Geriatrics in UK vs Norway

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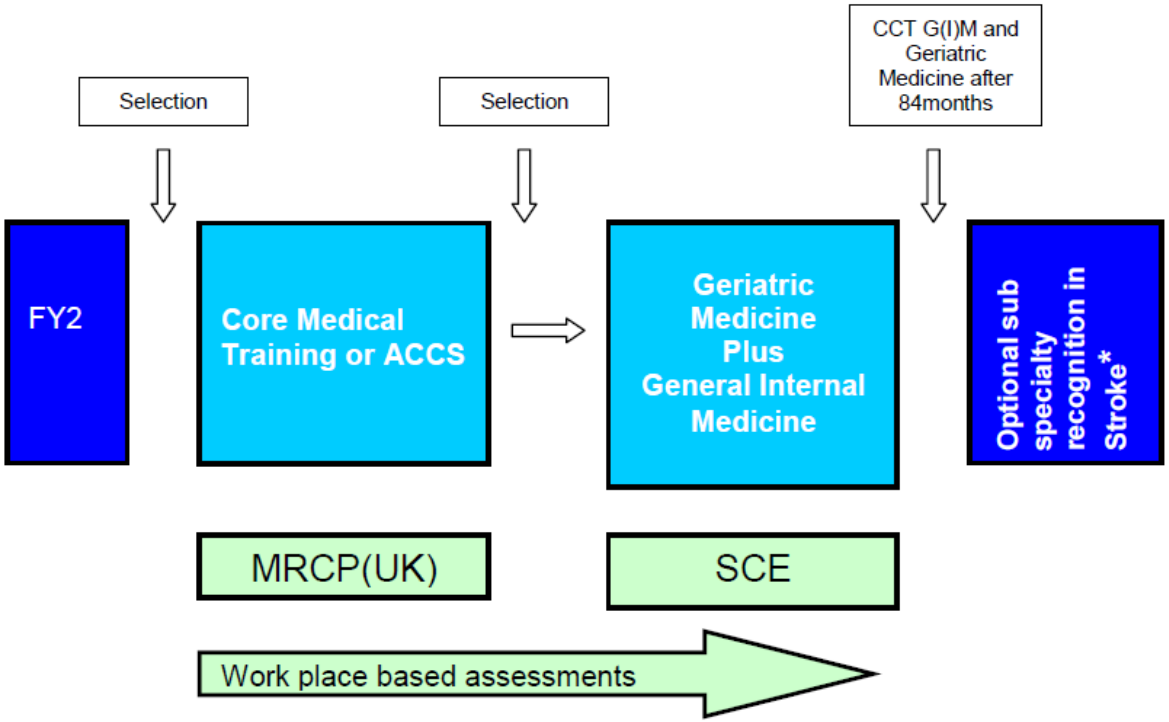
Overview

- Geriatric training in UK
- Life of a geriatrician in UK
- Similarities and differences

Geriatric training

Fig.1
Diagrammatic representation of Geriatric Medicine and G(I)M curricula



Geriatric training

- 2 years foundation doctor (turnuslege)
  - 4-6 departments/specialities
- 2 year core medical training (LIS)
  - 4-6 medical specialities
  - MRCP exam (internal medicine)
- 5 years specialist geriatric training (assistantlege)
  - 4-5 hospitals (1 year university hospital)

Geriatric training

- 5 years specialist training (assistantlege)
  - 70/30 geriatric and internal medicine
  - Mostly in general geriatrics
  - Some time in stroke & orthogeriatrics
  - Attachments (hospitering) old age psychiatry, palliative care & continence
  - 150 clinics
    - Geriatric, internal medicine, movement disorders, falls/syncope & bone health

Geriatric training

- 5 years specialist training (assistantlege)
  - Out of programme experience opportunity
    - Research
    - Sub speciality training
    - Overseas experience
  - 10 geriatric study days in a year
  - Required to complete courses in research methodology, teaching and management.
  - Assessments to complete, with an annual review of progression
  - Completion exam

Geriatric training

3.2.1 Basic Science and Biology of Ageing

Trainees should be able to explain:

- The process of normal ageing in humans
- The effect of ageing on the different organ systems and homeostasis
- The effect of ageing on functional ability
- Demographic trends in UK society
- The basic elements of the psychology of ageing
- Changes in pharmacokinetics and pharmacodynamics in older people
- Ageism and strategies to counteract this

3.2.2 Common Geriatric Problems (Syndromes)

Trainees should be able to describe the types of multiple pathology encountered particularly in older people and the effect this has on the presentation (e.g. specific or non-specific) and management of illness in old age. This is of particular importance in the following areas where non-specific presentation may occur:

- Falls and syncope assessment - including fractures and osteoporosis
- Immobility - including locomotor disorders and Parkinson's disease
- Incontinence - urinary and faecal
- Delirium and dementia

Geriatric training

3.2.3 Presentations of Other Illnesses in Older Persons

Older people can present with a wide array of symptoms. Trainees should be able to define the causes, pathophysiology, clinical features, laboratory findings, treatments, prognosis and preventative measures for the following common problems and presentations in old age. This list is a suggested, but by no means exhaustive range of presentations that trainees should encounter during their training, and be able to demonstrate competence in managing them.

- **Cardiovascular** e.g. chest pain, arrhythmias, hypertension, heart failure
- **Respiratory** e.g. dyspnoea, haemoptysis, infection
- **Gastrointestinal** e.g. dysphagia, vomiting, altered bowel habit, jaundice
- **Endocrine** e.g. hyperglycaemia, thyroid dysfunction, hypothermia
- **Renal** e.g. fluid and electrolyte imbalance, renal failure, infection, lower urinary tract symptoms
- **Neurological** e.g. seizures, tremor, altered conscious level, movement disorders, speech disturbance
- **Sensory loss** e.g. impaired vision and hearing, neuropathy
- **Psychiatric** e.g. dementia, depression, delirium, anxiety, sleep disturbance
- **Dermatological** e.g. pruritus, rashes, leg ulcers and pressure sores
- **Musculoskeletal** e.g. joint pain and stiffness, degenerative joint disease
- **Non-specific** e.g. dizziness, fatigue, anaemia, suspected abuse
- **Weight loss and Malnutrition**

Life of a geriatrician

- UK 1,242 consultants & 550 trainees
- Most hospitals have minimum 5-6 consultants
  - General geriatrics
  - Acute geriatrics
  - Stroke
  - Orthogeriatrics
  - Community geriatrics
- Nearly all work in geriatrics and internal medicine

Life of a geriatrician

- Often have a subspecialty interest
  - Falls & syncope
  - Movement disorders
  - Dementia
  - Bone health
  - Peri-operative medicine
  - Onco-geriatrics
  - Community geriatrics

Life of a geriatrician

08.30	Arrive on the ward and prepare for the daily “Board Round”, where the multidisciplinary team briefly discusses all patients on the ward, checking their progress and discharge plans.
09.00	Start a ward round. Twice a week this is led by a consultant and on other days by me. We review each patient, their progress with treatment, any recent investigations and medications.
11.30	Multidisciplinary team meeting. Detailed meeting with nursing team, discharge team, OT, PT, social services and medical team. We discuss each patient in detail, reviewing their progress with medical treatments, rehabilitation goals and discharge planning.
12.30	Departmental teaching from consultants with lunch.
13.30	**General Geriatric Clinic** – cases referred to us can vary but typically could include people suffering falls, cognitive impairment or non-specific symptoms that their GP feels would benefit from a thorough assessment. **If not in clinic** - the afternoon would be spent helping out juniors on the ward, meeting with patients and their families to discuss their progress and discharge plans or reviewing patients on other wards who have been referred by other specialities.

Life of a geriatrician

- Working week
  - 3 ward rounds
  - 2 clinics (am or pm)
  - 1 MDT
  - Non-clinical (meetings, teaching, etc)
  - On-call (vakt)
  - 1-2 departmental teaching sessions

Life of a geriatrician

- Ward rounds
  - 18-20 patients
  - Together with turnus/LIS/assisantlege
  - Nurse (if lucky)
  - Written notes!
- Clinics
  - 20/40 minutes

Life of a geriatrician

- Financial incentives to provide ‘good quality’ care
- Development of new sub-specialities

Similarities

- Holistic approach
- MDT approach (work closely with nurses, physio and occupational therapy)
- Stroke is mainly geriatric run
- Work closely with other specialities

Differences

- Rehabilitation
- Discharge planning
- Dementia
- ‘Social admissions’


Any questions?