
SPECIAL SKILLS PLACEMENT – GERIATRIC EMERGENCY MEDICINE

1. PURPOSE AND SCOPE

The purpose of this guideline is to outline the minimum criteria for the accreditation of a Geriatric Emergency Medicine placement.

2. SUPERVISOR

The supervisor(s) should have a minimum of 3 years post Fellowship experience and expertise in Geriatric Emergency Medicine.

The supervision will be provided by a suitably qualified FACEM or with a Geriatrician co-supervisor. The supervisor must be employed at a minimum of 0.5FTE and work clinically within the emergency department. The site is required to demonstrate a supervisory model that ensures the trainee is sufficiently supported throughout the placement, which includes minimum once a week face to face meeting and access to the supervisors as and when required.

The supervisor must have regular contact with the Director of Emergency Medicine Training (DEMT) at that hospital or within their network to ensure mutual understanding of the requirements of ACEM trainees. The supervisor must remain up to date with the requirements of the FACEM Training Program.

3. PLACEMENT STRUCTURE

The placement may be undertaken for 3-6-months at 1.0 FTE or 6-12 months at 0.5 FTE with clinical time making 60-65% of the placement.

For clinical activities, the sites should be able to offer a variety of cases to ensure that trainees can access all the training requirements as listed in the learning objectives. It is desirable for trainees to have exposure to a variety of acute geriatric services, which may include:

- Assisting with complex GEM presentations in the ED
- Access to inpatient and community geriatric services, including geriatric specialist registered nurse and allied health staff such as physiotherapists and pharmacists
- Access to inpatient and community palliative care services
- Access to a variety of outpatient and community geriatric services such as:
 - Falls and Dementia/Memory clinics
 - Hospital in the home (HITH) services specific to the geriatric population
 - Consultation services for aged care facilities
 - Prehospital paramedic services.

Non-clinical activities include, but are not limited to, completion of a project focusing on GEM. It is highly desirable that the project findings are presented at a local meeting and/or published. Other non-clinical activities may include:

- Completion of the online modules at Geri-EM or similar sites recognised by the college

- Attending and performing education sessions relevant to the special skills post
- Writing and reviewing relevant guidelines
- Attending and participating in conferences, meeting and workshops for geriatric emergency medicine including RACF and palliative care
- Involvement in larger relevant projects through the ACI (Agency for Clinical Innovation) or MoH.

4. DEMOGRAPHICS

Senior medical staffing should be available to provide onsite direct clinical supervision for trainees. Ideally, a minimum of 20% of the ED presentations should be over the age of 65 years unless there are determinants other than the patient's chronological age, including physiological, pathological psychosocial, and social factors. There should be an inpatient geriatric unit present with onsite geriatrician support who will be available to support the trainee on a regular basis.

5. LEARNING OBJECTIVES

Through the placement training and education program, the site will support the trainee to successfully meet the requirements of the term in alignment with the ACEM Training Program curriculum.

5.1 Medical Expertise

- Medical assessment of older patients with a particular understanding of the complexity of the non-specific and common geriatric presentations; specific and general medical and surgical conditions.
- Specifically:
 - Understanding the variations/changes in anatomy, physiology, and pharmacokinetics and pharmacodynamics in older patients
 - Frailty
 - Falls
 - Delirium
 - Medication related issues (polypharmacy, de-prescribing)
 - Pain assessment and management
 - End of life care
 - Pressure injury
 - Incontinence
- Resuscitation of critically ill or injured older patients (Sepsis, shock, trauma, stroke care)
- Geriatric toxicology
- Elder abuse, mistreatment and neglect
- Cognition and behavioural issues including:
 - Screening, assessment and management
 - Dementia
 - Psychogeriatric including (Behavioural and Psychological Symptoms of Dementia)
- Role of rehabilitation and allied services in the care of older patients

- Integrated care approaches of the care of older patients including clinical handover, community programs and RACFs.

5.2 Prioritisation and Decision Making

- Palliative Care and End of life care issues:
 - Decision making regarding goals of care as well as Advance Care Planning
 - Palliative care in chronic disease.

5.3 Communication

- Develop good rapport with patients, their families/carers and clinicians involved in the care of older patients
- Develop strategies to professionally handle difficult conversations, communicate management and treatment plans to patients and their caregivers
- Develop adequate and professional documentation skills, especially documentation around discussions and decisions regarding advance care planning and end of life care
- Liaise with community caregivers (GPs, nursing home staff, community pharmacy, and paramedics) and provide clear, concise and effective two-way communication.

5.4 Teamwork & Collaboration

- Collaborate with other inpatient teams to develop management plans
- Work with the allied health staff in ED and the wards
- Work with the community caregivers to provide a smooth transition of patients from community to ED/hospital and back
- Collaborate with a GP and/or local RACF to better understand the needs of their transferred residents.

5.5 Leadership & Management

- Review errors and adverse events to improve older patient safety and outcome, e.g. participating in morbidity and mortality meetings
- Develop GEM leadership skills in the ED and the hospital.

5.6 Health Advocacy

- Recognise limitations of curative treatment and end of life issues, and develop the ability to discuss these with family members
- Show commitment to the best interests of GEM patient and the profession by recognising and respecting cultural diversity
- Demonstrate the skills required to deliver patient-centred care with dignity to older people from diverse cultural backgrounds
- Balance patient autonomy with best clinical practice
- Understand the unique and special requirements of RACF residents

- Recognise elder abuse and understand clinical pathways for management. Elder abuse includes physical, psychological, sexual, financial abuse. Meet with local police and elder abuse advocates.

5.7 Scholarship & Teaching

- Undertake self-reflection to aid learning, and to plan immediate and future education with their supervisor
- Identify learning points from experience(s) during a shift that will enhance GEM practice
- Describe the clinical relevance of a published article applicable to the care of older people in ED including Emergency Medicine Australasian Acute Geriatrics series
- Undertake a project in collaboration with supervisor regarding the care of GEM patients in the ED
- Understand Clinical Care Standards relevant to older people including delirium and hip fracture.

5.8 Professionalism

- Understanding legal principles like obtaining informed consent from patients or family members, where appropriate; the role of guardianship and power of attorney
- Independently analyse own workplace behaviour and implement corrective strategies to modify behaviour when necessary
- Proactively seek, accept, and constructively respond to feedback regarding procedural, clinical and communication skills.

The site will provide appropriate activities and learning opportunities to meet the specified learning outcomes listed above.

6. ACTIVITIES / DUTIES

The activities/duties that a trainee undertakes within the placement must reconcile with its set learning objectives. For each learning objective, there should be documented activities/duties being undertaken in order for the trainee to achieve those goals.

6.1 Education Program

The site will outline the education program delivery that addresses the learning outcomes of the placement and specify the activities against those outcomes. Specifically, the education program should include:

- The structure of the GEM Program
- How this program satisfies the learning outcomes
- Governance and resources that will support the delivery of the program
- How the activities of the education program will be supervised, e.g., teaching in clinical and educational settings
- A range of platforms for the delivery of education including but not limited to workshops, active learning, Simulation, didactic teaching, online learning modules

- Fostering and encouraging interprofessional education delivery and collaboration with the nursing and allied health staff
- Running a monthly journal club.

7. SUPERVISION AND ASSESSMENT

Regular formal contact with the FACEM supervisor is required throughout the placement. An initial orientation meeting at the start of the placement is required to ensure the trainee understands the learning objectives, how they will be achieved, and how feedback will be given. The trainee will be under the close supervision of the on-duty specialist.

7.1 Learning Portfolio and Logbook

The trainee is required to maintain a Learning Portfolio in which all learning outcomes are documented in the ACEM Learning and Development Plan (LDP). The trainee describes the activities they will perform to achieve the learning outcomes during their placement. The trainee is also required to keep a log book of the cases they have been involved in (mandatory 400 cases over a 6-month term).

The trainee describes the activities they will perform to achieve the learning outcomes during their placement. In addition, the following should be included in the LDP:

- a list of educational sessions delivered and/or attended
- a list of supervisor meetings
- any other related activities.

The Portfolio has the following functions:

- It provides trainees with a personal record of the education and training experiences that contribute to the requirements for satisfactory completion of the geriatric component of the curriculum plus the special skills that form the core competence to manage older patients as a whole and not just in ED.
- It will be used by Supervisors to monitor the trainee's experience to ensure it is appropriate for their level of training, and to aid them in providing an informed completion of the trainee's ITA.
- The information may be used by the accreditation inspection team to determine if the SSP meets accreditation guidelines for ongoing accreditations.
- The learning portfolio can be completed using the Learning Development Plan (LDP) available in the training portal. Alternatively, a trainee can upload their own document when the ITA is submitted.

7.2 In-Training Assessment (ITA)

An in-training assessment must be completed every three months.

8. DOCUMENT REVIEW

Timeframe for review: every two (2) years, or earlier if required.

8.1 Responsibilities

Document authorisation: Council of Education

Document implementation: Executive Director, Training
Document maintenance: Manager, Accreditation

8.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
00-1	Mar 2020	New
00-2	Feb 2022	Amended to provide better definition of the SSP structure and more specific learning objectives.
01	Sep 2022	Approved

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