

Learning Outcomes for GP ST Trainees in Care of the Elderly :

Learning outcomes	Professional competency areas	Suggested learning activities	Demonstrate achievement
Systematic approach to a patient with acute confusion. Good experience in diagnosing and treating multifactorial causes of delirium in the frail elderly.	Data gathering and interpretation. Clinical management, making diagnosis and decision making.	Ward based patients. CAM,MTS and MOCA tools.	Reflective practice-log entries.CBD and MiniCex.
Diagnosing dementia, liaison with old age psychiatry team where needed and good experience in discharge planning for the patients.	Clinical management , diagnosing and decision making. Regular board rounds and MDT for experience in discharge planning.	As above. Regular board rounds and MDT.	As above.
Some experience in judgement of capacity in a confused patient	Clinical management.	Ward based patients	CBD.
Procedure of consent in confused patients.	Clinical management.	Ward based patients.	Practical experience and discussing with Registrar or consultant if needed.
Alcohol withdrawal	Clinical management	Assessment of both alcohol overdose and acute alcohol withdrawal.	CBD,Mini Cex
Opiate toxicity	Clinical management	How to recognize opiate toxicity	CBD, Mini Cex

7)care of the acutely ill			
Escalation of care and resuscitation decisions	Holistic approach to patient care. Data gathering and interpretation.	Completing DNAR forms under supervision. Watch colleague breaking bad news.	Reflective practice, CBD.
Decisions regarding withdrawal of active treatment and communication with patient and family.	As above.	As above.	As above.
Recognising the dying patient.	Making diagnosis and decisions.	Certification of death on ward patients and filling in death certificate.	
End of life care	Making diagnosis and decisions with senior support.	Filling in LCP under close senior supervision.	
Good experience in Parkinson's disease and associated movement disorders including their complications.	Data gathering, interpretation and clinical management.	Daily ward work. Sitting in specialist PD clinics.	Mini Cex, CBD.
How to approach feeding issues eg: peg feeding in PD patients or end stage dementia.	Indications and contraindications of artificial feeding. Discussion of above to patient and family members along with senior member of the team.	Daily ward work.	CBD.
Multifactorial falls assessment.	Data gathering and interpretation, examination, diagnosis/management	Daily ward work and sitting in the specialist falls clinic.	Mini Cex, CBD.

