NEW CURRICULA

Advanced Training in Geriatric Medicine (Adult Medicine)

Curriculum standards

RACP Specialists. Together

About this document

The new Advanced Training in Geriatric Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Geriatric Medicine for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Geriatric Medicine LTA programs.

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Program overview

Purpose of Advanced Training

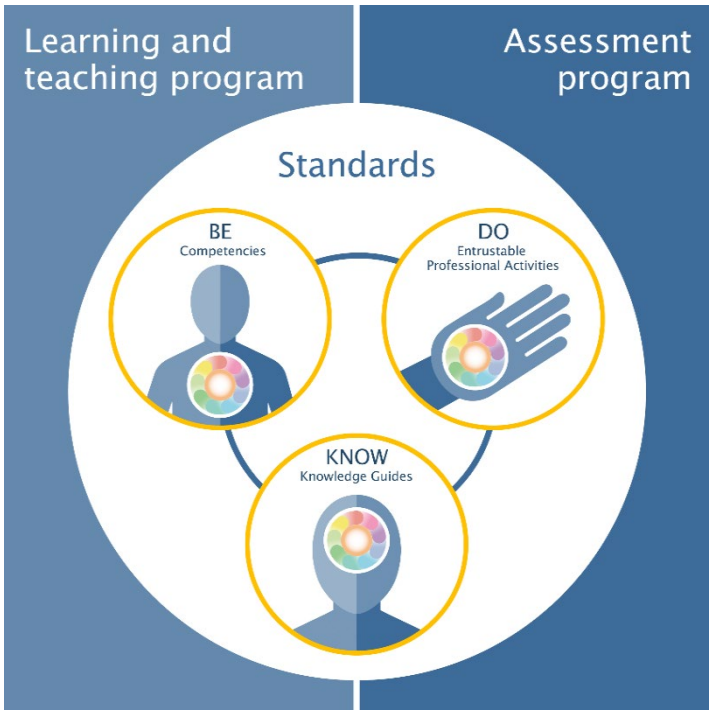
The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.



RACP curriculum model



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



- **Entrustable Professional Activities** (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.



Learning, teaching, and assessment structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curricula standards in the Advanced Training programs.

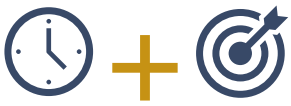


Advanced Training learning, teaching, and assessment structure

The new Advanced Training programs will be structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1	**Specialty foundation**	• Orient trainees and confirm their readiness to progress in the Advanced Training program.
2	**Specialty consolidation**	• Continue trainees' professional development in the specialty and support progress towards the learning goals.
3	**Transition to Fellowship**	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship. • Support trainees' transition to unsupervised practice.

- An **entry decision** is made before entry into the program.
- A **progress decision,** based on competence, is made at the end of each phase of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training for Divisional Advanced Training programs.

Geriatric Medicine specialty overview

Geriatricians have expertise in diagnosing, prognosticating, managing complex, multifactorial conditions impacting on the physical, cognitive, psychological, social and functional wellbeing of the older person. They have a good understanding of common medical, neurological, psychiatric, orthopaedic and surgical problems affecting older adults. Geriatricians adopt a comprehensive diagnostic approach to the practice of acute internal medicine to identify reversible and irreversible pathologies, and develop and implement management strategies to improve patients' function and psychological and social wellbeing. Geriatricians use a comprehensive, ongoing person-centred approach to communication about future health care choices and advance care planning with patients, their family members, and/or carers.

Geriatricians provide holistic clinical care and complex patient assessment and management, working flexibly across settings, including:

- **Acute medical care of the older patient.** The approach of a geriatrician is to reduce the incidence of post-acute syndromes and functional decline associated with hospitalisation.
- **Managing geriatric syndromes.** Geriatricians manage disorders characterised by the combination of age-related changes, accumulated pathology, polypharmacy, and acute illness. An important component in the management of geriatric syndromes is reducing the threshold for the occurrence of falls, delirium, and incontinence. Geriatricians manage patient, carer, and family goals responsively and flexibly, according to patient needs.
- **Managing pharmacology and polypharmacy issues**. Geriatricians have expertise in the management of older people with complex and/or multifactorial medication requirements.
- **Providing hospital consultation/liaison services**. The role of the geriatrician is extremely valuable across the broad spectrum of health care, including general geriatric medicine services or highly specialised services, such as orthogeriatrics and perioperative medicine.
- **Outpatient clinics.** Geriatricians deliver geriatric medicine clinics, but also include specialty clinics in areas in which geriatricians have particular expertise, such as cognitive disorders, Parkinson disease, falls, continence, wounds, and chronic pain.
- **Domiciliary care.** Geriatricians conduct home visits and residential aged care facility visits aimed at providing expertise and support to GPs in the care of older people.

Geriatricians provide leadership and person-centred care with a focus on communication, respect, and advocacy, including:

- **Management of aged care services.** Geriatricians are continuously working to improve the care of older people across the health continuum.
- **Assessment of the care requirements.** Geriatricians have expertise in assessing the older person who may require community or residential care, including consideration of ethical issues.
- **Working as an integral part of a multidisciplinary team.** Geriatricians may be called upon to be the team leader and have a collaborative approach focused on building relationships.

- **Coordination and management of rehabilitation.** Geriatricians work with older people who, due to acute medical or surgical problems, have suffered a functional decline.
- **Holistic care of patients and their families.** Geriatricians are comfortable with complex health issues and working in uncertainty.
- **Promotion of healthy ageing and health improvement.** Geriatricians focus on maximising the independence and function of their patients.
- **Promotion of the dignity of the older patient.** Geriatricians promote respect in the care of older patients.
- **Application of a scholarly approach.** Geriatricians use research and evidence in medical care and service development.

Geriatric Medicine learning goals

The curriculum standards are summarised as 26 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE Competencies	1. Professional behaviours
DO EPAs	2. Team leadership 3. Supervision and teaching 4. Quality improvement 5. Clinical assessment and management 6. Management of transitions in care 7. Acute care 8. Longitudinal care 9. Communication with patients 10. Prescribing 11. Investigations 12. Clinic management 13. End-of-life care 14. Cognitive assessment and management 15. Comprehensive geriatric assessment 16. Complex family meetings
KNOW Knowledge guides	17. Clinical and social sciences 18. Cognition and mental state 19. Falls and mobility 20. Frailty and functional decline 21. Continence 22. Pain management 23. Neurological disorders 24. Specialty medical conditions as they apply to ageing 25. Perioperative assessment and management 26. Rehabilitation of specific conditions as applied to ageing

Curriculum standards



Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across all or most training programs.

Learning goal 1: Professional behaviours



Medical expertise

Professional standard. Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge. Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.
Synthesis. Gather relevant data via age- and context-appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.
Diagnosis and management. Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, or carers[1], and in collaboration with the health care team.

[1] References to patients in the remainder of this document may include their families or carers.

Communication



Professional standard. Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication. Uses a range of effective and appropriate verbal, nonverbal, and written communication techniques, including active listening.

Communication with patients, families, and carers. Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies. Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication. Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality. Maintain appropriate privacy and confidentiality, and share information responsibly.

Quality and safety



Professional standard. Physicians practice in a safe, high-quality manner within the limits of their expertise. Physicians regularly review and evaluate their own practice alongside peers and best practice standards and conduct continuous improvement activities.

Patient safety. Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management. Identify and report risks, adverse events and errors to improve healthcare systems.

Quality improvement. Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement. Enable patients to contribute to the safety of their care.



Teaching and learning

Professional standard. Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence. Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.[2]

Lifelong learning. Undertake effective self-education and continuing professional development.
Self-evaluation. Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.
Supervision. Provide supervision for junior colleagues and/or team members.
Teaching. Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.
Patient education. Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.



Research

Professional standard. Physicians support creation, dissemination and translation of knowledge and practices applicable to health.[2] They do this by engaging with and critically appraising research and applying it in policy and practice to improve the health outcomes of patients and populations.

Evidence-based practice. Critically analyse relevant literature and refer to evidence-based clinical guidelines and apply these in daily practice.
Research. Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

[2] Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety*

Professional standard: Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve; this brings awareness and accountability for the impact of the physician's own culture on decision making and healthcare delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau and/or community and the physician, to improve health outcomes.



Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care; optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.[3]

Critical reflection. Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

Allyship. Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

Inclusive communication. Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

Culturally-safe environment. Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

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[3] The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):

Cultural safety can be defined as:

- the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery
- the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided
- the awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174



Ethics and professional behaviour

Professional standard. Physicians' practice is founded upon ethics, and physicians always treat patients, their families, communities, and populations in a caring and respectful manner. Physicians demonstrate their commitment and accountability to the health and well-being of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes. Reflect critically on personal beliefs and attitudes, including how these may impact on patients' care.
Honesty and openness. Act honestly, including reporting accurately and acknowledging their own errors.
Patient welfare. Prioritise patients' welfare and community benefit above self-interest.
Accountability. Be personally and socially accountable.
Personal limits. Practise within their own limits and according to ethical and professional guidelines.
Self-care. Implement strategies to maintain personal health and wellbeing.
Respect for peers. Recognise and respect the personal and professional integrity, roles, and contribution of peers.
Interaction with professionals. Interact equitably, collaboratively, and respectfully with other health professionals.
Respect and sensitivity. Respect patients, maintain appropriate relationships, and behave equitably.
Privacy and confidentiality. Protect and uphold patients' rights to privacy and confidentiality.
Compassion and empathy. Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.
Health needs. Understand and address patients', families', carers', and colleagues' physical and emotional health needs.
Medical and health ethics and law. Practise according to current community and professional ethical standards and legal requirements.



Judgement and decision making

Professional standard. Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice. Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other healthcare professionals.

Diagnostic reasoning. Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation. Apply judicious and cost-effective use of health resources to their practice.

Task delegation. Apply good judgement and decision making to the delegation of tasks.

Limits of practice. Recognise their own limitations and consult others when required.

Shared decision-making. Contribute effectively to team-based decision-making processes.



Leadership, management, and teamwork

Professional standard. Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others. Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing. Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership. Act as a role model and leader in professional practice.

Teamwork. Negotiate responsibilities within the health care team and function as an effective team member.



Health policy, systems, and advocacy

Professional standard. Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy. Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs. Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access. Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement. Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy. Advocate for prevention, promotion, equity and access to support patient and population health needs within and outside the clinical environment.

Resource allocation. Understand the factors influencing resource allocation, promote efficiencies and advocate to reduce inequities.

Entrustable Professional Activities



Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

EPAs will vary from program to program. The EPAs listed below have been developed for the Advanced Training in Geriatric Medicine program.

#	Theme	Title
2	Team leadership	Lead a team of health professionals
3	Supervision and teaching	Supervise and teach professional colleagues
4	Quality improvement	Identify and address failures in health care delivery
5	Clinical assessment and management	Clinically assess and manage the ongoing care of patients
6	Management of transitions in care	Manage the transition of patient care between health professionals, providers, and contexts
7	Acute care	Manage the early care of acutely unwell patients
8	Longitudinal care	Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues
9	Communication with patients	Discuss diagnoses and management plans with patients
10	Prescribing	Prescribe therapies tailored to patients' needs and conditions
11	Investigations	Select, organise, and interpret investigations
12	Clinic management	Manage an outpatient clinic
13	End-of-life care	Manage the care of patients at the end of their lives
14	Cognitive assessment and management	Assess cognitive function, and manage patients with disorders of cognition
15	Comprehensive geriatric assessment	Assess patients using a comprehensive geriatric assessment
16	Complex family meetings	Lead and manage complex family meetings relating to patient care

Learning goal 2: Team leadership

Theme	Team leadership	
Title	**Lead a team of health professionals**	
Description	This activity requires the ability to: • prioritise workload • manage multiple concurrent tasks • articulate individual responsibilities, expertise, and accountability of team members • understand the range of team members' skills, expertise, and roles • acquire and apply leadership techniques in daily practice • collaborate with and motivate team members • encourage and adopt insights from team members • act as a role model.	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• synthesise information from other disciplines to develop an optimal, goal-centred plan for patients[4] • use evidence-based care to meet the needs of patients or populations • assess and effectively manage clinical risk in various scenarios • demonstrate clinical competence and skills by effectively supporting team members	• demonstrate adequate knowledge of health care issues by interpreting complex information • assess the spectrum of problems to be addressed • apply medical knowledge to assess the impact and clinical outcomes of management decisions • provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team
Communication	• provide support and motivate patients or populations and health professionals by effective communication • demonstrate a transparent, consultative style by engaging patients, families, carers, relevant professionals and/or the public in shared decision making • demonstrate rapport with people at all levels by tailoring messages to different stakeholders • work with patients, families, or carers and other health	• communicate adequately with colleagues • communicate adequately with patients and families or carers and/or the public • respect the roles of team members

[4] References to patients in the remainder of this document may include their families or carers.

	professionals to resolve conflict that may arise when planning and aligning goals	
Quality and safety	• identify opportunities to improve care by participating in surveillance and monitoring of adverse events and near misses • identify activities within systems to reduce errors, improve patient and population safety and implement cost-effective change • place safety and quality of care first in all decision making	• participate in audits and other activities that affect the quality and safety of patients' care • participate in interdisciplinary collaboration to provide effective health services and operational change • use information resources and electronic medical record technology where available
Teaching and learning	• regularly self-evaluate personal professional practice and implement changes based on the results • actively seek feedback from supervisors and colleagues on their own performance • identify personal gaps in knowledge and skills and engage in self-directed learning • maintain current knowledge of new technologies, health care priorities and changes of patients' expectations • teach competently by imparting professional knowledge • manage and monitor learner progress, providing regular assessment and feedback	• accept feedback constructively and change behaviour in response • recognise the limits of personal expertise and involve other health professionals as needed • demonstrate basic skills in facilitating colleagues' learning
Research	• ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research	• understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research
Cultural safety	• demonstrate culturally competent relationships with professional colleagues and patients • demonstrate respect for diversity and difference • take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making	• demonstrate awareness of cultural diversity and unconscious bias • work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	• promote a team culture of shared accountability for decisions and outcomes • encourage open discussion of ethical and clinical concerns	• support ethical principles in clinical decision making • maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities

	• respect differences of multidisciplinary team members • understand the ethics of resource allocation by aligning optimal patients and organisational care • effectively consult with stakeholders, achieving a balance of alternative views • acknowledge personal conflicts of interest and unconscious bias • act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying	• respect the roles and expertise of other health professionals • work effectively as a member of a team • promote team values of honesty, discipline, and commitment to continuous improvement • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	• evaluate health services and clarify expectations to support systematic, transparent decision making • make decisions when faced with multiple and conflicting perspectives • ensure medical input to organisational decision making • adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery	• monitor services and provide appropriate advice • review new health care interventions and resources • interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	• combine team members' skills and expertise in delivering patient care and/or population advice • develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others • build effective relationships with multidisciplinary team members to achieve optimal outcomes • ensure all members of the team are accountable for their individual practice	• understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patients' care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	• engage in appropriate consultation with stakeholders on the delivery of health care • advocate for the resources and support for health care teams to achieve organisational priorities • influence the development of organisational policies and procedures to optimise health outcomes • identify the determinants of health of the population, and mitigate barriers to access to care • remove self-interest from solutions to health advocacy issues	• communicate with stakeholders within the organisation about health care delivery • understand methods used to allocate resources to provide high-quality care • promote the development and use of organisational policies and procedures

Learning goal 3: Supervision and teaching

Theme	Supervision and teaching	
Title	**Supervise and teach professional colleagues**	
Description	This activity requires the ability to: • provide work-based teaching in a variety of settings • teach professional skills • create a safe and supportive learning environment • plan, deliver, and provide work-based assessments • encourage learners to be self-directed and identify learning experiences • supervise learners in day-to-day work and provide feedback • support learners to prepare for assessments	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• combine high-quality care with high-quality teaching • explain the rationale underpinning a structured approach to decision making • consider the patient-centric view during consultations • consider the population health effect when giving advice • encourage the learner to consider the rationale and appropriateness of investigation and management options	• teach learners using basic knowledge and skills
Communication	• listen and convey information clearly and considerately • establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals • communicate effectively when teaching, assessing, and appraising learners • actively encourage a collaborative and safe learning environment with learners and other health professionals • encourage learners to tailor communication as appropriate for different patients[5], e.g. younger	• demonstrate accessible, supportive, and compassionate behaviour

[5] References to patients in the remainder of this document may include their families or carers.

	or older people, different populations • support learners to deliver clear, concise, and relevant information in both verbal and written communication	
Quality and safety	• support learners to deliver quality care while maintaining their own wellbeing • apply lessons learned about patient safety by identifying and discussing risks with learners • assess learners' competence and provide timely feedback to minimise risks to care • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns	• observe learners to reduce risks and improve health outcomes
Teaching and learning	• demonstrate knowledge of the principles, processes, and skills of supervision • provide direct guidance to learners in day-to-day work • work with learners to identify professional development and learning opportunities based on their individual learning needs • offer feedback and role modelling • participate in teaching and supervision professional development activities • encourage self-directed learning and assessment • develop a consistent and fair approach to assessing learners • tailor feedback and assessments to learners' goals • seek feedback and reflect on own teaching by developing goals and strategies to improve • establish and maintain effective mentoring through open dialogue • support learners to identify and attend formal and informal learning opportunities • recognise the limits of personal expertise, and involve others appropriately	• demonstrate basic skills in the supervision of learners • not tailor learning, assessments, and feedback to individual learners • not match teaching and learning objectives clearly to outcomes • not encourage learners to be self-directed
Research	• clarify junior colleagues' research project goals and requirements, providing feedback regarding the	• guide learners with respect to the choice of research projects

	merits or challenges of proposed research • monitor the progress of learners' research projects regularly, and may review research projects prior to submission • support learners to find forums to present research projects • encourage and guide learners to seek out relevant research to support practice	• ensure that the research projects planned are feasible and of suitable standards
Cultural safety	• role model a culturally appropriate approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural competence • encourage learners to consider culturally appropriate care of Aboriginal and Torres Strait Islander and Māori peoples into patients' management • consider cultural, ethical, and religious values and beliefs in teaching and learning	• function effectively and respectfully when working with and teaching with people from different cultural backgrounds
Ethics and professional behaviour	• apply principles of ethical practice to teaching scenarios • act as a role model to promote professional responsibility and ethics among learners • respond appropriately to learners seeking professional guidance	• demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • provide learners with feedback to improve their experiences
Judgement and decision making	• prioritise workloads and manage learners with different levels of professional knowledge or experience • link theory and practice when explaining professional decisions • promote joint problem solving • support a learning environment that allows for independent decision making • use sound and evidence-based judgment during assessments and feedback to learners • escalate concerns about learners appropriately	• provide general advice and support to learners • use health data logically and effectively to investigate difficult diagnostic problems
Leadership, management, and teamwork	• maintain personal and learners' effective performance and continuing professional development • maintain professional, clinical, research and/or administrative responsibilities while teaching	• demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling

	• create an inclusive environment whereby the learner feels part of the team • help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement	
Health policy, systems, and advocacy	• advocate for suitable resources to provide quality supervision and maintain training standards • explain the value of health data in the care of patients or populations • support innovation in teaching and training	• may not integrate public health principals into teaching and practice

Learning goal 4: Quality improvement

Theme	Quality improvement	
Title	**Identify and address failures in health care delivery**	
Description	This activity requires the ability to: • identify, mitigate and report actual and potential (near miss) errors related to older people in hospital, home, and aged care environments • conduct system improvement activities • adhere to best practice guidelines • audit clinical guidelines and outcomes • contribute to the development of policies and protocols designed to protect patients[6] and enhance health care • monitor one's own practice and develop individual improvement plans	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use population health outcomes to identify opportunities for improvement in delivering appropriate care • regularly review patients' or population health outcomes to identify opportunities for improvement in delivering appropriate care • evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices • use standardised protocols to adhere to best practice and prevent the occurrence of wrong-site, wrong-patient procedures • regularly monitor personal professional performance	• contribute to processes on identified opportunities for improvement • recognise the importance of prevention and early detection in clinical practice • use local guidelines to assist patient care decision making
Communication	• support patients to have access to and use high-quality, easy-to-understand information about health care • support patients to share decision making about their own health care, to the extent they choose	• demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care • apply knowledge of how health literacy might affect the way patients or populations gain

[6] References to patients in the remainder of this document may include their families or carers.

	• assist patients' access to their health information, as well as complaint and feedback systems • discuss with patients any safety and quality concerns they have relating to their care • implement the organisation's open disclosure policy	access to, understand, and use health information
Quality and safety	• demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • participate in organisational quality and safety activities, including morbidity and mortality reviews and clinical incident reviews • participate in systems for surveillance and monitoring of adverse events and near misses, including reporting such events • ensure that identified opportunities for improvement are raised and reported appropriately • use clinical audits and registries of data on patients' experiences and outcomes, learning from incidents and complaints to improve health care	• demonstrate understanding of a systematic approach to improving the quality and safety of health care
Teaching and learning	• translate quality improvement approaches and methods into practice • participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies • supervise and manage the performance of junior colleagues in the delivery of safe, high-quality care	• work within organisational quality and safety systems for the delivery of clinical care • use opportunities to learn about safety and quality theory and systems
Research	• ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research	• understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research

Cultural safety	• undertake professional development opportunities that address the impact of cultural bias on health outcomes	• communicate effectively with patients from culturally and linguistically diverse backgrounds
Ethics and professional behaviour	• align improvement goals with the priorities of the organisation • contribute to developing an organisational culture that enables and prioritises patients' safety and quality	• comply with professional regulatory requirements and codes of conduct
Judgement and decision making	• use decision-making support tools, such as guidelines, protocols, pathways, reminders • analyse and evaluate current care processes to improve health care	• access information and advice from other health care practitioners to identify, evaluate, and improve patients' care management
Leadership, management, and teamwork	• recognise the complex care needs of older adults undergoing surgery and proactively manage geriatric syndromes, such as delirium, frailty, and functional impairment • formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals • support multidisciplinary team activities to lower patient risk of harm, and promote interdisciplinary programs of education • actively involve clinical pharmacists in the medication use process	• demonstrate attitudes of respect and cooperation among members of different professional teams • partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	• participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes • participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged • measure, analyse and report a set of specialty-specific process-of-care and outcome clinical indicators, and a set of generic safety indicators	• maintain a dialogue with service managers about issues that affect patient care • contribute to relevant organisational policies and procedures • help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

	• take part in the design and implementation of the organisational systems for » defining the scope of clinical practice » performance monitoring and management » clinical, and safety and quality education and training • work with consumer representative groups to ensure that systems of care are designed to aid consumer engagement in decision making	

Learning goal 5: Clinical assessment and management

Theme	Clinical assessment and management	
Title	**Clinically assess and manage the ongoing care of patients**	
Description	This activity requires the ability to: • identify and access sources of relevant information about patients[7] • obtain patient histories • examine patients • synthesise findings to develop provisional and differential diagnoses • discuss findings with patients, families and/or carers • generate a management plan • present findings to other health professionals	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• use comprehensive geriatric assessment as a framework to assess and manage patients • assess, investigate, manage, and treat common geriatric presentations and syndromes • identify, assess, and proactively manage patients at high risk of delirium • elicit an accurate, organised, and problem-focused medical history considering physical, psychosocial, and risk factors • perform a full physical examination to establish the nature and extent of problems • synthesise and interpret findings from the history and examination to devise the most likely provisional diagnoses via reasonable differential diagnoses • assess the severity of problems, the likelihood of complications, and clinical outcomes • identify, assess, and manage threats to patients' function and independence • provide targeted, individualised care and implement delirium	• take patient-centred histories considering psychosocial factors • perform accurate physical examinations • recognise and correctly interprets abnormal findings • synthesise pertinent information to direct the clinical encounter and diagnostic categories • develop appropriate management plans • manage a condition with consideration of the patient's overall function

[7] References to patients in the remainder of this document may include their families or carers.

	prevention and management strategies • develop management plans based on relevant guidelines, and consider the balance of benefit and harm by taking patients' personal set of circumstances into account • assess and manage patients for pre-, peri- and postoperative care • manage patients with multimorbidities and assess and evaluate / prioritise further investigations that will benefit the patient	
Communication	• communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to question • provide information to patients and family or carers to enable them to make a fully informed decision from various diagnostic, therapeutic and management options • communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care	• anticipate, read, and respond to verbal and nonverbal cues • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians
Quality and safety	• promote health environments to foster better assessment and care of older patients, such as brighter lights, non-slip and non-glare surfaces, signals, and colours in hospital wards • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and effectively deal with aggressive and violent patient behaviours through appropriate training • obtain informed consent before undertaking any investigation or providing treatment (except in an emergency) • ensure patients are informed of the material risks associated with any part of the proposed management plans • assess the patient risk and document mitigation strategies for specific issues related to older people in hospital, including falls, falls prevention, drugs, nutrition, and oral hygiene	• perform hand hygiene, and take infection control precautions at appropriate moments • take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients • document history, physical examination findings, and synthesise with clarity and completeness

Teaching and learning	• set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals • regularly reflect and self-evaluate professional development • obtain informed consent before involving patients in teaching activities • turn clinical activities into an opportunity to teach, appropriate to the setting	• set unclear goals and objectives for self-learning • self-reflect infrequently • deliver teaching considering learners' level of training
Research	• search for, find, compile, analyse, interpret, and evaluate information relevant to the research subject • use relevant resources to assist with resolving clinical problems, including practice guidelines and current literature • consider treatment decisions, taking into account evidence from clinical trials and their applicability to older patients	• refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate an understanding of the limitations of evidence, and the challenges of applying research in daily practice • refer to colleagues to assist with research or finding resources to resolve clinical problems
Cultural safety	• acknowledge patients' beliefs and values, and how these might impact on health • demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander and Māori peoples, and members of other cultural groups • use a professional interpreter, a health advocate or a family or community member to assist in communication with patients • use plain-language patient education materials, demonstrating cultural and linguistic sensitivity	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally focused services
Ethics and professional behaviour	• demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients • hold information about patients in confidence, unless the release of information is required by law or public interest • assess patients' capacity for decision making, involving a proxy decision maker appropriately	• demonstrate professional conduct, honesty, and integrity • consider patients' decision-making capacity • identify patients' preferences regarding management and the role of families in decision making • not advance personal interest or professional agendas at the expense of patient or social welfare
Judgement and decision making	• recognise when rehabilitation is indicated	• demonstrate clinical reasoning by gathering focused information relevant to patients' care

	• prepare and submit applications for guardianship and administration • manage legal requirements for patients who lack decision-making capacity • apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients • use a holistic approach to health considering comorbidity, uncertainty, and risk • use the best available evidence for the most effective therapies and interventions to ensure quality care	• recognise situations in which to ask for help
Leadership, management, and teamwork	• work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients • demonstrate awareness of colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patient safety • advocate for patients when conflicts occur in multidisciplinary teams	• share relevant information with members of the health care team
Health policy, systems, and advocacy	• participate in health promotion, disease prevention and control, screening and reporting notifiable diseases • aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources	• identify and navigate components of the healthcare system relevant to patients' care • identify and access relevant community resources to support patient care

Learning goal 6: Management of transitions in care

Theme	Management of transitions in care	
Title	**Manage the transition of patient care between health professionals, providers, and contexts**	
Description	This activity requires the ability to: • assess and manage the impact of complex medical comorbidities, functional impairments, and psychosocial factors in the planning of discharge destination from hospital settings • manage a transition of patient care to ensure the optimal continuation of care between providers • identify the appropriate health care providers and other stakeholders with whom to share patient information • exchange pertinent, contextually appropriate, and relevant patient information • work flexibly between settings, including emergency departments, acute, subacute, outpatient, community / home visits, and residential and aged care	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• assess risk management strategies in planning discharges, including navigating patients'[8] right to risk • facilitate an optimal transition of care for patients • identify and manage key risks for patients during the transition • anticipate possible changes in patients' conditions, and provide recommendations on how to manage them • assess the need for and manage patients' access to rehabilitation services • assess patients' suitability for residential care • consider and balance the needs of the patients' family and/or carers, including stress mitigation • identify strategies to improve the patients' experience at vulnerable points in the peri- and postoperative pathway	• understand the details of patients' conditions, illness severity, and potential emerging issues with appropriate actions • provide accurate summaries of patients' information with accurate identification of problems or issues
Communication	• write relevant and detailed medical record entries, including	• communicate clearly with clinicians and other caregivers

[8] References to patients in the remainder of this document may include their families or carers.

	clinical assessment and management plans • write comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentation • initiate and maintain verbal communication with other health professionals, when required • communicate with patients, families and/or carers about transition of care, and engage and support these parties in decision making	• use standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissions • communicate accurately and in a timely manner to ensure an effective transition between settings, and continuity and quality of care
Quality and safety	• identify patients at risk of a poor transition of care and mitigate this risk • use electronic tools, where available, to securely store and transfer patient information • use consent processes, including written consent if required, for the release and exchange of information • demonstrate understanding of the medicolegal context of written communications	• ensure that handover is complete, or work to mitigate risks if the handover was incomplete • ensure all outstanding results or procedures are followed up by receiving units and clinicians • keep patients' information secure, adhering to relevant legislation regarding personal information and privacy
Teaching and learning	• integrate clinical education in handover sessions and other transition of care meetings • tailor clinical education to the level of the professional parties involved	• take opportunities to teach junior colleagues during handover as necessary
Cultural safety	• communicate with careful consideration to health literacy, language barriers and culture about patient preferences, whether they are realistic and possible, respecting patient choices • recognise the timing, location, privacy, and appropriateness of information sharing with patients and their families or carers	• include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required
Ethics and professional behaviour	• disclose and share only contextually appropriate medical and personal information • demonstrate understanding of the clinical, ethical, and legal rationale for information disclosure • share information about patients' health care in a manner consistent with privacy law and professional guidelines on confidentiality • demonstrate understanding of the additional complexity related to some types of information, such as genetic information,	• maintain respect for patients and families or carers, and other health professionals, including respecting privacy and confidentiality

	blood-borne-virus status, and seek appropriate advice about disclosure of such information • interact in a collegiate and collaborative way with professional colleagues during transitions of care	
Judgement and decision making	• ensure patients' care is in the most appropriate facility, setting or provider	• use a structured approach to think about patients' issues, and prioritise these • recognise situations in which to ask for help
Leadership, management, and teamwork	• share the workload of transitions of care appropriately, including delegation • demonstrate understanding of the medical governance of patient care, and the differing roles of team members • show respect for the roles and expertise of other health care professionals, and work effectively as a member of professional teams • ensure that multidisciplinary teams provide the opportunity for patients' engagement and participation when appropriate	• recognise factors that impact on the transfer of care and help subsequent health professionals to understand the issues to continue care • work to overcome the potential barriers to continuity of care, appreciating the role of handover in overcoming these barriers
Health policy, systems, and advocacy	• contribute to processes for managing risks, and identify strategies for improvement in transition of care • engage in organisational processes to improve transitions of care, such as formal surveys or follow-up phone calls after hospital discharge • identify and recommend available community support services • assist patients, family and carers to navigate system complexities, e.g. facilitate communication between patients, family and carers and service care providers such as home care and hospital administration	• factor transport issues and costs to patients into arrangements for transferring patients to other settings

Learning goal 7: Acute care

Theme	Acute care	
Title	**Manage the early care of acutely unwell patients**	
Description	This activity requires the ability to: • assess seriously unwell or injured patients[9] and initiate management • assess patients for delirium and delirium risk • identify possible causes of delirium • recognise clinical deterioration and respond by following the local process for escalation of care • recognise and manage acutely unwell patients who require resuscitation • lead the resuscitation team initially, and involve other necessary services • liaise with transport services and medical teams • perform this activity primarily in inpatient settings, and be able to perform in community settings	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• effectively assess, diagnose, and manage acute clinical presentations, including atypical and undifferentiated presentations and/or course of delirium • recognise immediate life-threatening conditions, deteriorating and critically unwell patients, and respond appropriately with reference to patient and family and/or carer wishes, including when not to escalate care • perform advanced life support according to resuscitation council guidelines, to a high level of advanced resuscitation skills • demonstrate knowledge of potential risks and complications of resuscitation • recognise the diagnostic criteria for delirium • identify and manage precipitating or perpetuating factors of delirium • manage the behavioural symptoms of delirium • determine if the cognitive impairment is likely to	• recognise seriously unwell patients requiring immediate care • apply basic life support as indicated • understand general medical principles to caring for patients with undifferentiated and undiagnosed conditions • identify potential causes of current deterioration, and comply with escalation protocols • facilitate initial tests to assist in the diagnosis, and develop management plans for immediate treatment • document information to outline the rationale for clinical decisions and action plans • be unable to synthesise the risk factors that may have contributed to delirium

[9] References to patients in the remainder of this document may include their families or carers.

	be short-term, long-term, or progressive • manage delirium with non-pharmacological and pharmacological strategies • identify frailty and risk factors for poor outcomes • recognise function-limiting interventions which may impact patient function while in hospital, e.g. prolonged telemetry, IV drips, high beds, catheter, • implement strategies to prevent hospital acquired complications common to older people in an acute care setting, e.g. pressure sores, falls, deconditioning, and infections • select investigations that ensure maximum patient safety through excluding or diagnosing critical patient issues • systematically identify causes of acute deterioration in health status and levels of physical and cognitive functioning • manage escalations or transitions of care in a proactive and timely manner • develop plans of multidisciplinary treatment, rehabilitation, and secondary prevention following acute events • provide clear and effective discharge summaries with recommendations for ongoing care	
Communication	• communicate clearly with other team members, and co-ordinate efforts of multidisciplinary team members • use closed-loop and clear communication with other health care team members during resuscitation • facilitate early communication with patients, families, and healthcare team members to allow shared decision making • negotiate realistic treatment goals, and determine and explain the expected prognosis and outcomes • employ communication strategies appropriate for younger patients or those with cognitive difficulties • explain the situation to patients in a sensitive and supportive	• demonstrate communication skills to sufficiently support the function of multidisciplinary teams • determine patients' understanding of their diseases and what they perceive as the most desirable goals of care

	manner, avoiding jargon and confirming their understanding • determine the level of health literacy of individual patients and level of understanding of agreed care decisions • explain delirium to a distressed family member or carer	
Quality and safety	• maintain up-to-date certification in advanced life support • use clinical information technology systems for conducting retrospective and prospective clinical audits • evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances • analyse adverse incidents and sentinel events to identify system failures and contributing factors • identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes • coordinate and encourage innovation, and objectively evaluate improvement initiatives for outcomes and sustainability	• evaluate the quality of processes through well-designed audits • recognise the risks and benefits of operative interventions • raise appropriate issues for review at morbidity and mortality meetings • evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure
Teaching and learning	• educate colleagues on best practice guidelines for working with older people in the hospital setting • demonstrate effective supervision skills and teaching methods which are adapted to the context of the training • encourage questioning among junior colleagues and students in response to unanswered clinical questions • seek guidance and feedback from health care teams to reflect on the encounter and improve future patients' care	• mentor and train others to enhance team effectiveness • provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills • coordinate and supervise junior colleagues from the emergency department and the wards
Research	• select studies based on optimal trial design, freedom from bias, and precision of measurement • evaluate the value of treatments in terms of relative and absolute benefits, cost, potential patient harm, and feasibility • evaluate the applicability of results of clinical studies to the circumstances of individual patients, especially those with multiple comorbidities	• demonstrate efficient searching of literature databases to retrieve evidence • use information from credible sources to aid in decision making • refer to evidence-based clinical guidelines and protocols on acutely unwell patients • demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice

	• evaluate the applicability of evidence-based guidelines and protocols to older people • specify research evidence to the needs of individual patients	
Cultural safety	• negotiate healthcare decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, or belief systems • integrate culturally appropriate care of Aboriginal and Torres Strait Islander and Māori peoples into patients' management • consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams	• practise cultural competency appropriate for the community serviced • proactively identify barriers to access to health care
Ethics and professional behaviour	• develop management plans that are based on medical assessments of the clinical conditions and multidisciplinary assessments of functional capacity • advise patients of their rights to refuse medical therapy, including life-sustaining treatment • consider the consequences of delivering treatment that is deemed futile, directing to other care as appropriate • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy	• communicate medical management plans as part of the multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	• evaluate and determine the balance of intensity of treatment options in collaboration with patients' families and decision makers • recognise the need for escalation of care, and escalate to appropriate staff or service • integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and causes into clinical decision making • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty	• involve additional staff to assist in a timely fashion when required • recognise situations in which to ask for help

	• use care pathways effectively, including identifying reasons for variations in care • participate in shared decision making and medical management before, during, and after operations	
Leadership, management, and teamwork	• work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient units • manage the transition of acute medical patients through their hospital journey • lead a team by providing engagement while maintaining a focus on outcomes	• collaborate with and use other team members, based on their roles and skills • ensure appropriate multidisciplinary assessment and management • encourage an environment of openness and respect to lead effective teams
Health policy, systems, and advocacy	• use a considered and rational approach to the responsible use of resources, balancing costs against outcomes • prioritise patient care based on needs, considering available health care resources • collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems	• understand the systems for the escalation of care for deteriorating patients • understand the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes

Learning goal 8: Longitudinal care

Theme	Longitudinal care	
Title	**Manage and coordinate the longitudinal care of patients with chronic illness, disability and/or long-term health issues**	
Description	This activity requires the ability to: • develop management plans in consultation with patients[10], families and/or carers • manage complex and advanced chronic conditions, complications, disabilities, and co-morbidities • collaborate with other health care providers • ensure continuity of care • facilitate patients' and/or families' or carers' self-management and self-monitoring • engage with the broader health policy context	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• regularly assess and review care plans for patients with chronic conditions and disabilities, based on short- and long-term clinical and quality of life goals • define goals of care in line with the needs of patients, their family or carers • provide documentation on patients' presentation, management, and progress, including key points of diagnosis and decision making to inform coordination of care • ensure patients contribute to their needs assessment and care planning • identify high-risk patients requiring specialist perioperative care based on factors including frailty and multimorbidities • monitor treatment outcomes, effectiveness, and adverse events • advocate for and provide advance care planning	• assess patient's knowledge, beliefs, concerns, and daily behaviours related to their chronic condition / disability and its management • contribute to medical record entries on the history, examination, and management plan as a member of multidisciplinary teams that are accurate and sufficient
Communication	• encourage patients' self-management through education to take greater responsibility for their care, and supporting problem solving	• provide healthy lifestyle advice and information to patients on the importance of self-management

[10] References to patients in the remainder of this document may include their families or carers.

	• encourage patients' access to self-monitoring devices and assistive technologies • communicate with multidisciplinary team members, and involve patients in that dialogue • explain the trajectory of a diagnosis with a poor prognosis to patients and their families or carers	• work in partnership with patients, and motivate them to comply with agreed care plans
Quality and safety	• maintain up-to-date certification • use innovative models of chronic disease care, using telehealth and digitally integrated support services • review medicine use and ensure patients understand safe medication administration to prevent errors • support patients' self-management by balancing between minimising risk and helping patients to become more independent • participate in quality improvement processes impacting on patients' abilities to undertake normal activities of daily living	• participate in continuous quality improvement processes and clinical audits on chronic disease management • identify activities that may improve patients' quality of life
Teaching and learning	• contribute to the development of clinical pathways for chronic diseases management, based on current clinical guidelines • educate patients to recognise and monitor their symptoms and undertake strategies to assist their recovery	• use clinical practice guidelines for chronic diseases management
Research	• prepare reviews of literature on patients' encounters to present at journal club meetings • search for and critically appraise evidence to resolve clinical areas of uncertainty	• search literature using Problem / Intervention / Comparison/ Outcome (PICO) format • recognise appropriate use of review articles
Cultural safety	• encourage patients from culturally and linguistically diverse backgrounds to join local networks to receive the support needed for long-term self-management	• provide culturally safe chronic disease management
Ethics and professional behaviour	• share information about patients' health care, consistent with privacy laws and professional confidentiality guidelines • use consent processes for the release and exchange of health information	• share information between relevant service providers • acknowledge and respect the contribution of health professionals involved in patients' care

	• assess patients' decision-making capabilities, and appropriately identify and use alternative decision makers	
Judgement and decision making	• implement stepped care pathways in the management of chronic diseases and disabilities • recognise patients' needs in terms of both internal resources and external support on a long-term healthcare journey	• recognise situations in which to ask for help
Leadership, management, and teamwork	• use a multidisciplinary approach across services to manage patients with chronic diseases and disabilities • develop collaborative relationships with patients, families or carers and a range of health professionals • coordinate whole-person care through involvement in all stages of the patients' care journey	• participate in multidisciplinary care for patients with chronic diseases and disabilities, including organisational and community care on a continuing basis appropriate to patient context
Health policy, systems, and advocacy	• identify and help provide appropriate available community services • use health screening for early intervention and chronic diseases management • assess alternative models of health care delivery to patients with chronic diseases and disabilities • participate in government initiatives for chronic diseases management to reduce hospital admissions and improve patients' quality of life • help patients access initiatives and services for patients with chronic diseases and disabilities	• demonstrate awareness of government initiatives and services available for patients with chronic diseases and disabilities, and display knowledge of how to access them

Learning goal 9: Communication with patients

Theme	Communication with patients	
Title	**Discuss diagnoses and management plans with patients**	
Description	This activity requires the ability to: • select a suitable context and include family and/or carers and other team members • adopt a patient-centred perspective, including adjusting for cognition and disabilities • select and use appropriate modalities and communication strategies • structure conversations intentionally • negotiate a mutually agreed management plan • verify patient[11], family or carer understanding of information conveyed • develop and implement a plan for ensuring actions occur • ensure the conversation is documented	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors • inform patients of all aspects of their clinical management, including assessment and investigations, and give them adequate opportunity to question or refuse interventions and treatments • seek to understand the concerns and goals of patients, and plan management in partnership with them • provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options • manage the needs of the carer and/or family, balancing this in line with those of the patient and their expressed wishes • assess the patient's capacity and decision-making skills, including involving court-appointed decision makers, family members or carers	• apply knowledge of the scientific basis of health and disease to the management of patients • demonstrate an understanding of the clinical problem being discussed • formulate management plans in partnership with patients

[11] References to patients in the remainder of this document may include their families or carers.

Communication	• evaluate, adjust, and tailor the mode and content of communication to patients' circumstances and levels of understanding • complement communication styles and techniques by including others, regardless of patients' cognition • summarise rehabilitation plans and goals for patients, family or carers, and health care team • discuss perioperative risks associated with surgical procedures and an approach for potentially life-threatening problems consistent with patients' values and preferences • use an appropriate communication strategy and modalities for communication, such as face-to-face, email, or phone calls • elicit patients' views, concerns, and preferences, promoting rapport • provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms • encourage questions, and answer them thoroughly • ask patients to share their thoughts or explain the management plan in their own words, to verify understanding • convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed • treat older people respectfully, and listen to their views • recognise the role of family or carers and, when appropriate, encourage patients to involve family or carers in decisions about their care • adapt communication techniques to accommodate for sensory impairments	• select appropriate modes of communication • engage patients in discussions, avoiding the use of jargon • check patients' understanding of information • adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors • collaborate with patient liaison officers as required
Quality and safety	• discuss with patients their condition and the available management options, including potential benefit and harm • provide information to patients in a way they can understand before asking for their consent	• inform patients of the material risks associated with the proposed management plan • treat information about patients as confidential

	• consider older people's capacity for decision making and consent • recognise and take precautions where patients may be vulnerable, such as issues of self-harm or elder abuse • participate in processes to manage patient complaints	
Teaching and learning	• discuss the aetiology of diseases and explain the purpose, nature, and extent of the assessment to be conducted • obtain informed consent or other valid authority before involving patients in teaching	• respond appropriately to information sourced by patients and to patients' knowledge regarding their condition
Research	• provide information to patients that is based on guidelines issued by the National Health and Medical Research Council and/or Health Research Council of NZ • provide information to patients in a way they can understand before asking for their consent to participate in research • obtain an informed consent or other valid authority before involving patients in research	• refer to evidence-based clinical guidelines • demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	• demonstrate effective and culturally competent communication with Aboriginal and Torres Strait Islander and Māori peoples • effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs • use qualified language interpreters or cultural interpreters to help meet patients' communication needs when necessary • provide plain language and culturally appropriate written materials to patients when possible	• identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers
Ethics and professional behaviour	• encourage and support patients to be well informed about their health and to use this information wisely when they make decisions • encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health • demonstrate respectful professional relationships with patients	• respect the preferences of patients • communicate appropriately, consistent with the context, and respect patients' needs and preferences • maximise patient autonomy and support their decision making • avoid sexual, intimate, and/or financial relationships with patients • demonstrate a caring attitude towards patients

	• prioritise honesty, patients' welfare, and community benefit above self-interest • develop a high standard of personal conduct, consistent with professional and community expectations • support patients' rights to seek second opinions	• respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, social and economic status, sexual preferences, beliefs, contribution to society, illness-related behaviours or the illness itself • use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
Leadership, management, and teamwork	• communicate effectively with health care team members involved in patients' care, and with patients and families or carers • discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with them • discuss patient care needs with health care team members to align them with the appropriate resources • facilitate an environment where all team members feel they can contribute and their opinion is valued • communicate accurately and succinctly, and motivate others on the health care team • use conflict management techniques with families and the multidisciplinary team	• answer questions from team members • summarise, clarify, and communicate responsibilities of health care team members • keep health care team members focused on patient outcomes
Health policy, systems, and advocacy	• help patients navigate the healthcare system by working in collaboration with other services, such as community health centres and consumer organisations • advocate for vulnerable and older patients in all settings, recognising the impacts of ageism on patient health, wellbeing, and access to care	• communicate with and involve other health professionals as appropriate

Learning goal 10: Prescribing

Theme	Prescribing	
Title	**Prescribe and deprescribe therapies tailored to patients' needs and conditions**	
Description	This activity requires the ability to: • take and interpret medication histories • choose appropriate medicines based on an understanding of pharmacology, taking into consideration age, comorbidities, potential drug interactions, risks, and benefits • communicate with patients[12] and families or carers about the benefits and risks of proposed therapies • provide instruction on medication administration effects and side effects • monitor medicines for efficacy and safety • review medicines and interactions, and cease where appropriate • collaborate with pharmacists	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• manage polypharmacy and identify and manage a deprescribing cycle • manage age-related changes to pharmacokinetics and pharmacodynamics • identify patients' disorders requiring pharmacotherapy • consider non-pharmacologic and/or complementary therapies • modify patients' medications perioperatively • consider age, chronic disease status, lifestyle factors, allergies, potential drug interactions, and patient preference prior to prescribing a new medication • plan for follow-up and monitoring • recognise the potential adverse effects of medications that have an anticholinergic burden • identify when to withdraw medications • identify and mitigate prescribing cascades	• be aware of potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies • appropriately, safely, and accurately select medicines for common conditions • demonstrate understanding of the rationale, risk-benefit, side effects, contraindications, dosage, and drug interactions • identify and manage adverse events
Communication	• discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients	• discuss and explain the rationale for treatment options with patients and families or carers

[12] References to patients in the remainder of this document may include their families or carers.

	• write clear and legible prescriptions in plain language, and include specific indications for the anticipated duration of therapy • educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication, addressing the common, rare, and serious effects at the time of prescribing to improve patients' adherence to pharmacotherapy • describe how the medication should and should not be administered, including any important relationships to food, time of day, and other medicines being taken • ensure patients' understanding by repeating back pertinent information, such as when to return for monitoring and whether therapy continues after this single prescription • identify patients' concerns and expectations, and explain how medicines might affect their everyday lives	• explain the benefits and burdens of therapies, considering patients' individual circumstances • write clearly legible scripts or charts using generic names of the required medication in full, including mg / kg / dose information and all legally required information • seek further advice from experienced clinicians or pharmacists when appropriate
Quality and safety	• review medicines regularly to reduce non-adherence, monitor treatment effectiveness, possible side effects, and drug interactions, ceasing unnecessary medicines • use electronic prescribing tools, where available, and access electronic drug references to prevent errors caused by drug interactions and poor handwriting • use safe prescribing tools • prescribe new medicines only when they have been demonstrated to be safer or more effective at improving patient-oriented outcomes than existing medicines • encourage the use of medication aids • participate in clinical audits to improve prescribing behaviour, including an approach to polypharmacy and prescribing cascade • report suspected adverse events to the Advisory Committee on Medicines, and record it in patients' medical records	• check the dose before prescribing • monitor side effects of medicines prescribed • identify medication errors, and institute appropriate measures • use electronic prescribing systems safely • rationalise medicines to avoid polypharmacy
Teaching and learning	• use continuously updated software for computers and electronic prescribing programs	• undertake continuing professional development to maintain currency with prescribing guidelines

	• ensure patients understand management plans, including adherence issues • use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines	• reflect on prescribing, and seek feedback from a supervisor
Research	• critically appraise research material to ensure that any new medicine improves patient-oriented outcomes more than older medicines, and not just more than placebo • use sources of independent information about medicines that provide accurate summaries of the available evidence on new medicines	• make therapeutic decisions according to the best evidence • recognise where evidence is limited, compromised, or subject to bias or conflict of interest
Cultural safety	• explore patients' understanding of and preferences for pharmacological and non-pharmacological management • offer patients effective choices based on their expectations of treatment, health beliefs, and cost • interpret and explain information to patients at the appropriate level of their health literacy • anticipate queries to help enhance the likelihood of medicines being taken as advised • ensure appropriate information is available at all steps of the medicine management pathway	• appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches
Ethics and professional behaviour	• provide information to patients about: » what the medicine is for » what it does » potential side effects » how to take it » when it should be stopped • make prescribing decisions based on good safety data when the benefits outweigh the risks involved • demonstrate understanding of the ethical implications of pharmaceutical industry marketing and funded research	• consider the efficacy of medicines in treating illnesses, including the relative merits of different pharmacological and non-pharmacological approaches • follow regulatory and legal requirements and limitations regarding prescribing • follow organisational policies on pharmaceutical representative visits and drug marketing
Judgement and decision making	• use a systematic approach to select treatment options • use medicines safely and effectively to get the best possible results	• consider the following factors for all medicines: » contraindications » cost to patients, families, and the community

	• choose suitable medicines only if medicines are considered necessary and will benefit patients • prescribe medicines appropriately to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest cost to them • evaluate new medicines in relation to their possible efficacy and safety profile for individual patients	» funding and regulatory considerations » generic versus brand medicines » interactions » risk-benefit analysis • recognise situations in which to ask for help
Leadership, management, and teamwork	• interact with medical, pharmacy, and nursing staff to ensure safe and effective medicine use • collaborate with colleagues in other specialties about common risks, side effects, and drug interactions in older adults	• work collaboratively with pharmacists • participate in medication safety, and morbidity and mortality meetings
Health policy, systems, and advocacy	• choose medicines in relation to comparative efficacy, safety, and cost-effectiveness against medicines already on the market • prescribe for individual patients, considering history, current medicines, allergies, and preferences, ensuring that health care resources are used wisely for the benefit of patients	• prescribe in accordance with the organisational policy

Learning goal 11: Investigations

Theme	Investigations	
Title	**Select, organise, and interpret investigations**	
Description	This activity requires the ability to: • select, plan, and use evidence-based clinically appropriate individualised investigations • prioritise patients receiving investigations if there is a waiting list • evaluate the anticipated value of the investigation • work in partnership with patients[13] and their families or carers to facilitate choices that are right for them • provide after-care for patients if needed • interpret the results / outcomes of investigations • communicate the outcome of the investigations to patients	
Behaviours		
Professional practice framework Domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• choose evidence-based investigations, and frame them as an adjunct to comprehensive clinical assessments • assess patients' concerns and determine the need for particular tests that are likely to result in overall benefit • develop plans for investigations, identifying their role and timing • recognise and correctly interpret abnormal findings, considering patients' specific circumstances and acting accordingly	• provide rationale for investigations • understand the significance of abnormal test results and act on these • consider patient factors and comorbidities • consider age-specific reference ranges
Communication	• explain the options to patients, the potential benefits, risks, burdens, and side effects of each option, including the option to have no investigations • use clear and simple language, and check that patients understand the terms used and agree to proceed with proposed investigations • identify patients' concerns and expectations, providing adequate explanations on the rationale for individual test ordering	• discuss the indications, risks, benefits, and complications of investigations with patients before ordering investigations • explain the results of investigations to patients • arrange investigations, providing accurate and informative referrals, and liaising with other services where appropriate

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	• confirm whether patients have understood the information they have been given, and the need for more information before deciding • use written or visual material or other aids that are accurate and up to date to support discussions with patients • explain findings or possible outcomes of investigations to patients and/or families or carers • give information that patients may find distressing in a considerate way	
Quality and safety	• identify adverse outcomes that may result from a proposed investigation, focusing on patients' individual situations	• consider safety aspects of investigations when planning them • seek help with interpretation of test results for less common tests or indications, or unexpected results • attempt to perform a procedure in an unsafe environment
Teaching and learning	• use appropriate guidelines, evidence sources, and decision support tools • participate in clinical audits to improve test ordering strategies for diagnoses and screening	• undertake professional development to maintain currency with investigation guidelines
Research	• provide patients with relevant information if a proposed investigation is part of a research program • obtain written consent from patients if the investigation is part of a research program	• refer to evidence-based clinical guidelines • consult current research on investigations
Cultural safety	• understand patients' views and preferences about any proposed investigation and the adverse outcomes they are most concerned about	• appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of proposed investigations
Ethics and professional behaviour	• remain within the scope of the authority given by patients (with the exception of emergencies) • discuss with patients how decisions will be made once the investigation has started and the patient is not able to participate in decision making • respect patients' decisions to refuse investigations, even if their decisions may not be appropriate or evidence based • advise patients there may be additional costs, which patients may wish to clarify before proceeding	• identify appropriate proxy decision-makers when required • choose not to investigate in situations where it is not appropriate for ethical reasons • practice within current ethical and professional frameworks • practise within own limits and seek help when needed • involve patients in decision making regarding investigations, and obtain the appropriate informed consent, including financial consent if necessary

	• explain the expected benefits as well as the potential burdens and risks of any proposed investigation before obtaining informed consent or other valid authority • demonstrate awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information	
Judgement and decision making	• evaluate the costs, benefits, and potential risks of each investigation in a clinical situation • adjust the investigative path depending on test results received • consider whether patients' conditions may get worse or better if no tests are selected • seek help with interpretation of test results for less common tests or indications, or unexpected results	• choose the most appropriate investigation for the clinical scenario in discussion with patients • recognise situations in which to ask for help
Leadership, management, and teamwork	• consider the role other members of the health care team might play, and what other sources of information and support are available • ensure results are checked in a timely manner, taking responsibility for following up on results	• demonstrate understanding of what parts of an investigation are provided by different doctors or health professionals
Health policy, systems, and advocacy	• select and justify investigations regarding the pathological basis of disease, utility, safety, appropriateness, and cost effectiveness • consider resource utilisation through peer review of testing behaviours	

Learning goal 12: Clinic management

Theme	Clinic management	
Title	**Manage an outpatient clinic**	
Description	This activity requires the ability to: • manage medical procedures and treatments • manage specialty clinic services across a variety of settings, including residential aged care, in-home care, and telehealth • oversee quality improvement activities • communicate with patients[14] • liaise with other health professionals and team members • demonstrate problem-solving skills • use public resources responsibly	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• use a comprehensive geriatric assessment to assess and manage • effectively identify and address current clinical concerns as well as longer-term clinical objectives, as appropriate to patients' context • evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices • create an accurate and appropriately prioritised problem list in the clinical notes or as part of an ambulatory care review • update documentation in a time frame appropriate to the clinical situation of patients • identify lifestyle modification to improve both perioperative and long-term health outcomes	• demonstrate understanding of the importance of prevention, early detection, health maintenance, and chronic condition management
Communication	• help patients navigate the healthcare system to improve access to care by collaboration with other services, such as community health centres and consumer organisations • link patients to specific community-based health programs and group education programs	• wherever practical, meet patients' specific language and communication needs • facilitate appropriate use of interpreter services and translated materials

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Quality and safety	• practice health care that maximises patient safety • adopt a systematic approach to the review and improvement of professional practice in the outpatient clinic setting • identify aspects of service provision that may be a risk to patients' safety • ensure that patients are informed about fees and charges	• take reasonable steps to address issues if patients' safety may be compromised • understand a systematic approach to improving the quality and safety of health care • participate in organisational quality and safety activities, including clinical incident reviews
Teaching and learning	• evaluate their own professional practice • demonstrate learning behaviour and skills in educating junior colleagues • contribute to the generation of knowledge • maintain professional continuing education standards	• recognise the limits of personal expertise and involve other professionals as needed to contribute to patients' care • use information technology appropriately as a resource for modern medical practice
Research	• obtain informed consent or other valid authority before involving patients in research • inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation before obtaining consent	• allow patients to make informed and voluntary decisions to participate in research • consult current research on investigations
Cultural safety	• apply knowledge of the cultural needs of the community serving and how to shape service to those people • mitigate the influence of own culture and beliefs on interactions with patients and decision making • adapt practice to improve patient engagement and health care outcomes	• acknowledge the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels
Ethics and professional behaviour	• identify and respect the boundaries that define professional and therapeutic relationships • respect the roles and expertise of other health professionals • comply with the legal requirements of preparing and managing documentation • demonstrate awareness of financial and other conflicts of interest	• understand the responsibility to protect and advance the health and wellbeing of individuals and communities • maintain the confidentiality of documentation, and store clinical notes appropriately • ensure that the use of social media is consistent with ethical and legal obligations
Judgement and decision making	• integrate prevention, early detection, health maintenance, and chronic condition management, where relevant, into clinical practice	• understand the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and health care facilities

	• work to achieve optimal and cost-effective patient care that allows maximum benefit from the available resources • recognise when to refer to a rehabilitation clinic	
Leadership, management, and teamwork	• prepare for and conduct clinical encounters in a well-organised and time-efficient manner • work effectively as a member of multidisciplinary teams or other professional groups • ensure that all important discussions with colleagues, multidisciplinary team members, and patients are appropriately documented • review discharge summaries, notes, and other communications written by junior colleagues • support colleagues who raise concerns about patients' safety	• attend relevant clinical meetings regularly
Health policy, systems, and advocacy	• demonstrate capacity to engage in the surveillance and monitoring of the health status of populations in the outpatient setting • maintain good relationships with health agencies and services • apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs • understand billing requirements for outpatient clinic assessments	• understand common population health screening and prevention approaches

Learning goal 13: End-of-life care

Theme	End-of-life care	
Title	**Manage the care of patients at the end of their lives**	
Description	This activity requires the ability to: • recognise the dying phase • support patients[15] to plan for their advance care and document their own wishes • manage end-of-life care plans	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• accurately assess patients' symptoms, including physical, psychological, and spiritual aspects • estimate prognosis and communicate this appropriately, if requested, including the uncertainties around such estimates • develop and clearly document individualised end-of-life care plans, including patients' preferences for treatment options, resuscitation plans, preferred place of care, and preferred place of death • provide holistic symptom management focusing on psychological and physical distress, according to patients' wishes • avoid unnecessary investigations or treatment, ensuring physical and psychosocial support • review the goals of care and treatment plans with patients, family or carers if significant changes in patients' condition or circumstances occur • recognise and manage the terminal phase in a timely way	• demonstrate an understanding of the principles of care for patients at the end of their lives • provide timely assessment and document patients' care plans • manage physical symptoms in alignment with patients' wishes • take steps to alleviate patients' symptoms and distress • correctly identify patients approaching the end of life, and provide symptomatic treatment • adequately manage patients in their terminal phase
Communication	• establish supportive relationships with patients and their family or	• discuss with patients, family or carers the goals of care and

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	carers based on understanding, trust, empathy, and confidentiality • explore thoughtfully patients' concerns across physical, cultural, and psychological domains • identify opportunities to discuss end-of-life care, aligning it with patients' values and preferences • identify proxy decision makers patients wish to be involved in discussions about their end-of-life care • identify and document lists of close family members or carers and develop support plans for them • provide bereaved families or carers with written information about access to bereavement support • communicate effectively and in a timely manner with other health professionals involved in patients' care • discuss reportable death protocols, including the medicolegal implications, with families and/or carers	treatment, and document this in patients' clinical records • ensure consistent messages are given to patients, families or carers about treatment options, their likelihood of success, risks, and prognosis • provide an honest and clear clinical assessment summary of the situation, using plain language and avoiding medical jargon • discuss with family or carers appropriate support and bereavement care
Quality and safety	• conduct medication chart safety audits, multidisciplinary mortality and morbidity reviews, and provide feedback to colleagues • develop monitoring and evaluation strategies to capture feedback about the quality of care from multidisciplinary team members, patients, and families or carers • review all deaths to determine the safety and quality of patients' end-of-life care and how it could be improved • review technological systems and processes that support safe and high-quality end-of-life care • submit reportable death documentation as per local protocols	• collect and review data on the safety and effectiveness of end-of-life care delivery • communicate the content of discussions about prognosis and advance care planning to multidisciplinary teams • ensure that actual care is aligned with documented patient wishes
Teaching and learning	• provide supervision, support, and teaching to develop the skills of junior colleagues on end-of-life care • recognise feelings of moral distress and burnout in themselves and colleagues • reflect on personal practice and use this process to guide	• participate in education on disease-specific symptom assessment and evidence-based symptom management • participate in upskilling in best practice of end-of-life care management • encourage junior colleagues to participate in multidisciplinary case reviews, mortality and

	continuing professional development • ensure all members of multidisciplinary teams receive education on their roles and responsibilities for managing end-of-life care • promote education covering: » ethical and medicolegal issues » relevant legislation in the state, territory, or region » competencies for providing culturally responsive end-of-life care to Aboriginal and Torres Strait Islander and Māori peoples, and to people from other cultural backgrounds	morbidity meetings, and adverse event reviews
Research	• ensure that quality end-of-life care management processes are evidence based and outcome focused • use systematic reviews or personal reviews and appraisal of the literature, as evidence for the appropriate management • support clinical trials to build the end-of-life care evidence base	• recognise that the evidence may be insufficient to resolve uncertainty and make definitive decisions
Cultural safety	• practise culturally responsible medicine based on understanding the personal, historical, and cultural influences on patients and families or carers • develop strategies for identifying culturally appropriate decision makers, and obtain their input in discussions of patients' end-of-life care • offer support to patients, families or carers to include cultural or religious practices in their care	• understand, respect, and respond to individual preferences and needs of patients, regardless of their culture and religious beliefs • support patients and families or carers with communication difficulties associated with cultural and linguistic diversity
Ethics and professional behaviour	• ensure all team members discuss end-of-life care with patients, and act on expressed patient preferences • enhance the quality of life for patients before death to minimise pain and suffering caused by ineffective treatments • recognise the complexity of ethical issues related to human life and death, when considering the allocation of scarce resources	• ensure that information on advance care plans, treatment plans, goals of care, and patients' treatment preferences is available to all involved in patients' care • ensure patients' dignity is preserved • respond appropriately to distress or concerns of colleagues or patients
Judgement and decision making	• maximise patients' autonomy and their best interests when making treatment decisions	• define and document patients' and family or carers' goals and agreed outcomes

	• liaise with other relevant services, providing referrals as necessary • recognise when to involve the coroner	
Leadership, management, and teamwork	• ensure care plans are communicated to all teams involved in patients' care, including relevant community care providers • define the roles and responsibilities of team members involved in patients' care • achieve agreement between multidisciplinary teams about patients' treatment options • identify the role of morbidity and mortality meetings and hospital governance • coordinate care and support to be provided in patients' preferred place of care • effectively manage personal challenges of dealing with death and grief	• coordinate end-of-life care to minimise fragmentation of care • document multidisciplinary care plans, including the terminal phase
Health policy, systems, and advocacy	• participate in developing frameworks for organisational advance care planning • allocate resources according to the organisational strategic plan to support systems for effective delivery of end-of-life care • advocate for the needs of individual patients, social groups, and cultures within the community who have specific palliative care needs or with inequitable access to palliative care services	• allocate scarce health care resources effectively • support community-based service providers to build capacity for people to be cared in their preferred place of death

Learning goal 14: Cognitive assessment and management

Theme	Cognitive assessment and management	
Title	**Assess cognitive function, and manage patients with disorders of cognition**	
Description	This activity requires the ability to: • identify changes in cognitive function from baseline • recognise delirium • evaluate the patient's mental state and cognitive function, including conducting a cognitive function assessment and the use and limitations of standardised assessment tools • identify the impact on the patient's independence and functioning • assess the patient's functional decision-making capacity across domains including medical, financial and lifestyle • interpret neuropsychological reports • discuss findings with patients[16], families and/or carers • develop and implement tailored, holistic management plans in partnership with patients, their family/carers, and medical team	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• establish an understanding of patients' baseline cognitive function • determine whether a reported or observed change in cognition is of recent onset or a more long-standing condition • differentiate dementia, delirium, depression, anxiety and learning disorders • assess, investigate, diagnose, and manage established cognitive impairment • consult with family or carers in the identification of patients' cognitive function and cognitive deterioration • use screening tools and recognised cognitive assessment batteries / neuropsychological reports in the characterisation of deficits in cognition • identify and document behaviours of concern	• use a haphazard or non-systematic approach to determining patients' cognitive baseline and current function • omit clinically significant history, examination findings, investigation results, or management plans • inadequately identify and manage symptomatic behaviours, including sleep disturbance or using antipsychotic or sedative medications • be unable to synthesise the risk factors that may have contributed to behaviours of concern

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	• diagnose causes of underlying cognitive change • perform a capacity assessment, screening for medical health, physical, and psychological functioning • assess the needs of the family or carers • balance patients' wishes in determining medical, financial, and lifestyle decisions • develop management plans that integrate the impact of cognitive impairment with patients' other conditions and independence goals, as well as the needs of the family or carers • demonstrate understanding of pharmacotherapy in treatment of dementia / delirium, including balancing risks versus benefits • identify the need for a consultant of psychiatrist of old age in managing patients with sequalae of cognitive disorders	
Communication	• explain cognitive impairment to patients, families, and carers, recognising the distress it could cause • establish with the referrer what events led to concerns about capacity • recognise the fluidity of capacity and factors that may impact the patient's decision-making ability • communicate with other health professionals who are involved in the care of the patients • tailor approaches to patients' capacity assessment, considering culture, education, sensory impairment, and language • use sensitive language when introducing tests / assessment processes to patients and their family or carers • support patients with cognitive impairment in decision making, including using an interpreter or speaking in simpler language, using pictures or photos, and writing things down • determine what further information might be required for patients and their family and carers at the time, and facilitate access to the resources	• inadequately communicate and consult with patients, and seek assistance to develop communication strategies • disregard advice from family or carers on safety and management issues related to patients • dismiss or interrupt patients' comments • defer or avoid difficult or ambiguous conversations • ignore or avoid patients' questions or concerns • inadequately assess patients and family information needs • provide supplementary information packages or resources indiscriminately, without assessing needs of patients and their family or carers

Quality and safety	• develop risk prevention strategies after identifying high risk patients • collect, monitor, report, and review organisation-wide data on the identification and assessment of patients with cognitive impairment, e.g. data on safety and quality risks, the use of restraints and/or psychotropic drugs • demonstrate awareness that antipsychotic and other sedative medications may cause adverse effects, and use should align with goals of care • recognise the preventative environmental and clinical practice strategies that should be incorporated into the care plan of all older people across all health care settings • recognise cognitive impairment as an independent risk factor for falls and delirium, addressing these in patients' management plans	• fail to recognise the implications for care that patients' behaviour may cause • fail to consider the adverse effects of antipsychotic and other sedative medications • inadequately advocate for appropriate setting of care for patients based on current state • fail to identify if the medical treatment is unsafe for patients with cognitive impairment • fail to address risks such as falls and delirium in patients' management plans
Teaching and learning	• educate patients, families, and health professionals to increase knowledge and awareness about cognitive impairment and strategies to promote healthy cognition • maintain current knowledge of developments in the field in assessing and managing cognitive impairment • advocate for learning for medical staff and junior medical students in relation to cognitive impairment	• make best practice changes to patients' environments without explaining actions or reasons why to health care providers • fail to address education of patients and their family or carers as part of cognitive assessment • fail to seek out latest, best practice research • demonstrate a lack of confidence teaching medical staff and junior medical students
Research	• identify appropriate patients for clinical trials • understand the challenges and ethical dilemmas in recruiting patients with cognitive impairment into clinical trials • advocate for research funding into cognitive impairment	• recommend patients who do not suit criteria for clinical trials • not consider patients for clinical trials • be unaware of the impact research funding has on finding new ways to manage and treat cognitive impairment
Cultural safety	• demonstrate awareness of the importance of flexibility, and impact of social factors, culture, and language diversity, when performing capacity assessments • recognise the need for use of interpreters for assessments, and culturally appropriate cognitive screening tools	• have an inflexible approach when performing capacity assessments • not recognise when interpreters should be used • use cognitive assessment screening tools without considering their appropriateness to patients

	• recognise how cultural belief impacts on manifestations of cognitive impairment	
Ethics and professional behaviour	• synthesise assessment into legal documentation for a court or tribunal • apply laws governing practice on consent, capacity, and elder abuse and neglect • discuss the risks and benefits and gain consent for the use of antipsychotics and physical and/or chemical restraints with patients and family or carers • balance the rights of patients with the wishes and expectations of the family or carers • assess frail older peoples' capacity to assign proxy decision makers, and to decide about personal care and health care in the context of medicolegal legislation • refer to plans of care and limitations on medical treatments, e.g. resuscitation plans, during patients' assessment and treatment • recognise and manage the impact of managing patients with challenging behaviours upon the clinician and the wider health care team, including debriefing • establish open disclosure processes that are accessible and understandable to patients with cognitive impairment and their family or carers • treat patients and carers with respect and dignity, encouraging open communication, their participation, and ensuring their privacy	• show a lack of respect for patients and other health professionals • fail to recognise the impact challenging patient behaviours can have on self and health care teams • inadequately seek consent for use of antipsychotics and physical and/or chemical restraints from patients and family or carers
Judgement and decision making	• assess the urgency, complexity, and related risk of situations • demonstrate effective clinical problem solving and judgment to address patients' capacity to make decisions • consider financial and independent living capacity as required, relevant to patients' presentation • assess the capacity of patients to give informed consent for medical decisions • determine which management strategies are most likely to help	• inadequately consider the urgency or complexity of clinical situations when assessing and managing patients • be unable to recognise the relevance of financial or independent living status during patient consultation • not obtain informed consent from patients before making medical decisions

	quality of life of patients and their family or carers	
Leadership, management, and teamwork	• collaborate with patients' health care teams to determine whether capacity assessment is needed • identify carer stress and support strategies individualised to patients, families, and carers • facilitate effective professional relationships with practitioners and organisations receiving patients transferred from hospital care, including general practice, residential care facilities, and community aged care providers	• produce documentation that is unclear to the other members of the multidisciplinary team • not seek the input or opinion of other members of the team • lack confidence in identifying carer stress or offering support strategies
Health policy, systems, and advocacy	• facilitate timely access to resources, including the public guardian and/or trustee, legal advice, appeal mechanisms, family education and support • implement policy, procedures, and protocols to collect information on patients with cognitive impairment through complaints and incidents systems • provide information on services such as support groups, respite services, and other carer support services • promote lifestyle choices to optimise healthy cognition, to increase community awareness	• lack confidence in recommending support services to patients, families, and carers

Learning goal 15: Comprehensive geriatric assessment

Theme	Comprehensive geriatric assessment	
Title	**Assess patients using a comprehensive geriatric assessment**	
Description	This activity requires the ability to: • assess the physical, medical, psychological, social, environmental, and functional abilities of patients systematically • develop a comprehensive problem list • develop a patient-centred care plan based on the findings of the comprehensive geriatric assessment in conjunction with patients[17], families and carers, and their goals of care • monitor the health status of patients and adjust the care plan according to changes in their health status or new information • work flexibly across a variety of settings, including inpatient, ambulatory care, residential care facilities, patients' homes and telehealth	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	• identify appropriate patients for comprehensive geriatric assessment • recognise that comprehensive geriatric assessment can take place in a variety of settings, e.g. inpatient, outpatient, the perioperative setting • review patients' medical records to gather relevant information from previous assessments • elicit and synthesise a history from patients, including the following aspects: » medical problems » social history » medication history » psychological impact of disease(s) » mobility » nutrition » home environment » systems review of common issues affecting older adults e.g. falls, frailty, incontinence » ability to carry out activities of daily living	• discount psychosocial factors of the assessment in favour of medical issues • perform an incomplete physical examination • gather irrelevant collateral history from patients, families, and carers • struggle to identify decline in functional status, or not be able to identify strategies to address • inadequately modify approach to the assessment to meet the cognitive or competency level of patients • omit patients, their families, and carers in the management plan or in shared decision making • devise short-term management plans without considering long-term goals of care • document an incomplete assessment, and inadequately liaise with other specialists involved in care

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- legal issues / proxy decision makers
- vaccination status and advance care planning arrangements

- complete a full physical examination, including vision, hearing, dental, skin, and genitourinary, balance, and gait assessment
- discuss patients' history and other relevant information with family or carers and other specialists involved in care, including general practitioners
- use appropriate assessments or screening tools, such as:
  - cognitive screening tools
  - depression scales
  - frailty assessment tools
  - activity of daily living tools
  - functional independence measures
- collaborate with the wider multidisciplinary team in assessments, where appropriate
- determine whether patients are at a high risk of functional decline, multiple comorbidities, or a moderate to severe degree of disability
- identify changes in functional status
- engage patients' families and carers in short and long-term goal setting
- develop a holistic care plan which addresses underlying diseases / health conditions, disabilities, social issues, environmental issues, and changes in functional status in conjunction with patients, families, and carers
- assess and facilitate rehabilitation where appropriate
- use investigations judiciously with an evidence-based approach and assessment of likely benefits, in consultation with patients, families and carers
- work with patients, families, and carers to develop strategies to improve quality of life, make home modifications, and manage psychosocial impact of health conditions

	• assess patients' abilities in personal activities of daily living (pADL) and instrumental activities of daily living (iADL) • recognise and address progressive functional decline and limited prognosis, and then discuss, plan, and prioritise patients' care needs according to their goals of care • create or update advance care plans, and plan long-term care	
Communication	• document assessments fully, including recommendations, and liaise with other specialists involved in care as needed • explain to patients, families, and carers the reasons for assessment and relevant aspects • provide patients, families and carers appropriate information, referrals, and support strategies • collect information through observation and open questioning of patients, families, and carers • modify communication approach when discussing sensitive topics, such as continence or memory impairment • write letters describing patients' conditions based on the outcomes of comprehensive geriatric assessments	• inadequately interpret verbal and nonverbal cues • inadequately communicate with patients during assessments, particularly when explaining the reason for assessment, process of physical examination, or discussing sensitive topics, such as continence • inadequately engage families or carers in discussions or care planning
Quality and safety	• consider health promotion strategies in assessments, such as: » bone protection for patients with frequent falls » medication review in patients with polypharmacy » cognitive assessment for patients presenting with delirium » identify patients at risk of malnutrition » identify the pre-frail state and consider appropriate strategies, e.g. exercise » screening for cancer and other diseases	• omit all or some health promotion strategies during assessments
Teaching and learning	• promote the relevance and importance of the comprehensive geriatric assessment to patients, families, other medical specialists, and multidisciplinary team • seek to improve knowledge in areas which may be lacking	• recognise gaps in own knowledge

	• use available tools / proformas for conducting comprehensive geriatric assessment where appropriate	
Research	• recognise the evidence of utility for comprehensive geriatric assessment, and appreciate the limitations of the assessment in certain settings • use an evidence-based medicine approach to management strategies • recognise areas in which evidence base is lacking, and adjust treatments accordingly	• use evidence selectively • demonstrate difficultly adjusting management plans based on patient factors
Cultural safety	• assess patients in a culturally appropriate manner • observe cultural practices according to the location of assessments, such as patients' homes • recognise the importance of culture as part of patients' health and wellbeing • recognise the importance of involving family and carers in a culturally appropriate way	• demonstrate difficulty engaging patients in a culturally appropriate manner, not adjusting communication styles according to the cultural needs of patients, families, and carers
Ethics and professional behaviour	• discuss patients' support services and care networks, and provide advice / guidance with medical, legal, and financial concerns, or refer to appropriate services • encourage patients, families, and carers to consider advance care planning and identify proxy decision makers, documenting their decisions • identify elder abuse, and demonstrate knowledge of appropriate services to refer to • recognise carer stress and identify and refer to appropriate resources	• use an inconsistent approach when conducting a holistic assessment, including not screening for elder abuse, carer stress, and legal issues • inadequately consider need for advance care planning, identifying proxy decision makers and documentation of decisions
Judgement and decision making	• assess information gained during assessments and in formulation of management plans • incorporate principles of shared decision making with patients, families, and carers • recognise when active treatment of a medical condition may not be in patients' best interest	• make decisions that are unsupported by pattern recognition, data, or evidence • formulate management plans without regard for patients, family or carers' wishes or goals of care
Leadership, management, and teamwork	• conduct regular multidisciplinary team review meetings to discuss patients and share knowledge • negotiate with patients, families, carers, and other involved	• refer to other medical specialists without reason

	specialists to agree on the actions necessary to achieve goals, and the support required to do so • identify when referrals for single specialist assessments are appropriate, e.g. cardiology or gastroenterology	• attend but not lead the multidisciplinary team review meetings
Health policy, systems, and advocacy	• refer to appropriate and validated templates or tools to collect and document information during assessments • be aware of assessment processes for community services from discharge • advocate for the place of comprehensive geriatric assessment in the care of older people • promote vaccinations as a preventative health strategy	• use validated tools inconsistently to collect and incompletely document information

Learning goal 16: Complex family meetings

Theme	Complex family meetings	
Title	**Lead and manage complex family meetings relating to patient care**	
Description	This activity requires the ability to: • organise, prepare for, and lead meetings with patients[18], families, carers and/or the multidisciplinary team • facilitate and guide discussion, encouraging participation from patients, and integrating information from the multidisciplinary team to outline care considerations and identify shared goals • draw attention to identified problem(s) that require a joint decision-making process • use a shared decision-making model • manage conflict as it arises • balance the multidimensional and competing components of family meetings • document, communicate, and implement patients' and/or family or carers' preferences for their care and treatment across all settings, including perioperative care	
Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• negotiate management options that align with patients' and family or carers' care goals • explore and facilitate realistic goals and wishes and ways of successfully managing patients' functional activities on a day-to-day basis • establish management plans in patient encounters when there are significant disagreements about what is achievable • assess patients' preferred approach to receiving information to assist decision making, e.g. discussion in consultations, read printed material, assess graphical data, use videos or other media • factor in diverse views from patients, families, carers, and medical teams into goals and planning	• contribute to but not lead negotiations • identify the key issues to be resolved, and contribute to joint decision making on their resolution
Communication	• assess family and carers' understanding about patients' medical conditions, giving explanations, when needed,	• outline standard approaches for planning, leading, and concluding difficult family meetings

[18] References to patients in the remainder of this document may include their families or carers.

	in easy-to-understand language without medical jargon • explain the aim and purpose of rehabilitation, and its limitations • manage disagreements and emotionally charged conversations • explain the pros and cons of options to patients (taking 'no action' is an option) • explore patients' and family or carers' expectations, concerns, and ideas about how the problem(s) are to be managed, and reframe where necessary • respond to patients' and family or carers' emotions regarding the discussion • offer patients and family or carers explicit opportunities to ask questions during the decision-making process • consider family or carers' distinct information needs, which may require a separate meeting (provided patients, if have capacity, give consent) • optimise communication aids as required, e.g. use of interpreters or hearing aids where applicable, and ensure patients are mentally capable of taking part in the discussion • implement consistent, clear communication aids, whether short notes on a white board, written notes, or electronic case records • check patients, families, and carers understand the information • manage own nonverbal communication skills in difficult situations • ensure accurate documentation of meeting is kept • discuss meeting outcomes and outline expectations for all present following meetings • ensure the outcomes of family meetings are communicated to wider team members who were not present in the meeting	• communicate clearly with patients and others in the setting of ethical dilemmas • detail strategies for navigating conflict in family meetings • use communication models such as SPIKES when delivering bad news • tailor the information given according to the patients' or carers' level of understanding, concerns, and information needs • respond to identified needs but defer proposing solutions until a team discussion is held • inadequately respond to verbal and nonverbal cues or distress from patients, families, or carers
Quality and safety	• support patients by creating a safe environment to explore and discuss plans or goals during family meetings	

	• formulate accurate meeting outcomes and follow up on agreed actions	
Teaching and learning	• explain to, and negotiate with, patients, families, and carers regarding goals, expectations, prognosis and follow-up plans	
Cultural safety	• facilitate discussions with patients, families and carers in a way that is respectful, non-judgmental, and culturally safe • be aware of cultural differences in information preferences and attitudes to discussing prognosis and dying • clarify with patients, families, and carers their cultural background or norms	
Ethics and professional behaviour	• recognise that the values, biases, or perspectives of patients, physicians, or other health professionals may have an impact on the quality of care, modifying the approach to patients accordingly • intervene when behaviours undermine a respectful environment • disclose patient safety incidents to patients and families or carers accurately and appropriately	• recognise the potential for perspectives of patients, physicians, or other health professionals that may have an impact on the quality of care
Judgement and decision making	• identify decision points in care pathways, and monitor the quality of shared decision making • use a joint decision-making approach that takes patients' preferences into account, even when they do not have capacity to fully participate in decision making • recognise limitations of what can be achieved during family meetings, e.g. it is unlikely that longstanding family dysfunction can be resolved • incorporate the family meeting process into the broader treatment episode or goals of care • work with the multidisciplinary team to maintain mobility, independence, and continence while in hospital	• identify key preferences of all parties
Leadership, management, and teamwork	• gather the necessary information prior to meetings, and identify issues from all parties that may require discussion	• contribute, as a member of the team, to joint decision making • outline the purpose of meetings without facilitating other members

	• clarify the purpose of meetings • use a structured approach to guide meetings • provide opportunities for contributions from all attendees, as needed • identify shared goals and areas of difference • identify causes of areas of difference, such as information gaps, treatment goal confusion, emotions, family dynamics, and team dynamics • help resolve areas of difference and be prepared to make recommendations • lead initiatives that promote respectful work environments • debrief after difficult and/or emotionally charged meetings • provide effective and constructive feedback to the multidisciplinary team and/or individual team members • respond to feedback from the multidisciplinary team and/or individual team members • manage the implementation of the meeting outcomes and follow up as required	of the team to contribute to the shared understanding
Health policy, systems, and advocacy	• ensure parties rights have been respected • advocate to ensure patients have the right help and/or resources in their home environment	

Knowledge guides



Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

KGs will vary from program to program. The KGs listed below have been developed for the Advanced Training in Geriatric Medicine program. Trainees are not expected to be experts in all areas or have clinical experience related to all conditions.

#	Title
17	Clinical and social sciences
18	Cognition and mental state
19	Falls and mobility
20	Frailty and functional decline
21	Continence
22	Pain management
23	Neurological disorders
24	Specialty medical conditions as they apply to ageing
25	Perioperative assessment and management
26	Rehabilitation of specific conditions as applied to ageing

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

- Ageing of body systems – physiological ageing of body systems including vision, hearing, and balance
- Cellular senescence and physiology of ageing, including physiological aspects that do not change as a result of ageing
- Definitions and characteristics of frailty, resilience, intrinsic capacity, and sarcopenia
- Demographics of ageing
- Determinants of successful ageing, e.g. lifestyle choices that impact, including a low-calorie diet, exercise, alcohol use, and smoking
- Differentiate between biological, chronological, and the perceptions of ageing
- How ageing affects the response to specific homeostatic challenges
  - » altered physical activity
  - » changes to ambient temperature
  - » fluid challenges and dehydration
- Impaired immunity
- Lab test interpretation, including the alteration of the normal range and biomarkers in ageing
- Loss of homeostasis and physiologic reserve
- Psychology of ageing
- The life expectancy for different age groups
- Theories of normal ageing, biological ageing, theories of the mechanisms (environment), and genetic changes of ageing
- The proportion of older people living in different types of residential care
- Use knowledge of normal and abnormal ageing in clinical assessment and management

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients[19], families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Examinations

- Chest and back
- Cognition and mental health
- Comprehensive geriatric assessment
- Coordination
- Dynamometer and handgrip strength
- Gait and posture
- Gastrointestinal system
- Head and neck and neurological assessment
- Medication review
- Muscle strength
- Nutritional assessment
- Pelvic examination
- Prostate examination
- Reflexes
- Routine haematology
- Sensation

[19] References to patients in the remainder of this document may include their families or carers.

- Skin
- Socioenvironmental circumstances

Investigations

- Anatomical imaging – CT, MRI, x-ray
- Functional imaging – PET
- Routine biochemistry
- Routine haematology
- Ultrasound, e.g. bladder scan
- Urine tests

Standardised clinical assessment tools

- Refer to the relevant knowledge guide for specific tools
  to assess cognition and mental state (KG 2), and frailty
  and functional decline (KG 4)

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.

Family and personal life

- Carer burn out and stress
- Change in independence level
- Change role in families and contribution to care, including grandparenting and spouse
- Elder abuse
- Grief and bereavement
- Social and relationship changes, and sexuality
- The social issues of ageing, including cultural differences

Mental health and wellbeing

- Depression and anxiety
- Self-esteem and self-worth
- Sexual function and sexuality
- The most common medical conditions prevalent in older people, and the conditions responsible for most disabilities
- 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

Social and economic factors

- Ageing versus disease, e.g. how health conditions can be attributed to age and/or disease
- Attitudes of older people to health, quality of life, and social relationships
- Attitudes to ageing and stereotypes in society
- Coordinating and accessing transportation, services, and leisure activities
- Driving
- Formal and informal community services by older people
- Retirement and financial security
- The range of weekly income of older people in the community and state, and the average pension income

- Transitions to supported accommodation, e.g. community care and residential care

Positive aspects of ageing

- Wisdom, self-satisfaction, crystalline memory
- Value of a life lived
- Value of experiences
- Value of older people in society

Pharmacology

- Adverse effects due to medications
- Age and disease related changes in pharmacokinetics and pharmacodynamics when prescribing
- Altered drug handling
- Changes in pharmacodynamics with normal ageing
- Communicate with patients and their doctors regarding rationale for prescribing
- Compliance issues in older people
- Limitations of evidence for drug use in older people
- Polypharmacy – appropriate and inappropriate
- Prevalence and spectrum of adverse drug reactions – prescribing cascades
- Review and modify patients' prescription, non-prescription and complementary medications
- Strategies that can improve prescribing in older people, such as regular medication review, and 'start low and go slow'
- Tailor interventions and treatment, taking into account frailty, reduced homeostasis, impaired immunity, and reduced reserve
- The evidence for medication deprescribing and adherence, including psychotropic medications
- The important of collaboration and communication with pharmacists
- The risk-benefit balance when prescribing for older people
- The significance of and reasons for polypharmacy

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Behavioural and psychological symptoms of dementia (BPSD)
- Confusion
- Delusions
- Disinhibition, including sexually disinhibiting behaviour
- Disorientation
- Executive dysfunction
- Functional decline
- Hallucinations
- Impaired ability to carry out motor functions (apraxia)
- Lack of insight
- Loss of receptive or expressive language skills (dysphasia / aphasia)
- Personality change
- Poor short-term memory
- Reduced motivation
- Self-neglect
- Squalor and hoarding

Conditions

- Acquired brain injury
- Alcohol-related dementia
- Alcohol-related impairment
- Cerebral amyloid angiopathy
- Delirium
- Dementia
  - » Alzheimer disease
  - » dementia with Lewy Bodies
  - » fronto-temporal, including sub-types
  - » LATE (limbic-predominant age-related TDP-43 encephalopathy)
  - » Parkinson disease
  - » vascular
- Depression and anxiety
- Mild cognitive impairment (MCI)
- Psychiatric conditions, including bipolar affective disorder and chronic schizophrenia
- Sleep apnoea

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[20] and their quality of life when developing a management plan

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

[20] References to patients in the remainder of this document may include their families or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Autoimmune disease, e.g. vasculitis • Chronic traumatic encephalopathy • Corticobasal degeneration • Creutzfeldt-Jakob disease (CJD) • Down syndrome • Encephalitis – HSV, limbic • Familial Alzheimer disease (FAD) • HIV-associated dementia / AIDS dementia complex (ADC) • Huntington disease • Multiple sclerosis • Niemann-Pick disease type C • Normal pressure hydrocephalus • Progressive supranuclear palsy • Wernicke encephalopathy • Wilson disease • Younger onset dementia	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Genetics of dementia • Incidence and prevalence of dementia • Normal cognitive changes with ageing • Normal cognitive function, including attention, types of memory and higher-order executive functions • Nutritional supplements • Pharmacology of medications used in dementia, as well as of anti-depressant and anti-psychotic medications • Risk factors for delirium and dementia • Stages of progression of dementia • The neurobiology of dementia	
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessments tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Examinations** • Cognitive screening tools » 4AT / CAM » Addenbrooke's Cognitive Examination » Frontal Assessment Battery (FAB) » Mini-Mental State Examination (MMSE) » Montreal Cognitive Assessment (MoCA) » Rowland Universal Dementia Assessment Scale (RUDAS) • Mental state examination • Physical examination, including neurological examination and gait **Investigations** • Biochemistry and haematology tests, including full blood count, electrolytes, calcium, glucose, kidney and liver function • Brain imaging, including CT, MRI, SPECT, and PET • EEG • Genetic testing • Lumbar puncture • Neuropsychology assessment, including indications for referral and interpretation of results • Psychiatric screening tests, e.g. geriatric depression scale • Serum vitamin B12 and folate levels • Thyroid function tests • Urine tests	
IMPORTANT SPECIFIC ISSUES	• Advanced care planning • Assessment for suitability of driving • Barriers to accessing services and care	

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.	• Behavioural and environmental management strategies – knowledge of, implementation of, and providing education for colleagues, patients and families or carers • Care for the carer • Cautious use of psychotropic medication • Early recognition of cognitive issues • Ethical and legal issues, including assessing decision-making capacity and identifying proxy decision makers • Genetic counselling • Knowledge of new imaging and therapeutics • Lifestyle factor risk modification • Maintenance of respect and dignity • Management of physical care needs • Non-pharmacological strategies and therapies • Promotion of cognitive health • Psychological engagement • Quality of life • Refer patients with dementia onto appropriate post-diagnostic program where indicated **Delirium** • Early diagnosis and treatment of patients with delirium • Longitudinal follow up and dementia prevention strategies • Prevention strategies for patients at risk of delirium

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Collapse
- Dizziness and vertigo
- Electrolyte dysfunction
- Fear of falling
- Fractures
- Frailty
- Functional decline
- Head injury / subdural haematoma
- Hyperglycaemia / hypoglycaemia
- Metabolic disorders
- Multiple comorbidities
- Postural hypotension
- Recurrent falls
- Seizures
- Sepsis
- Syncope
- Vitamin D deficiency

Conditions

- Adverse drug reaction / effect
- Alcohol and substance abuse disorders
- Anaemia
- Arrythmia
- Autonomic failure
- Cognitive impairment
- Delirium
- Dementia
- Diabetes
- Heart failure
- Hypovolaemia, such as GI bleeding
- Incontinence
- Movement disorders, e.g. Parkinson disease
- Musculoskeletal conditions, e.g. arthritis
- Myopathies, including proximal myopathy
- Neurological conditions, including epilepsy and peripheral neuropathy
- Osteoporosis
- Stroke
- Vestibular disorders
- Visual impairment

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[21] and their quality of life when developing a management plan

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

[21] References to patients in the remainder of this document may include their families or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Carotid sinus hypersensitivity • Hereditary degenerative neurological conditions • Parkinson disease, plus disorders » corticobasal syndrome » multiple systems atrophy » progressive supranuclear palsy	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Consequences of falls and mobility issues, including pressure injuries, long lie, rhabdomyolysis, dehydration, and psychological • Epidemiology of falls in Australia and Aotearoa New Zealand • Fall rates in older people • Health burden of falls in older people and cost at population level • Intrinsic and extrinsic risk factors for falls • Pharmacologic factors associated with an increased risk of falls • Vitamin D and calcium supplementation	
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Examinations** • Audiology and vestibular testing • Cardiovascular (CV) exam • Hallpike manoeuvre • Lying and standing blood pressure • Musculoskeletal examination • Neurological examination, including sensation • Screening continence • Tilt table testing • Vision, including depth perception **Investigations** • Ambulatory blood pressure monitoring • Bloods – haematology, biochemistry including glucose, vitamin D, calcium, liver function tests • Brain imaging • Cardiac – ECG, Holter, echocardiogram, event recorders • Dual energy x-ray absorptiometry (DXA) • Trauma series, including CT scanning • Vestibular function tests **Clinical assessment tools** • Falls risk factor assessment tools • Gait and mobility speed assessment, including timed up and go test • Medication review	

IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.	• Application of individual risk / benefit analysis of anticoagulation in falling patients • Awareness of compromises between patients' safety and improved mobility and dignity of risk • Body of evidence around falls prevention trials • Bone health » falls and fracture risk » screening for and treatment of osteoporosis » vitamin D supplementation • Gait aid prescription • Identification and management of recurrent falls • Multidisciplinary team approach in the assessment and management of falls • Outcomes and implications of falling, including legal reporting • Risk factors for falls • Strategies to assist patients and their family or carers with the psychological fear of falling • Understand the strategies to prevent and mitigate the risk of injury from falls in different settings, such as inpatient and community residential aged care facilities, including: » ensuring appropriate supervision » falls alarm » footwear » hazard assessment and modification » hip protectors » incidental activity, exercise » retraining activities of daily living (ADLs) » strength or balance training

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Accelerated bone loss
- Carer stress
- Cognitive decline
- Concerned family members or carers
- Deconditioning
- Dehydration
- Deteriorating mobility
- Difficulty managing personal activities of daily living (pADLs) and instrumental activities of daily living (iADLs)
- Dysphagia
- Electrolyte derangement
- Falls
- Fatigue
- Fractures, e.g. neck of femur
- Frequent infections
- Functional decline, e.g. increase in level of need of assistance / decrease in independence
- Incontinence
- Isolation
- Malnutrition and vitamin / micronutrient deficiencies
- Non-specifically unwell
- Polypharmacy
- Poor energy
- Recurrent hospital admissions
- Review regarding need for residential care
- Skin pressure injuries and ulcers
- Skin tears
- Weight loss

Conditions

- Chronic cardiac diseases including exacerbations, e.g. cardiac failure
- Chronic respiratory conditions including exacerbations, e.g. chronic obstructive pulmonary disease (COPD)
- Delirium
- Depression
- Diabetes
- Frailty
- Malignancy
- Multimorbidity / chronic health conditions, including exacerbations
- Osteoarthritis

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[22] and their quality of life when developing management plans

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

[22] References to patients in the remainder of this document may include their families or carers.

	• Parkinson disease • Polymyalgia rheumatica (PMR) • Rheumatoid arthritis (RA) • Sarcopenia • Sarcopenic obesity • Visual deterioration	
LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Other rheumatological conditions, e.g. ANCA-associated vasculitis (AAV), giant cell arteritis (GCA), scleroderma, systemic lupus erythematosus (SLE)	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Incidence and prevalence of frailty • Demographic transition of population ageing and associated impacts on hospitals and aged care facilities • Pathophysiology, clinical course, and impact of the disease on patients and family or carers	
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Assessments** • ACAT assessment (Australia) • Carer burden scales, e.g. caregiver strain index • Cognitive screening tests, e.g. mini-ACE, MoCA • Comprehensive geriatric assessment • Falls risk assessment, e.g. MORSE • Malnutrition assessment, e.g. MUST • InterRAI assessment • Pressure injury risk assessment, e.g. Waterlow score • Screening assessment scales » Clinical Frailty Scale (Rockwood) » Frailty Phenotype (Fried) • Swallow assessment, e.g. bedside versus instrumented **Examinations** • Berg balance scale • Full physical examination, including skin • Gait speed • Grip strength • Joint range of motion, e.g. shoulders, hips, and knees • Timed up and go • Weight	

	Investigations • 25 hydroxy (OH) Vitamin D, DEXA bone scan • Inflammatory markers, e.g. C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR) • Iron studies • Routine biochemistry, e.g. electrolytes, renal and liver function, albumin, pre-albumin, cholesterol tests • Routine haematology • Thyroid function tests • Tumour markers, e.g. myeloma screen • Vitamin B12 and folate levels
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.	• Advance care planning (ACP) • Ageism and how patients are perceived and treated because they are frail • Carer stress • Differentiate between frailty and reversible causes of chronic inflammation, e.g. infections • Early intervention programs for older people that aims to reverse and/or slow functional decline and improve wellbeing » interventions including resistance training and a protein-rich diet • Frailty rating scales and their inherent disadvantages • Goal setting • Healthcare and individual cost associated with frailty / functional decline • Interventions to target or prevent frailty for an individual patient, e.g. medication review, dietary modifications / supplementation • Importance of advocacy on the individual patient and population level • Management of underlying comorbidities, including person-centred management, how to best manage the interplay between comorbidities (which may have competing management plans) to meet personal or functional goals • Multidisciplinary team roles in the management of frailty, including physiotherapy, dieticians, occupational therapy, speech language therapy • Pre-frail patients and evidence-based ways to reverse • Programs that address frailty on an individual and population level • Promotion of healthy ageing on a population basis • Recognise the link between frailty and vulnerability, e.g. in pre-operative assessment and how it may impact on patients • Risk of residential care as a consequence of frailty • Role of inpatient and community-based rehabilitation in the assessment and management of frailty • Role of medications in frailty management, assessment of polypharmacy and deprescribing • Screening for elder abuse • Socioeconomic and environmental issues

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Abdominal and pelvic pain
- Altered bowel habit
- Constipation
- Diarrhoea
- Dysuria
- Faecal incontinence
- Frequency
- Haematuria
- Indwelling urinary catheter (IDC) / suprapubic catheter complications
- Lower urinary tract symptoms
- Nocturia
- Overflow incontinence
- Pressure injuries
- Stress incontinence
- Urinary incontinence
- Urinary retention
- Urinary urgency

Conditions

- Atrophic vaginitis
- Benign prostatic hyperplasia
- Bladder pathologies
- Bowel cancer
- Delirium
- Dementia
- Detrusor instability
- Diabetes mellitus
- Drug induced effects on continence
- Faecal impaction and overflow
- Functional incontinence
- Medication side effects, e.g. diuretics, acetyl-cholinesterase-inhibitor (AchEI)
- Multimorbidity effect on continence – sleep apnoea, cognition, congestive cardiac failure
- Parkinson disease
- Pelvic floor dysfunction
- Pelvic organ prolapse
- Prostate cancer
- Retention
- Situational incontinence
- Sphincter dysfunction
- Spinal disease
- Stoma
- Stroke
- Urethral pathologies

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[23] and their quality of life when developing a management plan

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

[23] References to patients in the remainder of this document may include their families or carers.

	• Urinary tract infection	
LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Pelvic mass • Postoperative radical prostatectomy • Spinal cord injuries / compression	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Differences in anatomy between genders • Pathophysiology of ageing urinary tract • Pelvic floor failure due to structural issues with the sphincters or supporting musculature • The complex and varied aetiology of incontinence • Types of urinary incontinence and common aetiologies	
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Examinations** • Abdominal examination • Bladder diary • Bladder scan estimating post-void residual urine • Cough stress test • Digital rectal exam, pelvic examination • Functional impairment assessment, including impairments in manual dexterity leading to difficulty undressing, presenting as incontinence • Relevant neurological examination • Screens for functional, cognitive, and mobility impairment **Investigations** • Gait assessment • Imaging of pelvic and urinary tract with plain films, ultrasounds, CT scans or MRIs • Kidney function, serum glucose • Medication review • Urinalysis • Urodynamic testing	
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these	• Behavioural strategies that may help reduce incontinence, including practising urge suppression and bladder retraining techniques, using appropriate containment products, managing constipation, and strengthening pelvic floor muscles • Botox and nerve stimulation for urge incontinence • Carer stress with managing continence • Devices and surgical options for stress incontinence	

on diagnosis and management.	• Dignity in continence care • Efficacy and adverse effects of pharmacological and surgical therapy options • Impact of comorbidity / frailty / function on continence • Lifestyle strategies such as weight loss, adequate fluid intake and appropriate timing of fluids, dietary change to ensure adequate fibre intake, the role of caffeine, alcohol, artificial sweeteners, and concentrated sugars • Likelihood of future improvement with therapy • Management of continence aids and urinary catheters, e.g. IDC and SPC, and the difference between community dwelling and residential care • Perioperative assessment for invasive procedures • Promote seeking help early • Psychosocial impact and consequences of symptoms, e.g. depression • Shared decision making and patient-centred management decisions • Strategies to assist patients with significant cognitive impairment, including timed or prompted voiding • The impact of ageing on stoma management • The impact of incontinence and patients' need for residential care • The impact on older adults in hospital, including their ability to participate in rehabilitation activities such as hydrotherapy • The impacts of incontinence on socialising, self-esteem, leaving the home environment, and physical activity • Urinary incontinence is common, it is not normal and requires management

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Burns
- Delirium
- Depression
- Fractures and falls
- Functional decline
- Insomnia
- Postoperative
- Trauma

Conditions

- Acute and chronic neuralgia associated with H. zoster
- Cancer-associated pain
- Diabetic neuropathy
- End-of-life pain
- Fibromyalgia
- Fractures
- Ischaemia
- Musculoskeletal disorders
- Postoperative pain
- Post-stroke pain
- Soft tissue injuries

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Visceral hyperalgesia, such as chronic pancreatitis or irritable bowel syndrome

Conditions

- Regional pain syndromes

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[24] and their quality of life when developing a management plan

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

- Age-related changes in the presentation of pain in older individuals
- Physiologic changes, which lead to outcomes including altered drug absorption and decreased kidney excretion, sensory and cognitive impairments, polypharmacy, and multimorbidity
- The impacts of pain on an older person's quality of life

[24] References to patients in the remainder of this document may include their families or carers.

Advanced Trainees will describe the principles of the foundational sciences.	• The important aspects of the physical, functional, and psychological assessment of pain • Major dichotomies » acute versus chronic pain » chronic non-cancer pain versus chronic cancer-associated pain • Somatic descriptors of pain » neuropathic, such as painful diabetic neuropathy, acute and chronic neuralgia associated with H. zoster, post-stroke pain, some cases of postoperative pain » nociceptive, such as fractures, soft tissue injuries, osteoarthritis, ischaemia, some cases of post operative pain » nociplastic, such as “fibromyalgia”, conditions characterised by visceral hyperalgesia such as chronic pancreatitis or irritable bowel syndrome • Special understanding » end-of-life pain » incident pain versus “breakthrough” pain versus background pain
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Examinations** • Physical examination **Clinical assessment** • Comprehensive geriatric pain assessment • Geriatric Depression Scale • Obtaining proxy data from family members or carers • Pain assessment tools, including self-report scales and pain behaviour observation tools • Psychosocial and functional assessment • Quality of life scale **Investigations** • Imaging • Nerve conduction studies
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.	• Ageist and discriminatory attitudes toward older people in pain • Cognitive impairment and the impact on patients’ ability to report pain • Functioning – e.g. activities of daily living (iADL), social functioning, and sleep • The impact of chronic pain on function, including reduced mobility, decreased socialisation, sleep disturbance, slow rehabilitation, social isolation, depression, and increased cognitive impairment • The role of a multidisciplinary team approach for management of persistent pain • Tools to assess pain – intensity, behaviour, and impact on function and quality of life • Treatment goals and expectations of patients, family or carers **Non-pharmacological management of pain**

- Have an understanding of the evidence for specific non-pharmacological strategies to management pain in older people
  - braces
  - cognitive behaviour therapy
  - exercise
  - hydrotherapy
  - massage
  - physiotherapy
  - self-management programs
  - supportive psychotherapy
  - transcutaneous electrical nerve stimulation (TENS)

Psycho-social aspects of pain and its management

- Engagement with and adherence to treatment
- Identifying attitudes and beliefs about pain, as well as psycho-socio-cultural factors including stoicism and reluctance to confirm the presence of pain
- The importance of psychological factors in pain assessment and management of pain

The role of medications

- Comorbidities and medications in determining impacts on chronic conditions, e.g. some chronic conditions may be worsened by starting a particular analgesic agent, drugs may constitute a contraindication to initiating a specific analgesic trial
- Have an understanding of the evidence for specific classes of medications to treat pain in older people
  - adjuvant analgesics
  - antidepressants
  - opioids
  - prescribing ladder
- Issues of drug dependence and up regulation of opioid receptors
- Potential adverse effects of the different classes of drugs used to treat pain

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Aspiration pneumonia
- Cognitive decline
- Dysarthria
- Dysphagia
- Dysphasia
- Falls
- Frailty
- Functional decline
- Gait disorders
- Hallucinations, delusions
- Headache
- Localised weakness
- Postural hypotension
- Sensory loss
- Syncope
- Transient ischaemic attacks
- Tremor
- Unsteadiness or imbalance
- Urinary dysfunction, including incontinence
- Visual loss, diplopia
- Weight loss, muscle wasting

Conditions

- Dementia (see KG 2)
- Epilepsy
- Extrapyramidal syndromes
  - » drug induced Parkinsonism
  - » idiopathic Parkinson disease
  - » Parkinson disease plus syndromes (corticobasal degeneration, multisystem atrophy, and progressive supranuclear palsy)
- Motor neurone disease
- Myopathy
- Neuropathy
- Normal pressure hydrocephalus
- Presbycusis / other sensorineural hearing loss
- Radiculopathy, plexopathy
- Spinal cord compression
- Stroke
- Traumatic brain injury

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Synthesise

» recognise the clinical presentation
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» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[25] and their quality of life when developing a management plan

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

[25] References to patients in the remainder of this document may include their families or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Brain tumours • Central nervous system infection and inflammation • Chronic inflammatory demyelinating polyneuropathy • Encephalitis • Genetic disorders • Hereditary conditions • Huntington disease • Multiple sclerosis • Muscular dystrophy • Myasthenia gravis Prion disorders
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Localising neurological signs by relating the relevant neuroanatomy • Neuroanatomical, neurophysiological, neurochemical, and neuropsychological aspects of ageing • Understand the incidence rates for neurological conditions in the older adult population
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Examinations** • Comprehensive geriatric assessment • Physical examination including full neurological examination **Investigations** • Carotid doppler • Cerebrospinal fluid (CSF) analysis • CT scan of the brain / spine • CT angiogram • ECG • EEG • EMG • Genetic tests • MRI and/or magnetic resonance angiography (MRA) • Muscle and/or nerve biopsy • Nerve conduction studies • PET • SPECT • Temporal artery biopsy
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these	• Addressing the stigma and discrimination associated with patients who have neurological disorders, and having knowledge of where to refer patients and families and carers for support • Advance care planning in neurodegenerative conditions • Behavioural changes associated with neurological disease, including management strategies for family and carers

on diagnosis and management.	• Multidisciplinary team involvement for chronic incurable neurological conditions, including: » dietetics involvement for identification and treatment of malnutrition or obesity » occupational therapy for advice on equipment and adaptations in the home, and strategies for carrying out daily tasks to retain as much independence as possible » physiotherapy for movement and balance problems » speech and language therapy for swallowing and communication difficulties, and consideration of percutaneous endoscopic gastroscopy (PEG) feeding where appropriate • Neurorehabilitation with an emphasis on restoring function • Polypharmacy – balancing the need for medications versus the risk of multiple medications, considering toxicity from drug-drug interactions • Referral to palliative care services where appropriate • The increased risk of falling or becoming frail

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Atypical presentation of chronic disease
- Delirium
- Frailty
- Functional decline
- Malaise
- Pain
- Poor wound healing
- Recurrent infections
- Urinary incontinence
- Weight loss

Conditions

- Acute and chronic pain management
- Cardiovascular disease, including arrythmias, heart failure, and acute coronary syndrome
- Chronic kidney disease and acute kidney injury
- Dermatological conditions, such as incontinence associated dermatitis, shingles, and scabies
- Electrolyte derangements
- Endocrine conditions, including diabetes and thyroid dysfunction
- Gastrointestinal conditions, including dysphagia, reflux disease, anaemia, and gastrointestinal bleeding
- Hypertension and orthostatic hypotension
- Infections, including pneumonia, aspiration pneumonia, urinary tract infections, and COVID-19
- Malignancy, including breast, lung, prostate, bowel, and skin cancers
- Mood disorders
- Multiple myeloma and monoclonal gammopathy of undetermined significance (MGUS)
- Myelodysplastic and myeloproliferative neoplasms
- Oral care and nutrition
- Palliation and end of life care
- Peripheral vascular disease, including aneurysms and varicose veins

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Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients[26] and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

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	• Respiratory conditions, including chronic obstructive lung disease, asthma, bronchiectasis, and pulmonary fibrosis • Rheumatological conditions, including gout, osteoarthritis, and osteoporosis • Sensory impairments • Sleep disorders, particularly good sleep habit education • Thromboembolism, including pulmonary embolism and deep vein thrombosis • Valvular heart disease, particularly aortic stenosis • Wound management, including pressure areas and ulcers	
LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Dermatological conditions, including bullous pemphigoid • Glomerulonephritis • Polycystic kidney disease • Polymyalgia rheumatica • Vasculitis, including giant cell arteritis	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Age-related risk factors for cardiovascular disease • Gender and development of cardiovascular disease in older people • Genetics, lifestyle, and other physiological aspects of ageing, such as inflammation and oxidative stress • Glomerular filtration rate and the decline with age • Impact of lifestyle, occupation, and socioeconomic factors on disease • Physiology and biology of ageing, including concepts of impaired homeostasis, impaired immunity, and reduced reserve • The links between kidney disease, obesity, hypertension, diabetes, and cardiovascular changes • The risk of anaemia related to malnutrition, chronic infections, blood loss from the gastrointestinal tract, or as a complication of other diseases or medicines	
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret	**Examinations** • Assess mental and social health, including risk of nutrition, mood, and immunisation status • Full physical examination, including cardiovascular, respiratory, abdominal, neurological, skin, and joint review **Investigations**	

the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	• Assess the relevance of imaging and procedures according to patient-centred risks and benefits • Routine haematology, biochemistry, urine testing, and imaging, including x-rays, CT scans and MRIs
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.	• Appropriate patient-centred targets, such as glycosylated haemoglobin (HbA1c), blood pressure, and oxygen saturations • Consider red flags for elder abuse • Develop patient advocacy skills and promote positive attitudes towards older people • Enhance productivity in health care delivery • Implement strategies to minimise the risk of iatrogenic complications • Importance of socioeconomic factors that contribute to illness and vulnerability and aim to support socioeconomic participation • Medication review and polypharmacy management • Promote good health across the lifespan • Promote strategies for healthy ageing • Recognise specific needs of older adults from Aboriginal and Torres Strait Islander and Māori populations, and culturally and linguistically diverse backgrounds • Shared decision-making strategies, especially regarding surgery, chemotherapy, and dialysis

CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences	• Age-related decline in physiological reserve • Functional decline of the cardiovascular, respiratory, kidney, central nervous, haematological / immunological, and musculoskeletal systems • Increased risk of mortality and morbidity after elective and (especially) emergency surgery • Indications for common surgical procedures • Knowledge about risk stratification and interpretation of risk scores for frail older people • Pathophysiological changes with ageing • Risk factors for postoperative adverse outcomes and their importance
PRE-OPERATIVE PERIOD Advanced Trainees will assess patients'[27] current conditions and plan the next steps.	• Advance care planning • Capacity to give informed consent • Clinical predictors of increased risk of perioperative cardiovascular events • Comprehensive pre-operative assessment (acute and elective) » cognitive or functional impairment » cognitive status » complex comorbidities » fall risk » frailty » functional capacity » high-risk medications, e.g. anticoagulants, insulin, immunosuppressants » level of nutrition » medication review and assessment, including medications to be discontinued perioperatively, or modified dosage » medications with high risk of withdrawal syndromes, including alcohol or opioids » obesity and/or malnutrition » pain history » previous anaesthetic experience and complications » routine blood work • Delirium prevention and assessment • Identification and optimisation of modifiable risk factors, improving the likelihood of a successful surgical outcome • Identify patients who would benefit from prehabilitation and rehabilitation • Principles of anaesthetic care • Procedural urgency • Shared decision-making processes and support, including risks and benefits of surgical and non-surgical management • The potential outcomes and consequences of surgery on patient function due to the physiological vulnerability of older people

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POSTOPERATIVE PERIOD Advanced Trainees will know how to monitor patients and manage these aspects postoperatively.	• Acute medical problems and postoperative complication management in liaison with surgical teams, other medical teams, nursing staff, and allied health staff • Appropriately alter medication regimens and manage fluids with the aim of decreasing risk of perioperative adverse events • Blood loss conservation, indications for transfusion • Management of constipation, urinary retention, and urinary catheters • Non-operative care • Pain management • Poor nutrition and hydration • Pre-emptive management of physiological deterioration, including hypothermia, acidosis, coagulopathy, and glycaemic control • Prevention and management of common complications » deep vein thrombosis » delirium » nausea and vomiting » postoperative cognitive dysfunction (POCD) » sepsis • Rehabilitation post-surgery
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specific issues and the impact of these on diagnosis and management.	• Assessment and management of non-operative patients • Importance of living well, prehabilitation, fall prevention, and breathing exercises • Multidisciplinary collaboration, including discharge planning • Palliative and supportive care, including spiritual support • Perioperative care of fractured neck of femur • Shared decision making, including goals of surgery

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Amputations
- Deconditioning after acute illness
- Decreased exercise tolerance
- Dyspnoea
- Falls and balance disorders
- Functional decline
- Post-chemotherapy
- Postoperative
- Post-stroke
- Rehabilitation prior to surgery or chemotherapy (prehabilitation)
- Speech, language and swallowing disorders
- Trauma

Conditions

- Cardiovascular conditions
  - » congestive cardiac failure
  - » ischaemic heart disease
  - » peripheral vascular disease
  - » valvular replacement
- Critical illness myopathy
- Delirium
- Dementia
- Multimorbidity
- Musculoskeletal conditions
  - » amputation
  - » fractured long-bones, e.g. femur
  - » inflammatory and degenerative joint disease
  - » joint replacement, e.g. hip, knee
  - » other fractures
- Respiratory conditions
  - » infections, including post-viral
  - » obstructive lung disease
  - » restrictive lung disease
- Neurological conditions
  - » movement disorders
  - » stroke
- Pain
  - » acute pain
  - » chronic pain syndromes, e.g. fibromyalgia

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients[28] and their quality of life when developing a management plan

Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» practice within limits of own expertise
» involve multidisciplinary teams and other healthcare professionals with specific expertise

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management

[28] References to patients in the remainder of this document may include their families or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	**Conditions** • Acquired brain injury • Guillain–Barré syndrome • Post organ / marrow transplantation • Spinal cord injury	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will describe the principles of the foundational sciences.	• Different types of exercise activity, such as aerobic, resistance, balance, and flexibility, and how these may be used to achieve different outcomes • Impact of pre-existing health conditions and disability on physiological and functional reserve • Pathophysiology of physical deconditioning • Physiology of fitness and conditioning – body systems that contribute to fitness and strength • Underlying trajectories of disease and the impact on rehabilitation response	
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	**Examinations** • Cognitive assessment • Comprehensive geriatric assessment • Formal assessment of premorbid functional status • Hearing and vision tests • Mental state examination and screening for depression • Physical examination • Rehabilitation outcome measurement tools » functional assessment tools, e.g. Barthel, functional independence measure (FIM), Katz ADL, Lawton-Brody ADL » mobility assessment tools, e.g. timed up and go, 6-minute walk test, short physical performance battery **Investigations** • Targeted investigations based on patient's presentation, such as echocardiogram and respiratory function tests in a patient with breathlessness	
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of	**Medical aspects of rehabilitation** • Delirium prevention and management • Identifying and optimising management of multimorbid conditions with complex competing needs, to facilitate rehabilitation participation • Managing intercurrent illness to minimise impact on function • Neuroplasticity	

these on diagnosis and management.	• Prescribing and/or de-prescribing where appropriate **Principles of rehabilitation** • Adapting function to environment, e.g. mobility and environmental aids, role of orthotics and prosthetics • Advocacy for rehabilitation needs of the older person • Benchmarking of clinical rehabilitation outcomes using Australasian data sources • Collaborative practice within the multidisciplinary team, including case management and team leadership • Recognise the specialist expertise of rehabilitation medicine physicians • Identifying individual and systemic barriers to improved activity and participation • Identifying the most appropriate environment and setting for ongoing rehabilitation, e.g. inpatient, outpatient, home-based, residential aged care • Measuring progress through » optimising, restoring, and maintaining function » patient-centred goal setting and prioritisation » role of members of the multidisciplinary team » World Health Organization International Classification of Functioning, Disability and Health (ICF / ICD) framework **Psychosocial aspects of rehabilitation** • Assessing fitness to drive • Assisting patients and their family or carers to adapt to the consequences of disability • Managing expectations of family or carers • Patient's mood and motivation, and its impact on rehabilitation participation • Role of family or carers as rehabilitation support partners • Role of psychological support **Specific rehabilitation interventions** • Understand indications, contraindications, and benefits of: » exercise programs » hydrotherapy » musculoskeletal joint injections, e.g. intraarticular corticosteroid injection, Botox injection