**Appendix**

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| **TD3 Learning Outcomes** | **BGS Learning Outcomes** |
| 8a. Explain normal human structure and functions. | **3. Students should be able to describe / define:**   1. biochemical, molecular, cellular, genetic theories of ageing 2. the anatomical and histological changes associated with ageing 3. the physiology of ageing 4. the effect of ageing upon pharmacodynamics and pharmacokinetics |
| 8b. Explain the scientific bases for common disease presentations. | **3. Students should be able to describe / define:**   1. the pathology associated with normal aging and age associated disease processes 2. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke |
| 8c. Justify the selection of appropriate investigations for common clinical cases. | **3. Students should be able to describe / define:**   1. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke |
| 8e. Select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles. | **3. Students should be able to describe / define:**   1. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke |
| 8f. Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance. | **3. Students should be able to describe / define:**   1. the effect of ageing upon pharmacodynamics and pharmacokinetics 2. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke   **4. Students should be able to describe the concepts of:**   1. polypharmacy 2. the practice of safe prescribing in the elderly, taking account of differing physiology, drug interactions and multiple pathologies |
| 9d. Discuss psychological factors that contribute to illness, the course of the disease and the success of treatment. | **1. Students should be able to:**   1. consideration to various myths and stereotypes related to older people 2. advocate against ageism and recognise that it can affect the optimal care of elderly patients 3. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **9. Students should be able to describe:**   1. psychosocial theories of ageing |
| 9f. Discuss adaptation to major life changes, such as bereavement; comparing and contrasting the abnormal adjustments that might occur in these situations. | **1. Students should be able to:**   1. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual |
| 10b. Discuss sociological concepts of health, illness and disease. | **9. Students should be able to describe:**   1. psychosocial theories of ageing |
| 10d. Explain sociological factors that contribute to illness, the course of the disease and the success of treatment − including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence. | **1. Students should be able to:**   1. advocate against ageism and recognise that it can affect the optimal care of elderly patients 2. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **10. Students should be aware of the issues of:**   1. elder abuse: physical, psychological and financial |
| 11a. Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance. | **3. Students should be able to describe / define:**   1. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke |
| 11b. Assess how health behaviours and outcomes are affected by the diversity of the patient population. | **1. Students should be able to:**   1. consideration to various myths and stereotypes related to older people 2. advocate against ageism and recognise that it can affect the optimal care of elderly patients 3. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual |
| 11c. Describe measurement methods relevant to the improvement of clinical effectiveness and care. | **8. Students should be able to:**   1. perform a Comprehensive Geriatric Assessment including the following:    1. Cognitive Assessment using currently accepted assessment scales.    2. Affective assessment including the Geriatric Depression Scale (GDS)    3. Functional assessment including the Barthel Index    4. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 11d. Discuss the principles underlying the development of health and health service policy, including issues relating to health economics and equity, and clinical guidelines. | **1. Students should be able to:**   1. advocate against ageism and recognise that it can affect the optimal care of elderly patients 2. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **8. Students should be able to:**   1. define the components of the International Classification of Function (ICF) and discuss its advantages and disadvantages in comparison to previously used classifications   **9. Students should be able to describe:**   1. the interaction between health and social services in the provision of long-term elderly care 2. psychosocial theories of ageing |
| 11e. Explain and apply the basic principles of communicable disease control in hospital and community settings. | **5. Students should be able to:**   1. recognise the limitations of hospital-based care and value the contribution of Community Geriatrics in adequate assessment and management of patients |
| 11f. Evaluate and apply epidemiological data in managing healthcare for the individual and the community. | **9. Students should be able to describe:**   1. recent and predicted trends in demography and epidemiology of ageing |
| 11g. Recognise the role of environmental and occupational hazards in ill health. | **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **8. Students should be able to:**   1. define Comprehensive Geriatric Assessment (CGA) and list its components 2. perform a Comprehensive Geriatric Assessment including the following:    1. Cognitive Assessment using currently accepted assessment scales.    2. Affective assessment including the Geriatric Depression Scale (GDS)    3. Functional assessment including the Barthel Index    4. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) 3. define the following specialties and relate their contribution to elderly care; continence services, falls services, intermediate care, old age psychiatry, orthogeriatrics, palliative care, stroke medicine. |
| 11h. Discuss the role of nutrition in health. | **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **8. Students should be able to:**   1. perform a Comprehensive Geriatric Assessment including the following: 2. Cognitive Assessment using currently accepted assessment scales. 3. Affective assessment including the Geriatric Depression Scale (GDS) 4. Functional assessment including the Barthel Index 5. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 11i. Discuss the principles and application of primary, secondary and tertiary prevention of disease. | **3. Students should be able to describe / define:**   1. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke |
| 11j. Discuss from a global perspective the determinants of health and disease and variations in healthcare delivery and medical practice. | **9. Students should be able to describe:**   1. recent and predicted trends in demography and epidemiology of ageing |
| 12a. Critically appraise the results of relevant diagnostic, prognostic and treatment trials and other qualitative and quantitative studies as reported in the medical and scientific literature. | No corresponding learning outcomes |
| 12b. Formulate simple relevant research questions in biomedical science, psychosocial science or population science, and design appropriate studies or experiments to address the questions. | No corresponding learning outcomes |
| 12c. Apply findings from the literature to answer questions raised by specific clinical problems. | No corresponding learning outcomes |
| 12d. Understand the ethical and governance issues involved in medical research. | No corresponding learning outcomes |
| 13a. Take and record a patient's medical history, including family and social history, talking to relatives or other carers where appropriate. | **8. Students should be able to:**   1. define Comprehensive Geriatric Assessment (CGA) and list its components 2. perform a Comprehensive Geriatric Assessment including the following: 3. Cognitive Assessment using currently accepted assessment scales. 4. Affective assessment including the Geriatric Depression Scale (GDS) 5. Functional assessment including the Barthel Index 6. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 13b. Elicit patients’ questions, their understanding of their condition and treatment options, and their views, concerns, values and preferences. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual |
| 13c. Perform a full physical examination. | **8. Students should be able to:**   1. define Comprehensive Geriatric Assessment (CGA) and list its components 2. perform a Comprehensive Geriatric Assessment including the following: 3. Cognitive Assessment using currently accepted assessment scales. 4. Affective assessment including the Geriatric Depression Scale (GDS) 5. Functional assessment including the Barthel Index 6. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 13d. Perform a mental-state examination. | **8. Students should be able to:**   1. perform a Comprehensive Geriatric Assessment including the following: 2. Cognitive Assessment using currently accepted assessment scales. 3. Affective assessment including the Geriatric Depression Scale (GDS) 4. Functional assessment including the Barthel Index 5. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 13e. Assess a patient’s capacity to make a particular decision in accordance with legal requirements and the GMC’s guidance. | **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles. |
| 13f. Determine the extent to which patients want to be involved in decision making about their care and treatment. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **6. Students should be able to describe ethical and legal issues including:**   1. advance directives 2. euthanasia and assisted suicide 3. safeguarding finances 4. withdrawal and withholding of medical treatment 5. cardiopulmonary resuscitation decisions   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles. |
| 13g. Provide explanation, advice, reassurance and support. | **1. Students should be able to:**   1. maintain a professional approach to the older person |
| 14a. Interpret findings from the history, physical examination and mental-state examination, appreciating the importance of clinical, psychological, spiritual, religious, social and cultural factors. | **8. Students should be able to:**   1. perform a Comprehensive Geriatric Assessment including the following: 2. Cognitive Assessment using currently accepted assessment scales. 3. Affective assessment including the Geriatric Depression Scale (GDS) 4. Functional assessment including the Barthel Index 5. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 14e. Synthesise a full assessment of the patient's problems and define the likely diagnosis or diagnoses. | **3. Students should be able to describe / define:**   1. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke   **8. Students should be able to:**   1. define Comprehensive Geriatric Assessment (CGA) and list its components 2. perform a Comprehensive Geriatric Assessment including the following: 3. Cognitive Assessment using currently accepted assessment scales. 4. Affective assessment including the Geriatric Depression Scale (GDS) 5. Functional assessment including the Barthel Index 6. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 14c. Formulate a plan of investigation in partnership with the patient, obtaining informed consent as an essential part of this process. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **6. Students should be able to describe ethical and legal issues including:**   1. withdrawal and withholding of medical treatment   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles.   **8. Students should be able to:**   1. perform a Comprehensive Geriatric Assessment including the following: 2. Cognitive Assessment using currently accepted assessment scales. 3. Affective assessment including the Geriatric Depression Scale (GDS) 4. Functional assessment including the Barthel Index 5. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 14g. Formulate a plan for treatment, management and discharge, according to established principles and best evidence, in partnership with the patient, their carers, and other health professionals as appropriate. Respond to patients’ concerns and preferences, obtain informed consent, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **3. Students should be able to describe / define:**   1. the diagnosis, pathophysiology, management and preventative strategies for specific disease processes:dementia, delirium, depression, continence, osteoporosis, falls,parkinsonism & movement disorders, pressure ulcers, cerebrovascular disease andstroke   **5. Students should be able to:**   1. recognise the limitations of hospital-based care and value the contribution of Community Geriatrics in adequate assessment and management of patients 2. describe the concept of Rehabilitation 3. define the interaction between health and social services in the provision of long-term elderly care and describe the following services; NHS continuing care: levels 1, 2 and 3,Residential home care, Nursing home care, Community care at home, Communitynursing care, Community matron service, Intermediate care at home, Residentialintermediate care, Interim care   **6. Students should be able to describe ethical and legal issues including:**   1. advance directives 2. euthanasia and assisted suicide 3. safeguarding finances 4. withdrawal and withholding of medical treatment 5. cardiopulmonary resuscitation decisions   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles.   **8. Students should be able to:**   1. define the components of the International Classification of Function (ICF) and discuss its advantages and disadvantages in comparison to previously used classifications 2. perform a Comprehensive Geriatric Assessment including the following: 3. Cognitive Assessment using currently accepted assessment scales. 4. Affective assessment including the Geriatric Depression Scale (GDS) 5. Functional assessment including the Barthel Index 6. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST)   **9. Students should be able to describe:**   1. the interaction between health and social services in the provision of long-term elderly care |
| 14h. Support patients in caring for themselves. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **5. Students should be able to:**   1. recognise the limitations of hospital-based care and value the contribution of Community Geriatrics in adequate assessment and management of patients 2. describe the concept of Rehabilitation 3. define the interaction between health and social services in the provision of long-term elderly care and describe the following services; NHS continuing care: levels 1, 2 and 3,Residential home care, Nursing home care, Community care at home, Communitynursing care, Community matron service, Intermediate care at home, Residentialintermediate care, Interim care   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”.   **8. Students should be able to:**   1. define the components of the International Classification of Function (ICF) and discuss its advantages and disadvantages in comparison to previously used classifications 2. define the following specialties and relate their contribution to elderly care; continence services, falls services, intermediate care, old age psychiatry, orthogeriatrics, palliative care, stroke medicine. |
| 14i. Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect and know what action to take to safeguard their welfare. | **6. Students should be able to describe ethical and legal issues including:**   1. safeguarding finances   **10. Students should be aware of the issues of:**   1. elder abuse: physical, psychological and financial |
| 14j. Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and teamworking. | **1. Students should be able to:**   1. maintain a professional approach to the older person   **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **5. Students should be able to:**   1. recognise the limitations of hospital-based care and value the contribution of Community Geriatrics in adequate assessment and management of patients   **6. Students should be able to describe ethical and legal issues including:**   1. advance directives 2. euthanasia and assisted suicide 3. withdrawal and withholding of medical treatment 4. cardiopulmonary resuscitation decisions   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles.   **8. Students should be able to:**   1. define the following specialties and relate their contribution to elderly care; continence services, falls services, intermediate care, old age psychiatry, orthogeriatrics, palliative care, stroke medicine. |
| 15. Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient’s first language. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual |
| 17a. Establish an accurate drug history covering both prescribed and other medication. | **4. Students should be able to describe the concepts of:**   1. polypharmacy 2. the practice of safe prescribing in the elderly, taking account of differing physiology, drug interactions and multiple pathologies   **8. Students should be able to:**   1. perform a Comprehensive Geriatric Assessment including the following: 2. Cognitive Assessment using currently accepted assessment scales. 3. Affective assessment including the Geriatric Depression Scale (GDS) 4. Functional assessment including the Barthel Index 5. Nutritional assessment including the Malnutrition Universal Screening Tool (MUST) |
| 17c. Provide a safe and legal prescription. | **4. Students should be able to describe the concepts of:**   1. the practice of safe prescribing in the elderly, taking account of differing physiology, drug interactions and multiple pathologies |
| 17d. Calculate appropriate drug doses and record the outcome accurately. | **3. Students should be able to describe / define:**   1. the physiology of ageing 2. the effect of ageing upon pharmacodynamics and pharmacokinetics   **4. Students should be able to describe the concepts of:**   1. the practice of safe prescribing in the elderly, taking account of differing physiology, drug interactions and multiple pathologies |
| 20b. Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients’ healthcare needs in consultation with them and, where appropriate, their relatives or carers. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles. |
| 20c. Be polite, considerate, trustworthy and honest, act with integrity, maintain confidentiality, respect patients’ dignity and privacy, and understand the importance of appropriate consent. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles. |
| 20d. Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. Graduates will respect patients’ right to hold religious or other beliefs, and take these into account when relevant to treatment options. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual |
| 20e. Recognise the rights and the equal value of all people and how opportunities for some people may be restricted by others’ perceptions. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual |
| 20f. Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependents and the public − including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses. | **1. Students should be able to:**   1. maintain a professional approach to the older person 2. consideration to various myths and stereotypes related to older people 3. advocate against ageism and recognise that it can affect the optimal care of elderly patients 4. recognise the heterogeneity of older persons and that each person needs to be viewed as an individual   **7. Students should be able to describe:**   1. Principles of autonomy, mental capacity to make decisions and the concept of “best interests”. 2. The legislation in each jurisdiction which outlines and protects these principles. |
| 22a. Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team. | **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **5. Students should be able to:**   1. define the interaction between health and social services in the provision of long-term elderly care and describe the following services; NHS continuing care: levels 1, 2 and 3,Residential home care, Nursing home care, Community care at home, Communitynursing care, Community matron service, Intermediate care at home, Residentialintermediate care, Interim care   **8. Students should be able to:**   1. define the following specialties and relate their contribution to elderly care; continence services, falls services, intermediate care, old age psychiatry, orthogeriatrics, palliative care, stroke medicine.   **9. Students should be able to describe:**   1. the interaction between health and social services in the provision of long-term elderly care |
| 22b. Understand the contribution that effective interdisciplinary team working makes to the delivery of safe and high-quality care. | **2. Students should be able to describe the contributions of the following professions allied to medicine:**   1. Occupational therapy, Physiotherapy, Nurses, Dieticians, Speech & language therapists, Social workers, MDT meetings   **5. Students should be able to:**   1. define the interaction between health and social services in the provision of long-term elderly care and describe the following services; NHS continuing care: levels 1, 2 and 3,Residential home care, Nursing home care, Community care at home, Communitynursing care, Community matron service, Intermediate care at home, Residentialintermediate care, Interim care   **8. Students should be able to:**   1. define the following specialties and relate their contribution to elderly care; continence services, falls services, intermediate care, old age psychiatry, orthogeriatrics, palliative care, stroke medicine.   **9. Students should be able to describe:**   1. the interaction between health and social services in the provision of long-term elderly care |