Received Date : 14-Oct-2016
Revised Date : 16-Sep-2016
Accepted Date : 19-Oct-2016
Article type : Letter to the Editor

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**The alphabet mnemonic in a Geriatric Evaluation and Management unit:
an *aide-mémoire* for the junior doctor.**

The Comprehensive Geriatric Assessment (CGA) has been established as the gold standard of care for the complex, frail older person. The Geriatric Evaluation and Management unit (GEM) is the most common setting for inpatients to undergo a CGA. An inpatient stay in GEM has been shown to have a significant impact on reduction of functional decline and institutionalisation at one year [1].

The care of older people in GEM is by definition multidisciplinary [2]. Junior doctors form an integral component of the GEM team and often serve as the link between the multidisciplinary team including the ward geriatrician. It is part of the junior doctor's suite of responsibilities to execute the requests of the geriatrician. Junior doctors are in the privileged position of generally having the most clinical contact with the patient and family of the multidisciplinary team.

The demand for subacute services including GEM is high and is projected to rise as the population ages and multimorbidity increases [3]. When bed pressure and patient turnover is high, mistakes and omissions occur [4]. In such circumstances external pressures should not compromise patient care and the completion of a CGA. A simple *aide-mémoire* for use by junior doctors

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as [doi: 10.1111/ajag.12369](https://doi.org/10.1111/ajag.12369)

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may mitigate some of the risks posed by the omission of tasks and interventions.

We propose the use of *the alphabet mnemonic* (Table 1) to assist junior medical staff in ensuring some key elements of the inpatient CGA are addressed in a patient's journey through the GEM unit. Although abbreviating elements of the CGA may risk oversimplifying a specialised, involved process, this mnemonic can provide a foundation upon which the junior doctor can build.

Table 1. <i>The alphabet mnemonic</i>		
Letter	Component	Explanation
A	Advance care planning	Discussion with patient and family on future healthcare goals and documentation of preferences.
B	Bowels and Bladder	Assessment of continence, functional toileting, intervention/ aids and arranging further studies.
C	Cognition	Obtaining collateral history, undertaking screening tests, and diagnosing where appropriate.
D	Drug review including DVT prophylaxis	Review of medications, deprescribing where appropriate, and risk assessment for thrombosis.
E	Exit destination	Establish with patient and family target discharge destination.
F	Falls and Fracture	Address modifiable falls risk factors and provide interventions for metabolic bone disease.
G	Goals of admission	Develop with patient and multidisciplinary team the medical and functional goals of admission.
H	Happiness and mood	Assess mood and screen for

		depressive illness.
I	skin Integrity	Examine skin daily, address pressure or at-risk areas, provide foot assessment and care.

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Title:

The alphabet mnemonic in a Geriatric Evaluation and Management unit: An aide-memoire for the junior doctor

Date:

2017-03-01

Citation:

Zanker, J. R. & Ng, S. -L. (2017). The alphabet mnemonic in a Geriatric Evaluation and Management unit: An aide-memoire for the junior doctor. AUSTRALASIAN JOURNAL ON AGEING, 36 (1), pp.74-74. <https://doi.org/10.1111/ajag.12369>.

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