



Blueprinting of the assessment for the Cert Geriatrics(SA)

The examination will comprise two (Paper 1 and Paper 2) 3-hour written papers comprising 4(four) questions each. The convenor will select 4 questions from 5 possible blue print question options. These 4 questions will comprise the written paper component. Candidates are required to obtaining 50% or more in both written examinations to pass.

Written paper 1 (Theory paper)

Question 1

The first question will comprise 3 short answer questions a, b and c, each marked out of 10.

- a) Epidemiology and the demography of elderly persons nationally or internationally. The candidate may be asked to relate this knowledge to specified aspects of the following:
- International trends in ageing
 - National trends in ageing or life expectancy
 - Effect on burden of disease
 - Effect on health care provision
 - Social and economic factors affecting the elderly
- b) The physiology of normal ageing as it affects a specified organ system or physical capability which may include;
- Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Genitourinary
 - Nervous
 - Sensory perception
 - Gait and mobility
 - Metabolism of drugs
- c) Legal and ethical issues affecting the elderly. This may include;
- Aspects of legislation protecting the rights of elderly persons in the Republic of South Africa
 - Issues concerning testamentary capacity
 - Issues concerning the appointment, procedure or administration of curatorship of the legal or physical personae.
 - Elder abuse
 - End of life decision making
 - Patients rights to refuse treatment and their capacity to do so
 - The withholding or withdrawal of treatment
 - Euthanasia

Question 2

Neurodegenerative, organic or psychiatric conditions affecting cognitive functions in the elderly. The question will be divided into 3 sections; a, b and c each marked out of 10. The question may be phrased as a clinical scenario where the candidate is expected to make a diagnosis or the condition may be specified and the candidate expected to discuss aspects of that condition in each section of the question.

- a) Differential diagnosis and clinical assessment
- b) Physical examination, mental state examination, cognitive assessment and its interpretation, radiological or laboratory investigations as they relate to confirming the diagnosis discussed in section a).
- c) Pharmacological and non pharmacological management of the diagnosis and or the appropriate counseling regarding prognosis/progression of the condition

Example; different neurodegenerative dementia's, mild cognitive impairment, structural brain disorders such as normal pressure hydrocephalus, delirium, depression or psychosis.

Question 3

Instability, falls and immobility in the elderly. The question may be set as a clinical scenario or a problem statement including history and where appropriate clinical findings. The question will be divided into 3 sections; a, b and c each marked out of 10.

- a) Differential diagnosis or assessment for underlying or reversible causes as appropriate to the problem described
- b) Physical, functional or other clinical assessment of the problem and radiological, laboratory or cardiac special investigations as appropriate to investigation and diagnosis of the problem described.
- c) Pharmacological, non-pharmacological, rehabilitative management or interventions to improve mobility and or function.

Example; combinations of neurological, musculoskeletal or cardiac conditions, including the frailty syndrome, which may or may not improve with treatment such as neuropathy, myopathy, arthritis, postural hypotension or syncope.

Question 4

The assessment management of complex clinical, functional and social issues by a multidisciplinary team the core of which includes medical, physiotherapy, occupational therapy and social work professionals and where appropriate speech therapist, community carers, dieticians and chiropodists. A scenario will be given where the diagnoses and management of medical conditions is stated as well as the history of functional impairments and social issues. The candidate will be asked how different members of a multidisciplinary team would function and contribute to the assessment and management of the problem described taking into account the natural history of the medical conditions stated. The scenario may involve acute problems in an inpatient or chronic or degenerative problems in a community dwelling setting.

Marked out of 30.

Example: A patient who has multiple strokes with deteriorating mobility, cognitive impairment, functional incontinence and lives on her own who is admitted with aspiration pneumonia.

Question 5

Write short notes on an aspect of geriatric medicine in each of 3 topics a), b) or c) marked out of 10 for each component.

- a) The pathology or pathophysiology of a common or important condition in the elderly
- b) An aspect of pharmacology relevant to common conditions in the elderly
- c) An aspect of urinary or fecal incontinence, genitourinary diseases or sexual health in the elderly.

Written Paper 2 (Objective Test)

There will be 12 questions which will be equally weighted and include: six (6) clinical scenarios and 6 on laboratory, radiology and other specialized assessments

Case scenarios on:

- An aspect of residential care in the elderly including the selection of appropriate care including tools/scales, management of care facilities including evidence based protocols for surveillance, detection or management of medical or functional problems or mechanisms of evaluating the quality of care.
- An aspect of the investigation, assessment, investigation or management of frailty in the elderly including the assessment of gait and balance.
- A discussion of the management, pharmacological and non-pharmacological, and appropriate counseling of a common problem related to dementia or psychiatric illness in the elderly.
- Management options, including advantages and disadvantages, of common or important medical conditions and co-/multi-morbidities in the elderly.

Laboratory, radiology and other specialized assessments

The candidate will be presented with results or examples of completed cognitive tests or assessment tools widely used in geriatric practice and asked to interpret these results in terms of diagnosis or management. These may include cognitive test batteries, functional assessment, psychiatric screening tools, laboratory data, CT or MRI, brain, bone densitometry, ECG, tilt test, carotid sinus massage or 24 hour ECG.

JOHANNESBURG
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