NEW ©URRICULA

Advanced Training in Geriatric Medicine (Adult Medicine)

Curriculum standards



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 <u>LTA programs</u>.

Contents

Program overview	3
Purpose of Advanced Training	3
RACP curriculum model	4
Professional Practice Framework	5
Learning, teaching, and assessment structure	6
Geriatric Medicine specialty overview	7
Geriatric Medicine learning goals	9
Curriculum standards	10
Competencies	10
Entrustable Professional Activities	17
Knowledge guides	

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.



3

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.

4

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.

- Specialty foundation
 Orient trainees and confirm their readiness to progress in the Advanced Training program.
 Specialty consolidation
 Continue trainees' professional development in the specialty and support progress towards the learning goals.
 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.

8

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. <u>Professional behaviours</u>
DO EPAs	 Team leadership Supervision and teaching Quality improvement Clinical assessment and management Management of transitions in care Acute care Longitudinal care Communication with patients Prescribing Investigations Clinic management End-of-life care Comprehensive geriatric assessment Complex family meetings
KNOW Knowledge guides	 17. <u>Clinical and social sciences</u> 18. <u>Cognition and mental state</u> 19. <u>Falls and mobility</u> 20. <u>Frailty and functional decline</u> 21. <u>Continence</u> 22. <u>Pain management</u> 23. <u>Neurological disorders</u> 24. <u>Specialty medical conditions as they apply to ageing</u> 25. <u>Perioperative assessment and management</u> 26. <u>Rehabilitation of specific conditions as applied to ageing</u>

Curriculum standards

Competencies

ralues

BE

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 carers¹, 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.

Cultural safety can be defined as:

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

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

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.

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	<u>Management of transitions</u> <u>in care</u>	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	<u>Communication with</u> 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, of team members understand the range of team member acquire and apply leadership technic collaborate with and motivate team encourage and adopt insights from the act as a role model. 	expertise, and accountability bers' skills, expertise, and roles ques in daily practice members team members
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 patients⁴ 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, 	 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 pare 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 	 respect the roles and expertise of other health professionals
	understand the ethics of resource allocation by aligning optimal	 work effectively as a member of a team
	 effectively consult with stakeholders, achieving 	 promote team values of honesty, discipline, and commitment to continuous improvement
	 a balance of alternative views acknowledge personal conflicts of interest and unconscious bias 	 demonstrate understanding of the negative impact of workplace conflict
	 act collaboratively to resolve behavioural incidents and conflic such as harassment and bullying 	its
	 evaluate health services and clarify expectations to support systematic, transparent 	 monitor services and provide appropriate advice review new health care
Judgement and	 decision making make decisions when faced with multiple and conflicting perspectives 	 interventions and resources interpret appropriate data and evidence for decision making
decision making	 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 	9
	 combine team members' skills and expertise in delivering patier care and/or population advice 	 understand the range of personal and other team members' skills, expertise, and roles
Leadership, management,	 develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others 	 acknowledge and respect the contribution of all health professionals involved in patients' care
and teamwork	 build effective relationships with multidisciplinary team members to achieve optimal outcomes 	 participate effectively and appropriately in multidisciplinary teams
	 ensure all members of the team are accountable for their individu practice 	 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 	on • communicate with stakeholders within the organisation about health care delivery
	 advocate for the resources and support for health care teams to achieve organisational priorities 	 understand methods used to allocate resources to provide high-quality care
	 influence the development of organisational policies and procedures to optimise health outcomes 	 promote the development and use of organisational policies and procedures
	 identify the determinants of healt of the population, and mitigate barriers to access to care 	h
	 remove self-interest from solution to health advocacy issues 	ns

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		
<u>Professional</u> <u>practice</u> <u>framework</u> 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 patients⁵, 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 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 	 ensure that the research projects planned are feasible and of suitable standards
	 support learners to find forums to present research projects encourage and guide learners to seek out relevant research 	
	 role model a culturally appropriate approach to teaching encourage learners to seek out opportunities to develop and improve their own cultural competence 	• function effectively and respectfully when working with and teaching with people from different cultural backgrounds
Cultural safety	 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 	
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 may not integrate public heal principals into teaching and practice 	th
	 explain the value of health data in the care of patients or populations 	
	 support innovation in teaching and training 	

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 patients⁶ and enhance health care monitor one's own practice and develop individual improvement plans 	
Behaviours		
<u>Professional</u> <u>practice</u> <u>framework</u> 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
Medical expertise	 The trainee will: 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 	 The trainee may: 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	 professional performance 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 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
	 demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover 	 demonstrate understanding of a systematic approach to improving the quality and safety of health care
	 participate in organisational quality and safety activities, including morbidity and mortality reviews and clinical incident reviews 	
Quality and safety	 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 	
	 translate quality improvement approaches and methods into practice 	 work within organisational quality and safety systems for the delivery of clinical care
Teaching and learning	 participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies 	 use opportunities to learn about safety and quality theory and systems
	 supervise and manage the performance of junior colleagues in the delivery of safe, high-quality care 	
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 managemen	it
Title	Clinically assess and manage the one	going care of patients
Description	 This activity requires the ability to: identify and access sources of relevent obtain patient histories examine patients synthesise findings to develop proving discuss findings with patients, familiant generate a management plan present findings to other health profestional provingent findings to the set of the set o	ant information about patients ⁷ sional and differential diagnoses es and/or carers essionals
Behaviours		
<u>Professional</u> <u>practice</u> <u>framework</u> 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
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 	 recognise situations in which to ask for help
	 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 	
Leadership, management, and teamwork	 work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients 	 share relevant information with members of the health care team
	 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 	
Health policy, systems, and advocacy	 participate in health promotion, disease prevention and control, screening and reporting notifiable 	 identify and navigate components of the healthcare system relevant to patients' care
	 diseases aim to achieve the optimal cost-effective patient care to allow maximum benefit from 	 identify and access relevant community resources to support patient care

Learning goal 6: Management of transitions in car

Theme	Management of transitions in care	
Title	Manage the transition of patient care providers, and contexts	between health professionals,
Description	This activity requires the ability to:	
	 assess and manage the impact of carfunctional impairments, and psychos of discharge destination from hospit manage a transition of patient care to of care between providers identify the appropriate health care pwith whom to share patient informat exchange pertinent, contextually appatient information work flexibly between settings, inclu subacute, outpatient, community / h 	omplex medical comorbidities, social factors in the planning al settings to ensure the optimal continuation providers and other stakeholders ion propriate, and relevant ding emergency departments, acute, ome visits, and residential and aged care
Behaviours		
<u>Professional</u> <u>practice</u> <u>framework</u> 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	 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
	٠	identify patients at risk of a poor transition of care and mitigate this risk	•	ensure that handover is complete, or work to mitigate risks if the handover was incomplete
Quality and	۰	use electronic tools, where available, to securely store and transfer patient information	•	ensure all outstanding results or procedures are followed up by receiving units and clinicians
safety	٠	use consent processes, including written consent if required, for the release and exchange of information	•	keep patients' information secure, adhering to relevant legislation regarding personal information and privacy
	•	demonstrate understanding of the medicolegal context of written communications		
Teaching and learning	۰	integrate clinical education in handover sessions and other transition of care meetings	•	take opportunities to teach junior colleagues during handover as necessary
	•	tailor clinical education to the level of the professional parties involved		
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	•	include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required
	۰	recognise the timing, location, privacy, and appropriateness of information sharing with patients and their families or carers		
Ethics and professional behaviour	•	disclose and share only contextually appropriate medical and personal information	•	maintain respect for patients and families or carers, and other health professionals,
	•	demonstrate understanding of the clinical, ethical, and legal rationale for information disclosure		including respecting privacy and confidentiality
	٠	share information about patients' health care in a manner consistent with privacy law and professional guidelines on confidentiality		
	۰	demonstrate understanding of the additional complexity related to some types of information, such as genetic information.		

	 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 	use a structured approach to
Judgement and decision making	most appropriate facility, setting or provider	 use a structured approach to think about patients' issues, and prioritise these recognise situations in which
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 patients⁹ 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 supervisionRequires some supervisionExpected behaviours of a trainee who can routinely perform this activity without needing supervisionPossible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	 The trainee will: 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 immediate treat

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
- communicate clearly with other team members, and co-ordinate efforts of multidisciplinary team members
- use <u>closed-loop</u> 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

Communication

	 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 	
	 negotiate healthcare decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, or 	 practise cultural competency appropriate for the community serviced proactively identify barriers
Cultural safety	 integrate culturally appropriate care of Aboriginal and Torres Strai Islander and Māori peoples into patients' management 	to access to health care
	 consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams 	
	 develop management plans that are based on medical assessments of the clinical conditions and multidisciplinary assessments of functional capacity 	 communicate medical management plans as part of the multidisciplinary plans establish, where possible, patients' wishes and preferences about care
	 advise patients of their rights to refuse medical therapy, including life-sustaining treatment 	 contribute to building a productive culture within teams
Ethics and professional behaviour	 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 	,
	 evaluate and determine the balance of intensity of treatment options in collaboration with patients' families and decision makers 	 involve additional staff to assist in a timely fashion when required recognise situations in which to ask for help
Judgement and decision making	 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 	

	 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 patients¹⁰, 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 		
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	 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	٠	work in partnership with patients, and motivate them to comply with agreed care plans
		their families or carers		
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	•	participate in continuous quality improvement processes and clinical audits on chronic disease management identify activities that may improve patients' quality of life
		activities of daily living		
Teaching and learning	•	contribute to the development of clinical pathways for chronic diseases management, based on current clinical guidelines educate patients to recognise	•	use clinical practice guidelines for chronic diseases management
		and monitor their symptoms and undertake strategies to assist their recovery		
Research	٠	prepare reviews of literature on patients' encounters to present at journal club meetings	•	search literature using Problem / Intervention / Comparison/ Outcome (PICO) format
Research	•	search for and critically appraise evidence to resolve clinical areas of uncertainty	•	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	•	implement stepped care pathways in the management of chronic diseases and disabilities	٠	recognise situations in which to ask for help
decision making	•	of both internal resources and external support on a long-term healthcare journey		
	•	use a multidisciplinary approach across services to manage patients with chronic diseases and disabilities	•	participate in multidisciplinary care for patients with chronic diseases and disabilities, including organisational and community
Leadership, management, and teamwork	•	develop collaborative relationships with patients, families or carers and a range of health professionals		care on a continuing basis appropriate to patient context
	•	coordinate whole-person care through involvement in all stages of the patients' care journey		
	•	identify and help provide appropriate available community services use health screening for early	•	demonstrate awareness of government initiatives and services available for patients with chronic diseases and disabilities, and display
		intervention and chronic diseases management		knowledge of how to access them
Health policy, systems, and advocacy	•	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		

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 patient¹¹, 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	
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.

- 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

Communication

- 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

- 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

		impairments		
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

Teaching and learning	 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 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 	 respond appropriately to information sourced by patients and to patients' knowledge regarding their condition
	 patients in teaching 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 	 refer to evidence-based clinical guidelines demonstrate an understanding of the limitations of the evidence and the challenges of applying
Research	 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 	research in daily practice
	 demonstrate effective and culturally competent communication with Aboriginal and Torres Strait Islander and Māori peoples 	 identify when to use interpreters allow enough time for communication across linguistic and cultural barriers
Cultural safety	 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 	
	 encourage and support patients to be well informed about their health and to use this information wisely when they make decisions 	 respect the preferences of patients communicate appropriately, consistent with the context, and respect patients' needs
Ethics and professional behaviour	 encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health 	 and preferences maximise patient autonomy and support their decision making avoid sexual. intimate. and/or
	 demonstrate respectful professional relationships with patients 	financial relationships with patientsdemonstrate a caring attitude towards patients

	•	prioritise honesty, patients' welfare, and community benefit above self-interest	•	respect patients, including protecting their rights to privacy and confidentiality
	•	develop a high standard of personal conduct, consistent with professional and community expectations	٠	behave equitably towards all, irrespective of gender, age, culture, social and economic status, sexual preferences,
	٠	support patients' rights to seek second opinions		beliefs, contribution to society, illness-related behaviours or the illness itself
			٠	use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
	٠	communicate effectively with health care team members	٠	answer questions from team members
		involved in patients' care, and with patients and families or carers	•	summarise, clarify, and communicate responsibilities
	•	discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with them	٠	of health care team members keep health care team members focused on patient outcomes
Leadership, management, and teamwork	٠	discuss patient care needs with health care team members to align them with the appropriate resources		
	٠	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		
	٠	use conflict management techniques with families and the multidisciplinary team		
Health policy,	•	help patients navigate the healthcare system by working in collaboration with other services, such as community health centres and consumer organisations	•	communicate with and involve other health professionals as appropriate
advocacy	•	advocate for vulnerable and older patients in all settings, recognising the impacts of ageism on patient health, wellbeing, and access to care		

Title Prescribe and deprescribe therapies tailored to patients' needs and conditions Description This activity requires the ability to: 	Theme	Prescribing		
Description This activity requires the ability to: • take and interpret medication histories • 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 • 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 Behaviours Requires some supervision Without supervision to perform this activity without needing supervision The trainee will: The trainee will: • manage age-related changes to pharmacodynamics • be aware of potential side effects and practical prescription points, such as medication compatibility and manage a deprescribing occilic and/or complementary therapies • modify patients' disorders requiring pharmacologic and/or complementary therapies • be aware of potential side effects and facurately select medicines for common conditions • consider non-pharmacologic and/or complementary therapies • be aware of potential side effects and facuniteractions, adda accur	Title	Prescribe and deprescribe therapies tailored to patients' needs and conditions		
 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 patients¹² 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 Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will: The trainee may: • manage polypharmacy and identify and manage a deprescribing cycle • manage age-related changes to pharmacokinetics and pharmacokinetics and pharmacokinetics, and pharmacokinetics and pharmacokinetics, and pharmacokinetics, and pharmacokinetics and pharmacokinetics and pharmacokinetics, and pharmacokinetis disorders requiring pharmacokinetics and pharmacokinetics,	Description	This activity requires the ability to:		
Behaviours Professional practice framework domain Ready to perform without supervision Requires some supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee will: The trainee will: The trainee may: • manage polypharmacy and identify and manage a deprescribing cycle • manage age-related changes to pharmacodynamics • be aware of potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies • consider non-pharmacologic and/or complementary therapies • modify patients' medications perioperatively • be avare of potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies • consider age, chronic disease status, lifestyle factors, allergies, potential drug interactions, and patient preference prior to prescribing a new medication • demonstrate understanding of the rationale, risk-benefit, side effects, contraindications, dosage, and drug interactions • identify and manage adverse effects of medications that have an anticholinergic burden • identify and manage adverse effects of medications • identify and mitigate prescribing cascades • discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in • discuss and explain the rationale for treatment options with patients and families or carers		 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 patients¹² 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 		
Professional practice frameworkReady to perform without supervisionRequires some supervision Possible behaviours of a trainee who can routinely perform this activity without needing supervisionRequires some supervision Possible behaviours of a trainee who needs some supervision to perform this activityImage polypharmacy and identify and manage a deprescribing cycle • manage age-related changes to pharmacodynamicsImage regures a deprescribing cycle • manage age-related changes to pharmacodynamicsImage regures and monitoring in requiring pharmacologic and/or complementary therapiesImage polypharmacodynamicsidentify patients' disorders requiring pharmacologic and/or complementary therapiesImage age-related changes to pharmacologic and/or complementary therapiesImage age-related changes to therapiesImage polypharmacodynamicsidentify patients' disorders requiring pharmacologic and/or complementary therapiesImage age-related changes to therapiesImage age-related changes to therapiesImage polypharmacodynamicsidentify patients' disorders requiring pharmacologic and/or complementary therapiesImage age-related changes to therapiesImage polypharmacodynamicsidentify patients' medications properativelyImage age-related changes to therapiesImage polypharmacodynamicsidentify patients' medications properativelyImage age-related changes to therapiesImage polypharmacodynamicsidentify patients' disorders requiring pharmacologic and/or complementary therapiesImage polypharmacodynamicsidentify patients' disorders requiring the reference prior to prescribing a new me	Behaviours			
The trainee will:The trainee may:•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 patient preference prior to prescribing a new medication•plan for follow-up and monitoring recognise the potential adverse effects of medications 	<u>Professional</u> <u>practice</u> <u>framework</u> 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	
 manage polypharmacy and identify and manage a deprescribing cycle manage age-related changes to 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 discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in 		The trainee will:	The trainee may:	
 discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in discuss and explain the rationale for treatment options with patients and families or carers 	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 	 discuss and explain the rationale for treatment options with patients and families or carers 	

Learning goal 10: Prescribing

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, addressin 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 softwar for computers and electronic prescribing programs 	 undertake continuing professional development to maintain currency with prescribing guidelines

	٠	ensure patients understand management plans, including adherence issues	۰	reflect on prescribing, and seek feedback from a supervisor
	•	use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines		
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	•	make therapeutic decisions according to the best evidence recognise where evidence is limited, compromised, or subject to bias or conflict of interest
		information about medicines that provide accurate summaries of the available evidence on new medicines		
	٠	explore patients' understanding of and preferences for pharmacological and non-pharmacological management	ding • appreciate pati and religious b attitudes, and b gement these might inf ces acceptability of of and non-pharm nd cost management a	appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the
	٠	offer patients effective choices based on their expectations of treatment, health beliefs, and cost		acceptability of pharmacological and non-pharmacological management approaches
Cultural safety	٠	interpret and explain information to patients at the appropriate level of their health literacy		
	٠	anticipate queries to help enhance the likelihood of medicines being taken as advised		
	٠	ensure appropriate information is available at all steps of the medicine management pathway		
	•	provide information to patients about: what the medicine is for what it does potential side effects	•	consider the efficacy of medicines in treating illnesses, including the relative merits of different pharmacological and non-pharmacological approaches
Ethics and		 » potential side effects » how to take it » when it should be stopped 	٠	follow regulatory and legal requirements and limitations regarding prescribing
behaviour	•	make prescribing decisions based on good safety data when the benefits outweigh the risks involved	٠	follow organisational policies on pharmaceutical representative visits and drug marketing
	•	demonstrate understanding of the ethical implications of pharmaceutical industry marketing and funded research		
ludgement and	•	use a systematic approach to select treatment options	•	consider the following factors for all medicines:
Judgement and decision making	٠	use medicines safely and effectively to get the best possible results		 » 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 patients¹³ 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 to patients 					
Behaviours						
<u>Professional</u> <u>practice</u> <u>framework</u> 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				
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 				

¹³ References to patients in the remainder of this document may include their families or carers.

	٠	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	•	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
Salety				indications, or unexpected results
			•	attempt to perform a procedure in an unsafe environment
Teaching and learning	٠	use appropriate guidelines, evidence sources, and decision support tools	٠	undertake professional development to maintain currency with investigation guidelines
	٠	participate in clinical audits to improve test ordering strategies for diagnoses and screening		
	٠	provide patients with relevant	٠	refer to evidence-based
Research		investigation is part of a research program	•	consult current research on investigations
	٠	obtain written consent from patients if the investigation is part of a research program		5
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
	٠	remain within the scope of the authority given by patients (with	٠	identify appropriate proxy decision-makers when required
Ethics and professional behaviour	•	discuss with patients how decisions will be made once the	٠	choose not to investigate in situations where it is not appropriate for ethical reasons
	•	investigation has started and the patient is not able to participate in decision making	٠	practice within current ethical and professional frameworks
		respect patients' decisions to	٠	practise within own limits and seek help when needed
		retuse investigations, even if their decisions may not be appropriate or evidence based	•	involve patients in decision making regarding investigations, and
	•	advise patients there may be additional costs, which patients may wish to clarify before proceeding		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 	noose the most appropriate vestigation for the clinical cenario in discussion with atients ecognise situations in which 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 	emonstrate understanding what parts of an investigation re provided by different doctors 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 patients¹⁴ liaise with other health professionals and team members demonstrate problem-solving skills use public resources responsibly 					
Behaviours						
<u>Professional</u> <u>practice</u> <u>framework</u> 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 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 				

¹⁴ References to patients in the remainder of this document may include their families or carers.

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		
	٠	recognise when to refer to a rehabilitation clinic		
	•	prepare for and conduct clinical encounters in a well-organised and time-efficient manner	•	attend relevant clinical meetings regularly
	٠	work effectively as a member of multidisciplinary teams or other professional groups		
Leadership, management, and teamwork	٠	ensure that all important discussions with colleagues, multidisciplinary team members, and patients are appropriately documented		
	۰	review discharge summaries, notes, and other communications written by junior colleagues		
	٠	support colleagues who raise concerns about patients' safety		
Health policy, systems, and advocacy	•	demonstrate capacity to engage in the surveillance and monitoring of the health status of populations in the outpatient setting	•	understand common population health screening and prevention approaches
	٠	maintain good relationships with health agencies and services		
	۰	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		

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 patients¹⁵ to plan for their advance care and document their own wishes manage end-of-life care plans 				
Behaviours					
<u>Professional</u> <u>practice</u> <u>framework</u> 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			
	Accurately assess patients'	demonstrate an understanding			
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 termined phase is a time humania 	 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	terminal phase in a timely way establish supportive relationships	 discuss with patients, family 			
Communication	with patients and their family or	or carers the goals of care and			

¹⁵ References to patients in the remainder of this document may include their families or carers.

		carers based on understanding, trust, empathy, and confidentiality		treatment, and document this in patients' clinical records
	•	explore thoughtfully patients' concerns across physical, cultural, and psychological domains	٠	ensure consistent messages are given to patients, families or carers about treatment
	٠	identify opportunities to discuss end-of-life care, aligning it with patients' values and preferences	•	options, their likelihood of success, risks, and prognosis provide an honest and clear
	٠	identify proxy decision makers patients wish to be involved in discussions about their end-of-life care		clinical assessment summary of the situation, using plain language and avoiding medical jargon
	٠	identify and document lists of close family members or carers and develop support plans for them	٠	discuss with family or carers appropriate support and bereavement care
	•	provide bereaved families or carers with written information about access to bereavement support		
	۰	communicate effectively and in a timely manner with other health professionals involved in patients' care		
	۰	discuss reportable death protocols, including the medicolegal implications, with families and/or carers		
	٠	conduct medication chart safety audits, multidisciplinary mortality and morbidity reviews, and provide feedback to colleagues	•	collect and review data on the safety and effectiveness of end-of-life care delivery
	۰	develop monitoring and evaluation strategies to capture feedback about the quality of care from multidisciplinary team members		of discussions about prognosis and advance care planning to multidisciplinary teams
Quality and		patients, and families or carers	•	ensure that actual care is aligned with documented patient wishes
safety	•	review all deaths to determine the safety and quality of patients' end-of-life care and how it could be improved		
	٠	review technological systems and processes that support safe and high-quality end-of-life care		
	•	submit reportable death documentation as per local protocols		
	٠	provide supervision, support, and teaching to develop the skills of junior colleagues on end-of-life care	٠	participate in education on disease-specific symptom assessment and evidence-based symptom management
Teaching and learning	۰	recognise feelings of moral distress and burnout in themselves and colleagues	٠	participate in upskilling in best practice of end-of-life care management
	•	reflect on personal practice and use this process to guide	٠	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	۰	recognise that the evidence may be insufficient to resolve uncertainty and make definitive decisions
		of the literature, as evidence for the appropriate management		
	•	end-of-life care evidence base		
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	•	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
		in discussions of patients' end-of-life care		
	•	offer support to patients, families or carers to include cultural or religious practices in their care		
	•	ensure all team members discuss end-of-life care with patients, and act on expressed patient preferences	•	ensure that information on advance care plans, treatment plans, goals of care, and patients' treatment preferences is available to all involved in patients' care
Ethics and professional behaviour	٠	enhance the quality of life for patients before death to minimise pain and suffering caused by ineffective treatments	٠	ensure patients' dignity is preserved
	•	recognise the complexity of ethical issues related to human life and death, when considering the allocation of scarce resources	•	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		
	٠	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
	٠	participate in developing frameworks for organisational advance care planning	 allocate scarce health care resources effective support community-bas 	allocate scarce health care resources effectively support community-based
Health policy, systems, and advocacy	۰	allocate resources according to the organisational strategic plan to support systems for effective delivery of end-of-life care		service providers to build capacity for people to be cared in their preferred place of death
	۰	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		

Learning goal 1	4: 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 patients¹⁶, families and/or carers develop and implement tailored, holistic management plans in partnership with patients, their family/carers, and medical team 			
Behaviours				
<u>Professional</u> <u>practice</u> <u>framework</u> 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 		

¹⁶ References to patients in the remainder of this document may include their families or carers.

	 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 	
	 explain cognitive impairment to patients, families, and carers, recognising the distress it could cause 	 inadequately communicate and consult with patients, and seek assistance to develop communication strategies
	 establish with the referrer what events led to concerns about capacity 	 disregard advice from family or carers on safety and management issues related to patients
	 recognise the fluidity of capacity and factors that may impact the patient's decision-making ability 	 dismiss or interrupt patients' comments
	 communicate with other health professionals who are involved in the care of the patients 	 defer or avoid difficult or ambiguous conversations
	 tailor approaches to patients' 	 Ignore or avoid patients' questions or concerns
Communication	capacity assessment, considering culture, education, sensory impairment, and language	 inadequately assess patients and family information needs
	 use sensitive language when introducing tests / assessment processes to patients and their family or carers 	 provide supplementary information packages or resources indiscriminately, without assessing needs of patients and their family
	 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 	or carers
	 determine what further information might be required for patients and their family and carers at the time, and facilitate access 	

to the resources

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 	
	 synthesise assessment into legal documentation for a court or tribunal apply laws governing practice on consent, capacity, and elder abuse and pedlect 	 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
	 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 	 inadequately seek consent for use of antipsychotics and physical and/or chemical restraints from patients and family or carers
	 balance the rights of patients with the wishes and expectation of the family or carers 	S
Ethics and	 assess frail older peoples' capace to assign proxy decision makers and to decide about personal ca and health care in the context of medicolegal legislation 	sity , ,re
Ethics and professional behaviour	 refer to plans of care and limitations on medical treatments e.g. resuscitation plans, during patients' assessment and treatment 	S,
	 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 	3
Judgement and decision making	 assess the urgency, complexity, and related risk of situations 	 inadequately consider the urgency or complexity of clinical situations
	 demonstrate effective clinical problem solving and judgment to address patients' capacity to make decisions 	when assessing and managing patientsbe unable to recognise the relevance of financial or
	 consider financial and independent living capacity as required, relevant to patients' presentation 	ent independent living status during patient consultation not obtain informed consent
	 assess the capacity of patients to give informed consent for medical decisions 	trom patients before making medical decisions
	 determine which management strategies are most likely to help)

	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 	 produce documentation that is unclear to the other members of the multidisciplinary team
	 identify carer stress and support strategies individualised to patients, families, and carers 	 not seek the input or opinion of other members of the team lack confidence in identifying
	 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 	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 	 lack confidence in recommending support services to patients, families, and carers
	 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 	

Theme	Comprehensive geriatric assessment		
Title	Assess patients using a comprehensi	ve 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 patients¹⁷, 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 	 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 	

Learning goal 15: Comprehensive geriatric assessment

67

¹⁷ References to patients in the remainder of this document may include their families or carers.

- » 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		
	•	plans, and plan long-term care		
	•	document assessments fully, including recommendations, and liaise with other specialists involved in care as needed	•	inadequately interpret verbal and nonverbal cues inadequately communicate with patients during assessments,
	•	explain to patients, families, and carers the reasons for assessment and relevant aspects		particularly when explaining the reason for assessment, process of physical examination, or discussing sensitive topics
		provide patients, families and carers appropriate information, referrals, and support strategies		such as continence
Communication	•	collect information through observation and open questioning of patients, families, and carers		or carers in discussions or care planning
	•	modify communication approach when discussing sensitive topics, such as continence or memory impairment		
	٠	write letters describing patients' conditions based on the outcomes of comprehensive geriatric assessments		
	•	consider health promotion strategies in assessments, such as:	٠	omit all or some health promotion strategies during assessments
		 » bone protection for patients with frequent falls » medication review in patients with polypharmacy 		
Quality and safety		 » 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		
		other diseases		
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	•	recognise gaps in own knowledge
		areas which may be lacking		

	٠	use available tools / proformas for conducting comprehensive geriatric assessment where appropriate		
	٠	recognise the evidence of utility for comprehensive geriatric assessment, and appreciate the limitations of the assessment in certain settings	•	use evidence selectively demonstrate difficultly adjusting management plans based on patient factors
Research	٠	use an evidence-based medicine approach to management strategies		
	٠	recognise areas in which evidence base is lacking, and adjust treatments accordingly		
	٠	assess patients in a culturally appropriate manner	٠	demonstrate difficulty engaging patients in a culturally appropriate
Cultural cofety	٠	observe cultural practices according to the location of assessments, such as patients' homes		manner, not adjusting communication styles according to the cultural needs of patients, families, and carers
Cultural safety	٠	recognise the importance of culture as part of patients' health and wellbeing		
	٠	recognise the importance of involving family and carers in a culturally appropriate way		
	•	discuss patients' support services and care networks, and provide advice / guidance with medical, legal, and financial concerns, or refer to appropriate services	•	use an inconsistent approach when conducting a holistic assessment, including not screening for elder abuse, carer stress, and legal issues
Ethics and professional behaviour	•	encourage patients, families, and carers to consider advance care planning and identify proxy decision makers, documenting their decisions	•	inadequately consider need for advance care planning, identifying proxy decision makers and documentation of decisions
	٠	identify elder abuse, and demonstrate knowledge of appropriate services to refer to		
	٠	recognise carer stress and identify and refer to appropriate resources		
Judgement and decision making	٠	assess information gained during assessments and in formulation of management plans	٠	make decisions that are unsupported by pattern recognition, data, or evidence
	٠	incorporate principles of shared decision making with patients, families, and carers	٠	formulate management plans without regard for patients, family or carers' wishes or goals of care
	٠	recognise when active treatment of a medical condition may not be in patients' best interest		
Leadership, management, and teamwork	•	conduct regular multidisciplinary team review meetings to discuss patients and share knowledge	٠	refer to other medical specialists without reason
	٠	negotiate with patients, families, carers, and other involved		

	specialists to agree on the actions necessary to achieve goals, and the support required to do so	 attend but not lead the multidisciplinary team review meetings
	 identify when referrals for single specialist assessments are appropriate, e.g. cardiology or gastroenterology 	
Health policy, systems, and advocacy	 refer to appropriate and validated templates or tools to collect and document information during assessments 	 use validated tools inconsistently to collect and incompletely document information
	 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 	

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 patients¹⁸, 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			
<u>Professional</u> <u>practice</u> <u>framework</u> 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:	I he 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 	 contribute to but not lead negotiations identify the key issues to be resolved, and contribute to joint decision making on their resolution 	
Communication	 and planning 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

• support patients by creating a safe environment to explore and discuss plans or goals during family meetings

- 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

	٠	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		
	•	facilitate discussions with patients, families and carers in a way that is respectful, non-judgmental, and culturally safe		
Cultural safety	•	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	•	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	٠	recognise the potential for perspectives of patients, physicians, or other health professionals that may have an impact on the quality of care
behaviour	•	intervene when behaviours undermine a respectful environment		
	•	disclose patient safety incidents to patients and families or carers accurately and appropriately		
Judgement and decision making	•	identify decision points in care pathways, and monitor the quality of shared decision making	٠	identify key preferences of all parties
	•	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		
Leadership, management, and teamwork	٠	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

	clarify the purpose of meetings	of the team to contribute to the
	 use a structured approach to guide meetings 	shared understanding
	 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 	
Health policy,	 ensure parties rights have been respected 	
systems, and advocacy	 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.



KNOW



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.

Learning goal 17 – Clinical and social sciences

Advanced Training in Geriatric Medicine

- 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

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

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 patients¹⁹, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

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



Learning goal 18 – Cognition and mental state

Advanced Training in Geriatric Medicine

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 patients²⁰ 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

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	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
and conditions.	 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 JOOLS 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.	 The neurobology of dementia 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	 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



Learning goal 19 – Falls and mobility

Advanced Training in Geriatric Medicine

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 patients²¹ 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

83

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.	 Conditions Carotid sinus hypersensitivity Hereditary degenerative neurological conditions Parkinson disease, plus disorders > corticobasal syndrome > multiple systems atrophy > progressive supranuclear palsy
Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	
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



Learning goal 20 – Frailty and functional decline

Advanced Training in Geriatric Medicine

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 patients²² 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

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	Conditions Other rheumatological conditions, e.g. ANCA-associated vasculitis (AAV), giant cell arteritis (GCA), scleroderma, systemic lupus
Advanced Trainees will understand these presentations and conditions.	erythematosus (SLE)
Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	
EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL 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
Advanced Trainees will describe the principles of the foundational sciences.	
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.	 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
Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	 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



Learning goal 21 – Continence

Advanced Training in Geriatric Medicine

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-cholinesteraseinhibitor (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 patients²³ 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

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	 Conditions Pelvic mass Postoperative radical prostatectomy Spinal cord injuries / compression
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.	
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	 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
tool to patients, families, and carers.	 Urinalysis Urodynamic testing Behavioural strategies that may help reduce incontinence, including
Advanced Trainees will identify important specialty-specific issues and the impact of these	 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	•	Dignity in continence care
management.	٠	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
	٠	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
	٠	Psychosocial impact and consequences of symptoms, e.g. depression
	•	Shared decision making and patient-centred management decisions
	٠	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
	٠	The impact on older adults in hospital, including their ability to participate in rehabilitation activities such as hydrotherapy
	٠	The impacts of incontinence on socialising, self-esteem, leaving the home environment, and physical activity
	٠	Urinary incontinence is common, it is not normal and requires management



Learning goal 22 – Pain management

Advanced Training in Geriatric Medicine

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 patients²⁴ 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	Exa • Cli	aminations Physical examination nical assessment
Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools	•	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
Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	Inv •	restigations Imaging Nerve conduction studies
	•	Ageist and discriminatory attitudes toward older people in pain
ISSUES	٠	Cognitive impairment and the impact on patients' ability to report pain
Advanced Trainees	٠	Functioning – e.g. activities of daily living (iADL), social functioning, and sleep
will identify important specialty-specific issues and the impact of these	•	The impact of chronic pain on function, including reduced mobility, decreased socialisation, sleep disturbance, slow rehabilitation,
on diagnosis and	٠	The role of a multidisciplinary team approach for management
management.	•	or 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
	No	n-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



Learning goal 23 – Neurological disorders

Advanced Training in Geriatric Medicine

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

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 patients²⁵ 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

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	 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
the foundational sciences.	Examinations
INVESTIGATIONS,	Comprehensive geriatric assessment
PROCEDURES,	 Comprehensive geriatric assessment Physical examination including full neurological examination
INVESTIGATIONS, PROCEDURES, AND CLINICAL	 Comprehensive geriatric assessment Physical examination including full neurological examination
INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS	 Comprehensive geriatric assessment Physical examination including full neurological examination
Advanced Trainees	 Comprehensive geriatric assessment Physical examination including full neurological examination Investigations Carotid doppler
Advanced Trainees will know the indications	 Comprehensive geriatric assessment Physical examination including full neurological examination Investigations Carotid doppler Cerebrospinal fluid (CSF) analysis
Advanced Trainees will know the indications for, and how to interpret	 Comprehensive geriatric assessment Physical examination including full neurological examination Investigations Carotid doppler Cerebrospinal fluid (CSF) analysis CT scan of the brain / spine
Advanced Trainees will know the indications for, and how to interpret the results of these	 Comprehensive geriatric assessment Physical examination including full neurological examination Investigations Carotid doppler Cerebrospinal fluid (CSF) analysis CT scan of the brain / spine CT angiogram
Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures,	 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
Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment	 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
Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools.	 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 Cenetic tests
Advanced Trainees will know the indications for, and how to interpret the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will	 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 MBL and/or magnetic resonance angiography (MBA)
Advanced Trainees investigations, procedures, and clinical assessment the results of these investigations, procedures, and clinical assessment tools. Advanced Trainees will know how to explain the	 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
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,	 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
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	 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
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,	 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
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.	 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
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.	 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 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 peurodeceperative conditions
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. IMPORTANT SPECIFIC ISSUES Advanced Trainees	 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 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 patients with neurological disease

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



Learning goal 24 – Specialty medical conditions as they apply to ageing

Advanced Training in Geriatric Medicine

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

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 patients²⁶ 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

²⁶ References to patients in the remainder of this document may include their families or carers.

	 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	 Conditions Dermatological conditions, including bullous pemphigoid Glomerulonephritis Polycystic kidney disease
Advanced Trainees will understand these presentations and conditions.	 Polymyalgia rheumatica Vasculitis, including giant cell arteritis
Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	
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	 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
Advanced Trainees will know the indications for, and how to interpret	Investigations

the results of these investigations, procedures, and clinical assessment tools.	 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
Advanced Trainees will know how to explain the investigation, procedure, or clinical assessment tool to patients, families, and carers.	
IMPORTANT SPECIFIC	 Appropriate patient-centred targets, such as glycosylated haemoglobin (HbA1c), blood pressure, and oxygen saturations Consider red flags for elder abuse
Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management.	 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



.

Learning goal 25 – Perioperative assessment and management

Advanced Training in Geriatric Medicine

CLINICA	L SCIENC	ES
---------	----------	----

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
 - \gg 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

²⁷ References to patients in the remainder of this document may include their families or carers.

POSTOPERATIVE 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
IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specific	 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
issues and the impact of these on diagnosis and management.	 Perioperative care of fractured neck of femur Shared decision making, including goals of surgery



Learning goal 26 – Rehabilitation of specific conditions as applied to ageing

Advanced Training in Geriatric Medicine

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 patients²⁸ 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

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			
	w musculoskolotal joint injections, o g intraarticular corticostoroid			