

GERIATRICS POST

Relevant Section(s) of Curriculum: 9 Care Of Older Adults

What the trainee could get out of post:

Appreciation of important issues identified

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

Knowledge of specific clinical cases

1. Psychiatry – Dementia, Presentation of Depression in the elderly, Psychosis, Alcohol
 - Awareness of Mental Health Resources available eg Alzheimers Scotland, CPN, SW dept
 - Skill – Memory Assessment
2. Medical – Incontinence, Acute Confusional State, Parkinson's, Stroke, Falls, Hip Fracture

Appreciation of the roles of others

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 (Names differ locally eg IRIS, MATCH)
8. Community Nursing Team

How:**LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

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

FURTHER PRIMARY CARE OPPORTUNITIES

1. **House Calls** – Opportunity to gain experience in general assessment including home environment. Can use to follow up.
2. **Referral letters** – review acute and OP referrals
3. **Consultant Domiciliary Visits** – Attend with Consultant (if they still do them locally)
4. **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 issues involved.
5. **Flu Clinic Organisation**