or other brain disease • outline approaches to medication induced sexual dysfunction.	• sense when it is appropriate and/or important in a CGA to explore relationships and sexuality • identify when aspects of social interactions or lack of structural support is having a negative impact on the health of an older person • take a history and conduct examination of older people to assess sexual dysfunction.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.10	Perioperative Care
Learning Objective 4.10.1	Assess and manage older patients in perioperative care
Attitudes	Take on a proactive approach to perioperative care Liaise with other medical specialties and allied health to achieve the best outcomes for patients

Knowledge	Skills

• list the risk factors for postoperative adverse outcomes and understand their relative importance
 	
• describe the important physiological changes with ageing that are important to consider in perioperative care
 	
• explain the clinical predictors of increased risk of perioperative cardiovascular events
 	
• describe the indications for common surgical procedures
 	
• list common postoperative complications and discuss the prevention and management of these complications
 	
• discuss postoperative cognitive dysfunction (POCD).
	• perform a comprehensive preoperative assessment
	
	• weigh up arguments for and against surgery in the emergency and elective surgery settings, in liaison with other specialists
	
	• appropriately alter medication regimens and manage fluids pre- and postoperatively with the aim of decreasing risk of perioperative adverse events
	
	• formulate a management plan to treat acute medical problems and postoperative complications in liaison with surgical team, other medical teams, nursing staff, and allied health staff
	
	• provide advice to surgical teams on the following:
	    • appropriate use of medications for pain
	    • increasing mobilisation
	    • proper use of urinary catheters
	    • treatment and prevention of delirium
	    • identify postoperative patients who would benefit from rehabilitation
	    • anticoagulation use.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.11	Oncology
Learning Objective 4.11.1	Describe important issues in the management of cancer in older people

• list the most common cancers seen in older people • describe the current guidelines and recommendations for screening older people for common cancers • explain how CGA could contribute to cancer specialists' management • outline the role of the geriatrician in a cancer service oncogeriatric multidisciplinary team • explain the effects of cancer and its therapy on function and subsequent rehabilitation in older adults.	• recognise symptoms, signs, and results of investigations that may indicate cancer • decide when it is appropriate to pursue a diagnosis of cancer and/or refer to appropriate specialists • provide input to assist specialists involved in the management of cancer • counsel and answer the questions of patients and their families.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.12	Pain
Learning Objective 4.12.1	Assess and manage acute and persistent (chronic) pain
Attitudes	Be vigilant about managing pain in older people Take the time required to assess and manage people with persistent pain

Knowledge	Skills
• describe the age-related changes in the presentation of pain in older individuals • describe the differences between acute and persistent (chronic) pain • list the important aspects of the physical, functional, and psychological assessment of pain • describe the types of pain, giving examples, and pharmacological and non-pharmacological treatment options • explain the potential adverse effects of the different classes of drugs used to treat pain • outline the role of a multidisciplinary team approach for management of persistent pain.	• take a comprehensive pain history and perform a relevant physical examination • assess pain using self-report pain scales • assess pain in patients with limited ability to communicate due to dementia and other disorders • implement management plans that improve pain symptoms and lessen the functional and psychological impact of pain.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.13	Depression
Learning Objective 4.13.1	Recognise and manage depression in older people
Attitudes	Be willing to invest the energy needed to care for patients with depression
	Demonstrate a positive attitude toward treating depression

Knowledge	Skills
- explain the prevalence, incidence, and risk factors for depression in older people - list the clinical features of depression in older people and describe how presentation may differ from younger people - describe the key features distinguishing major depression from other forms of depression, such as bipolar disorder, dysthymic disorder, adjustment disorder, and bereavement - describe the consequences of depression, including suicide risk and impact on recovery from other illnesses - list medical illnesses associated with depression - list drugs than can cause symptoms of depression - explain the treatment of depression, including: - pharmacotherapy - supportive psychotherapy - cognitive behaviour therapy - exercise - multidisciplinary models - electroconvulsive therapy (ECT) - describe specific trials of depression therapy conducted in older people - describe the possible adverse effects of antidepressants and ECT.	- diagnose depression in older people - identify stressful life events that may impact on health, such as major life events, e.g. death of a spouse, and chronic stressors, e.g. caring for someone with dementia - use depression assessment scales - communicate the presence of depression to those with this condition and encourage them to engage in therapy - differentiate between major depression, other forms of depression (e.g. bipolar), bereavement, adjustment disorder, dementia, and delirium in patients with cognitive impairment, mood disturbance, or decreased volition - identify patients in whom withdrawal of antidepressant medications is appropriate - consult psychiatrists when appropriate.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.14	Elder Abuse
Learning Objective 4.14.1	Recognise and assess cases of elder abuse and understand how to manage the problem
Attitudes	Accept that the geriatrician has an important role to play in identifying and intervening in cases of elder abuse Take a non-judgemental approach to elder abuse

Knowledge	Skills
• describe the types of behaviour and situations that could be considered elder abuse • summarise what is know about the prevalence of elder abuse in Australia/New Zealand • describe risk factors for elder abuse • list the symptoms and signs that raise suspicion of elder abuse • outline the type of interventions that can be put in place to prevent elder abuse and manage elder abuse • compare arguments for and against mandatory reporting.	• recognise carer stress and the presence of other risk factors for elder abuse • explore the possibility of elder abuse by taking a history from care giver and patient, without raising undue suspicion or undermining prospects of a favourable long-term outcome • recognise symptoms and signs that may indicate elder abuse • formulate and institute intervention plans to prevent or manage elder abuse in collaboration with the multidisciplinary team.

DOMAIN 4	OTHER CONDITIONS IN OLDER PEOPLE
Theme 4.15	Other Medical Illnesses Commonly Seen in Older People
Learning Objective 4.15.1	Assess and manage other medical illnesses seen in older people
Attitudes	Understand the importance of acquiring the knowledge and achieving competence in the management of the wide range of illnesses seen in older people

Knowledge	Skills

• with specific reference to older people, describe the clinical features, laboratory findings, investigation, management, prognosis, and preventive measures of the following problems and illness:
 	
  • respiratory, including dyspnoea, haemoptysis, pneumonia, chronic obstructive pulmonary disease, tuberculosis, sleep apnoea, and lung cancer
 	
  • gastrointestinal, including dysphagia, vomiting, diarrhoea, gastro-oesophageal reflux disease, peptic ulcer disease, malabsorption, bowel cancer, gallbladder and biliary disease, and liver dysfunction
 	
  • endocrine, including diabetes, thyroid dysfunction, and hypothermia
 	
  • renal, including fluid and electrolyte disturbance, renal failure, infection, and prostate diseases
 	
  • neurological, including seizures, meningitis, and restless legs syndrome
 	
  • haematological, including anaemia, myeloma, and myelodysplastic syndromes
 	
  • musculoskeletal, including gout, polymylagia rheumatica, rheumatoid arthritis, back pain, and foot disorders
 	
  • dermatological, including pruritus, rashes, and scabies.
	• formulate investigation and management plans for the many different medical illnesses seen in older people, taking into account age, function, level of frailty, prognosis, and wishes of patient and carers.

DOMAIN 5	HEALTHY AGEING
Theme 5.1	Primary and Secondary Prevention
Learning Objective 5.1.1	Describe the key primary prevention strategies applicable to older people
Attitudes	Recognise that age is not a barrier to appropriate primary prevention Be willing to enlist other health professionals in primary prevention activities

Knowledge	Skills

• outline the evidence for and against lifestyle interventions such as exercise, diet, vitamin supplements, cognitive exercises, reduced alcohol intake, smoking cessation, and social interaction
 	
• explain evidence for effective inoculations such as influenza and pneumococcal vaccines
 	
• outline the evidence base for pharmacological interventions to prevent diseases that are common in older people
 	
• summarise the arguments for and against specific screening manoeuvres in older people, including:
  • blood pressure
  • lipid profile
  • ultrasound for abdominal aortic aneurysm
  • mental state examination for dementia
  • tests for malignant disease
  • assessment for frailty
  • depression questionnaires
  • falls risk assessment
  • bone mineral density.
	• counsel older people about appropriate primary prevention strategies
	
	• advise patients and carers about injury prevention interventions such as domestic water temperature regulation, smoke detectors, and avoidance of environmental hazards.

DOMAIN 5	HEALTHY AGEING
Theme 5.1	Primary and Secondary Prevention
Learning Objective 5.1.2	Describe secondary prevention strategies applicable to older people
Attitudes	Recognise that age is not a barrier to appropriate secondary prevention
	Be willing to enlist other health professionals in secondary prevention activities

Knowledge	Skills
• describe benefits and risks of pharmacological interventions, e.g. AF-anticoagulation, lipid lowering agents, antihypertensives, and antithrombotics, for older patients with vascular disease • describe evidence base for lifestyle interventions following a significant medical problem such as exercise after a fall or stopping smoking after a cardiac event • discuss potential role of allied health professionals in secondary prevention.	• counsel people on appropriate secondary prevention strategies • refer patients to appropriate secondary prevention activities.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.1	Evidence-Based Medicine
Learning Objective 6.1.1	Apply an evidence-based and rational approach to the use of investigations and different treatment modalities
Attitudes	Be able to accept the patient's and carers input into decisions and the utility the patient and carers place on various outcomes Understand that the individual patient is part of the bigger society and resources should be utilised appropriately

Knowledge	Skills

• explain the concepts of sensitivity/specificity/ positive and negative predictive value, the likelihood ratios of investigations and how to use these to select an appropriate investigation
 	
• describe the impact of false negatives and false positives on patient care
 	
• outline important concepts to be considered when appraising the applicability of evidence to the older patient, including:
  • levels of evidence
  • generalisability
  • sub-group analyses
  • number needed to treat
  • number needed to harm
  • adverse event reporting.
	• make appropriate decisions on extent of investigations for individual patients
	
	• make sensible treatment decisions taking into account the evidence from clinical trials which often have limited generalisability to the older frail patient
	
	• communicate the risk/benefit, cost/benefit and utility information to patients and carers in a manner they can use.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.2	Comprehensive Geriatric Assessment (CGA) and Management
Learning Objective 6.2.1	Perform a CGA
Attitudes	Understand and promote the value of CGA

Knowledge	Skills

• outline the evidence base for CGA and management
 	
• list and explain the essential components of a CGA, including:
  • medical comorbidity
  • function
  • cognition
  • nutrition
  • socioeconomic status
  • supports at home.
	• perform a CGA
	
	• synthesise gathered information and overall assessment in developing an individualised multi-component management plan.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.3	Aged Care Assessment Team (ACAT), Aged Care Assessment Service (ACAS), and Aged Care Community Services
Learning Objective 6.3.1	Demonstrate a knowledge of the function of ACAT/ACAS and describe the various aged care community services available
Learning Objective 6.3.2	Effectively use locally available resources for assessing and providing care for older people in the community
Attitudes	Understand and accept the role of geriatricians in the ACAT/ACAS

Knowledge	Skills
• describe the structure and function of ACAT/ACAS, including governance and financing issues • outline the role of geriatricians in ACAT/ACAS • describe the role of local needs assessors in the provision of access to supports and residential facilities • describe specific indications for different levels of aged care facilities and community care packages • list the agencies involved in providing community care and describe the type of care provided by different aged care facilities and aged care providers in local region.	• plan and implement appropriate community-based management strategies in collaboration with ACAT/ACAS • conduct appropriate medical assessments of older people with regards to meeting criteria for low or high level residential care • use aged care community services effectively to support older people in the community.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.4	Multidisciplinary Work in Geriatric Medicine
Learning Objective 6.4.1	Provide medical leadership of the multidisciplinary team caring for older people
Attitudes	Show respect for all team members
	Be willing to contribute to the professional development of team members and also to learn from them
	Maintain a positive approach when asked to provide an opinion or assistance

Knowledge	Skills
• describe the skills and roles of the members of a multidisciplinary team caring for older people • explain the benefits of multidisciplinary team approach.	• coordinate and provide leadership to a multidisciplinary team • provide medical input and leadership in multidisciplinary case conferences • facilitate multidisciplinary teamwork to identify appropriate goals for patients • draw together the various inputs to formulate a plan and resolve issues when there are differences of opinion.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.4	Multidisciplinary Work in Geriatric Medicine
Learning Objective 6.4.2	Know the place of and how to conduct family conferences
Attitudes	Show respect for all, including patients, families, and team members
	Practise constructive communication

Knowledge	Skills
• describe the role of the family conference in care planning and discharge planning • outline the legal requirement to obtain patients' consent to discuss their private affairs.	• recognise where potential diagnostic or management difficulties warrant the holding of family conferences • lead or facilitate multidisciplinary team family conferences • draw together the various inputs to formulate a plan.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.5	Culturally and Linguistically Diverse (CALD) Backgrounds
Learning Objective 6.5.1	Provide appropriate medical care for older people from CALD backgrounds
Attitudes	Show respect in dealings with older people from all backgrounds, including CALD backgrounds Show awareness, sensitivity, and tolerance to differences in attitudes and behaviour associated with ethnic diversity

Knowledge	Skills
• describe the diversity of culture within Australia and New Zealand • describe how CALD and religious background may influence attitudes to and management of illness and care of the dying • describe services available for particular CALD groups within the local area.	• appropriately assess and manage people from different CALD backgrounds • perform a CGA with the help of interpreters.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.6	Ethical and Medico-Legal Issues
Learning Objective 6.6.1	Describe ethical and medico-legal issues encountered in the care of older people
Attitudes	Show respect for capable people's decisions Show respect for legal processes and traditions, and a willingness to engage with these when necessary

Knowledge	Skills
• explain why the principles of ethical medicine, including autonomy, beneficence, non maleficence, and justice, are relevant and important to consider when caring for older people • explain concepts of advance directives/living wills, enduring guardians, enduring powers of attorney, financial managers, and person responsible • describe the function of guardianship boards/tribunals, public guardian, protective commission, and Family Court (NZ) • describe the principles of assessment of competence and decision-making capacity.	• assess decision-making capacity • decide when to and how to involve person responsible, guardianship board/tribunal, or Family Court (NZ) in decision making process • provide a report for guardianship board/tribunal or Family Court (NZ) • make ethical and legally sound medical decisions in people who lack decision-making capacity.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.7	Discharge Planning
Learning Objective 6.7.1	Demonstrate the knowledge and skills to plan the successful discharge of older patients from hospital
Attitudes	Recognise that timely and appropriate discharge planning is important
	Recognise that discharge planning should be seen as transfer of care to the GP and community teams
	Recognise that the patient's wishes are important

Knowledge	Skills
• discuss the determinants of discharge, including recovery from medical problems, chronic diseases, cognition, function, home environment, and social supports • discuss the community services available to support people at home • list the costs to the patient/carers of the commonly used community services in the local area • list the key features of a good discharge summary.	• determine when patients are/are not ready for discharge • make provisional discharge plans early in patient's admission • advise the multidisciplinary team on what assessments and information are required to facilitate successful discharge • formulate successful discharge plans in collaboration with patients, carers, multidisciplinary team, GP, and community teams • counsel and advise patients and carers about discharge plans and placement outside hospital • effectively supervise junior staff in the writing of discharge summaries.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.8	Palliative Care/End-of-Life
Learning Objective 6.8.1	Demonstrate appropriate decision making related to palliative care and end-of-life care
Attitudes	Recognise and respect the wishes of a dying patient, family, and carers Practise equanimity by maintaining appropriate professional distance while providing empathic care

Knowledge	Skills
• explain the management of emergencies in palliative care, e.g. acute pain, hypercalcaemia, haemorrage, and spinal cord compression • explain the ethical and legal issues and technical aspects with regards to not-for-resuscitation documentation, hydration, nutrition, and enteral feeding • describe the difference between the doctrine of double effect and euthanasia • discuss the management of pain in palliative care • explain the palliation of non pain symptoms such as constipation, nausea, vomiting, diarrhoea, anorexia and cachexia, delirium, dyspnea, and cough • describe the institutional and community supports available for palliative care in the local area.	• manage palliative care emergencies • recognise terminal stages of illness • assess and manage the problems and needs of palliative care patients • prescribe symptom relieving medications appropriately and rationalise medications • effectively and sensitively deal with grief in patients, relatives, and staff • deliver bad news to patients and families effectively and with sensitivity • work collaboratively with palliative care teams, other health professionals, and agencies to provide the best possible palliative care.

DOMAIN 6	PROFESSIONAL SKILLS
Theme 6.9	Clinician as Manager
Learning Objective 6.9.1	Describe the knowledge and skills required of a clinician with management responsibilities
Attitudes	Take opportunities to gain insight into management activities undertaken by geriatricians

Knowledge	Skills
• explain the role of a geriatrician to a layperson and to someone with a medical background • explain why there is a need for geriatric medicine in hospitals and in the community • describe some of the models of geriatric medicine services that exist in Australia and New Zealand • describe the components and the management structure of the aged care service currently working in • summarise documents that describe future plans for geriatric medicine services within a hospital/ area as well as state/national levels • define clinical governance and describe some of the clinical governance activities that take place in the local geriatric medicine service.	• actively contribute to clinical governance activities, e.g. morbidity and mortality meetings • actively participate in department or hospital management committees.