

Geriatric Medicine Assessment Blueprint

Learning Objectives

CURRICULUM LEARNING AND COMPETENCE GRIDS: GRIDS FOR PRIMARY LEARNING OBJECTIVES

Curriculum area	Competence	SE	Workplace-based assessments					Other Evidence			
			Mini-CEX	CbD	MSF	ACAT	PS	Clinical, Academic & Educational Supervisor Reports	Audit or Research Project Reports	Teaching Presentation	Formal Course Report
1. COMPREHENSIVE GERIATRIC ASSESSMENT											
OBJECTIVE: TO PERFORM A COMPREHENSIVE GERIATRIC ASSESSMENT											
K	Factors influencing health status in older people	X		X					X	X	
	Measures employed in measuring health status and outcome	X		X					X	X	
	Understanding of the concept of frailty	X		X					X	X	
	Evidence base for CGA	X		X					X	X	
S	Diagnostic skills		X	X				X			
	Functional status evaluation including assessment of basic ADL and IADL, social support, mental health and cognitive status, mobility including gait and balance, and nutritional evaluation	X	X	X				X			
	Interpretation of results in the context of health planning, quality of life assessment, and appropriate use of available health-related and social-related resources	X	X	X				X			
A	Collaborative working with other professionals and agencies (Health/ Social Care/Voluntary)		X	X	X						

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2. (a) DIAGNOSIS OF ACUTE ILLNESS											
OBJECTIVE: TO HAVE THE KNOWLEDGE AND SKILLS TO DIAGNOSE ACUTE ILLNESS IN OLD AGE											
K	Major Geriatric syndromes and illnesses	X	X	X				X			
	Acute geriatric medicine and basic gerontology	X	X	X				X	X	X	
	Changes in disease presentation in old age	X	X	X				X	X	X	
	Clinical pharmacology, therapeutics and pharmacy as related to older people	X	X	X				X	X	X	
S	Physical examination		X					X			
	Cognitive assessment		X			X		X			
	Diagnostic skills	X	X	X		X		X			
	Appropriate investigation and interpretation of results	X	X	X		X		X			
	Practical Procedures	X	X		X	X		X			
A	To strive to recognize and diagnose acute illness early		X	X	X	X		X			
	To work collaboratively with other health care professionals (eg Radiology, Other Medical Specialties, ITU) to achieve this		X	X	X	X		X			
	To appreciate the changes in acute illness presentation in old age and the deleterious effects of diagnostic delays	X	X	X		X		X			

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2. (b) MANAGEMENT OF ACUTE ILLNESS											
OBJECTIVE: TO HAVE THE KNOWLEDGE AND SKILLS TO SUCCESSFULLY MANAGE ACUTE ILLNESS IN AN OLDER PERSON											
K	Acute geriatric medicine and basic gerontology	X	X	X		X		X			
	Major geriatric syndromes and illnesses	X	X	X		X		X			
	Clinical Pharmacology, therapeutics and pharmacy as related to older people	X	X	X		X		X	X		
	Ethics	X	X	X		X		X	X		
	Risks of secondary complications of acute illness in older people and strategies to prevent them	X	X	X		X		X			
S	Practical procedures	X	X					X			
	Drug and non-drug interventions	X	X	X				X		X	
	Appropriate referral to / collaboration with other specialists	X	X	X	X			X			
	Teamwork and rehabilitation skills		X	X	X	X		X			
A	A meticulous approach to the treatment of acute illness in older people and to encourage others to work in a similar way		X	X	X		X	X			
	To work within an acceptable ethical & legal framework to help guide patients and their relatives through consent to medical investigations and treatments	X	X	X	X	X	X	X			
	To work collaboratively with other professions to minimize risks of secondary complications in older people with acute illness		X	X	X	X		X			

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3. DIAGNOSIS AND MANAGEMENT OF CHRONIC DISEASE AND DISABILITY OBJECTIVE: TO HAVE THE KNOWLEDGE AND SKILLS TO DIAGNOSE AND MANAGE THOSE WITH CHRONIC DISEASE AND DISABILITY IN IN-PATIENT, OUT-PATIENT, DAY HOSPITAL AND COMMUNITY SETTINGS											
K	Major geriatric syndromes and illnesses	X	X	X				X		X	
	Basic gerontology	X	X	X				X		X	
	Clinical pharmacology, therapeutics and pharmacy for older people	X	X	X				X	X	X	
	Rehabilitation theory	X	X	X				X		X	
	Ethics	X	X	X				X		X	
	Health promotion theory	X	X	X				X	X	X	
	Services - health/social/voluntary - supporting patients (and carers)	X	X	X				X		X	
	Specific expert knowledge of common chronic conditions eg cardiac failure, COPD, musculo-skeletal disorders, movement disorders. (see grids)	X	X	X				X	X	X	
	End of life planning	X	X	X				X		X	
S	Clinical examination	X	X	X				X			
	Cognitive and mood assessment	X	X	X				X		X	
	Gait assessment	X	X	X				X			
	Nutritional assessment appropriate interventions	X	X	X				X		X	
	Organising appropriate investigations	X	X	X				X			
	Drug and non-drug interventions e.g. for painful long term conditions	X	X	X				X			
	Health promotion/disease prevention	X	X	X				X			
A	A positive but realistic approach to management		X	X	X		X	X			
	A multiprofessional problem-solving approach appreciating the importance of regular review, continuity of care and fine tuning of treatments		X	X	X			X			
	Appreciating the importance of active rehabilitation maintaining function		X	X	X			X			
	Recognition of the terminal stages of illness adjusting management plans			X				X			

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4. REHABILITATION AND MULTIDISCIPLINARY TEAM WORKING											
OBJECTIVE: TO HAVE THE KNOWLEDGE AND SKILLS TO PROVIDE REHABILITATION TO AN OLDER PATIENT IN AN IN-PATIENT, OUT-PATIENT, DAY HOSPITAL AND COMMUNITY-BASED SETTINGS AND WHEN TO REFER FOR FURTHER SPECIALIST ADVICE											
K	Basic gerontology	X	X	X				X		X	
	Principles of rehabilitation and comprehensive assessment	X	X	X				X	X	X	
	Assessment scales	X	X	X				X	X	X	
	Roles and expertise of different members of interdisciplinary team	X	X	X	X			X		X	
	Specialist rehabilitation services	X	X	X				X		X	
	Evidence base for rehabilitation	X	X	X				X		X	
	Goal setting in rehabilitation	X	X	X				X	X	X	
	Physical therapies which improve muscle strength and function	X	X	X				X	X	X	
	Therapeutic techniques/training to improve balance and gait	X	X	X				X	X	X	
	Aids and appliances which reduce disability	X	X	X				X		X	
Scope and nature of intermediate care approaches	X	X	X				X	X	X		
S	Selecting patients for rehabilitation		X	X	X	X		X		X	
	Continence Care – assessment and treatments		X	X				X		X	
	Goal setting according to expected disease prognosis/outcome		X	X				X		X	
	Expertise in the management of patients with multiple medical problems and disabilities		X	X				X		X	
A	Recognition that older people take longer to recover from acute illness and frequently require rehabilitation	X	X	X				X			
	Promoting a rehabilitation ethos		X	X	X			X			
	Collaborative working to ensure that no individual should unnecessarily enter a system of domiciliary or institutionalized care		X	X	X			X		X	
	Appreciation that small changes in disability can avoid long term care		X	X				X			

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5. PLANNING TRANSFERS OF CARE INCLUDING DISCHARGE											
OBJECTIVE: TO HAVE THE KNOWLEDGE AND SKILLS TO PLAN THE SUCCESSFUL TRANSFER OF CARE OR DISCHARGE OF FRAIL OLDER PATIENTS											
K	The variety of resources available following discharge e.g. intermediate care, community care, domiciliary care, voluntary sector support, respite care, institution-based long-term care, health service funded long-term care	X	X	X				X	X	X	
	The current criteria (and processes) for health service-based continuing care	X	X	X				X		X	
	The financial support available to patients and their carers	X	X	X				X		X	
	The assessment methods/processes undertaken to access services (including the unified (single) assessment process)	X	X	X		X		X	X	X	
	Roles and rights of "informal" carers	X	X	X	X		X	X		X	
	Roles of the geriatrician and the multidisciplinary team in discharge planning	X	X	X	X	X		X		X	
S	Planning skills		X	X	X	X		X			
	Ability to test mental capacity		X	X		X		X			
A	To view discharge planning as important which is timely and appropriate (from admission)		X	X	X	X		X			
	To view the discharge of a frail older person as a <i>transfer</i> of care		X	X		X		X			
	Recognition that the patient's wishes are important		X	X	X	X		X			
	To ensure medical involvement in all hospital discharge planning		X	X	X	X		X			
	To strike the right balance between opinion-seeking, discussion and decisive management of patients		X	X	X	X		X			

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6. INTERMEDIATE CARE and COMMUNITY PRACTICE											
OBJECTIVE: TO UNDERSTAND INTERMEDIATE CARE/COMMUNITY GERIATRICS. TO HAVE COMPETENCE IN MANAGING ELDERLY PATIENTS IN AN INTERMEDIATE CARE/COMMUNITY GERIATRIC SETTING IN CONJUNCTION WITH A COMMUNITY BASED MULTI-DISCIPLINARY TEAM AND OTHER AGENCIES.											
K	Major geriatric syndromes and illnesses.	X	X	X				X		X	
	Basic gerontology	X	X	X				X	X	X	
	Clinical pharmacology, therapeutics and pharmacy for older people	X	X	X				X	X	X	
	Rehabilitation	X	X	X				X		X	
	Health promotion	X	X	X				X	X	X	
	Models of intermediate care/community geriatrics including evolving role of day hospital	X	X	X				X	X	X	
	Understanding of the various agencies involved in community care	X	X	X				X	X	X	
	Opportunities provided by assistive technologies eg Monitoring devices, technology assisted living	X	X	X				X	X	X	
	Current evidence base for intermediate and community care	X	X	X				X		X	
S	Good clinical skills		X	X	X			X			
	Appropriate use of facilities	X	X	X	X			X			
	Managing in a non-hospital setting		X	X				X			
	Good time management		X	X				X			
	Multidisciplinary team leadership		X	X	X			X			
	Effective liaison with GPs including joint management of cases		X	X	X			X			
A	To develop an approach to care that crosses the traditional division between primary and secondary care		X	X	X		X	X			
	To recognize the importance of geriatrician involvement in intermediate care		X	X			X	X			
	To recognize the role of the geriatrician in education & management of community staff		X	X	X			X		X	

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7. LONG TERM (CONTINUING) CARE											
OBJECTIVE: TO HAVE THE KNOWLEDGE AND SKILLS TO ASSESS A PATIENT'S SUITABILITY TO AND PROVIDE APPROPRIATE CARE TO THOSE IN LONG TERM CARE IN THE NHS OR A COMMUNITY SETTING											
K	Basic gerontology	X	X	X				X		X	
	Major geriatric syndromes and illnesses	X	X	X				X		X	
	Clinical pharmacology, therapeutics and pharmacy for older people	X	X	X				X	X	X	
	Ethics and medico-legal issues	X	X	X				X	X	X	
	CPR Decisions	X	X	X				X	X	X	
	End of life care	X	X	X				X	X	X	
	Relevant national publications including guidelines re continuing health care	X	X	X				X	X	X	
	Understanding of care home structures, regulation and inspection	X	X	X				X	X	X	
S	Diagnostic skills	X	X	X				X			
	Drug and non drug interventions	X	X	X				X			
	Team and leadership skills		X	X	X		X	X			
	Palliative care skills	X	X	X	X		X	X			
	Nutritional assessment and approaches to feeding e.g. PEG		X	X	X			X			
	Skin and wound care - assessment and treatments	X	X	X				X			
	Continence Care - assessment and treatments	X	X	X				X			
Ability to select appropriate patients for continuing health care	X	X	X				X				
A	Appreciation that small changes in disability can improve quality of life	X	X	X	X			X			
	To work in an acceptable ethical framework helping patients and relatives accept or reject medical investigations and treatments		X	X	X		X	X			
	To discuss empathetically with patients and families prognosis		X	X	X		X	X			
	To recognize the value of a structured, active approach to care in care homes		X	X				X			

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8 (a). FALLS											
OBJECTIVE: TO KNOW HOW TO ASSESS AND MANAGE OLDER PATIENTS PRESENTING WITH FALLS (WITH OR WITHOUT FRACTURE) IN AN IN- OR OUT-PATIENT SETTING											
K	Basic gerontology	X	X	X				X		X	X
	Causes of and risk factors for falls	X	X	X				X	X	X	X
	Drug and neurovascular causes of falls and syncope	X	X	X				X	X	X	X
	Interventions to prevent falls	X	X	X				X	X	X	X
S	Gait assessment		X	X				X			
	Diagnostic skills	X	X	X				X			
	Drug and non-drug interventions	X	X	X				X			
	Team and leadership skills		X	X	X		X	X			
	Health promotion		X	X				X			
A	Collaborative working with other professions and agencies, including orthopaedic services for fracture patients		X	X	X		X	X			
	Seeking remediable causes of falls		X	X				X			
	Positive but realistic approach to falls investigation and management		X	X				X			
	Aim to enable patients to the maximum		X	X	X			X			

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8(b). DELIRIUM											
OBJECTIVE: TO RECOGNIZE, DIAGNOSE AND MANAGE A STATE OF DELIRIUM PRESENTING BOTH ACUTELY OR SUB-ACUTELY IN PATIENTS IN HOSPITAL, IN THE COMMUNITY AND IN OTHER SETTINGS											
K	Diagnostic criteria for delirium	X	X	X				X	X	X	
	Relationship of delirium with dementia syndromes	X	X	X				X	X	X	
	Appropriate standardized measures of cognitive status	X	X	X				X	X	X	
	Severity indices in delirium	X	X	X				X	X	X	
	Risk factors and causes	X	X	X				X	X	X	
	Main outcomes observed	X	X	X				X	X	X	
S	To recognize the principal features of delirium in acute and sub-acute illness states		X	X		X		X			
	To be competent in the use of the standardized measures of assessing cognitive status in delirious states		X	X				X			
	To be competent in investigation and management of the delirious patient, including the underlying physical illness and the accompanying distressed mental state		X	X		X		X			
A	To take a positive approach to the management of delirium and to seek and deal with remediable causes as quickly as possible		X	X				X			
	To work collaboratively with other professions to manage delirium effectively		X	X	X	X		X			
	To approach delirium as an acute or sub-acute medical emergency and to encourage all staff to work toward resolution of the delirious state		X	X	X	X		X			

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8(c) INCONTINENCE											
OBJECTIVE: TO KNOW HOW TO SUCCESSFULLY MANAGE THE BASICS OF URINARY AND FAECAL INCONTINENCE, AND TO KNOW HOW AND WHEN TO REFER FOR SPECIALIST ADVICE											
K	Basic gerontology	X	X	X				X	X	X	X
	Risk factors, epidemiology and causes of incontinence	X	X	X				X	X	X	X
	Investigations available and how to use them appropriately	X	X	X				X	X	X	X
	Management including the role of physiotherapy, drugs and surgery		X	X				X	X	X	X
	Aids, appliances and equipment	X	X	X				X	X	X	X
	The role of the continence nurse specialist		X	X				X	X	X	X
S	Physical examination		X	X				X		X	X
	Interpretation of investigations	X	X	X				X		X	X
	Drug and non-drug interventions	X	X	X				X		X	X
A	To adopt a positive and realistic approach to the management of incontinence		X	X				X			
	To collaborate with other professions, medical and surgical specialities to manage incontinence optimally		X	X				X			
	To learn to work with primary care to reduce the burden of incontinence		X	X				X			

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8(d) POOR MOBILITY OBJECTIVE: TO KNOW HOW TO ASSESS THE CAUSE OF IMMOBILITY AND DECLINING MOBILITY AND AID ITS MANAGEMENT (NB ALSO SEE GRIDS 1,4 AND 5)											
K	Basic gerontology	X	X	X				X	X	X	X
	Risk factors and causes of immobility	X	X	X				X	X	X	X
	Principles of rehabilitation	X	X	X				X	X	X	X
	Interventions to improve mobility	X	X	X				X	X	X	X
S	Physical examination		X					X			X
	Gait assessment		X					X			X
	Team skills		X		X	X		X			
	Drug and non-drug interventions		X	X				X			X
A	Taking a positive and realistic approach to the investigation and management of immobility		X	X		X		X			
	Encouraging the use of available resources to prevent and reduce immobility in individual patients		X	X		X		X			
	Working collaboratively with other professions (eg therapists, nurses, podiatrists, orthotists and orthopaedic surgeons, primary care) to improve mobility		X	X	X	X		X			

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GRIDS FOR SPECIAL INTEREST EXPERIENCE

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9(a). PALLIATIVE CARE										
OBJECTIVE: TO KNOW HOW TO AND HAVE THE SKILLS, AND MOST APPROPRIATE ATTITUDES TO DELIVER PALLIATIVE CARE TO A DYING PATIENT										
K	Symptom profiles in the terminally ill and their management	X	X	X			X	X	X	X
	Prescribing e.g. syringe drivers	X	X	X			X	X	X	X
	Pathophysiology of pain and an understanding of specialist interventions such as nerve blocks, TENS, acupuncture	X	X	X			X	X	X	X
	Management of emergencies in palliative care, e.g. acute pain, hypercalcaemia, haemorrhage, spinal cord compression	X	X	X			X	X	X	X
	Issues around hydration and nutrition, e.g. legal, ethical & technical aspects	X	X	X			X	X	X	X
	Modern bereavement care	X	X	X			X	X	X	X
S	Assessment of prognosis (recognizing when a patient is dying)		X	X			X	X		
	Ability to consider quality of life		X	X			X	X		
	Compassionate understanding of a dying person's wishes		X	X			X	X		
	Assessment of the problems and needs of palliative care patients		X	X			X	X		
	Ability to develop an appropriate management plan, which anticipates problems, the use of medications, special equipment, formal palliative instruments (such as the Liverpool Palliative Care Pathway), teamwork and various agencies.		X	X			X	X		
A	Recognize and respect the wishes of a dying patient, family and carers.		X	X		X	X			
	Allowing for patient's personal, cultural and religious background		X	X		X	X			
	Working collaboratively with other professions and agencies to provide the best possible palliative care		X	X	X		X			

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		SE	Mini-CEX	CbD	MSF	PS	Clinical, Academic & Educational Supervisor Reports	Audit or Research Project Reports	Teaching Presentation	Formal Course Report
9 (b) ORTHOGERIATRICS										
OBJECTIVE: TO KNOW HOW TO ASSESS ACUTELY ILL ORTHOPAEDIC PATIENTS AND HOW TO MANAGE INCLUDING REHABILITATE THESE PATIENTS (NB ALSO SEE GRIDS 2,5,6 AND 9A)										
K	Basic gerontology, including responses to trauma in old age	X	X	X			X	X	X	X
	Major geriatric syndromes and illnesses	X	X	X			X	X	X	X
	Causes and management of osteoporosis and falls	X	X	X			X	X	X	X
	Surgical and anaesthetic issues	X	X	X			X	X	X	X
	Different models of orthogeriatric care	X	X	X			X	X	X	X
	Particular aspects of rehabilitation in older patients with fractures	X	X	X			X	X	X	X
S	Physical examination		X	X			X		X	
	Drug and non-drug interventions	X	X	X			X		X	
	Planning transfers of care		X	X		X	X		X	
A	An approach to the management of elderly people with fracture that seeks to maximize function		X	X			X	X	X	X
	Close collaboration with orthopaedic surgeons and other professionals to ensure best care		X	X	X		X		X	X

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9(c) OLD AGE PSYCHIATRY										X
OBJECTIVE: TO KNOW HOW TO ASSESS AND MANAGE OLDER PATIENTS PRESENTING WITH THE COMMON PSYCHIATRIC CONDITIONS, AND TO KNOW WHEN TO SEEK SPECIALIST ADVICE										
K	Major psychiatric conditions: depression, delirium, dementia, anxiety and paranoid states	X	X	X			X	X	X	X
	Pharmacology	X	X	X			X	X	X	X
	Medico-legal issues	X	X	X			X	X	X	X
	Organisation of old age psychiatry services	X	X	X			X	X	X	X
	Psychiatric assessment methods and tools	X	X	X			X	X	X	X
S	Cognitive and mood assessment		X	X			X		X	X
	Drug and non-drug interventions		X	X			X		X	X
	Appropriate referral to other specialists		X	X			X		X	X
	Assessment of mental capacity		X	X			X	X	X	X
A	To develop a positive approach to the investigation and management of psychiatric conditions in old age		X	X			X			
	To work collaboratively with other specialists, particularly old-age psychiatrists, and agencies to manage the older patient with mental ill health		X	X	X		X			
	To take account of a patient's family, cultural and religious background to better enable the management of the individual patient		X	X			X			

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9(d) STROKE CARE											
OBJECTIVE: TO KNOW HOW AND TO BE ABLE TO PROVIDE A COMPREHENSIVE SERVICE FOR PATIENTS WITH ACUTE STROKE AND CHRONIC STROKE-RELATED DISABILITY IN HOSPITAL AND THE COMMUNITY											
K	Epidemiology of stroke	X	X	X				X	X	X	X
	Evidence of primary and secondary prevention measures	X	X	X				X	X	X	X
	Acute stroke management	X	X	X		X		X	X	X	X
	Complications of stroke	X	X	X				X	X	X	X
	Different rehabilitation models in hospital and community	X	X	X				X	X	X	X
	Effects on carers	X	X	X				X	X	X	X
	Ethical and legal issues relating to patient with severe disability	X	X	X				X	X	X	X
S	Assessment of patients with acute stroke and chronic stroke-related disability		X	X				X	X	X	X
	Management of spasticity (including criteria for botulinum toxin administration)		X	X				X	X	X	X
	Management of feeding problems		X	X				X	X	X	X
	Organisation of rehabilitation and leadership of a multidisciplinary team		X	X	X			X	X	X	
A	To work collaboratively with specialists and other professions to provide a service for patients with stroke		X	X	X			X			
	To take a positive and realistic approach to the management of patients with stroke, to restore function as much as is possible and appropriate		X	X			X	X			

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ADDITIONAL CURRICULUM AREAS NOT IN GRIDS

Curriculum area	Competence	Workplace-based assessments					Other Evidence			
		SE	Mini-CEX	CBD	MSF	PSQ	Clinical, Academic & Educational Supervisor Reports	Audit or Research Project Reports	Teaching Presentation	Formal Course Report
Tissue Viability										
K	Science of Wound Healing Role of infection and nutrition Prevention of Leg ulcers and Pressure Sores Management of Wounds, Leg ulcers and Pressure Sores Investigation of Vascular supply	X								
S	Examination for Vascular Insufficiency Knowing when to refer to other specialists e.g. vascular and plastic surgeons Working in a Multidisciplinary Team e.g. with dietitian, specialist nurse, cardiovascular technician		X	X	X		X			
A	Positive Approach to Wound Healing						X			
Hypothermia (Temperature Regulation)										
K	Prevention of hypo and hyperthermia Complications of hypo and hyperthermia Management of hypo and hyperthermia including resuscitation techniques	X	X	X			X		X	
S	Ability to identify the most appropriate environment and monitoring and treatment techniques		X	X			X		X	
A	Appropriately seeking high dependency and intensive care			X			X			

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{ Workplace-based assessments } { Other Evidence }

Curriculum area	Competence	SE	Mini-CEX	CbD	MSF	PS	Clinical, Academic & Educational Supervisor Reports	Audit or Research Project Reports	Teaching Presentation	Formal Course Report
Nutrition in Old Age										
K	Basic science and gerontology of nutrition e.g effects of illness and social isolation etc Epidemiology of malnutrition in old age Identification of malnutrition- risk scales, interpretation of BMI, armfold thickness etc Management of malnutrition - assisted feeding, diet supplements, tube feeding etc When to refer to dietetics, social work and voluntary agencies	X	X	X			X	X	X	
S	How to use appropriate scales Ability to persuade patients to change dietary patterns	X	X	X		X	X			
A	Effective Team Working				X					

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ASSESSMENTS AND THEIR LINKS TO THE STANDARDS IN GOOD MEDICAL PRACTICE

	SE	MRCP Part 2 Written	MRCP Part 2 Clinical	Mini-CEX	CbD	MSF	ACAT	PS	Clinical & Educational Supervisor Reports/RITA	Audit or Research Project Supervisor Reports	Assessed Teaching Presentation	Formal Course Report or Certificate
Good Clinical Care												
Clinical Assessment			•	•	•	•	•		•			•
Treatment	•	•	•	•	•	•	•		•	•	•	•
Insight			•	•	•	•	•		•			
Record Keeping				•	•	•	•		•			
Fairness			•	•	•	•		•	•			
Keeping up-to-date												
Specialty based knowledge	•	•	•	•	•	•	•		•	•	•	
Procedural & Technical Skills				•					•			
Understanding EBM	•	•	•	•	•		•		•		•	
Maintaining & Improving Performance												
Portfolio									•	•		
Audit & quality										•		
Patient Safety			•	•	•	•	•	•	•			
Teaching, training, appraising & assessing												
Commitment									•		•	•
Understanding Medical Education principles									•		•	•
Practical skills in teaching etc											•	•
Relationship with patients												
Respect			•	•		•	•	•	•			
Communication			•	•		•	•	•	•			•
Old Age Abuse	•				•							
Responding to problems			•	•		•		•				
Informed Consent			•	•	•				•			•
Confidentiality			•	•		•		•	•			•
Respect			•	•		•	•	•	•			

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