

Geriatrics

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Introduction

On June 24, 2008, The National Board of Health and Welfare (Socialstyrelsen) decided to issue new regulations and general guidelines for doctors' specialist medical training (SOSFS 2008:17). The statute consists of a general part with common provisions for all specialties and a specific part with all the descriptions of objectives. The description of objectives for the respective specialties should be understood against the background of the provisions in the general part.

In each description of objectives, there is a section headed 'Training structure' which constitutes general guidelines. The teaching methods under the heading 'Intermediate objectives' where no follow-up is indicated also constitute general guidelines.

Explanation of terms

current mentor

a specialist doctor whose specialist competence corresponds to the area of competence indicated by the intermediate objective, and who is responsible for ST doctors's professional development during the teaching period or for the method of teaching indicated

the assignment as a mentor for an ST doctor generally encompasses the entire period of specialist training but can also encompass part or parts of it

auscultation

during mentoring, and in accordance with a pre-designed programme, to study the profession of a specialist doctor or other health care staff by following one or several professionals, as well as carrying out assignments in the relevant area to a certain extent

evaluate

to form a sound opinion of a patient or similar person as a basis for further management

master

being fully able to evaluate and handle the medical investigation, diagnostics, treatment, and follow-up of a patient or similar person, and being fully able to use the techniques relevant to the area

capability

personal capacity to execute or perform a task

have understanding

having acquired knowledge and insight into an area through theoretical studies and/or practical exercise of the profession

have knowledge

having acquired some knowledge in an area through theoretical studies and/or practical exercise of the profession

mentoring under supervision

as an ST doctor, mentor a co-worker while simultaneously being mentored by a doctor with specialist competence

mentor

continuously, and in dialogue form, supporting and guiding, as well as evaluating, a co-worker's professional development

mentoring

see mentor

handle

to actively carry out measures regarding investigation, diagnostics, treatment, and follow-up of a patient or similar person, and have overall responsibility for carrying out these measures

initially handle

as the primary physician in charge, to actively carry out measures regarding investigation, diagnostics, treatment, and follow-up of a patient or similar person, and have overall responsibility for carrying out these measures

initially evaluate

as the primary physician in charge, to form a sound opinion of a patient or similar person as a basis for further management

intraprofessional group reflection

reflection done in a group together with other doctors, chiefly for the purpose of further education and training

clinical service

health and medical care duties that ST doctors perform under their own professional liability and with the support of a mentor

course

teacher-led training with an established plan, given during a defined period of time

sitting-in

training activity involving an ST doctor observing when a specialist doctor or other health care staff holds a consultation

or

assessment activity involving a specialist doctor or other health care staff observing and evaluating ST doctors during a consultation

seminar

instruction in group form with active participation

training in a simulated environment

training carried out in an environment created to emulate reality

large professional assembly

conference, congress, symposium or similar event

health care centre

health care unit in primary care

health care team work

work where ST doctors, under supervision, participates in and sometimes leads a group of co-operating health care staff with various competencies charged with responsibility for care for an individual patient or group of patients

General definition of competence

Definition of area of competence

The specialty of geriatrics covers knowledge and skills in independently being able to investigate, diagnose, treat, and follow up acute and chronic conditions in the elderly, as well as knowledge of normal aging and its consequences for functional ability and vulnerability. Geriatrics also means observing several simultaneous illnesses and impairments, as well as assessing the gains from treatment from an individual perspective. Geriatric health care aims at minimizing the limitations in the ability to stay active that arise as a consequence of illness and aging. Geriatrics implies a focus on the patient's entire situation: medical, functional, psychological, and social. Work on a team with coordination of efforts between various occupational groups is necessary in order to meet the elderly patient's complex needs. The area of competence is further characterised by an interprofessional approach where co-ordination of efforts among various forms of health care and responsible authorities is required. This presupposes knowledge of the organisation and operating methods of health care services.

Competence requirements

Competence requirements for medical competence

Specialist competence in geriatrics requires knowledge and skills in order to be able to handle older patients with multiple illnesses. Furthermore, the ability to understand the older patient's complex clinical profile, with functional handicaps and an impact on their social situation, is required.

Specialist competence in geriatrics also requires basic knowledge in gerontology and understanding of how normal aging impacts the symptoms and course of an illness, as well as effects of treatment.

Moreover, specialist competence in geriatrics requires knowledge in medical ethics, and being able to prioritise primary and secondary preventive measures. It also requires medical knowledge of internal medicine, orthopaedic, neurological, psychiatric, and surgical illnesses. The ability to evaluate rehabilitation needs and the effects of various efforts on an elderly individual is crucial. Beyond that, competence in palliative care is required, as is mastering medicinal treatments for the elderly.

Specialist competence in geriatrics requires the ability to cooperate with various health care providers and professional categories. In addition, knowledge of the organisation of elder care, as well as the relevant laws and ordinances for geriatrics, is required.

Competence requirements for communicative competence, leadership competence and competence within medical science and quality work

Communicative competence

The equal and responsible patient

Doctors with specialist competence must be capable of dialogue and of maintaining open contact with patients and their next of kin. Contact should be characterised by empathy and trust, as well as respect for patients' right to information, influence, and participation in decisions. Contact should also be characterised by co-operation and sensitivity to the patients' needs, desires and right to self-determination, as well as providing incentive for patients' involvement in, and responsibility for, their own care.

Multicultural and gender aspects

Communication with patients and their next of kin should be characterised by understanding and respect for cross-cultural and multicultural aspects such as age, language, ethnicity, sexual orientation and religion, as well as gender.

Interprofessional relations

Doctors with specialist competence must be capable of communicating, both in writing and orally, with other doctors and co-workers showing respect for their professional knowledge and competences. The same applies to contact with representatives of the public and various civil authorities.

Pedagogical skills

Doctors with specialist competence must have pedagogical capability in order to inform and instruct not only patients and their next of kin, but also other doctors and co-workers, as well as students.

Professional approach and ethics

Doctors with specialist competence must be capable of working continuously with their professional and medical ethical approaches, with the objective of being able to make independent decisions of a medical ethical nature.

Individual professional development

Doctors with specialist competence must be capable of continually examining and identifying their own needs for professional development, in addition to operational requirements, in order to be able to meet requirements for the best possible patient care.

Leadership competence

Collaboration

Doctors with specialist competence must have a developed capability for self-knowledge and an understanding of their own functions and roles in the organisation.

Mentoring skills

Doctors with specialist competence must be capable of mentoring other doctors and co-workers, as well as students.

Leadership

Doctors with specialist competence must be capable of leadership characterised by collaboration, openness, and dialogue with co-workers. Leadership must further be characterised by participation and activity development aimed at improvement. The ability to lead the work of the health care team is essential.

System knowledge

Doctors with specialist competence must have an understanding of the organisation, administration, financial and regulatory systems of health care, as well as its governance, in order to make the best use of resources.

Competence within medical science and quality work

Medical science

Doctors with specialist competence must be capable of adopting a medically scientific outlook and approach, and must have knowledge of research methodology, including basic epidemiological concepts, as well as of methods for evidence-based medicine and review of scientific information.

Improvement and quality work

Doctors with specialist competence must have an understanding of, and competence in, evidence-based improvement and quality work. The objective is to be able to initiate, participate in, and be responsible for continuous systematic improvement work with emphasis on a holistic perspective, patient safety, patient benefit, measurability, and teaching management in order to be able to review and evaluate their own operations.

Public health and prevention

Doctors with specialist competence must have an understanding of the factors determining health, other aspects of public health, and methods for promoting health and efforts aimed at preventing injury and illness, in order to be able to take this understanding into account in medical scientific work.

Training structure

It is best that the main part of the training in geriatrics take place through service within the doctor's own specialty. Simultaneous additional training should cover service within internal medicine and psychiatry and, beyond that, service within one or several other areas of competence.

The best theoretical training would take place in the form of courses, professional assemblies, and studies of the literature. During the introductory part of the service, ST doctors should obtain theoretical training in gerontology and common medical conditions among the elderly. Continued theoretical training should be adjusted to clinical service as regards time and content.

To acquire a scientific outlook and approach, it is of great importance that ST doctors carry out project work. For this work, ST doctors should have the opportunity to choose a scientifically qualified mentor at a university clinic.

The clinical service should be begun at a geriatrics unit with a focus on general geriatrics. The service should provide experience in stroke and fracture rehabilitation, palliative care, cognitive dysfunction, and acute and chronic medical conditions within general geriatrics. Service at individual residences and in other forms of outpatient care should be included in the training.

If any of the above parts of the training cannot be supplied by the parent clinic, that part should preferably be carried out at another clinic. It can be advantageous to complete clinical service within the specialists' own operations, as ST doctors then get the opportunity for more advanced job assignments.

Simultaneous additional training aims at giving ST doctors the necessary knowledge of common conditions in the geriatric patient, but which are mainly handled within other units. During simultaneous additional training in an internal medicine unit, it is suitable for ST doctors to immerse themselves in the medical conditions that are common for the elderly within cardiology, respiratory medicine, stroke, renal medicine, endocrinology, and gastroenterology. Service in an emergency clinic is also important. Simultaneous additional training within psychiatry should include general geriatric psychiatry and cognitive disorders, if they cannot be supplied within the main part of training.

Special recommendations

The specialty associations and sections of the medical organisations have formulated special recommendations for their own specialties. The recommendations concern such issues as how specialist medical training should be structured.

Intermediate objectives

Medical competence

Intermediate objective 1	Teaching methods	Follow-up
To have an understanding within gerontology in order to be able to evaluate the functions of an aging person, changed symptoms and changed conditions for prevention, diagnostics, treatment, and rehabilitation	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Sitting-in	
	Theoretical studies	

Intermediate objective 2	Teaching methods	Follow-up
To be able to handle older patients with multiple illnesses from a comprehensive viewpoint and regarding their medical, functional, psychological, and social situations	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course	Certificate of successfully completed course, issued by course leader
	Sitting-in	
	Theoretical studies	

Intermediate objective 3	Teaching methods	Follow-up
To have an understanding of medical ethics and to be able to supply optimal diagnostics and treatment for the older patient	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Intraprofessional group reflection	
	Theoretical studies	

Intermediate objective 4	Teaching methods	Follow-up
To be able to handle common somatic and psychological illnesses and symptoms in the acute and the chronic stage in older patients, with regard to impaired organ function, multiple illnesses, and individual gains from treatment	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Theoretical studies	

Intermediate objective 5	Teaching methods	Follow-up
To have an understanding of the effects of aging on pharmacokinetics and pharmacodynamics in the medicinal treatment of the elderly	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Theoretical studies	

Intermediate objective 6	Teaching methods	Follow-up
To be able to evaluate the need for rehabilitation, coordinate rehabilitation efforts, and assess rehabilitation results, and to have knowledge of the areas of competence of various team members	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Health care team work under supervision	
	Theoretical studies	

Intermediate objective 7	Teaching methods	Follow-up
To be able to handle older patients with palliative needs	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Health care team work under supervision	
	Sitting-in	
	Theoretical studies	

Intermediate objective 8	Teaching methods	Follow-up
To have an understanding of how common conditions in the elderly are handled within adjacent specialties, and to be able to evaluate when a patient should be referred further to another specialty	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Sitting-in	
	Theoretical studies	

Intermediate objective 9	Teaching methods	Follow-up
To be able to handle medical conditions in the elderly within various forms of health care	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor

Intermediate objective 10	Teaching methods	Follow-up
To have an understanding of the health risks and illness panorama for elderly people, and to be able to handle prioritising primary and secondary preventive efforts	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course or large professional assembly	Certificate of successfully completed course, issued by course leader
	Theoretical studies	

Intermediate objective 11	Teaching methods	Follow-up
To have an understanding of the organisation of elder care, and to master cooperation with other health care providers	Clinical service under supervision in a unit where such operations are practised	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Theoretical studies	

Intermediate objective 12	Teaching methods	Follow-up
To master the application of laws and ordinances that concern health care and treatment of the elderly	Clinical service under supervision in a unit that handles these conditions	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Theoretical studies	

Communicative competence

Intermediate objective 13	Teaching methods	Follow-up
To be capable of dialogue and open contact with patients and their next of kin	Clinical service under supervision in a unit where such operations are practised	Certificate of approved clinical service and competence achieved, issued by current mentor

Intermediate objective 14	Teaching methods	Follow-up
To be capable of communication, both oral and written, with other doctors and co-workers	Clinical service under supervision in a unit where such operations are practised	Certificate of approved clinical service and competence achieved, issued by current mentor
	Health care teamwork under supervision	

Intermediate objective 15	Teaching methods	Follow-up
To be capable of informing and instructing patients, next of kin, other doctors, and co-workers, as well as students	Clinical service under supervision in a unit where such operations are practised	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Instruction under supervision	
	Theoretical studies	

Leadership competence

Intermediate objective 16	Teaching methods	Follow-up
To be capable of mentoring other doctors and co-workers, as well as students	Clinical service under supervision in a unit where such operations are practised	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course	Certificate of successfully completed course, issued by course leader
	Mentoring under supervision	
	Large professional assembly	

Intermediate objective 17	Teaching methods	Follow-up
To be capable of leading using collaboration and dialogue with co-workers as well as within the health care team	Clinical service under supervision in a unit where such operations are practised	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course	Certificate of successfully completed course, issued by course leader
	Mentoring under supervision	
	Large professional assembly	

Intermediate objective 18	Teaching methods	Follow-up
To have an understanding of the organisation, management and regulatory systems of health and medical care	Clinical service under supervision in a unit where such operations are practised	Certificate of successfully completed clinical service and competence achieved, issued by current mentor
	Course	Certificate of successfully completed course, issued by course leader
	Large professional assembly	
	Theoretical studies	

Competence within medical science and quality work

Intermediate objective 19	Teaching methods	Follow-up
To be capable of a medically scientific outlook and approach	Course	Certificate of successfully completed course, issued by course leader
	Written individual work under supervision according to scientific principles	Certificate of approved written individual work issued by current mentor
	Large professional assembly	
	Theoretical studies	

Intermediate objective 20	Teaching methods	Follow-up
To have an understanding of, and competence in, evidence-based improvement and quality work	Course	Certificate of successfully completed course, issued by course leader
	Quality and development work under supervision	Certificate of quality and development work issued by current mentor
	Large professional assembly	