

Background

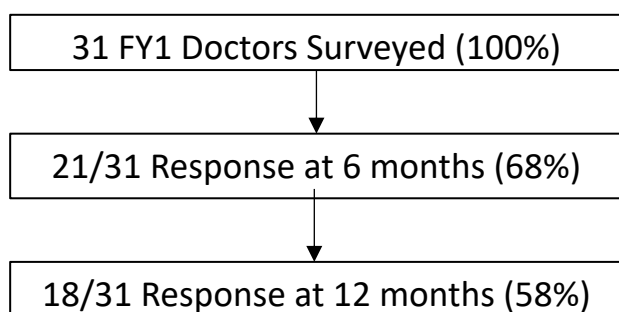
The British Geriatric Association (BGS) and NHS England recommend all patients aged 65 are screened for frailty. Identification of frailty facilitates comprehensive geriatric assessment, which has been shown to increase the proportion of patients who are discharged to their own home and reduce total length of hospital stay [1,2].

Older adults presenting to emergency care with acute illness often present with worsening symptoms of an underlying frailty syndrome. Furthermore, screening for frailty in elective surgery enables identification of patients at higher risk of postoperative morbidity and mortality [2]. Recognition of frailty frequently relies on assessment from nurses and junior doctors, including those in their first year of training.

Objectives

1. To assess how confident FY1 Doctors are in recognising and managing frailty at 0, 6 and 12 months of training.
2. To ascertain what tools FY1 Doctors feel confident using when screening for frailty.
3. To investigate if speciality experience in FY1 impacted upon Doctors' confidence in recognising frailty

Methodology

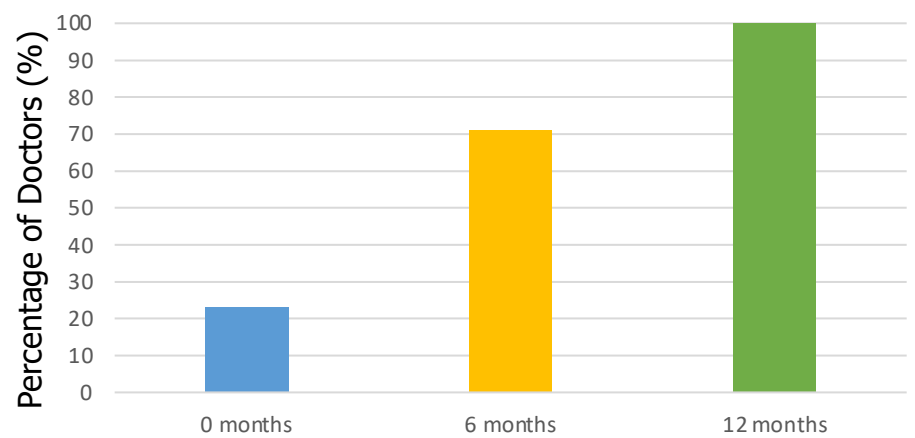


A questionnaire was given to FY1s at induction, at 6 months and at 12 months. Teaching sessions on frailty and CGA were delivered. A new electronic patient record tool (CARE tool) was implemented. We collated written feedback on how frailty recognition and CGA knowledge had altered their assessment of older adults.

Results

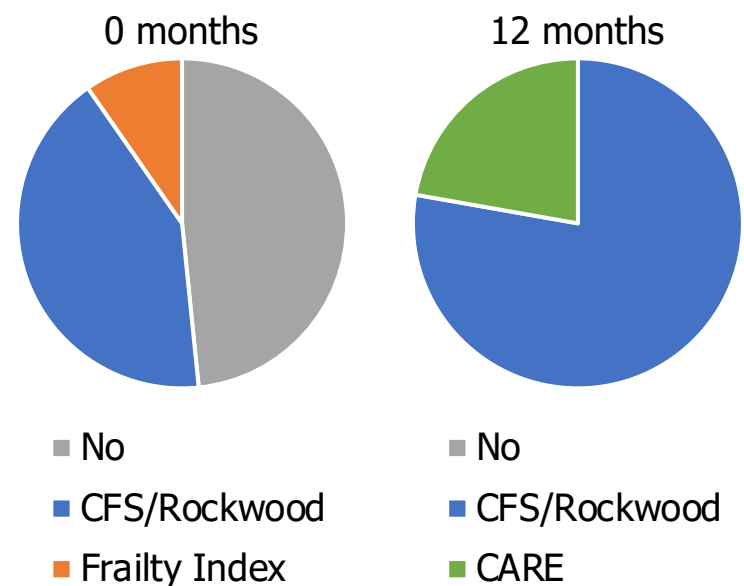
At baseline, 23% (7/31) reported that they were "quite" or "very" confident in assessing for frailty. This increased to 71% at 6 months and 100% at 12 months.

Confidence in assessing & managing frailty



Fifty-two per cent (16/31) of FY1 Doctors were aware of a tool to assess for frailty at baseline, increasing to 100% (18/18) at 12 months.

Do you know of any tools we use to identify frailty?



Knowledge of CGA improved less, from 48% (15/31) at baseline to 83% (15/18) at 12 months. There was no association between specialty experience and confidence levels.

Feedback indicated that frailty recognition allowed identification of patients who may benefit from advanced care planning discussions. Furthermore, many noted that an assessment of frailty triggered early involvement of physio and occupational therapy.

Conclusion

Despite BGS and NHS England recommendations, at induction, FY1s lack confidence in recognising and assessing for frailty.

Through experiential learning and targeted teaching this improved. We recommend to improve confidence in managing frail, older patients, final year medical students need increased frailty and CGA specific education.