had a meeting with my mentor to set a preliminary CESR pro-
gram over 18 months, through which I can get experience in
various subspecialties and get my JRCPTB geriatric training pro-
gram competencies signed. I am following the specialist regis-

tar training curriculum in Geriatric Medicine (which includes
for example: specialist clinics, procedures, old age psychiatry,
ortho-geriatrics, movement disorders, continence, tissue viabil-
ity, stroke, community geriatrics and front door geriatrics). We
have planned the training schedule using a Gantt chart and I
meet my mentor monthly to chart progress.

Conclusion: CESR is an alternative route for inclusion on the
specialist register for any specialty. It can be more realistic and
a shorter route for physicians who have a lot of experience out-
side an approved training program to be on the specialist regis-
ter. Gaining a CESR requires good planning and flexibility both
for the candidate, colleagues and managers in order to accom-
modate training requirements within job plans, as well as a
supportive working environment.

The challenge of patient safety in acute care geriatric unit
M. Al Tehewy

Patient safety is defined as “the absence of preventable harm to
a patient during the process of health care. Harm to patient is
not inevitable and can be avoided. To achieve this, clinicians
and institutions must learn from past errors and learn how to
prevent future errors. Medical Errors were estimated to be the
eighth leading cause of death in USA and that 44,000 to 98,000
people die each year due to medical errors plus1 million inju-
ries, (OM, 2000). This leads to excess costs of $1 to 3 million in a
mid-size hospital attributable to prolonged stays and complica-
tions. WHO estimated that 10% of all inpatient visits result in
unintended harm in developed countries. This rate increased in
elderly inpatients to reach up to 57% in some studies, (Szlijf;
et al., 2012). However, 85% of the underlying causes of adverse
events are due to system failure rather than individual errors.
The problem of patient safety in Egypt and how to control sys-
tem failure will be discussed in this presentation.

It’s recommended that medical adverse events should be moni-
tored in elderly hospitalized patients because there is no risk
profile for susceptible patients, and the consequences of adverse
events are serious, sometimes leading to longer hospi-
tal stays or even death.

Geriatric considerations in Hospice care
Mohamed El Okl

From the Geriatrics and Gerontology Department, Faculty of
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Hospice care can be viewed from different perspectives. From
one angle Hospice would be a model of care while in another
one, it would be seen as a care setting. In my humble opinion,
hospice is a philosophy of care. Patients in the last days/
hours of life often have unrelieved physical suffering, as well as
significant emotional, spiritual, and social distress. Recognizing
that a person is entering the imminently dying or terminal
phase of their illness is critical to appropriate care planning, the
most important at this phase is a shift to comfort care. Hospice
is a health care delivery system under which support, and serv-
ices are provided to a patient with a terminal illness when
curative or life-prolonging therapy is no longer indicated, and
the focus is on comfort rather than cure. Hospice care focuses
on the management of pain and other symptoms while
addressing other forms of distress. In a growing geriatric popu-
lation Hospice care during the last days and hours of life, can
help individuals have a “good death” and lead to higher family
satisfaction with the quality of care the patient receives. The
goal is to make the final days of life as comfortable as possible
and Geriatricians are the best candidates to make this happen.

Geriatric services in Bahrain
K. Abulsaad

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Bahrain is a small country, yet it has good integrated health
services for elderly. The geriatric services in Bahrain covers pri-
mary, secondary and tertiary preventive levels through 4
domains of inpatient and outpatient acute, sub acute and long
term care facilities, plus a developing home care system.
In the presentation, the services will be highlighted and
explained. The use of multidimensional assessment and multi-
disciplinary team management at all levels will be explained.
And the coordination among the 4 domains will be also dis-
cussed as an example of how to conduct an integrated geriatric
health care on a small nation level that can be implemented
anywhere on larger and smaller scales.

GMAP: geriatric multidisciplinary approach for pressure
ulcer management
M. Mortada and E.R. Arif

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Background: Pressure ulcers are one of the most common com-
plications of ICU prolonged stay. Patients who develop pressure
ulcers experience a wide range of morbidities as well as an
increased risk of mortality. The occurrence of pressure ulcers is
considered an indicator of health care quality and safety.
Incidence in intensive care units ranges from 3% to 50% accord-
ing to published data. In November 2017, Incidence of hospital
acquired pressure ulcers in geriatric ICU in Ain Shams
University hospitals was 31%.

Objective: To study the effect of Geriatric Multidisciplinary
Approach in pressure ulcer management, in the period between
end of December 2017 till end of February 2018, in Geriatric ICU
in Ain Shams University Hospitals.

Methods: A multidisciplinary team including Geriatric ICU
Residents, Nursing staff, Dietician and a General surgeon were
organized and supervised by: an ICU management team mem-
ber, a senior resident physician and a head nurse. The multidis-
ciplinary team performed pressure ulcer risk assessment tool
( Braden Scale) on admission, nutritional status assessment, and
assessment tool for effective nursing care for all patients admit-
ted to the ICU in this period, as well as education for medical
and nursing staff. The supervising committee performed daily
surveillance to ensure effective system implementation, to
detect incidence of new ulcers and ensure their adequate man-
agement. The incidence rate, site and grade of new emerging
pressure ulcers, as well as Braden scale and list of comorbidities
is collected by the supervising committee.