CURRICULUM EUROPEO PER LA SCUOLA DI SPECIALIZZAZIONE IN GERIATRIA

Una recente pubblicazione su Age & Ageing riporta un lungo elenco di argomenti raccomandati da inserire in un curriculum comune e paneuropeo della scuola di specializzazione di Geriatria. Si parla di training richiesto su specifici argomenti gerontologico-geriatrici che sono elencati di seguito che sono stati ottenuti con il metodo Delphi (consenso di 32 esperti europei di 30 nazioni). Le raccomandazioni contengono 4 domini di obiettivi didattico-formativi. L’ ultimo dominio è dedicato alla valutazione complessiva del futuro Geriatra compresa la sua attitudine a confrontarsi con i problemi degli anziani.

Çç Recommendations for training requirements to become a geriatrician in Europe including level of agreement

|  | | **% of agreement** |
| --- | --- | --- |
| Domain I: General considerations | |  |
| 1 | Year of publication or latest update of syllabus/curriculum cited | 94 |
| 2 | Recommended reading | 78 |
| 3 | Editors of the syllabus/curriculum cited (Roller-Wirnsberger, Singler, Masud, Vassallo) plus national contact point | 78 |
| 4 | Institutions/societies responsible for content cited (UEMS, EUGMS, IAGG-ER, EAMA) | 94 |
| 5 | Aim of syllabus/curriculum outlined (text provided by Katrin Singler) | 88 |
| 6 | Quality control: institution/society/ministry, role and responsibilities of program director/educator within the training institutions, accreditation process for training institutions, minimum structural requirements for institutions involved in training of young geriatricians (space, acute care hospital, long-term care facility, long-term non-institutional care services, ambulatory care facilities, other support services), disciplines and other healthcare professions involved in postgraduate training | 78 |
| Domain II: Knowledge in patient care | |  |
| 1 | Biology of ageing | 97 |
| 2 | Acute and Chronic Disease in Old Age, their clinical presentation including atypical presentation and their effect on organ function and functionality | 100 |
| 3 | Falls | 100 |
| 4 | Dizziness and Vertigo | 87 |
| 5 | Syncope | 87 |
| 6 | Gait disorders | 87 |
| 7 | Parkinson’s Disease and Syndromes | 97 |
| 8 | Other Movement disorders | 87 |
| 9 | Stroke | 93 |
| 10 | Dysphagia | 97 |
| 11 | Malnutrition and fluid imbalance | 100 |
| 12 | Osteoporosis and bone health | 97 |
| 13 | Sarcopenia | 97 |
| 14 | Frailty | 97 |
| 15 | Continence (urinary and faecal) | 100 |
| 16 | Pain (acute and chronic) | 100 |
| 17 | Dementia and cognitive impairment | 100 |
| 18 | Delirium | 100 |
| 19 | Sleep disorders | 90 |
| 20 | Depression | 97 |
| 21 | Other psychiatric disorders in old age | 87 |
| 22 | Tissue Viability including pressure ulcers | 70 |
| 23 | Ethical issues including ageism and elder abuse | 100 |
| 24 | Legal aspects for older people (country specific) | 93 |
| 25 | Social and Health inequalities | 70 |
| 26 | Health promotion and healthy ageing *(Please not here that the learning objective includes here the following aspects: physical activity, keeping active, avoiding smoking and excessive alcohol, life-style interventions, vaccination, Vit. D, loneliness, nutritional aspects)* | 100 |
| 27 | Pharmacological issues associated with ageing and in geriatric care | 100 |
| 28 | Iatrogenic and care delivered disorders | 87 |
| 29 | Sexuality in older adults | 93 |
| 30 | Comprehensive Geriatric Assessment | 100 |
| 31 | Content and principles of geriatric rehabilitation and its multi-professional aspects | 97 |
| 32 | Multidisciplinary and interdisciplinary approach in the management of geriatric patients (e.g. orthogeriatrics, oncogeriatrics, perioperative care, cardiology, nephrology, emergency medicine and others) | 100 |
| 33 | Role of family and other care givers | 97 |
| 34 | Management of patients in long-term care including residential and nursing care homes | 93 |
| 35 | Palliative and Hospice Care in older patients | 97 |
| 36 | Gerotechnology and eHealth—appropriate housing, ambient assisted living, interventions to support an autonomous life | 100 |
| Domain III: Additional skills and attitudes required for geriatricians | |  |
| 1 | Educational and teaching skills | 90 |
| 2 | Interpersonal and communication skills | 97 |
| 3 | Development of geriatric services (country specific) | 83 |
| 4 | Quality improvement competencies | 87 |
| 5 | Interprofessional team management | 100 |
| 6 | Advocacy of patients’ requirements and wishes | 83 |
| 7 | Leadership competencies | 80 |
| 8 | Life-long learning and continuous professional development | 83 |
| 9 | Integration of holistic skills and attitudes for an individualised person-centred care | 83 |
| Domain IV: Assessment of postgraduate education: which items are important for the transnational comparison process | |  |
| 1 | National medical specialist exam (format and timing) | 83 |

Table 2 shows the final consensus achieved among experts on core components to be addressed to become a geriatrician in Europe. This consensus will be the core to further identify competence levels for single items on knowledge, skills and attitudes on a national level for countries adopting the recommendation launched by UEMS-GMS, EuGMS and EAMA.

Non si enfatizza la necessità della disponibilità di una rete formativa che preveda cure primarie, cure intermedie ed ospedaliere. Migliorare gli skills è la via per ottenere una buona qualità delle cure in Geriatria che prevede anche la sicurezza del malato e procedure centrate sul paziente e sui suoi bisogni (qualità della vita).

Si veda l’ allegato A&A 18