



CERT GERIATRIC PSYCHIATRY(SA) BLUE PRINTS

Number of years of study: 2 (up to 50% accepted in part-time equivalent).

Part time: 50% weekly effort up to a maximum of 4 years

PART A: Curriculum Content Blueprint

PART B: Competencies

PART C: Formative and Summative Assessment details (includes nature and weighting of final examination components)

PART A: Curriculum Content Blueprint

PAPER 1		
Module/Section	Components / sub-sections	Weighting (%)
Basic Neurosciences including neuroanatomy, neurophysiology, neurochemistry with special reference to Geriatric Psychiatry; psychological aspects of normal ageing	<ul style="list-style-type: none"> • Brain structure at the macroscopic and microscopic levels, in particular the knowledge of relation of networks, systems and substrates as they pertain to Psychogeriatric disorders. • CNS structure-function correlations; for example, functional anatomy of the central nervous system. • Neurochemistry, including neuromodulation, neurotransmission, neurotransmitter and receptor function with emphasis on structure and functioning relevant to old age • Biological aspects of human ageing • An overview of the concepts and key studies applicable to the epidemiology of old age psychiatry • Developmental psychology and psychological tasks of ageing. 	10%
Clinical neuroscience with special relevance to old age	<ul style="list-style-type: none"> • The physiology of ageing and the pathophysiology of psychogeriatric disorders, • Geriatric neuropsychopharmacology • Principles of genetics, immunology and endocrinology and their application to the Central Nervous system with emphasis on old age and psychogeriatric disorders • The basic principles of structural and functional neuroimaging and its application to the diagnosis and assessment of psychogeriatric disorders. 	10%
Psychogeriatric disorders	For each disorder: <ul style="list-style-type: none"> • The epidemiology of psychogeriatric disorders in various populations. 	30%

	<ul style="list-style-type: none"> • The phenomenology of psychogeriatric disorders. • Medically unexplained symptoms and the overlap of certain psychogeriatric and neurological disorders • Diagnostic classification of psychogeriatric disorders, including DSM-based, as well as international based systems 	
	<ul style="list-style-type: none"> • The natural history of the disease process in psychogeriatric disorders, which enables identification of: a) the severity of the disease; b) the urgency of the need for treatment; c) the stage of the illness; and d) the prognosis. • The ability to carry out brief bedside psychogeriatric and functional assessments as well as relevant rating scales. • Carrying out of a full psychogeriatric examination relevant to the clinical context. • The assessment of characteristic psychogeriatric disorders relevant to the clinical context. 	
Management of the psychogeriatric patient	<ul style="list-style-type: none"> • Interpretation of medical, neuro-psychological, psychological and neurodiagnostic investigations and assessments • The use of psychopharmacology, ECT and other physical treatments including the frequency and management of side effects; drug interactions and sub optimal treatment • psychoeducation, CBT, supportive therapy, family counselling and appropriate referral for additional relevant psychotherapies • non-pharmacological interventions in dementia care. • the needs of carers and to direct to appropriate resources • Principles and practice of psychogeriatric rehabilitation • Roles of members of the MDT in the assessment and management of psychogeriatric disorders • Palliative care, grief and grief therapy. • 	40%
Contextual issues and ethics pertaining to psychogeriatrics	<ul style="list-style-type: none"> • Principles underlying the choice and integration of services and interventions in psychogeriatrics • The principles of medico-legal aspects to the practice of psychogeriatrics including capacity assessment, a clear understanding of the limitations of standard power of attorney, the legal framework and issues related to curatorship and administratorship applications and fitness to operate a vehicles • Prevention and health promotion in psychogeriatrics. 	10%
TOTAL		100%

PART B.../

PART B: Competencies

A: CORE COMPETENCIES	DESCRIPTION
Sub-specialist Expert / Clinical Decision-Maker	<ul style="list-style-type: none"> • Demonstrate satisfactory knowledge of the principles and practice of general neurology and psychiatry as applicable to the level the level of a Psychogeriatric specialist. • Appropriately request, utilise and interpret neurocognitive tests for management purposes. Perform detailed clinical assessment, incorporating bedside neuropsychiatric evaluation. Demonstrate knowledge of localized brain function, in relation to cognitive function, identify clinical areas of brain • Conduct assessments in a range of hospital and community settings, incorporating environmental factors • Perform a functional assessment including activities of daily living and utilise results to inform management and appropriate residential placement decisions for the individual. • Perform medico-legal assessments with particular emphasis on testamentary capacity, curatorship, competency and informed consent.
Communicator	<ul style="list-style-type: none"> • Demonstrate interviewing skills adapted to the needs of old age patients, with particular emphasis on the clinical understanding of geriatric psychopathology in the communication process. • This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances. • Recognise and assess relevant features of the family context including the family's role as carers, care giver burden and elder abuse.
Collaborator	<ul style="list-style-type: none"> • To be able to collaborate effectively with people with neuropsychiatric disorders, carers, other health professionals and members of the general public in a variety of settings. • To facilitate multi-disciplinary, community and family inter-relationships in a manner that will benefit patients and the broader public.
Manager	<ul style="list-style-type: none"> • To apply knowledge about the organisation and delivery of mental health care to older individuals with psychiatric disorders, including the ethical, economic, geographical and political constraints within which it is delivered. • Develop appropriate leadership skills. • To demonstrate skills in clinical governance in terms of providing inputs into policy and service development, and to provide feedback to health managers. • To develop the ability to conduct and complete audits in clinical practice.
Health Advocate	<ul style="list-style-type: none"> • To be knowledgeable about and be able to apply the principles and processes of mental health promotion, successful ageing and the prevention of psychiatric disorders, both on a clinical and regulatory level. This includes the ability to inform and educate patients and the public, as well as the provision of adequate health care.
Scholar	<ul style="list-style-type: none"> • To be involved in constant critical review of scientific principles and clinical precedent relevant to psychogeriatric care • To demonstrate competence in the principles of scientific method in practice and the use of this knowledge to evaluate developments in psychiatric research as applicable to the older individual. • To demonstrate competency to undertake research and critically appraise published literature relevant to Old Age psychiatry. To

	develop the ability to teach, assess and appraise undergraduate and postgraduate students.
Professionalism	<ul style="list-style-type: none">• To apply the principles of medical ethics, develop professional attitudes and skills for the maintenance of clinical competence, and professional and public accountability.

B: COMPETENCIES PER MODULE	DESCRIPTION
Basic Neurosciences including neuroanatomy, neurophysiology, neurochemistry pertaining to normal ageing and Psychogeriatrics	<ol style="list-style-type: none"> 1. Clinical diagnostic and therapeutic application of normal ageing in respect of: macro- and micro- structure of the ageing brain, functional imaging of the ageing brain, neurophysiology, neuroendocrinology and genetics of the ageing brain, chronological, functional and psychological aspects of ageing, successful ageing, sexuality in older people, normal and complicated grief reactions, spirituality, cultural, social and economic aspects of mental health in the aged. 2. Clinical application of neurosciences and the behavioral sciences with specific relevance to psychogeriatrics to link clinical symptoms and signs with underlying age-related brain dysfunction to improve diagnosis and targeted treatments. 3. Apply knowledge of geriatric brain structure and function to integrate clinico-pathologic processes and accordingly to utilize special investigations appropriately. 4. Demonstrate an ability to appropriately select, monitor and adjust psychotropic agents according to the patient's individual clinical presentation.
Clinical neuroscience with special emphasis on psychogeriatric illness	<ol style="list-style-type: none"> 1. Assessment and diagnosis: classification of psychogeriatric disorders (ICD and DSM); physical examination, investigations, bedside cognitive assessments, neuropsychological assessment, rating scales, assessment of competence and testamentary capacity. 2. Accurately describe clinical features of psychogeriatric diseases, and link their relationship to the underlying condition in terms of time course, severity, phenomenology and prognosis. 3. Sound knowledge of psychological and psychiatric aspects of medical comorbidities and psychopharmacology in the elderly. 4. Assess medically unexplained psychogeriatric symptoms, including use of appropriate special investigations to rule out another medical condition. 5. Construct a clear but comprehensive diagnostic formulation, incorporating the underlying disease with its age-related psychiatric manifestations. 6. To generate an appropriate management plan targeting key symptom clusters, psycho-social needs and long term rehabilitation. 7. Communicate the conclusions of psychiatric assessments clearly, accurately and in appropriate detail to colleagues, GPs, members of the MDT, and patients and families. 8. Demonstrate competence in writing appropriate reports including NP reports for the court and be able to act as an expert witness. 9. Appreciate the different professional roles of members of the specialist Old Age Psychiatry service. 10. Demonstrate leadership and ability to work within the Old Age Psychiatry multidisciplinary team. 11. Knowledge and skills pertaining to palliative care and euthanasia.
Neuropsychiatric disorders with special relevance to old age	<ol style="list-style-type: none"> 1. To have a broad overview of common and important neurologic diseases with respect to their epidemiology, aetiology, clinical features and management in older patients. 2. To be able to systematically appraise and record the presence of cognitive, affective, psychotic, and behavioural/emotional disorders in disorders presenting with another medical condition. 3. To utilise appropriate investigations.
Management of the psychogeriatric patient	<ol style="list-style-type: none"> 1. To initiate, and maintain where appropriate, biological, psychological and social management, of psychogeriatric disorders. 2. To integrate management with colleagues, as well as referrers and providers at primary and secondary levels of care. 3. To report, measure and audit clinical services to health authorities and managers, and continuously improve and refine services.

Contextual issues; legal and ethics in old age psychiatry	<ol style="list-style-type: none">1. Knowledge and skills in about resource allocation within healthcare systems. The appreciation of packages of care in Old Age psychiatric disorders is central to effective utilisation of resources.2. Knowledge and application of how culture language and education impact on diagnosis and management.3. A sub-specialist Old Age Psychiatrist must uphold the highest level of medical ethics, and accordingly must be knowledgeable of common principles of ethics, as well as ethics of research.4. Recognition and management of elder abuse5. Application of legislation principles relevant to older persons e.g. Older Person's Act to policy and practice.
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PART C: Formative and Summative Assessments

The examination comprises two components, a written and a clinical section; the written examination must be passed in order to be eligible for the clinical examination.

1.0 CONDUCT OF THE EXAMINATION

1.1. WRITTEN

- 1.1.1 ONE written paper of 3 hours comprising either a minimum of four essay-type questions, a mixture of essay-type questions and single-best answers (SBA), or a minimum of 150 SBAs.
- 1.1.2 Candidates must write the paper at a single sitting of the examination of the Colleges of Medicine of South Africa
- 1.1.3 In order to pass, the written paper and be eligible for the clinical component of the examination, a candidate must:
 - achieve an average of 50% or more for the paper AND
 - if essay-based, achieve a minimum of 50% each for 3 of the 4 essay questions
- 1.1.4 If the candidate passes the written examination but fails the clinical examination, a credit for the written examination is granted for the immediate next clinical examination that is convened.

1.2 CLINICAL/PRACTICAL/ORAL EXAMINATIONS COMPRISING:

- 1.2.1 Either: one long case and one short case; OR up to four short cases or clinical stations PLUS an oral examination, OR an OSCE which may include clinical and oral stations
- 1.2.2 The clinical/practical component will be weighted 70% and the oral 30%
- 1.2.3 An average combined mark of 50% is required in the Clinical/Practical/Oral examination in order to pass.

Criteria for passing the examination:

BOTH the written AND the OSCE examinations must be passed individually as defined above, each with a score of 50% or more.