

Advanced Training in Geriatric Medicine at the Royal Hobart Hospital

The Royal Hobart Hospital currently has five unique clinical rotations across three distinct sites for geriatrics registrars. Each rotation is 4 months long and includes a weekly outpatient clinic or community-based patient assessment and a monthly outreach clinic to rural Tasmania.

Advanced trainees take part in weekly videoconferencing training delivered through the Queensland geriatric medicine training program. These sessions are during paid and protected training time. The curriculum covered in this program supplements the workplace-based training experience and includes content from medical experts around Australia.

Below is a list of the current rotations with mapped geriatric curriculum themes that you would be expected to cover during each rotation. This document should be supplemented by the current Geriatric Medicine Advanced Training Curriculum and Professional Qualities Curriculum documents available from the RACP website or on request from your supervisor.

To achieve proficiency across core geriatrics skills (as outlined in the RACP Geriatric Medicine Advanced Training Curriculum) new trainees are expected to discuss their learning needs with the director of geriatric training prior to starting work. By completion of your advanced training you should have the expertise to provide unsupervised comprehensive medical care as a consultant geriatrician.

Advanced training and COVID-19 in 2020

The COVID-19 pandemic has resulted in disruption of regular clinical services and a temporary change to the rotation descriptions and the opportunities for learning. This version of the mapping of the advanced training curriculum has been adjusted to represent the rotations as of April 2020 and an updated mapping document will be provided for further significant changes to the training program.

The RACP states that *'training needs to be implemented within the reality of current workplace and workforce issues and the needs of health service provision'*.¹ This may take additional planning and flexibility to achieve while clinical roles may change rapidly.

At all stages of training you are encouraged to meet regularly with your supervisors and discuss your progress and ensure that your learning needs are met through use of your workplace-based assessments (e.g. Case Based Discussion, Mini-CEX and Learning Needs Analysis) and clinical work.

Outpatient Clinics including Rural Outreach Clinics

The core Lower Statton Geriatrics Clinics (90 Davey Street, Hobart) include memory, falls and balance and movement disorders. Geriatric oncology, continence and pain patients are also seen by individual specialists. All clinics involve Comprehensive Geriatric Assessment and are supported by a dedicated aged care clinic nurse and closely associated with the Community Rehabilitation Unit which is co-located on the site.

Advanced trainees will receive an orientation to clinics and initially observe comprehensive assessment and patient counselling with the opportunity to discuss clinic processes. A trainee may choose to observe a range of geriatricians to see variations in practice and different assessments. Following this, advanced trainees will have a dedicated clinic with onsite indirect supervision each week. During these clinics, trainees will and have the opportunity to undergo workplace-based assessments and have debriefing and discussions of each of their patients.

Clinics should be discussed with your supervisor to ensure that your clinics can meet your core learning needs in conjunction with your overall advanced training program including at other sites around Australia. Trainees will also have the opportunity to observe other outpatient assessments by arrangement including the allied health falls and balance clinic, neuropsychologist assessment clinic and the neurologist movement disorder clinic.

The rural outreach clinic is an established monthly clinic based at the Midlands Multipurpose Centre in Oatlands attended by a geriatrician and an advanced trainee. This clinic offers a unique opportunity to provide care to regional and remote Tasmanians with a focus on memory, movement disorders and general geriatrics.

Due to the COVID-19 pandemic, clinics have now developed to include telehealth (video and telephone) consultations. The roll out has been evolving rapidly and with established infrastructure and processes, these consultation types are likely to be integrated alongside face to face appointments in future clinics post-pandemic.

Acute Older Persons Unit, Royal Hobart Hospital / Peacock I, Repatriation Hospital (2020)

The Acute Older Person's Unit (OPU) on ward 6A at the Royal Hobart Hospital is a secure 16 bed geriatrician-led specialist inpatient service. The unit provides acute and comprehensive medical care of elderly patients who present with complex health and social needs. This includes patients with geriatric syndromes such as dementia, delirium, frailty and falls and older persons with complex comorbidities including Parkinson's disease. There are two supervising geriatricians, one registrar and an intern attached to the ward who work as part of a multidisciplinary team.

Due to the COVID 19 pandemic the patient cohort at the OPU was temporarily transitioned offsite to the Peacock I ward based at the repatriation hospital at 90 Davey Street. This is a 22-bed unit which currently has two supervising geriatricians in addition to the junior medical staff. The model of care remains unchanged although the patient acuity is lower due to hospital factors. It is anticipated that ward and registrar role will return to the Royal Hobart Hospital in late 2020 or early 2021.

In your role as an advanced trainee you will be leading the multidisciplinary care and discharge planning for the ward patients in conjunction with the ward consultants. Dependent on the patients admitted to the ward the focus of care may include acute medical care, geriatric evaluation and management, slow stream rehabilitation, palliative care or the co-ordination complex discharge planning and transition into the community.

Orthogeriatrics, Royal Hobart Hospital

Orthogeriatrics at the Royal Hobart Hospital is a Monday-Friday geriatrician-led consultative service that provides comprehensive perioperative care and discharge planning for older traumatic hip fracture patients. This is an arrangement that requires respectful and regular communication between orthopaedic and orthogeriatric teams, including allied health and nursing. All patients are admitted to the orthopaedic unit bed card and rounded on daily by the orthogeriatric team.

All patients over the age of 65 admitted under orthopaedics with a fractured neck of femur are seen by the orthogeriatric registrar. If an elective surgery orthopaedics patient is admitted the team may consult especially if they have failed cognitive testing. Other fragility fracture patients or younger patients with geriatric diagnoses such as young onset dementia and frailty, may also be seen on a case by case basis.

The orthogeriatric team includes a consultant and registrar and is supported by the orthopaedic intern. There is a weekly orthopaedic grand round and multidisciplinary meeting – the latter being co-ordinated by the orthogeriatric team. The registrar also has shared responsibility for collection and presentation of data for the Australian Hip Fracture Registry.

Peacock 3 – Geriatric rehabilitation, Repatriation Hospital

Peacock 3 (P3) is a 20 bed Geriatric Evaluation and Management (GEM) / Geriatric rehabilitation ward based at the repatriation hospital in Hobart. The ward provides comprehensive and multi-disciplinary goal-orientated care with a focus on rehabilitation of older adults. Care is planned in conjunction with the patient and their family and patient progress is monitored through multi-disciplinary case conferences and a coordinated discharge process.

The P3 medical team includes two geriatricians, a registrar and two RMOs. Prior to the COVID 19 Pandemic the registrar role included responsibility for 10 geriatric inpatient beds on Peacock 1 (P1 – see above). It is likely this role will change in late 2020 or early 2021 and again include responsibility for a cohort of patients on the P1 ward.

In your role as an advanced trainee you will be leading the multidisciplinary care and discharge planning for the ward patients in conjunction with the ward consultants. During this rotation you will manage a diverse geriatric rehabilitation cohort as part of the multidisciplinary team, which will commonly include stroke, orthopaedic and Parkinson's disease patients.

Inpatient Consults, Royal Hobart Hospital

The inpatient consults role is a critical role in liaison between medical and surgical teams and the geriatrics department. It has both direct and indirect supervision from geriatricians based at the Royal Hobart Hospital and is closely linked to the OPU (Pre-COVID 19). The key responsibility is to facilitate the timely, comprehensive review and transfer of older patients with geriatric syndromes to acute geriatric care either within the Royal Hobart Hospital / Peacock 1 or to subacute sites for their ongoing care.

The registrar may also provide expert assessment and consultative care to complex inpatients under other units while they undertake their acute medical or surgical management. The registrar works closely alongside the specialist aged services nursing team with daily meetings to co-ordinate the care and transfer of older patients throughout the hospital. In late 2020 or early 2021 the geriatrics department is transitioning to a single point of referral to geriatrics services which will streamline this process. More details will be provided once the process is finalised.

Jasmine Unit, Roy Fagan Centre

The Jasmine Unit is a secure 10 bed aged care unit, located within the Roy Fagan Centre (a specialist mental health facility), at 54 Kalang Avenue, Lenah Valley. It provides sub-acute rehabilitation and medical management for patients recovering from delirium and those with dementia and behaviours of concern that may be unsuitable for rehabilitation other subacute sites. The patient group is highly variable and often has complex care needs.

As registrar at Jasmine Unit you manage the inpatient care of 10 inpatients on a daily basis and it is expected you will review each patient daily Monday-Friday. On Jasmine unit you will be responsible for all admissions and their inpatient care including co-ordinating non-pharmacological and pharmacological management in conjunction with the facility staff. You will also have a key role in communication with families and Guardians including family meetings, multidisciplinary meetings and discharge planning.

During this rotation you will also liaise with Aged Psychiatry staff who may consult on Jasmine patients and request geriatric review of other patients or residents under their care on site. During this rotation there is the opportunity to undertake domiciliary visits and engage with Guardianship and Administration Board hearings.

Royal Hobart Hospital - Geriatric Medicine Advanced Training Curriculum Mapping

DOMAIN 1 – SCIENTIFIC BASIS OF GERIATRIC MEDICINE	Clinics	OPU/P1	P3	Consults	Orthogeriatrics	Jasmine
Theme 1.1 Ageing Physiology, Pathophysiology and biology						
- Describe the physiology and biology of ageing	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)
- Describe the concepts of frailty, impaired homeostasis, impaired immunity, and reduced reserve	✓	✓	✓	✓	✓	✓
Theme 1.2 Principles of Pharmacology						
- Outline the principles of geriatric pharmacology and use this to aid appropriate prescribing for older people	✓	✓	✓	✓	✓	✓
Theme 1.3 Ageing demography, Social Gerontology, and Epidemiology*						
- Describe present and predicted demographic and epidemiological features of ageing in Australia/New Zealand and worldwide	(✓)					

Clinics: outpatient clinics which may include telephone / telehealth / rural outreach / domiciliary / RACF visits. Specific clinic attachments include memory, falls and balance or movement disorders

OPU / P1: Acute Older Persons Unit, ward 6A, Royal Hobart Hospital or ward Peacock 1, Repatriation hospital (COVID 19)

P3: Peacock 3, Repatriation hospital (Geriatric Evaluation and Management)

Consults: Inpatient consultation, Royal Hobart Hospital

Orthogeriatrics, Royal Hobart Hospital

Jasmine: Roy Fagan Centre (Aged Psychiatry residential aged care facility)

✓ = Addresses this learning objective and associated attitudes, knowledge and skills directly and/or in depth

(✓) = Addresses this learning objective and associated attitudes, knowledge and skills indirectly and/or partially

The broad themes of Domain 1 and their associated Attitudes, Knowledge and Skills as outlined in the Geriatric Medicine Advanced Training Curriculum are addressed across all inpatient rotations and in outpatient clinics. Some Learning Objectives (e.g. 1.1.1 and 1.2.1) are covered as core aspects of clinical care of the elderly while others (e.g. 1.3.1) are primarily addressed in the weekly videoconference training, departmental educational activities and workplace-based assessments.

DOMAIN 2 – ASSESSMENT AND MANAGEMENT OF OLDER PEOPLE	Clinics	OPU/P1	P3	Consults	Orthogeriatrics	Jasmine
Theme 2.1 Assessment and Management of Acute and Chronic Illnesses						
- Describe and understand the fundamentals of acute and chronic illness management	✓	✓	✓	✓	✓	✓
Theme 2.2 Assessment and Management in Specific Settings						
- Diagnose and manage acute and chronic illness in acute inpatient settings		✓			✓	
- Provide rehabilitation to older patients across the range of inpatient, day hospital, and community settings		✓	✓		✓	✓
- Deliver care in an outpatient setting	✓					
- Diagnose and manage acute and chronic illness in the home setting	(✓)					(✓)
- Diagnose and manage acute and chronic illness in residential care settings	(✓)					(✓)

Domain 2 centres around the Comprehensive Geriatric Assessment, undertaken in a range of inpatient settings as well as in clinics and the community. Domiciliary and Residential Aged Care reviews may take place during the Jasmine rotation and outpatient clinics in conjunction with a nurse practitioner, geriatrician or the Aged Psychiatry service. Currently as a result of the COVID-19 pandemic in 2020 access to these visits has been temporarily stopped and instead performed where appropriate via Telehealth and telephone.

DOMAIN 3 – GERIATRIC SYNDROMES	Clinics	OPU/P1	P3	Consults	Orthogeriatrics	Jasmine
Theme 3.1 Cognition						
- Recognise and manage dementia	✓	✓	✓	✓	✓	✓
- Recognise and manage delirium in older people		✓	(✓)	✓	✓	✓
- Recognise and manage behavioural and psychological symptoms of dementia (BPSD)	✓	✓		✓	(✓)	✓
Theme 3.2 Falls, Mobility, and Bones						
- Identify risk factors for falls and implement strategies to prevent falls	✓	✓	✓		✓	✓
- Assess the causes of gait disorders and immobility, and aid in their management	✓	✓	✓	✓	✓	(✓)
- Assess and manage orthopaedic patients in acute and rehabilitation settings		✓	✓		✓	
- Diagnose and manage osteoarthritis	✓		(✓)			
- Diagnose and manage osteoporosis and osteomalacia	✓		✓		✓	
Theme 3.3 Iatrogenic Problems						
- Implement strategies to minimise the risk of iatrogenic problems	✓	✓	✓	✓	✓	✓
Theme 3.4 Continence						
- Diagnose and manage urinary incontinence and retention	(✓)	✓	✓	(✓)	✓	✓
- Diagnose and manage constipation and faecal incontinence	(✓)	✓	✓	(✓)	✓	✓

All rotations will have variable exposure to the geriatric syndromes in Domain 3 and their associated Attitudes, Knowledge and Skills as outlined in the Geriatric Medicine Advanced Training Curriculum. Learning objectives have been marked to reflect where these syndromes are most common and / or trainees will be actively involved in their assessment and management.

DOMAIN 4 – OTHER CONDITIONS IN OLDER PEOPLE	Clinics	OPU/P1	P3	Consults	Orthogeriatrics	Jasmine
Theme 4.1 Cardiovascular and Peripheral Vascular Disease						
- Diagnose and manage cardiovascular and peripheral vascular disease in older people	(✓)	(✓)				
Theme 4.2 Stroke						
- Manage acute stroke patients / stroke related disability in a multidisciplinary team			✓			
Theme 4.3 Parkinson's Disease						
- Manage patients with Parkinson's disease in a multidisciplinary team	(✓)	✓	✓			
Theme 4.4 Ulcers and Wounds						
- Assess and manage ulcers/wounds in older people	(✓)	(✓)	(✓)		(✓)	
Theme 4.5 Sleep Disorders/Sleep Disturbance						
- Diagnose and manage sleep disorders/disturbance in older people	(✓)					
Theme 4.6 Visual and Hearing Impairment						
- Diagnose and manage visual and hearing impairment in older people	(✓)					
Theme 4.7 Oral Diseases and Disorders						
- Describe the common oral diseases and disorders seen in older people and recognise when further assessment by a dental service would be of benefit	(✓)		(✓)			
Theme 4.8 Nutritional problems and Obesity						
- Recognise and manage nutritional problems in older people	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)
Theme 4.9 Relationships and Sexuality						
- Describe characteristics of relationships and sexuality in older people	(✓)					
Theme 4.10 Perioperative Care						
- Assess and manage older patients in perioperative care				(✓)	✓	
Theme 4.11 Oncology						
- Describe important issues in the management of cancer in older people	(✓)					
Theme 4.12 Pain						
- Assess and manage acute and persistent (chronic) pain	(✓)	✓	✓	(✓)	✓	
Theme 4.13 Depression						
- Recognise and manage depression in older people	(✓)	✓	✓	(✓)		✓
Theme 4.14 Elder Abuse						
- Recognise & assess cases of elder abuse and understand how to manage the problem	(✓)	✓	(✓)	✓	(✓)	✓
Theme 4.15 Other Medical Illnesses Commonly Seen in Older People						
- Assess and manage other medical illnesses seen in older people	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)

Domain 4 themes and learning objectives in the outpatient setting are dependent on the specific clinic that you are attached to and you will likely get some exposure to most areas within the domain within all clinics indirectly. For development of more advanced skills and knowledge related to specific themes e.g Parkinson’s disease, oncology or pain – involvement in a relevant staff specialist clinic will be arranged with your supervisors.

Some themes such as visual and hearing impairment, oral diseases, sleep disorders and relationships/sexuality will not have direct exposure in the clinical setting and learning will need to be part of your broader advanced physician training – for example as part of the videoconference training program, workplace-based assessments or planned through a different training site in prior or subsequent years’ training.

In the inpatient settings exposure and learning to themes covering common conditions such as cardiovascular and peripheral vascular disease will be expected and additional knowledge and skill development can be achieved with workplace-based assessments.

The consults role may have direct involvement with perioperative management of older persons with delirium under other surgical units which most commonly include general surgery, cardiothoracics and neurosurgery.

DOMAIN 5 – HEALTHY AGEING	Clinics	OPU/P1	P3	Consults	Orthogeriatrics	Jasmine
Theme 5.1 Primary and Secondary Prevention						
- Describe the key primary prevention strategies applicable to older people	✓	(✓)	(✓)	(✓)	(✓)	(✓)
- Describe secondary prevention strategies applicable to older people	✓	(✓)	✓	(✓)	✓	(✓)

Primary prevention is specifically addressed in outpatient clinics. At all times appropriate primary and secondary prevention measures are explored as part of comprehensive geriatric care.

DOMAIN 6 – PROFESSIONAL SKILLS	Clinics	OPU/P1	P3	Consults	Orthogeriatrics	Jasmine
Theme 6.1 Evidence Based Medicine						
- Apply an evidence-based and rational approach to the use of investigations and different treatment modalities	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)
Theme 6.2 Comprehensive Geriatric Assessment and Management						
- Perform a CGA	✓	✓	✓	✓	✓	✓
Theme 6.3 Aged Care Assessment Team (ACAT) & Community Services						
- Demonstrate a knowledge of the function of ACAT and describe the various aged care community services available	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)
- Effectively use locally available resources for assessing and providing care for older people in the community	✓	(✓)	(✓)	(✓)	(✓)	(✓)
Theme 6.4 Multidisciplinary Work in Geriatric Medicine						
- Provide medical leadership of the multidisciplinary team caring for older people		✓	✓	✓	✓	✓
- Know the place of and how to conduct family conferences		✓	✓	(✓)	✓	✓
Theme 6.5 Culturally and Linguistically Diverse (CALD) Backgrounds						
- Provide appropriate medical care for older people from CALD backgrounds	(✓)	(✓)	(✓)	(✓)	(✓)	(✓)
Theme 6.6 Ethical and Medico-Legal Issues						
- Describe ethical and medico-legal issues encountered in the care of older people	✓	✓	✓	✓	✓	✓
Theme 6.7 Discharge Planning						
- Demonstrate the knowledge and skills to plan the successful discharge of older patients from hospital	✓	✓	✓	✓	✓	✓
Theme 6.8 Palliative Care / End-of-Life						
- Demonstrate appropriate decision making related to palliative care and end-of-life care	(✓)	✓	(✓)	(✓)	✓	✓
Theme 6.9 Clinician as Manager						
- Describe the knowledge and skills required of a clinician with management responsibilities	✓	✓	✓	✓	✓	✓

Domain 6 is broadly addressed across all rotations with the exposure to areas such as evidence-based medicine (Theme 6.1) complemented by departmental and videoconferencing educational programs. Tasmania has a much lower percentage population of CALD background patients and while you will get exposure during your rotations, it may be lower than other training sites interstate. In Tasmania, geriatricians are not involved in direct assessment with ACAT/ACAS, however it is expected you will gain appropriate knowledge and skills relating to this theme (6.3) during all rotations.