

## Experiential Learning

### Maximising Geriatric Medicine Higher Specialty Training (HST) in the Pandemic

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The pandemic presents a once in a lifetime clinical experience for trainees and trainers alike.

The impact of the COVID-19 pandemic on training across all specialties remains unclear, though disruption is expected. However, early insights from those geriatric medicine trainees and trainers supporting COVID-19 cohort specific wards highlights an abundance of although challenging, highly applicable and varied training opportunities. The emergence of necessity for careful discussions around escalating care, robust palliative care knowledge and appreciation for homeostasis without previously encouraged 'hands-on' clinical approaches indicates a close alignment with the Geriatric Medicine HST.

This document is designed to highlight alignment of COVID-19 specific learning opportunities with the Geriatric Medicine HST (JRCPTB Geriatric Medicine Curriculum - Updated 2016):

Domain	Assessment Type	Focussed Opportunities To Explore
<b>Common Competencies</b>	Mini-CEX CBD	<b>Infection Control</b> PPE, minimising MDT exposure through joint working and contribution to nursing and HCA daily tasks during ward round.
		<b>Breaking Bad News</b> Utilising advanced communication skills to triangulate clinical plans with family members, discuss advanced care planning and provide communication in last days (via telephone, video media etc.).
		<b>Principles Of Medical Ethics and Confidentiality</b> Managing lines of communication with families, best interest decision making re: respiratory support specifically and de-escalation of care where appropriate (specifically NIV/CPAP).
		<b>Ethical Research</b> Engage with recruiting COVID-19 trial research primary investigators and research nurses (e.g. RECOVERY trial).
		<b>Teaching &amp; Training</b> Utilise opportunities for presenting cases and learning experiences with infectious diseases colleagues (joint MDT opportunities) and take a lead in supporting learning for IMT and FY colleagues.
<b>Comprehensive Geriatric Assessment</b>	Mini-CEX CBD ACAT	<b>Factors influencing health status of older people</b> Daily appraisal of clinical progress in COVID-19 positive patients.
		<b>Be aware of and recognise age discrimination within healthcare systems</b> Process of advocacy both on admission, during stay and on discharge.
		<b>Diagnostic skills in the context of complex multi-system pathologies</b> COVID-19 causes multi-organ dysfunction and the 'cytokine storm' requires early recognition and strong supportive care.
		<b>Functional status evaluation</b> Accuracy is imperative and careful collateral to ensure accuracy of CFS is advised.
		<b>Collaborative working</b> Mandatory at all times, MDT approach leads to joint up COVID-19 working, helping to minimise premature discharge and improve transfers of care.

Domain	Assessment Type	Focussed Opportunities To Explore
<b>Diagnosis &amp; Management of Acute Illness</b>	Mini-CEX CBD ACAT	<b>Management of older patients in Critical Care Units</b> Both prior to ITU step-up and step-down, unique opportunities to support critical care colleagues.
		<b>Secondary complications of acute illness in older people</b> COVID-19 associates with coagulopathy, secondary sepsis, complications of immobility and a host of other downstream sequelae. If complications occur, robust advanced care planning is needed.
		<b>To communicate empathetically with carers of a seriously ill older patient regarding prognosis</b> Regular exposure to this competency and often requires multiple conversations, opportunities for SpRs and Cons to engage at intervals with families and debrief.
		<b>Diagnostic uncertainty</b> COVID-19 increases the risk of sudden death. Managing, communicating and dealing with this uncertainty is an important skill to develop.
<b>Planning Transfers of Care, Including Discharge</b>	Mini-CEX CBD ACAT MSF	<b>Variety of resources available following discharge</b> In the early COVID-19 pandemic period, these resources were limited, evolving and a clear understanding of infection risk, isolation procedures and avenues to support patients and families improves.
		<b>Planning skills</b> Resource allocation can be stretched, therefore early planning and acknowledgement for improvement can facilitate timely discharge.
		<b>MDT planning meetings</b> These are regular and primarily about function and discharge planning. Additionally, they help ensure OOH nursing teams are aware of treatment plans.
<b>Delirium</b>	Mini-CEX CBD	COVID-19 causes delirium, can be severe and infection prevention procedures restrict usual management approaches.
<b>Dementia</b>	Mini-CEX CBD	Supporting COVID-19 patients with dementia presents unique challenges, particularly around ensuring personalised care, reassuring relatives and discharge planning.
<b>Continence, Falls, Poor Mobility</b>	Mini-CEX CBD	These domains are all associated with greater challenges in a COVID +ve cohort ward, constipation, higher risk of falls and greater associated dependency (due to limited exertional exercise tolerances) are common examples of the specific relevance.
<b>Nutrition</b>	Mini-CEX CBD	Nutritional assessment tool exposure and consideration for daily food and fluid charts is helpful to monitor trends in treatment response. Remote liaison with dietetics presents challenges and requires greater clarity on specific indications for input.
<b>Homeostasis</b>	Mini-CEX CBD	<b>Changes in fluid and electrolyte homeostasis and thermoregulation</b> Highly relevant daily, necessitate consideration for insensible losses (regular and persistent pyrexia a challenge).
		<b>Acid-base abnormalities</b> Greater necessity for sampling both for respiratory and sepsis indications – interpreting anion gaps, explanations for metabolic acidosis and careful escalation of T1 and T2 respiratory failure are crucial skills to demonstrate.
		<b>Ability to manage and lead cardiac arrest</b> Both full and peri-arrest scenarios, consideration for PPE and protecting team as COVID-19 increases the risk of a cardiac arrest and a worse outcome is more likely.
<b>Palliative Care</b>	Mini-CEX CBD	Complex and unpredictable symptom profiles, widened appreciation for available agents needed (AKI predominates in COVID-19, therefore greater understanding of renal and non-renal excreted agents is helpful).
		Bereavement care has logistical challenges and requires senior MDT members to support nursing staff in particular during notification to relatives.
		<b>Appreciation for personal, cultural and religious background</b> Liaison via various approaches with hospital chaplaincy team for spiritual care.

NB: This list is far from exhaustive but designed to encourage engagement and innovation.  
This approach should be supported with a **Pandemic PDP**.