



# **CURRICULUM**

## **CERTIFICATE OF ADVANCED TRAINING**

### **IN**

## **PSYCHIATRY OF OLD AGE**

**This curriculum is based on the 2003 Fellowship program.  
An updated version with minor amendments will be available in early 2016**

# **CURRICULUM CERTIFICATE OF ADVANCED TRAINING IN PSYCHIATRY OF OLD AGE**

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## **PREFACE**

When the Section in Psychiatry of Old Age (SPOA) was established by resolution of the General Council in April 1988, one of the objectives of SPOA as specified in the Terms of Reference was "to develop and participate in training programs in psychiatry of old age for trainee psychiatrists...". In 1992, SPOA set up a Working Party in Training Issues, comprising Brian Draper (chair), Peter McArdle and John Chalk. The Working Party was empowered to determine the training experiences needed and to develop the curriculum for advanced training in psychiatry of old age.

The 'Guidelines for RANZCP Training in Psychiatry of Old Age' were completed by the Working Party in 1995 and were the forerunner of the curriculum that formed the basis of advanced training in psychiatry of old age when the Faculty of Psychiatry of Old Age was established in 1999. This current revision was undertaken in 2002-3 in anticipation of the new College Training and Assessment Regulations and the Curriculum for Basic Training which take effect in 2004, so that they are consistent with these changes.

**Sub-Committee for Advanced Training in Psychiatry of Old Age**

## GOALS

### POAG1

To acquire sufficient knowledge and skills in the assessment, diagnosis, treatment and management of older people with mental illnesses in order to practice competently as a full-time psychiatrist in psychiatry of old age.

### POAG2

To demonstrate the ability to assess, diagnose, treat and manage comprehensively and competently psychiatric problems of older people in hospital, outpatient, community and long term residential care settings.

### POAG3

To foster positive attitudes towards older people with a preparedness to advocate for the needs of those older people with mental health problems and mental illness who are mentally disabled.

### POAG4

To develop partnerships with older people with mental health problems and mental illnesses and their carers in order to facilitate their empowerment in the management of their conditions.

### POAG5

To understand issues pertaining to the ageing and mental health needs in diverse groups including ethnic, indigenous and disability groups.

### POAG6

To understand the developmental processes of late life and be knowledgeable of the psychosocial issues of ageing.

### POAG7

To become experienced in consultation, collaboration and liaison with other professionals (in particular geriatric medicine) and community groups involved with the care of older people through leadership of and participation in multidisciplinary teams.

### POAG8

To be able to competently assess medical illnesses in older people with mental health problems and mental illness so that appropriate medical treatment can be facilitated.

### POAG9

To gain experience in the organisation, planning and administration of psychiatric services for older people and their interface with community resources including government programs, voluntary agencies, self help groups and private facilities.

### POAG10

To acquire expertise in the teaching of other health care professionals, people with mental health problems and mental illness and carers about mental health problems in older people.

### POAG11

To acquire knowledge and understanding of research methodology and undertake a research project in the psychiatry of old age.

## OBJECTIVES

The following attitudes objectives should be read in conjunction with the **RANZCP Code of Ethics** and any other codes of ethics published by The RANZCP. Trainees are expected to be familiar with and adhere to the **RANZCP Code of Ethics** and any other codes of ethics published by The RANZCP.

### 1. ATTITUDES OBJECTIVES

#### POAA1 ATTITUDES TO OLD AGE

Psychiatry of old age trainees should develop a positive attitude towards older people and their carers. Psychiatry of old age trainees will demonstrate this attitude by:

##### POAA1

Being prepared to advocate for the needs of those older people with mental health problems and mental illness and their carers.

##### POAA2

Recognising and dealing constructively with biased attitudes towards older people.

##### POAA3

Developing an awareness of the impact of illness on carers and the wider community, and striving to balance the needs of older people with mental health problems and mental illness with those of carers and the wider community.

### 2. KNOWLEDGE OBJECTIVES

Please read in conjunction with the Stage 1 and 2 syllabi, psychiatry of old age trainees should be able to demonstrate knowledge of:

#### POAK1 MENTAL HEALTH PROMOTION IN OLD AGE

By the completion of training, psychiatry of old age trainees should be knowledgeable about the principles and process of mental health promotion and psychiatric disorder prevention in old age.

##### POAK1.1

Issues specific to mental health promotion in old age.

##### POAK1.2

Risk factors for mental disorders in old age that become apparent earlier in life.

#### POAK2 NORMAL DEVELOPMENT IN OLD AGE

By the completion of training, trainees in psychiatry of old age should be knowledgeable about normal biological, psychological and social development in the ageing process.

##### POAK2.1

The normal developmental processes of ageing so as to determine whether an individual's style of thinking, feeling or behaving is appropriate for their age or may be indicative of illness.

##### POAK2.2

How old age may influence the aetiology and presentation of psychiatric disorder and its management.

##### POAK2.3

The coping and defence mechanisms utilised in the face of physical or psychological trauma and illness by older people.

POAK2.4

Factors which may be associated with vulnerability to psychiatric disorder and protective factors associated with resiliency in old age.

POAK2.5

The way in which the therapeutic alliance is affected by the age of the person with mental health problems and mental illness.

POAK2.6

The particular issues facing dying people (and their carers) including the significance of religious and cultural factors.

POAK2.7

The self perceptions of older people.

POAK2.8

Theories of ageing and age including related changes in organ systems.

POAK2.9

The demography of modern societies including the changing age structure and its social, environmental and economic consequences.

POAK2.10

The implications that demographic changes have for carers, health services and welfare services in the care of older people.

POAK2.11

Societal attitudes and beliefs about normal ageing, death, euthanasia, mental illness, physical illness and dependency.

POAK2.12

Issues of ageing in a multicultural society (including indigenous cultures).

POAK2.13

Common social stressors of late life including retirement, isolation, widowhood, victimisation, poverty, elder abuse and role changes.

**POAK3            BASIC SCIENCES**

By the completion of training, psychiatry of old age trainees should be knowledgeable about aspects of those biomedical, social and psychological sciences which underpin the practice of clinical psychiatry in older people.

POAK3.1

The physiology of ageing.

POAK3.2

Pharmacotherapeutic implications of biological changes associated with ageing, including pharmacokinetics and pharmacodynamics in old age.

POAK3.3

The molecular biology of ageing.

#### **POAK4 MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS IN OLD AGE**

By the completion of training, psychiatry of old age trainees should be knowledgeable about the epidemiology, aetiology, psychopathology, clinical features (including complications), and natural history of mental health problems and mental illness in both the older person and their carer, including concepts of impairment, disability and handicap. A sound knowledge of the assessment and care of these conditions is also expected.

##### **POAK4.1**

The incidence and prevalence of illnesses in old age and in various populations.

##### **POAK4.2**

The phenomenology of mental health problems and mental illness in old age, including non-specific and atypical presentations of illness such as 'pseudodementia', 'masked' depression and behavioural disorders.

##### **POAK4.3**

Mental health problems and mental illness in old age and the criteria on which these are based, within the framework of one of the widely accepted classification systems.

##### **POAK4.4**

Possible causative or exacerbating factors in mental health problems and mental illness of old age.

##### **POAK4.5**

The natural history of the disease process in mental health problems and mental illness of old age, including the influence of ageing upon early onset 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.

##### **POAK4.6**

The assessment of common behavioural disorders found in old age.

##### **POAK4.7**

Appropriate management plans for mental health problems, mental illness and behavioural disorders in old age including:

- a) interpretation of medical, psychological and neurodiagnostic investigations and assessments;
- b) the application of psychotherapies, including supportive, cognitive-behavioural, group and family therapies;
- c) the use of psychopharmacology, ECT and other physical treatments including the frequency and management of side effects;
- d) the use of behaviour modification, environmental adaptation and preventive measures;
- e) situations in which referral to, or consultation with, colleagues in psychiatry and other disciplines is appropriate;
- f) programs involving changes in lifestyle;
- g) rehabilitation programs; and
- h) strategies that meet the needs of carers including the role of self-help groups, including Alzheimer's Australia and ADARDS in New Zealand.

#### POAK4.8

The influence of specific factors on assessment and care of psychiatric disorders in old age, including:

- a) age;
- b) intellectual capacity including intellectual disability;
- c) medical illness and disability;
- d) gender;
- e) culture;
- f) spiritual beliefs;
- g) socio-economic status;
- h) psychiatric comorbidity;
- i) elder abuse;
- j) polypharmacy; and
- k) support factors.

#### POAK4.9

The influence of factors which affect treatment outcome including medical aspects of mental health problems and mental illness in old age.

#### POAK4.10

The principles underlying the choice and integration of interventions in mental health problems and mental illness in old age, including the evidence base and relative cost effectiveness.

#### POAK4.11

The principles of medico-legal aspects to the practice of psychiatry in old age, with particular emphasis on mental health and guardianship legislation, including its local application, testamentary capacity, enduring power of attorney, informed consent, assessment of older offenders and fitness to plead.

#### POAK4.12

The community care system including the relevant welfare legislation that affects the management of older people.

#### POAK4.13

Issues of ageing and mental health in older people with intellectual and other disabilities.

### **POAK5            IMPACT OF MENTAL ILLNESS IN OLD AGE**

By the completion of training, psychiatry of old age trainees should be knowledgeable about the impact of psychiatric disorders on people with mental health problems and mental illness and carers.

#### POAK5.1

The impact of placement and residence in long term residential care on older people with mental health problems and mental illness and their carers.

### **POAK6            MEDICINE IN RELATION TO PSYCHIATRY IN OLD AGE**

By the completion of training, psychiatry of old age trainees should be knowledgeable about geriatric medical and surgical conditions. Higher levels of knowledge are expected in those areas of geriatric medicine which particularly relate to psychiatric practice.

#### POAK6.1

The presentation, investigation, diagnosis and treatment of common geriatric medical problems, particularly as they relate to psychiatric practice.

#### POAK6.2

The basic principles involved in the management of significant medical illnesses in old age.

POAK6.3

The interaction between medical and psychiatric disorders, particularly in the severely disabled.

POAK6.4

The psychiatric complications of non-psychotropic drugs commonly used in old age, including interactions with psychotropics.

POAK6.5

New developments in the field of geriatric medicine that are relevant to old age psychiatry.

**POAK7 RESEARCH METHOD**

By the completion of training, psychiatry of old age trainees should be knowledgeable about the principles of scientific method in their practice and the use of this knowledge to evaluate developments in psychiatric research.

POAK7.1

The history and philosophy of science as they relate to concepts of mental disorder in old age.

POAK7.2

Scientific analysis and interpretation of psychiatric literature in old age psychiatry and related disciplines.

POAK7.3

The application of this approach to research, including clinical trial design, basic statistical techniques, literature review and outcome assessment.

**POAK8 SERVICE ISSUES**

By the completion of training, psychiatry of old age trainees should be knowledgeable about the organisation and delivery of mental health care to older people including the ethical, economic, geographical and political constraints within which it operates.

POAK8.1

The philosophy underlying modern mental health service delivery for older people, including the range of acute and long term care options available such as hospital services, community outreach, respite care, day hospital, nursing homes and hostels.

POAK8.2

Government and RANZCP policies on mental health and other community services for older people.

POAK8.3

The principles of service planning and management in old age psychiatry.

POAK8.4

The interfaces between old age psychiatry services, adult mental health services (where separate), general practitioners, geriatric medical services, community aged care services, intellectual disability services, and other community agencies and the various consultation/liaison roles of the old age psychiatrist that occur in different care settings.

POAK8.5

The role of general practitioners in the recognition and treatment of common psychiatric disorders in old age.

POAK8.6

Funding mechanisms for psychiatry of old age services and the implication of these for the delivery of services.



**POAK8.7**

The role of consumers, carers, consumer groups and other major mental health groups in relation to the delivery of psychiatry of old age services.

**POAK8.8**

Factors that contribute to effective service provision including staff morale, patient/carer focus, monitoring performance, prioritisation, teamwork and leadership.

**POAK8.9**

The measurement of outcomes of mental health service delivery to older people and their carers.

**POAK9 PROFESSIONAL RESPONSIBILITY**

By the completion of training, psychiatry of old age trainees should be knowledgeable about the principles of medical ethics, the development of professional attitudes and mechanisms for the development and maintenance of clinical competence, acknowledging the need for professional and public accountability.

**POAK9.1**

The role of the old age psychiatrist in the provision of education and supervision.

**POAK9.2**

The leadership role of the old age psychiatrist within the health care system.

**3. SKILLS OBJECTIVES**

Please read in conjunction with the Stage 1 and 2 syllabi, psychiatry of old age trainees should be able to:

**POAS1 HEALTH PROMOTION**

By the completion of training, the psychiatry of old age trainee should be able to apply specific knowledge of the principles and processes of health promotion and illness prevention.

**POAS1.1**

Recognise and address risk factors for common health problems in older people in the community, in hospitals and in long term care, such as falls, confusion and depression.

**POAS1.2**

Recognise and address the needs of carers of older people with mental health problems and mental illness.

## **POAS2 ASSESSMENT OF OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS**

By the completion of training, trainees should possess the skills necessary for performing a comprehensive psychiatric assessment in older people with mental health problems and mental illness.

### **POAS2.1**

Demonstrate interviewing skills adapted to the needs of older people with mental health problems and mental illness with recognition and pursuit of issues relevant to old age.

### **POAS2.2**

With tact and respect, appropriately use and interpret cognitive tests and document these accurately.

### **POAS2.3**

Appropriately refer people for neuropsychological assessment and effectively utilise the results.

### **POAS2.4**

Conduct assessments in a range of hospital and community settings, including assessment of the environment.

### **POAS2.5**

Perform a functional assessment including activities of daily living and apply it to the determination of the most appropriate form of living arrangements for the individual.

### **POAS2.6**

Recognise and assess relevant features of the family context including the family's role as carers, carer stress and elder abuse.

### **POAS2.7**

Perform medico-legal assessments with particular emphasis on testamentary capacity, guardianship, enduring power of attorney, competency and informed consent.

## **POAS3 CARE AND TREATMENT OF OLDER PEOPLE WITH MENTAL HEALTH PROBLEM AND MENTAL ILLNESS**

By the completion of training, trainees should possess the skills to care for psychiatric disorders in old age.

### **POAS3.1**

Integrate biomedical, psychological and social information into a diagnostic formulation and hence to develop and coordinate a multidisciplinary treatment plan according to the needs of each older person.

### **POAS3.2**

Interpret neuroimaging investigations with particular emphasis on CT and MRI scans.

### **POAS3.3**

Use skills in psychotherapy as adapted to older people.

### **POAS3.4**

Demonstrate knowledge of pharmacotherapy, including therapies for cognitive impairment, with emphasis on appropriate drug choice, dosage and adverse effects in old age.

### **POAS3.5**

Demonstrate knowledge of electroconvulsive therapy and other physical treatments as adapted for use in old age.

**POAS3.6**

Demonstrate skills in behaviour modification approaches in the treatment of behaviour disorders.

**POAS3.7**

Coordinate community, environmental and legal interventions particularly for people with mental health problems and mental illness unable to care for themselves.

**POAS3.8**

Demonstrate skills in therapies that involve the partners and families of older people.

**POAS3.9**

Demonstrate competence in the practice of old age psychiatry in residential care settings.

**POAS3.10**

Communicate tactfully and sensitively with older people with mental health problems and mental illness, using interview techniques congruent with their cognitive function and sensory status.

**POAS4 ROLES OF AN OLD AGE PSYCHIATRIST**

By the completion of training, trainees should have developed skills appropriate to their level of training related to the roles of an old age psychiatrist in a health setting and the community. The trainee should be able to teach topics in old age psychiatry to health professionals, people with mental health problems and mental illness and their carers, and the general public.

**POAS4.1**

Recognise and deal constructively with ageist attitudes towards the older people and be willing to advocate for their needs.

**POAS4.2**

Develop skills to provide supervision in old age psychiatry to junior colleagues and other health professionals.

**POAS4.3**

Work in a leadership role within a multidisciplinary old age psychiatry team.

**POAS4.4**

Develop skills in models of service delivery that enhance liaison with general practitioners and other primary health care workers.

**POAS4.5**

Recognise issues particular to service delivery in long term care settings including psychological reactions of the residents, staff issues, facility design and the impact of funding decisions.

**POAS4.6**

Demonstrate an ability to teach topics in old age psychiatry as evidenced by both formal and informal presentations.

**POAS5            GERIATRIC MEDICINE IN RELATIONSHIP TO PSYCHIATRY**

By the completion of training, trainees in old age psychiatry should be able to competently assess older people for the presence of medical illnesses. Higher levels of skill, tempered by maturity and experience, are expected in those areas of geriatric medicine which particularly relate to psychiatric practice.

**POAS5.1**

Demonstrate an awareness of age-related changes on physical (particularly neurological) examination in older people.

**POAS5.2**

Appropriately refer to and consult with other health care professionals.

**POAS5.3**

Demonstrate knowledge and appropriate management of the ethical and legal issues pertinent to the withholding of medical treatment and the right to refuse treatment.

**POAS6            RESEARCH IN OLD AGE PSYCHIATRY**

By the completion of training, psychiatry of old age trainees should have the skills necessary to undertake a research or evaluation study and to critically appraise published research relevant to psychiatry of old age.

**POAS6.1**

Demonstrate a knowledge of the specific ethical and legal issues involved in conducting clinical research with subjects who have severe cognitive impairments and are incapable of providing informed consent.

**POAS6.2**

Design, undertake, analyse and write up a research project (either by the collection of empirical data or literature review) in old age psychiatry.

**Approved:** General Council GC 2003/1.R7