

## **GERIATRIC MEDICINE**

### **I) OBJECTIVES**

- 1 To provide a broad training and in-depth experience at a level sufficient for trainees to acquire competence and professionalism required of a specialist in Geriatric Medicine.
- 2 To develop the knowledge, skill and attitude to the specific physical and psycho-social needs of older patients and be able to provide holistic care with respect to these aspects
- 3 To understand the need of individualized disease management in older patients due to the presence of altered state of homeostasis, comorbidity and multimorbidity
- 4 To assess and manage older patients in acute, post-acute, rehabilitative, and post-discharge phases, as well as in planning transfer of care and ongoing care outside hospital.
- 5 To coordinate the management of older patients across the whole continuum of care settings including inpatient, outpatient, day hospital, community programs and long-term care facilities.
- 6 To contribute to medical education and continuing professional development through critical review of the literature and evidence-based practices, as well as understanding its potential applicability / limitations in older patients.
- 7 To lead an interdisciplinary team to provide holistic service towards meeting the needs of older patients.
- 8 To acquire knowledge in conducting quality assurance, audits and service evaluation.
- 9 To acquire professional competence in training future trainees in Geriatric Medicine.

### **II) STRUCTURE**

- 1 This period consists of three years of supervised and accredited training in Geriatric Medicine. The three-year training programme comprises two years of core training in Geriatric Medicine as described below (with a minimum of 12 months of core training to be undertaken in training units that have been formally accredited by the College), plus one year of training in any of the following:
  - 1.1 The same specialty which may be accredited for a maximum of 12 months, AND/OR
  - 1.2 Any other specialties of the College, which may be accredited for a maximum of six months each, AND/OR
  - 1.3 Overseas training in Geriatric Medicine which may be accredited for

a maximum of six months, with prior approval by the specialty board,  
AND/OR

- 1.4 Research in Geriatric Medicine, which may be accredited for a maximum of six months, with prior approval by the specialty board.
- 2 Apart from single specialty training in Geriatric Medicine as stated above, Higher Physician Trainees in Geriatric Medicine may also undergo dual training together with another specialty (except for Palliative Medicine). In such dual training programmes, Geriatric Medicine is considered to be the broad-based specialty. However, for Trainees undergoing dual training in Advanced Internal Medicine (AIM) and Geriatric Medicine, AIM is considered to be the broad-based specialty.
- 3 The structures of dual training programmes approved by the College include the following and Trainees must clearly indicate the programme chosen at the time of application to be registered as Higher Physician Trainee of the College:
  - 3.1 Concurrent training: A minimum of four years of supervised training is required. The training programme comprises 24 months (cumulative) of core training in Geriatric Medicine and 24 months (cumulative) of core training in another specialty\*
  - 3.2 Sequential training: A minimum of five years of supervised training is required. The training programme comprises 36 months training in either Geriatric Medicine or another specialty\* followed by 24 months of core training in remaining specialty.

\* In case Dermatology and Venereology is selected as the other specialty, it should be noted that the core training programme of Dermatology and Venereology comprises 36 months of core training in both concurrent and sequential training.
- 4 The Specialty Board in Geriatric Medicine adopts a modular approach in the accreditation of training units/programmes. The minimum requirements for the modules to be completed are detailed in Appendix I. Trainees are encouraged to rotate between centres during the training.

### III) CONTENTS

To attain the stated objectives, the contents of the training should include the following:

- (1) Knowledge
  - 1.1 The epidemiology of ageing – worldwide and local, its implication.
  - 1.2 Normal ageing (biological, physical, psychosocial) and its clinical significance.
  - 1.3 Preventive aspects including healthy ageing, compression of morbidity, strategies for personal and population illness prevention and screening.

- 1.4 Atypical presentation and multi-factorial nature of clinical presentation in older patients.
- 1.5 Common system disorders in older people.
- 1.6 Common geriatric syndromes / conditions, including but not exclusive to the followings:
  - a. Instability: syncopal / non-syncopal falls
  - b. Immobility
  - c. Incontinence
  - d. Impaired vision/hearing
  - e. Intellectual syndromes and / or decline: dementia, delirium and depression
  - f. Impaired feeding, dysphagia and malnutrition
  - g. Iatrogenesis from under- / over- investigations or drug treatment
  - h. Osteoporosis and related fragility fracture
  - i. Sarcopenia and frailty syndrome
  - j. Peri-operative assessment and prevention of complications
  - k. Pressure ulcers prevention, assessment and management
  - l. Immuno-deficiency and vaccination
  - m. Elder abuse
  - n. End-of-life care including symptom control and related medico-legal issues.
- 1.7 Comprehensive geriatric assessment with competence in the application and interpretation of commonly used assessment tools and investigations in the following functional domains / conditions:
  - a. Mood and cognition
  - b. Physical function
  - c. Fall and syncope
  - d. Swallowing
  - e. Continence
- 1.8 Appropriate use of investigations and treatment (pharmacological and non-pharmacological), balancing risk against benefit for individual older patients.
- 1.9 Drug therapy: A working knowledge of the basic principles of therapeutics including adverse drug reactions, drug interactions, and effects of ageing and disease states on drug pharmacokinetics. Ability to explain the indications, effectiveness, potential adverse effects, potential drug interactions and alternatives for medications commonly used in older patients.
- 1.10 Rehabilitation as applied to management of acute and chronic illness in older people; with the understanding of the principle of goal setting and concepts of impairments of body functions, activity limitations and participation restrictions. Knowledge in prescription of therapeutic exercises for successful ageing and disease states. Knowledge in use of various assistive or adaptive devices in enhancing independence of older people.

- 1.11 Knowledge on quality indicators of hospital-based infirmary and residential care home, including but not exclusive to: infection control, pressure ulcer prevention and management, fall prevention and management, contracture prevention and management, appropriate use of physical restraints, nutritional assessment and maintenance, promoting continence, optimizing drug use, preserving autonomy and person-centered care issues.
  - 1.12 Knowledge on the ethical principles and medico-legal issues of end-of-life care in older people, including Advance Care Planning, Advance Directive, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) order, assessment of mental capacity.
  - 1.13 Understanding of the complex interaction between normal ageing (including altered homeostasis), disease processes, medical treatment and related psychosocial factors in the delivery of optimal patient-centred care to older patients.
  - 1.14 Appropriate management of frail elders with complex and multi-factorial (medical, functional, psychological and socioeconomic) health problems after comprehensive geriatric assessment by geriatricians and interdisciplinary geriatric team.
  - 1.15 Interface between clinical and caring issues including elder abuse, surrogate decision-making including application of guardianship, caregiver stress, social isolation and support networks.
  - 1.16 Knowledge on objectives and up-to-date spectrum of care provided by residential care homes and community supporting services.
  - 1.17 Determinants of successful transfer of care outside hospital which meet the perspectives and needs of patients and their caregivers, and suitability for different care levels within the community.
  - 1.18 Appreciate the importance of collaborative and interdisciplinary team approach, and the role of interdisciplinary case conference and communication for goal setting, care planning and discharge planning in older patients.
- (2) Skills
- 2.1 Comprehensive geriatric assessment including the evaluation of physical health, mental health, functional status, socioeconomic status and environmental factors related to illnesses in old age, as applied to various settings including acute, post-acute and rehabilitation, out-patient, geriatric day hospital, and home visits.
  - 2.2 Ability to solve complex clinical problems and interpret investigation results related to the characteristics of older patients
  - 2.3 Clinical decision-making skills, including appropriate application of ethical principles related to the clinical care of older patients.

- 2.4 Care planning and discharge planning skills.
  - 2.5 Communication and counselling skills to older patients, caregivers, para-medical & other colleagues of the health care team.
  - 2.6 Ability to appraise medical literatures and to evaluate their applicability in older population; and to conduct quality assurance and clinical audit.
  - 2.7 Managerial and organizational skills including leadership in interdisciplinary team approach to patient management, conducting case conferences, and organizing geriatric services in different care settings.
  - 2.8 Skills in safe prescribing and medication management aiming to prevent, detect and address medication-related problems and achieve optimum use of medicines.
  - 2.9 Procedural skills which are essential to the diagnosis and management of common conditions in older patients.
- (3) Attitude
- 3.1 To recognize older population is heterogeneous ranging from healthy people to frail people with limited life expectancy. Clinical decision should take reference to biological instead of chronological age, comorbidity and multimorbidity and evidence relevant to older population whenever available
  - 3.2 To adopt a comprehensive and holistic approach to the care of older patients.
  - 3.3 To appreciate the importance of inter-disciplinary team approach and collaboration with different specialties for optimal management of older patients in all care settings,
  - 3.4 To appreciate the need for continuity of care across different care settings for older people and their caregivers.
  - 3.5 To demonstrate sensitivity to the balance between prolongation of life and quality of life, and to understand the concept of end-of-life issues; to be compassionate to the suffering of older patients and their caregivers and assist them to make a sound balance between the risks and benefits of medical investigation and treatment.
  - 3.6 Being committed to continuous professional development, advancement of knowledge and skills towards the specialty and to the care of older people.
  - 3.7 Being alert to socioeconomic changes that would affect the health care of older people in particular with respect to issues of health inequalities and ageism; and to act as advocate for older people.

#### **IV) INSTITUTIONAL REQUIREMENTS**

A hospital-based Geriatric Training Centre with the following provisions under the supervision of a Geriatric specialist and may not necessarily be located physically in one site:

- 1 Acute Geriatric beds: acute beds with A&E admissions for older patients.
- 2 Post-acute and rehabilitation beds for older patients.
- 3 Long-term care (hospital-based infirmary care) beds for older patients. The criteria required for training purpose are: at least one clinical session per week under supervision by a trainer in Geriatric Medicine.
- 4 Geriatric Day Hospital: the criteria required for training purpose are: geriatrician-run, not less than 20 day-place for at least 5 days per week.
- 5 Outpatient clinic and inpatient consultation service.
- 6 Community Geriatrics: e.g. Community Geriatric Assessment Service, Discharge Support Program, Home Visits & Assessments. The criteria for training purpose are: interdisciplinary case conferences and management.
- 7 Close working relationships with psycho-geriatrics, orthopaedics and other specialties.
- 8 Access to all necessary investigations and procedures without age limits.
- 9 Adequate staffing: For full accreditation within the training centre, a minimum of two physicians accredited as trainers in Geriatric Medicine supported by a multidisciplinary team including (but not exclusive to) nurses, therapists, social workers, and community nurses. The trainer to trainee ratio should not be less than 1:2 at any one time. Institutions with single trainer would be accredited for not more than 18 months of the training period.
- 10 Access to adequate medical literature support either through medical library service or a web-based one
- 11 Availability of Geriatrics-specific CME program in the form of inter-hospital or inter-departmental clinical meetings and presentation.

Appendix I

Minimal requirements for the modules to be completed for accreditation of training units/ programmes

(The modules may be conducted concurrently)

<b>Modules</b>	<b>Minimum Requirement</b>
Weekly geriatric specialist rounds	24 months
Weekly interdisciplinary case conferences	24 months
Geriatric consultations/assessments	24 months
Acute inpatient geriatrics	12 months
Geriatric specialist outpatient clinics	24 months
In-patient rehabilitation	6 months
Geriatric day hospital	3 months
Home visits and assessments	10 visits
Community geriatrics (incl. community geriatric assessment service and discharge support program)	6 months <i>(not less than 3 months at CGAS)</i>
Long-term care (hospital-based infirmary care)	3 months

Appendix II

Trainees may opt to substitute Geriatric Medicine for AIM as the broad-based specialty in Dual Specialty Training. Under such circumstances, the trainees should take note of the following requirements:

- 1 Undergo three months' training in a medical unit of a hospital with acute surgical and obstetric service and three months' training in ICU/CCU/HDU during Basic Physician Training or Higher Physician Training. Such training may be undertaken during training in Geriatric Medicine or concurrent training in the second specialty. If this is not fulfilled, additional training to enable such exposure outside the four years of concurrent training is required. Trainers and Programme Directors of Trainees who propose to undertake concurrent training in Geriatric Medicine with Rehabilitation should specifically draw their attention to these requirements and assist them to plan their training with the respective Chiefs of Service.
- 2 Complete the annual Self Learning Tool (SLT) requirement before Interim and Exit Assessment in the specialty. SLT is a web-based interactive training modules jointly developed by the College and Hospital Authority.

\* ICU/CCU/HDU training exposure refers to designated beds for monitoring and active management of acutely ill patients.