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