

## SPECIALITY TRAINING PROGRAM FOR GERIATRICS

Title of the residency study program	State code
Geriatrics	733A30065

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Geriatric Clinic, A. Mickevičiaus str. 2, LT-44307 Kaunas, Lithuania	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 <sup>th</sup> level

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Full-time studies, 4 years	264	7040	6159	881

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical sciences	Medicine	-

Professional qualification awarded
Doctor geriatrician

Study program director	Director's contact information
Professor dr. habil. Vita Lesauskaitė (residency program coordinator dr. Gytė Damulevičienė)	Office tel.: (+370 37)306070, mobile: +37062110854 E-mail: vita.lesauskaite@ismuni.lt

Institution of accreditation	Accreditation until
Centre for Quality Assessment in Higher Education	Year 2014

Aim of the residency study program
To prepare a doctor specialist, having geriatrician's professional qualification – universally educated, honest, initiative, self-sufficient, responsible ethically, creative, respecting older people, interested in science innovations, upholding democracy, able to solve problems and work in a team, and able to apply acquired knowledge, skills and abilities in practical job, correspondent to Lithuanian Medicine Norm "Doctor geriatrician. Rights, duties, competency, responsibility". To provide knowledge and skills in scientific research with perspective to seek higher qualification in doctoral studies.

Program profile		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
Program consists of obligatory and optional cycles including theory, practice and self-sustaining job. Obligatory cycles oriented to providing knowledge, skills and competencies of doctor geriatrician in internal medicine, resuscitation, gerontology (demography, biology of aging, physiology, preventive gerontology, social gerontology) and geriatrics (geropharmacotherapy, psychogeriatrics, clinical geriatrics) Optional cycles are meant to inquire one particular field of geriatrics (eg., care of dementia patients or	Applied orientation program, orientated to practical activity and developing abilities for scientific research work, providing geriatrician's professional qualification.	Program is prepared taking into account LR legislation, Directive of European parliament and Council 2005/36EB; Lithuanian Medicine Norm "Doctor geriatrician. Rights, duties, competency, responsibility"(order by LR Minister of Health of August 30, 2006 No V-734); National Strategy of Overcoming Consequences of Population Aging (Lithuanian Government, 2004, June 14, order 737); recommendations for development of geriatric medicine by EUGMS (European Union Geriatric Medicine Society), IAGG-ER (International Association of Geriatrics and Gerontology – European region), EAGP (European Association of Geriatric

<p>perioperative care of older surgical patients).</p>		<p>Psychiatry), ISG (International Society of Gerontechnology) and IS-SAM ( International Society for the Study of the Aging Male) - Consensus document. Silver paper: The future of health promotion and preventive actions, basic research, and clinical aspects of age-related disease (Aging Clin Exp Res, 2009, vol.21, N°6:376-85) and Requirements of European Union of Medical Specialists for education of geriatricians (European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU. Requirements for the speciality of Geriatric Medicine. UEMS web access: <a href="http://www.uems.net/Geriatrics">http://www.uems.net/Geriatrics</a> ; <a href="http://www.uemsgeriatricmedicine.org/document">www.uemsgeriatricmedicine.org/document</a></p> <p>Program is based on theoretical studies and practical and scientific job integration from the first years. Practical skills are obtained and theory course is realised with the help of University professors – residency base specialists. For the geriatric residency study cycles the main residency base–LUHS Hospital Public Institution “Kaunas Clinics” and Kaunas Clinical Hospital area accredited.</p> <p>For the first two years of geriatric residency accredited LUHS hospital “Kaunas Clinics” concentrates all structures associated with internal medicine, containing clinics and wards of hematology, pulmonary medicine, allergology, endocrinology, cardiology, rheumatology, nephrology, gastroenterology, oncology and intensive care. Geriatrics is studied in Kaunas Clinical Hospital, containing Clinic of Geriatrics with rehabilitation, geriatric, internal medicine wards, Memory clinic, where are working geriatricians.</p> <p>The bases of residency are accredited according to Regulation of Medical Residency by LUHS.</p> <p>Skills of medical research are accomplished when doing research work in Geriatric Clinic. There is an opportunity provided to accomplish part of the residency (up to 3 months) in clinics abroad (for separate residency cycles studies).</p>
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<p style="text-align: center;"><b>Admission requirements</b></p>	<p style="text-align: center;"><b>Recognition of previous learning</b></p>
<p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student’s scientific activities assessment (appointed by Student Science Association (SMD)), motivational interview assessment. Motivational interview takes place according to the schedule set in advance. Motivation Committee is composed of academic staff of Geriatric Clinic and residents representatives. Scientific activities in the field of gerontology and geriatrics, clinical volunteer activities in geriatric,</p>	<p>Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to “Geriatrics“ residency study program, with the guidance of procedures set by LUHS Senate.</p>

palliative care and nursing wards, as well as qualities of human being are evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.	
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### Access to further education

Third cycle degree studies may be an option (up to 13% choose to proceed to PhD).

### Access to professional activities (employability)

Doctor geriatrician can do practical job in state as well as in private health care institutions, which have a licence to run geriatric profile services, according to the licence obtained in Lithuania or abroad, can seek a scientific degree in doctoral studies, do pedagogical job. Geriatrician's licence is given by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, internship certificate and certificate of completed residency.

Learning and teaching approaches	Methods of assessment (of learning achievements)
<p>Learning and teaching includes formal teaching and work-based experiential learning. Formal teaching includes lectures, seminars, consultations, case presentations, journal clubs, grand rounds, clinical skills demonstration, research projects.</p> <p>Activities of independent self-directed learning may include reading, maintenance of personal portfolio (log-book, self-assessment, reflective learning, personal development plan), research projects, reading journals.</p> <p>Skills and competences are acquired via their job as residents in Emergency Department, other specialty departments, Outpatient Department, Geriatric Department, head of the Department led word-rounds personal word-rounds, multi-disciplinary team meetings, licenced geriatrician led night shifts.</p> <p>Residents have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary.</p>	<p>Resident assessment, according to LUHS Regulation on Student's Achievements Assessments (Decision by LUHS Senate, December 14<sup>th</sup>, 2012, No 25-07) consists of three assessment forms:</p> <p><b>Initial assessment.</b> The goal of this assessment is to check resident's minimum obligatory preparation for the studies, to set initial level of resident's knowledge and (or) ability level for further study progress assessment; help professors choose study methods and (or) adjust study content while creating conditions for residents to reach prospective study cycle results more effectively. Usually initial assessment is done during the first year of residency studies in Geriatric Clinic. It consists of basic gerontology and geriatrics knowledge test.</p> <p><b>Forming assessment.</b> Forming assessment is applied during the residential studies seeking to assess critically and to adjust residents' learning. In these parts of the residency study program, where practical and social skills are important (problem solutions in problematic learning studies, practice, residency programs etc.) with the goal to assess general competencies the forming assessment is done by multisource feedback method. The forming assessment consists of:</p> <ol style="list-style-type: none"> <li><b>a. Advanced assessment.</b> During it resident is learning and is assessed taking into account special skills, needed in geriatrics. Clinical assessment is performed together with theoretical assessment. Workplace-based assessments: Multi-Source Feedback (MSF), mini-Clinical Evaluation Exercise (mini-CEX), Direct Observation of Procedural Skills (DOPS), Case-Based Discussion (CbD), Patient Survey (PS), Teaching Observation (TO). Assessment is also performed at the end of every cycle. Assessment is performed in form of a test, open-ended questions and solution of clinical situations are included</li> <li><b>b. Credit.</b> It is a forming assessment, done at the each year of studies. During it the course of each residential study year is summarised. Credit is multi-component. During these credits resident is assessed according to LUHS Regulation on Medicine Residency. Geriatric</li> </ol>

	<p>clinic's credit consists of the following:</p> <ul style="list-style-type: none"> <li>- Revision of theoretical knowledge;</li> <li>- clinical situation decision;</li> <li>- residency (cycle) characteristics: point 2.1.2 of LUHS Regulation on Students Assessment, where professors and other staff that works with resident evaluates resident's theoretical, clinical knowledge, punctuality, abilities to work in a team, politeness, deontology as well as discreetness towards patient, friendliness, collegiality, subordination (a multisource feedback);</li> <li>- logbook notes assessment;</li> <li>- other activities (courses studied and certificates obtained, articles surveys presentation in "Journals club", paper preparation and presentation in advanced training courses for doctors and events, presentations, performed studies) assessment.</li> </ul> <p><i>Note:</i> The final resident characteristic is formed at the end of 4<sup>th</sup> study year summarising resident's achievements and characteristics for cycles obtained each year.</p> <p><b>Total assessment.</b> This assessment summarises knowledge obtained by resident. It is done at the end of residency studies by final residency exam.</p>
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Generalcompetencies (knowledge, abilities, values and attitudes)		Outcomes (results) of residency study program	
1.	Professional attributes	1.1	Be honest and honourable with patients, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative.
2.	Professional activity	2.1	Have ability to evaluate the boundaries of his/her competenciesin geriatrics, to act independently, if there is a need, seek for a help, solve problems andtake decisions, communicate and work in a team with specialists from other fields (nurses, rehabilitologists, physiotherapists, occupational therapists, speech therapists, neurologists, psychiatrists etc.), be able to organise work and to plan time properly.
3.	Doctor as an expert	3.1	Be able to analyze symptoms of geriatric syndrommes and diseases, assess the factors of older patients vulnerability, to choose and to apply theoptimal methods of geriatric patient care, constantly seek perfection in gerontology and geriatrics while continuing lifelong learning, be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research.

Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
4.	Consultation with a geriatric patient	4.1	To be able to perform comprehensive geriatric assessment of physical health, functional independence, mental and emotional status, nutritional status, social and economic status and living environment in out-patient and in-patient department, home, long-term institution. Be able to coordinate interdisciplinary team work. Be able to solve complex problems of elderly patients with multimorbidity, functional impairment, social and psychological problems; be able to enlist and prioritize the problems.
		4.2	Be able to explain to the patient and/or his relatives a goal and a meaning for the actions taken to the patient, to discuss further actions, to reassure and to motivate patient and/or his relatives, to understand legal aspects regarding informing patient and/or his relatives.
5.	Making a management plan of geriatric patient	5.1	To be able to recognize clinical geriatric condition, to make a plan for necessary diagnostic tests, be able to interpret test results, to perform primary (complaints, history, total examination) and secondary (interpreting tests' results and planning, performing and interpreting complementary tests' results) differential diagnostics on patients symptoms reasons; to make a relevant treatment plan for an individual patient, to discuss it with a patient and/or his relatives, be able to evaluate possible pharmaceutical mutual interactions and possible side effects as well as evaluate effectiveness of prescribed treatment; to inform properly and objectively about treatment, its alternatives and possible complications.
		5.2	Ability to communicate with patient and his/her relatives in case of critical condition; to gain confidence and written agreement from informed person, communicate in writing (filling up medical documents), communicate with aggressive, demented, palliative patient.
6.	Medical emergencies and resuscitation	6.1	Be able to recognize conditions that need emergency medical treatment, provide first aid, provide intensive care according to the valid recommendations, provide aid in case of trauma, have abilities to treat conditions that require emergency assistance.
7.	Performing or requesting of appropriate investigations and interpretation of the results	7.1	Be able to perform pleural and ascites punctures, to have skills to use standard scales to assess functional state, mental state, emotional and social state.
		7.2	To evaluate data of invasive and non-invasive tests of older patients.

8.	Health promotion, engagement in population health issues and effective work in health care system	8.1	Be able to assess risk for patient's health and apply proper and rational remedies to lower the risk, apply infection control precautions, assess professional activities risk for his/her own health and take precautions to avoid this risk. To make a vaccination plan of older person. To make environment modification plan. To introduce gerontechnologies. To teach older patient and his/her family.
		8.2	To participate in health promotion programs on the level of population and of an individual.