

Dr Grace Pearson

26th September 2023



TEACHING MEDICAL STUDENTS ABOUT DYING IN ADVANCED AGE



THE NEED

Ageing population

Impact on the NHS

Insufficient specialty workforce

Pervasive ageism

Crisis of care

THE SOLUTION

High-quality
undergraduate
education in
geriatrics

Improves
attitudes and
specialty
recruitment

Improved care
for the ageing
population

WINDS
OF
CHANGE

General Medical Council

MB16 CURRICULUM



4 WEEKS



MB21 CURRICULUM



18 WEEKS

OUR AIM

CMOP CURRICULUM

EMBEDDED EVALUATION

CASE-BASED LEARNING



CASE 01	Comprehensive assessment in older adults
CASE 02	Identifying frailty
CASE 03	Frailty operationalised
CASE 04	Falls
CASE 05	Polypharmacy
CASE 06	Stroke
CASE 07	Collapse and dizziness
CASE 08	Fragility fracture
CASE 09	Continence and heart failure
CASE 10	Dementia
CASE 11	Delirium
CASE 12	Parkinson's disease
CASE 13	Peri-operative care of older people
CASE 14	Skin and nutrition
CASE 15	Mental health in older people
CASE 16	Recognition of dying
CASE 17	Integrated care for older people
CASE 18	Sociocultural aspects of ageing

AN URGENT NEED

CMOP CURRICULUM

EMBEDDED EVALUATION

MLA CURRICULUM MAP

This table shows you how the CMOP curriculum maps to the Medical Licensing Assessment Areas of Clinical Practice (AoCP). The CMOP curriculum and portfolio also covers all of the MLA Areas of Professional Knowledge and MLA Clinical and Professional Capabilities. See the MB21 curriculum overview on Blackboard for more information on these components of the MLA.

Case	AoCP: Medicine for Older People & Palliative Care	AoCP: Other Specialties
1: Comprehensive Assessment	<ul style="list-style-type: none"> Confusion Electrolyte abnormalities Peripheral oedema and ankle swelling Cardiac failure Skin ulcers Hearing loss Struggling to cope at home 	<ul style="list-style-type: none"> Clinical haematology (anaemia) Cardiovascular (Acute Coronary Syndrome) Renal and Urology (Acute Kidney Injury)
2: Frailty in acute illness	<ul style="list-style-type: none"> Frailty Delirium Hyperparathyroidism 	<ul style="list-style-type: none"> Acute and Emergency (deteriorating patient, ABC assessment) Respiratory (respiratory failure) Infection (Lower respiratory tract infection, COVID)
3: Frailty vs Multimorbidity	<ul style="list-style-type: none"> Frailty Falls Immobility Struggling to cope at home Malnutrition Urinary incontinence Urinary symptoms Mental capacity concerns 	<ul style="list-style-type: none"> Endocrine and Metabolic (weight loss, Type 2 Diabetes Mellitus) Renal and Urology (rhabdomyolysis) Acute and Emergency (choking, basic life support)
4: Falls	<ul style="list-style-type: none"> Falls Electrolyte abnormalities Delirium End of life care/symptoms of terminal illness 	<ul style="list-style-type: none"> Neurosciences (subdural haemorrhage) Cardiovascular (atrial fibrillation) Infection (gastroenteritis, hospital acquired pneumonia) Clinical Haematology (anaemia)
5: Polypharmacy	<ul style="list-style-type: none"> Hypertension Dementias Acute and chronic pain management Mental capacity concerns 	<p>Drugs (this is only in the University of Bristol Curriculum, not the MLA)</p>

MLA CURRICULUM MAP

Case	AoCP: Medicine for Older People & Palliative Care	AoCP: Other Specialties
6: Stroke & Dysphagia	<ul style="list-style-type: none"> Hypertension Driving advice 	<ul style="list-style-type: none"> Neurosciences (Stroke) Swallowing problems (multiple areas) Clinical Haematology (polycythaemia rubra vera) Infection (aspiration pneumonia, sepsis)
7: Collapse & Dizziness	<ul style="list-style-type: none"> Blackouts and faints Falls Dizziness Vertigo Driving advice Benign paroxysmal positional vertigo Squamous cell carcinoma 	<ul style="list-style-type: none"> Musculoskeletal Rheumatology (polymyalgia rheumatica) Endocrine and Metabolic (long-term steroids, Addisonian crisis) Clinical Haematology (lymphocytosis) Cancer & Dermatology (skin cancers)
8: Fragility Fractures	<ul style="list-style-type: none"> Lower limb fractures Trauma Osteoporosis Falls Malnutrition 	<ul style="list-style-type: none"> Gastrointestinal (upper GI bleeding, alcoholic liver disease) Mental Health (alcohol addiction)
9: Continence & Heart Failure	<ul style="list-style-type: none"> Cardiac failure Peripheral oedema and ankle swelling Urinary incontinence Faecal incontinence Urinary symptoms Constipation 	<ul style="list-style-type: none"> Respiratory (breathlessness, lower respiratory tract infection) Gynaecology (vaginal prolapse, atrophic vaginitis) Renal and Urology (benign prostatic hyperplasia)
10: Dementia	<ul style="list-style-type: none"> Dementia Memory loss Driving advice 	
11: Delirium	<ul style="list-style-type: none"> Delirium Confusion Falls 	<ul style="list-style-type: none"> Dermatology (venous eczema) Endocrine and Metabolic (thyroid function) Ophthalmology (visual impairment) Neurosciences (subdural haemorrhage)

MLA CURRICULUM MAP

Case	AoCP: Medicine for Older People & Palliative Care	AoCP: Other Specialties
12: Parkinson's Disease	<ul style="list-style-type: none"> Parkinson's Disease Abnormal involuntary movements Constipation Delirium Trauma Visual hallucinations 	<ul style="list-style-type: none"> Neurosciences (tremor) Musculoskeletal orthopaedics (rib fractures)
13: Peri-operative care	<ul style="list-style-type: none"> Constipation Mental capacity concerns Acute and chronic pain management Delirium 	<ul style="list-style-type: none"> Perioperative medicine and anaesthesia (post-surgical care and complications, ileus) Gastrointestinal & Cancer (colorectal cancers) Clinical Haematology (thrombocytopenia) Respiratory (COPD, Hospital acquired pneumonia)
14: Skin & Nutrition	<ul style="list-style-type: none"> Pressure sores Skin ulcers Electrolyte abnormalities Delirium Malnutrition Struggling to cope at home Acute and chronic pain management 	<ul style="list-style-type: none"> Dermatology (drug reactions) Endocrine and Metabolic (diabetic emergencies) Renal and Urology (AKI, Chronic kidney disease)
15: Mental Health	<ul style="list-style-type: none"> Falls Delirium Auditory hallucinations Malnutrition 	<p>Mental health (depression, alcohol addiction, suicidal ideation)</p>
16: Recognition of dying	<ul style="list-style-type: none"> End of life care/symptoms of terminal illness Struggling to cope at home Electrolyte abnormalities 	<ul style="list-style-type: none"> Respiratory (lung cancers) Cancer (oncological emergencies)
17: Integrated care	<ul style="list-style-type: none"> Elder abuse Dementia Delirium 	<p>Endocrine and Metabolic (hypoglycaemia, Type 2 Diabetes Mellitus)</p>

AN URGENT NEED

CMOP CURRICULUM

EMBEDDED EVALUATION

ENHANCING COMPONENTS



TUTORIALS

The CMOP tutorials are ordered to mimic an older person's journey through a hospital admission, and will be facilitated within your Academy. There is a section on OneNote for you to write your notes and reflections which your CMOP tutor will review. Tutorials are protected days within CMOP on which you cannot take flexible annual leave.

TUTORIALS

- TUTORIAL 01** **How do I clerk older people?**
On admission to hospital, every patient is 'clerked' by their admitting team, which is the process of taking and documenting a history and physical examination, then formulating a problem list and management plan. Clerking older people comes with added complexities. This tutorial will give you an overview of how to clerk patients for your CMOP portfolio and long case.
- TUTORIAL 02** **How do I ward round?**
Completing a structured, thorough ward round is integral to delivering comprehensive care to older adults in hospital. Using 3 common ward round scenarios students will act as FY1 doctors and practice facilitating ward round independently, including interpreting clinical information, decision-making, time-management and prioritisation.
- TUTORIAL 03** **What happens in GMC tribunals?**
Medical students and doctors are expected to demonstrate a high standard of professional behaviour, befitting of the trust placed in the medical profession by the public. In this mock court, you will learn about the General Medical Council's Fitness to Practice processes.
- TUTORIAL 04** **What is it like to grow old?**
Ageing is inevitable, but what is it really like to be old? This tutorial is an interactive learning experience using Ageing Suits that mimic some of the physiological changes that occur as people get older.
- TUTORIAL 05** **How can we communicate well?**
An online pre-tutorial will provide an overview how to adapt your consultation skills for people with different impairments. The second half of this tutorial is a communication skills workshop focusing on 'difficult conversations' that occur commonly in geriatric and palliative medicine.
- TUTORIAL 06** **What happens when someone dies?**
A proportion of patients under geriatric medicine will die in hospital. This tutorial will cover the practical aspects of confirming death and the associated paperwork including referral to the coroner. It also covers spiritual considerations at the end-of-life and the impact of caring for people who die can have on clinicians.
- TUTORIAL 07** **What happens when someone complains?**
Complaints in the Health Service represent only a small proportion of the total number of contacts between staff and the public. Patient feedback on our service provides a valuable insight in an organisation committed to continuous quality improvement. This tutorial gives insights into why people complain, the process for managing complaints and the effect complaints have on healthcare staff.



CENTRAL HUB SESSIONS

Cross-Academy Hub sessions will be hosted on Blackboard Collaborate on select Thursday afternoons between 13:30-15:00. There is a section on OneNote for you to write your notes and reflections from each Hub session, which your CMOP tutor will review. Hub sessions are protected days within CMOP on which you cannot take flexible annual leave.

CENTRAL HUB SESSIONS

- SESSION 01** **Ageing and Geriatric Medicine**
This interactive lecture addresses what it means to age; the physiological implications, ageing around the world and the terminology used in respect to older people. It asks why geriatric medicine exists at all? We will explore students' thoughts towards older people, ageism, growing older and the role of geriatric medicine in delivering healthcare.
- SESSION 02** **Recognising and caring for people who are dying**
This interactive lecture explores the epidemiology of death and dying in the UK and how societal attitudes to death and dying impact on service provision and patient and family experiences. By the end of the lecture, you should have a clearer idea of what 'normal dying' looks like and understand the role of the junior doctor in caring for people who are dying and after death.
- SESSION 03** **Health economics: Is the NHS affordable for the future?**
By the end of this session we expect that you will be able to:
• Understand the principles of economic evaluation.
• Define a QALY and calculate them using a time trade-off.
• Define an ICER and assess cost-effectiveness of an intervention.
• Define a CEAC and probability intervention is cost-effective.
• Understand the basic mechanisms for funding, rationing, investment and disinvestment in the NHS.
- SESSION 04** **Evidence Based Practice Revision**
This interactive session will cover all the topics of EBP that have been taught from years 1 to 4. The session will be based on a series of MCQ questions, similar to questions in finals, which the students will answer in real-time by voting and then there will be a debrief to clarify any misunderstandings or areas of confusion. Students should use the opportunity to ask questions via the comment box so that the teachers can help them comprehend the key issues.
- SESSION 05** **Ethical, legal and professional aspects of palliative and end-of-life care**
By the end of these online sessions, you should be able to demonstrate an awareness and developing understanding of the key ethical concepts and values relevant to palliative and end-of-life care, and the ethical, legal and professional challenges in negotiating respect for autonomy and paternalism in healthcare.

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EMBEDDED EVALUATION

ENHANCING COMPONENTS



JOURNAL CLUB

There are 3 Journal Club sessions encouraging you to critically analyse journal papers in geriatric medicine research. There is a section on OneNote for you to write your notes and reflections from each journal club, which your CMOP tutor will review.

JOURNAL CLUB

SESSION 01 NICE guideline 51: Sepsis <https://www.nice.org.uk/guidance/ng51>
Gerry et al. Early warning scores for detecting deterioration in adult hospital patients: systematic review and critical appraisal of methodology. *BMJ* 2020;369:m1501

SESSION 02 Savage et al. Evaluation of a Common Prescribing Cascade of Calcium Channel Blockers and Diuretics in Older Adults with Hypertension. *JAMA Intern Med* 2020; 180(5):641-651.

SESSION 03 Donovan et al. Patient-Reported Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer. *N Engl J Med* 2016; 375:1425-1437.



BOOK CLUB

We've put together a selection of books that explore ageing and dying. Please select at least one to read ensuring a distribution across the group of students at your academy. We suggest that you meet at least once to discuss the books. There is a section on OneNote for you to write your notes and reflections from book club, which your CMOP tutor will review. If for any reason your Academy is not able to host face-to-face book club, chat to @GerisMedEd on Twitter using #CMOPBookClub. We'd love you to join in and tweet any thoughts and questions - make it a conversation!

BOOK CLUB



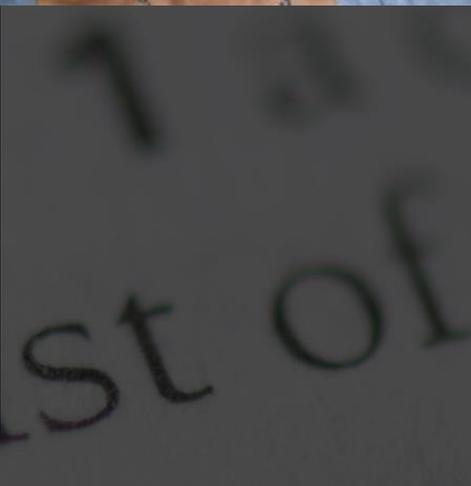
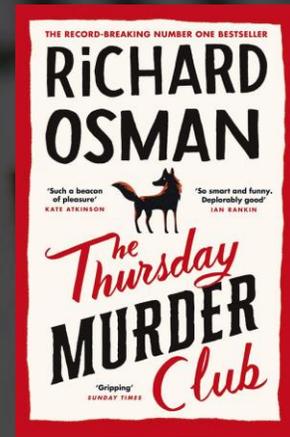
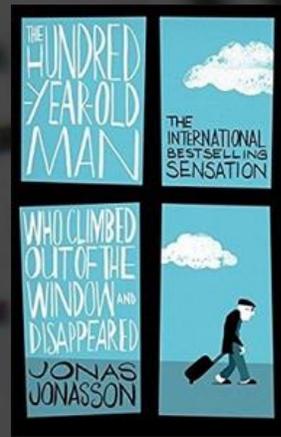
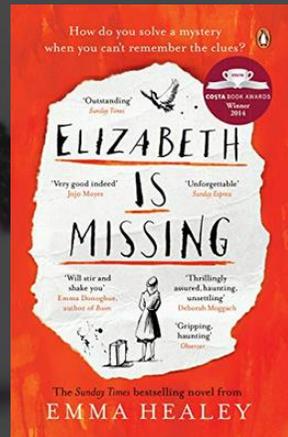
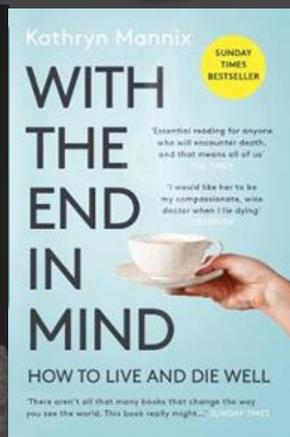
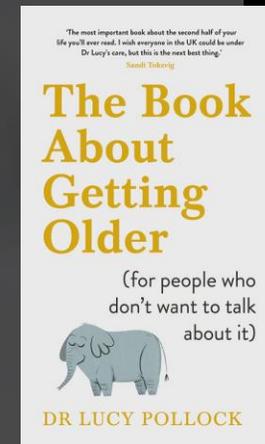
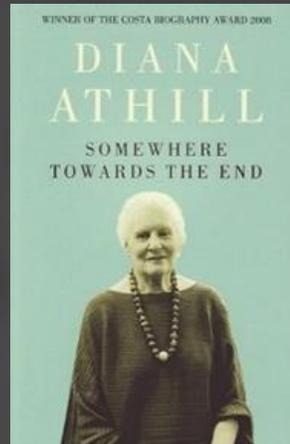
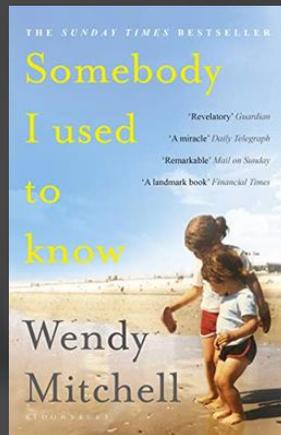
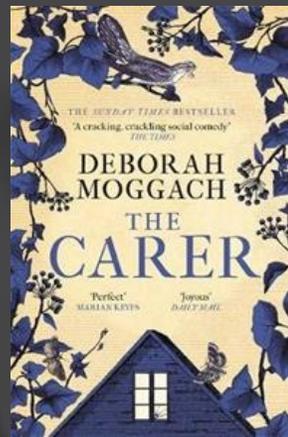
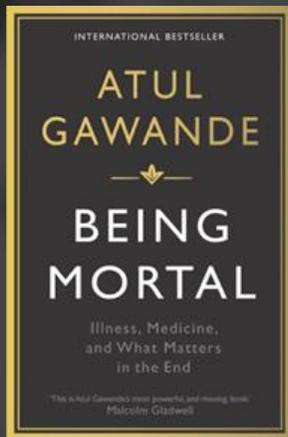
The grid contains the following book covers:

- ATUL GAWANDE - BEING MORTAL
- WITH THE END IN MIND
- Symbolic - Wendy Mitchell
- DIANA ATHILL - HOW TO LIVE THE REST OF YOUR LIFE
- The Book About Getting Older
- DEBORAH MORGENTHAU - THE CARER
- ELIZABETH II - MISSING
- RICHARD OSMAN - Thursday MURDER Club
- THE LITTLE OLD LADY WHO BROKE IN

AN URGENT NEED

CMOP CURRICULUM

EMBEDDED EVALUATION



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EMBEDDED EVALUATION

CONSOLIDATIVE ASSESSMENTS

THE COMPULSORY STUFF

During the clerkship you must complete compulsory assessments, a portfolio of work, a clinical learning journal and requisite learning in oncology and palliative care. These are detailed below.

You are expected to maintain 100% attendance throughout this 18-week clerkship to pass - attendance <80% will be flagged to the University in your mid-point and end-point reviews.

WORKPLACE-BASED ASSESSMENTS

These workplace-based assessments (WPBAs) are **formative**, and will not count towards your final mark for year 4. They are 'must do' rather than 'must pass' activities. WPBAs in CMOP can be **assessed by any doctor above F2 level** (or specialist nurses/physicians associates where appropriate). These assessments should be completed electronically using the forms provided in the **ePad** section of your **e-portfolio**. Your WPBAs should be evenly spaced throughout the clerkship, with half completed prior to your mid-point review and half completed afterwards.

CASE BASED DISCUSSION (CBD) x4

The Case-based Discussion (CbD) is a structured discussion of a clinical case, designed to investigate and give feedback on the trainee's clinical reasoning and professional judgement. You must complete a minimum of 2 CBDs after your mid-point review.

MINI CLINICAL EVALUATION EXERCISE (MINI CEX) x4

A mini-CEX is a 15 - 20 minute observed encounter between a trainee and a patient and/or doctor. The observer provides the trainee with immediate feedback on this interaction, focussing on the clinical skills, attitudes and behaviours expected of the trainee. You must complete a minimum of 2 Mini-CeXs after your mid-point review.

OBJECTIVE LONG CASE (OLC) x1

The long case assesses your history-taking, examination and presentation skills over a longer period of time, circa 60 minutes, **examined by a doctor above F2 level**. You will receive a paper copy of your OLC mark sheet which you need to **transfer onto the electronic ePortfolio form**.

CMOP PORTFOLIO OF WORK - MINIMUM REQUIREMENTS

CLERKINGS x32

We expect you to build a clerkship portfolio containing a **minimum of 32 clerkings**. These do not need to be presented, but we do encourage practising this when possible. Aim to clerk people who have been in hospital for less than 72 hours to focus on formulating a comprehensive problem list and an initial management plan. Your portfolio should reflect a broad range clinical presentations and settings, across the whole 18-week clerkship. Whilst there is no set-list of case presentations it is up to you to ensure your portfolio reflects the diversity of complex general medicine in older people. Follow-up the patients you have clerked. For example, if you have scribed a ward round entry for that patient, then photocopy it (anonymised) for your portfolio, or if you attended a therapies session with that patient, then reflect on it.

DISCHARGE SUMMARIES x3

DRUG CHARTS x8

WARD ROUND ENTRIES x9

Your portfolio must include a **minimum of 3 discharge summaries** (in the local Trust format), a **minimum of 8 mock drug charts** and a **minimum of 9 ward round entries** (photocopied from the real notes).

ASSESSMENT TOOLS

Clinical Frailty Score	Every clerkling
4AT	Every clerkling
10-point Abbreviated Mental Test Score	Minimum x3
FRAX score	Minimum x3
Montreal Cognitive Assessment OR MiniACE	Minimum x3
Geriatric Depression Scale	Minimum x2
Barthel Index for Activities of Daily Living	Minimum x1
Malnutrition Universal Screening Tool	Minimum x1
Waterlow score	Minimum x1

CLINICS x5

Please attend **at least 5 outpatient clinics** and include a **Clinic Experience Form** for each in your portfolio. Clinics are a really useful opportunity to complete CBDs and Mini-CeXs, so make the most of this one-on-one time with Consultants! We do appreciate that certain speciality clinics are Trust-dependent, therefore we have not stipulated the type of clinics you need to attend - try to get to as broad a range of clinics as possible. If there are difficulties in attending due to COVID-19/capacity please discuss this with your CMOP tutor as early as possible.

OUT OF HOURS SHIFTS x2

We expect you to attend **at least 2 evening clerkling shifts** - preferably you would do this with the Acute Frailty Team, but this can also be done with the general medical take team. Please include a reflective summary of each evening shift in your portfolio.



AN URGENT NEED

CMOP CURRICULUM

EMBEDDED EVALUATION



Transforming undergraduate education in geriatric medicine: an innovative curriculum at Bristol Medical School

Grace M. E. Pearson^{1,2} · Tomas Welsh^{1,2} · Lucy V. Pocock¹ · Yoav Ben-Shlomo¹ · Emily J. Henderson^{1,2}

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QUALITY IMPROVEMENT Using a checklist within simulation improves trainees' confidence on ward rounds

Authors: Grace ME Pearson,^A Sally E Wege,^B Sarah A Rosen,^C Daisy M Gaunt^D and Emily J Henderson^E

Age and Ageing 2023; **52**: 1–8
<https://doi.org/10.1093/ageing/afac325>

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RESEARCH PAPER

Updating the British Geriatrics Society recommended undergraduate curriculum in geriatric medicine: a curriculum mapping and nominal group technique study

GRACE M.E. PEARSON^{1,2}, REBECCA WINTER³, ADRIAN BLUNDELL^{4,5}, TAHIR MASUD⁴, JOANNA GOUGH⁶, ADAM L. GORDON^{5,6,7}, BGS Undergraduate Curriculum Nominal Group⁶, EMILY J. HENDERSON^{1,2,6}

AN URGENT NEED

A NEW CURRICULUM

EMBEDDED EVALUATION

“...doctors often ask me what I want to be ‘when I grow up’. My answer now isn’t a neurosurgeon, it’s a geriatrician. CMOP reminded me why I wanted to be a doctor in the first place, and there’s nowhere else in the hospital I can make as big of a difference to patient care.”

We’ve found that CMOP has...

Improved students’ attitudes towards older people

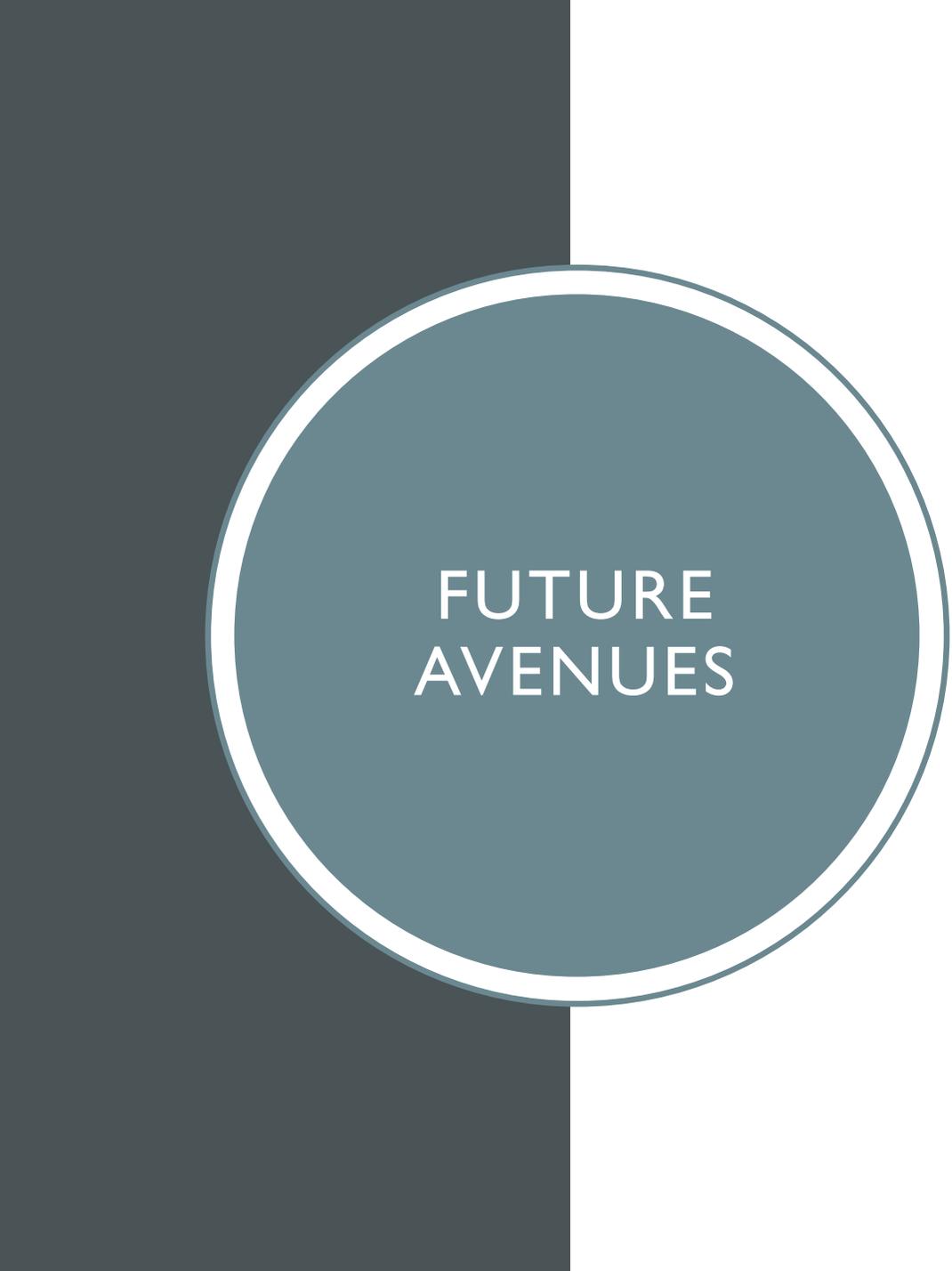
and...

Made them more likely to consider a career in geriatrics

AN URGENT NEED

A NEW CURRICULUM

EMBEDDED EVALUATION



**FUTURE
AVENUES**

Research papers and MTA interviews

Journal/Book Club

Immersive education

Evaluative measures

National curriculum



THANK YOU
FOR LISTENING

COMPLEX MEDICINE IN OLDER PEOPLE
MARJORY WARREN PRIZE