Diploma in Geriatric Medicine

Guidance for candidates on changes to the clinical examination in November 2015

From November 2015 Station 2 of the Diploma in Geriatric Medicine (DGM) clinical examination is changing with the introduction of a new Comprehensive Geriatrics Assessment (CGA) station. This will replace the Structured Practical Assessment and the neurology case. The neurology case will be incorporated into Station 4 and section b will require candidates to conduct an examination of either a cardiovascular, respiratory or neurology case. In the new station 2 you will be tested on your ability to conduct and utilise a CGA.

The subject of the station will vary but will consist of a scenario describing a patient with a complex presentation with a mix of medical and social issues. The template for such a scenario is shown in Appendix 1. It essentially consists of two parts.

a) Medical assessment part will be given and is NOT the subject of this examination.

b) CGA. There are various elements to the CGA but some of these will be omitted. It is the scope of this station to identify these elements and one or more will be missing from the scenario given.

The examiners will assess you on your ability to do the following;

a) decide which elements of the assessment may be incomplete or missing from the scenario

b) with the assistance of and in discussion with the examiners, bring the assessment elements together to develop a prioritised summary of the issues.

c) discuss with the examiners how the prioritised issues might be addressed with the help of specific members of the multi-disciplinary team.

How will the station run?

5 minutes preparation

You will be given 5 minutes to read the scenario. It is recommended to make notes for yourself during this 5 minute preparation period if you wish, and to refer to them during your discussion with the examiners. After this 5 minute preparation you will be invited into the station for a discussion with the examiners which will last 14 minutes. There are two parts to the discussion with the examiners

Introductory period of the station (up to 5 minutes)

This part of the station is all about completing the information gathering by entering into a discussion with the examiners. At the beginning of the station (the first 5 minutes or so) you will be asked to summarise and identify the key issues in the scenario, and to say what additional assessments you would want to do or information you want.

For example the assessment might include a history and physical examination, an assessment of comorbidity, and activities of daily living and you may decide to request more detail such as a medication review, nutritional assessment, a cognitive assessment, SALT review, social work input, etc.
During this period the intention is for there to be some discussion between you and the examiners about the issues, and at the end of the introductory period the examiners will confirm all the relevant additional information that is needed for subsequent discussion.

Discussion about priorities and management (about 9 minutes)

This second part of the CGA scenario is about developing a management plan, with the assistance of members of the multidisciplinary team. In the time you will spend discussing the case with the examiners you will be tested on your ability to

a) demonstrate a good understanding of the process of CGA, how the team would address the issues arising from the CGA, which team member(s) would do what, and what the team members would actually do

b) discuss options for management including (for example) a discussion of your recommendations or advice arising from the completed comprehensive geriatric assessment

c) identify and demonstrate understanding of the missing elements of the assessment

d) bring the elements together and provide a prioritised summary of the patient’s problems.

e) discuss how the prioritised problems might be addressed with the help of specific members of the multi-disciplinary team.

It is very important to remember that the station is NOT about how making a medical diagnosis, this will be provided to you, but it is about formulating a multidisciplinary management plan for the patient. The best preparation for this station is by attending multidisciplinary teams where CGA is practiced.

Criteria for passing the station

The following will be the criteria used for evaluating candidate performance at this station.

<table>
<thead>
<tr>
<th>Clear Pass (4 marks)</th>
<th>Pass (3 marks)</th>
<th>Fail (2 marks)</th>
<th>Clear Fail (1 mark)</th>
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</thead>
<tbody>
<tr>
<td>Understands and uses all of the elements of CGA to produce a prioritised problem list and effective management plan.</td>
<td>Understands and uses the key elements of CGA to produce a problem list and plausible management plan</td>
<td>Does not understand and use some elements of CGA and is may be unable to produce a problem list or a management plan</td>
<td>Does not understand or use most elements of CGA and is unable to produce a problem list and plausible management plan</td>
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</tbody>
</table>

There will be 8 marks available for the CGA. The total marks available across all stations will be 40 instead of 44. To ensure consistency and stability the pass rate will not change. The nominal pass mark for the Clinical Examination will be 29, although this is confirmed at each diet by the DGM Board.
Appendix 1

Scenario Template

A typical scenario for the Comprehensive Geriatric Assessment Station will consist of two parts

1. Medical assessment (included in all scenarios)
   a) Presenting complaint and past history
   b) Drugs
   c) Examination
   d) Investigations

2. CGA Elements: some will be deleted for the exam scenario and this is what the candidate is expected to identify and discuss.
   a) Personal and instrumental ADLs
   b) Mobility
   c) Bladder / Bowel, continence
   d) Skin integrity
   e) Cognitive function
   f) Depression screen
   g) Nutritional status
   h) Other elements of CGA (e.g. Speech and language Therapy (SALT) assessment, social workers report).