

# GP Specialty Training Programme

## Care of the Elderly/ Stroke Medicine

### GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that GPStRs work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	3.04
	3 18

### Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should refer to the RCGP curriculum in order to identify key learning areas.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

### Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- CEP assessments
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

### . Study Leave

Please refer to the Deanery website for guidance on study leave.

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor and applied for using the approved deanery forms. All Study leave has to be approved in advance and no retrospective study leave can be granted. The GP ST trainees are expected to attend the structured teaching programme on Wednesday afternoon.

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	CEPS
<b><u>Appreciation of important issues identified:</u></b>			
1. <b>Communication and Consultation Skills</b> e.g. with Uncooperative Patients, Sensory or cognitive impairment and ethical considerations using third party information. Maintain dignity.	✓	✓	
2. <b>What is Normal/Abnormal in aging e.g. frailty and importance of holistic care</b>	✓		
3. <b>Pharmacy</b> – Problems with polypharmacy and iatrogenesis	✓		
4. <b>Safeguarding Vulnerable adults</b> – Protocols and referral guidelines. Also social issues e.g isolation, neglect.	✓		
5. <b>Legal implications-</b> e.g - Mental capacity - Deprivation of Liberty - Power of Attorney - Court of Protection - Best Interests - Living Wills	✓		
<b><u>Knowledge of specific clinical areas:</u></b>			
- Stroke / TIA	✓	✓	
- Common infections (e.g.UTI),	✓	✓	
- Movement disorders , e.g Parkinson's Disease ,Gait abnormalities	✓	✓	
- Falls and fracture risk	✓	✓	
- Acute confusional state,	✓	✓	
- Dementia	✓	✓	
- Incontinence.			

	✓	✓	
– Common Cancers	✓	✓	
– End of life care	✓	✓	
- Mental Health Problems inc Psychological problems	✓	✓	
<b><u>Appreciation of Roles of Others</u></b>			
1.Specialist nurses e.g community matrons, district nurses	✓		
2.Specialist services e.g.	✓		
- Extensive care service			
- Falls service			
- Continence Advisory service			
- Discharge Planning			
- Speech and Language ( Swallowing )			
3.Voluntary Sector	✓		
- Age UK			
- N Vision			
- Alzheimer's UK			
- Parkinson's Society etc			
4.Social Care Services – including an awareness of the structure of services and nursing/ care home and day care provision	✓		
5.Rehabilitation Services ( Primary and Secondary Care) – e.g. OT, Physio,	✓		
	CbD	Mini-CEX	DOPS
<b><u>Specific Skills:</u></b>			
1. Dementia Assessment ( e.g. 6-CIT screening tool)			✓
2. MUST assessment			✓
3. Depression Identification		✓	

## How the GPStR can learn

### **LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Outpatient Clinics** – Seeing the type of patients commonly referred by GPs and their management
2. **Specialised Clinics** e.g. Parkinson's Disease, Falls, Continence, etc
3. **Acute Receiving** – for exposure to acutely unwell older adults
4. **Case Based Discussion/Case Presentations** – These should take a particular focus. eg Follow a patient from admission to discharge
5. **Formal Teaching Sessions**
6. **Teaching Ward Rounds**
7. **Discharge Planning-**

# GP Specialty Training Programme

COTE/STROKE

**Educational Plan** From: ..... To: .....

GPStR: .....

email: .....

Clinical Supervisor: .....

email: .....

Educational Supervisor: .....

email: .....

**Learning Needs Identified:**

**How will these be addressed?**

Assessment Planner		
Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
CbD 3		
Mini-CEX 1		
Mini-CEX 2		
Mini-CEX 3		
CEPS		
CEPS		
Additional		

**Signed & agreed:**

<b>GPStR:</b>		<b>Date:</b>
<b>Clinical Supervisor:</b>		<b>Date:</b>

