



Evaluation of the learning outcomes of a year-long postgraduate training course in community geriatrics for primary care doctors

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ARTICLE INFO

Article history:

Received 9 February 2010

Received in revised form 24 May 2010

Accepted 26 May 2010

Available online 22 June 2010

Keywords:

Continuing medical education

Learning outcomes of a geriatric course

Postgraduate training

Primary care doctors

ABSTRACT

There are increasing expectations on primary care doctors to shoulder a bigger share of care for patients with common geriatric problems in the community. This study aims to examine the outcomes of a postgraduate training course in geriatrics for primary care doctors. A questionnaire developed by the research team was sent to the course graduates (years 2001–2007). Ninety-eight replies were received with a response rate of 52.4% (98/187). Difference in the ratings by the respondents before and after taking the course was analyzed using the nonparametric Wilcoxon signed rank test. Most respondents felt more rewarding and had participated more in geriatric care, and the majority had improvement in their communication skills with elderly patients after taking the course. Moreover, the graduates are more confident in diagnosing and managing common geriatric problems, and deciding to which specialty to refer the elderly patients. Of the referrals, there was a significant increase to private geriatricians and a significant reduction to other specialists. The average number of elderly patients seen per day had also increased. However, little change was observed about making nursing home visits, the frequency of which remained low. Many graduates expressed difficulties in conducting nursing home visits.

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1. Introduction

Population aging is a worldwide phenomenon which arouses great concern among different countries and exerts a heavy burden on the demand for geriatric care (Briggs et al., 2006; Diachun et al., 2006). Subsequently, increasing expectations are put on primary care doctors to shoulder a bigger share of care for patients with common geriatric problems in the community (Hirth et al., 2008). However, not all primary care doctors were adequate to meet these expectations (Turner et al., 2004; Smith and Orrell, 2007), and studies also indicated that undergraduate training in geriatric medicine was insufficient (Keller et al., 2002; Bartram et al., 2006).

In recent years, there emerges a global trend to strengthen the quality of primary care doctors in terms of their medical knowledge and practice through postgraduate studies or vocational training (Pearce et al., 2003; Lam et al., 2006). The effects of postgraduate medical courses on improving health outcomes have aroused much interest (Executive Council, 1998; Illing et al., 2002). Studies in Europe and Australia showed that primary care doctors

achieved improvements in clinical practices, patient care, professional role development and lifelong learning interest after taking postgraduate courses (Piterman and McCall, 2000; Taanila et al., 2002; Schattner et al., 2007). At the same time, barriers to apply their learned skills and concepts into workplace practice were also identified (Pullon and Fry, 2005).

There is however little information available in the literature on the possible effect of postgraduate training on improving the skills and confidence of primary care doctors in geriatric care (Willett et al., 2007) and the rate of referrals to geriatricians. Moreover, knowledge of the impact of postgraduate studies on primary care doctors to participate in community healthcare services for the elderly such as nursing home visits is lacking.

In the wake of a keen concern to strengthen the functions of primary care doctors in geriatric care among the Asian world (WHO, 2004; Flaherty et al., 2007; Food and Health Bureau, 2008; Wang et al., 2010), an evaluative study was conducted to examine the impact of the Postgraduate Diploma in Community Geriatrics (PDCG), which is a 1-year part-time program for primary care doctors developed by the Family Medicine Unit of The University of Hong Kong, in conjunction with the Hong Kong Geriatrics Society. Being a local initiative to enhance geriatric training for its target group, the PDCG includes the components of clinical attachment

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Table 1
Course structure of Postgraduate Diploma in Community Geriatrics.

	Distance learning and interactive workshops	Clinical attachment
Study period	September–December	December–June Once a week, either weekday afternoon or evening
Content	Designed to enrich students with theoretical and updated knowledge of common elderly problems and local services 5 interactive workshops are held on Saturday afternoons 10 weeks of locally developed distance-learning study	Designed to equip students with practical training in diagnosing and management skills of common elderly problems 5 sessions of rehabilitation and community health services 20 sessions of clinical geriatric teaching
Assessment	Written assignments and written examination	Clinical examination

(20 sessions of clinical geriatric teaching and 5 sessions of rehabilitation and community health services), interactive workshops, locally-developed distance-learning manual, written assignments and examination as well as a clinical examination (detailed course structure and topics of study are shown in Tables 1 and 2, respectively). Nearly 200 doctors, with the great majority being primary care doctors, have been trained since 2001. The clinical examination adopted the Objective Structure Clinical Examination (OSCE) format from 2006. A Conjoint Clinical Examination for the PDCG and Diploma in Geriatric Medicine (DGM) of the Royal College of Physicians and Surgeons of Glasgow was launched in 2008. This paper describes the outcomes of the PDCG, including impact on clinical skills and patient care, the practice characteristics of the graduates before and after the course, and the long-term effect upon graduation.

2. Methods

2.1. Study design

A questionnaire was developed based on the review of relevant literature and comments from research team members (two senior consultant geriatricians, three senior family physicians and one medical statistician). Likert scale questions and open-ended questions were included to obtain both quantitative and qualitative data that would complement each other. The questionnaire was pilot tested in July 2008 and finalized the following month. A lucky draw (three prizes of US\$ 60 book coupon each) was conducted amongst all those who had completed and returned their questionnaires as an incentive measure. Ethics approval was obtained from the local Institutional Review Board.

2.2. Data collection

Copies of the questionnaire, each enclosed with an invitation letter and a pre-paid return envelope, were sent to doctors who graduated from the PDCG between 2001 and 2007. The questionnaire itself was anonymous but coded with a reference number to identify the respondent for the lucky draw and for subsequent rounds of reminders. The code was known to one research assistant only and not available to members of the research team.

A total of 188 questionnaires were sent to the PDCG graduates in August 2008. Non-respondents were sent up to two reminders between September and December 2008. To improve the response rate, doctors who had not responded were contacted by telephone after the first reminder.

2.3. Data analysis

Quantitative analysis was carried out using the statistical software SPSS version 17.0. As in most cases, the measurements were mainly made in ordinal scale, statistical inference via the

nonparametric Wilcoxon signed rank test on the differences in the responses before and after taking the course was used to determine if there were significant changes in the median of the differences. A negative value in the median of the differences was an indication

Table 2
The study topics of Postgraduate Diploma in Community Geriatrics.

Distance learning study
Social aspects of aging
Clinical aspects of aging
Iatrogenesis
Mental disorders of old age
Bladder and bowel problems
Tiredness, anorexia and weight loss
Breathlessness
Turns, tumbles and tremors
Hypertension
Wound management
Painful conditions
Nursing home and institutional care
Falls, dizziness and osteoporosis, tremors
Functional independence and rehabilitation
Healthy aging, health promotion and disease prevention
Ethical issues
Interactive workshops (2 seminar topics at each workshop)
Introduction to geriatric medicine
Ethical considerations and communication skills in the care of elderly people
Use and abuse of drugs in old age
Geriatric services in Hong Kong and community geriatric care
Comprehensive geriatric assessment and functional assessment of cognitive, language, visual and hearing impairment
Dementia and delirium
Interpretation of laboratory investigations in elderly people
Common dermatological problems in elderly people
Urinary incontinence and constipation in old age
Falls and accidents in old age
Clinical geriatric teaching
Stroke
Palliative care in elderly
Pressure sore
Dementia/cognitive impairment
Diabetes mellitus in elderly
COPD: age related changes
CHF/hypertension/cardiac arrhythmia
Sensorium
Rheumatological conditions
Bladder dysfunction
Depression/anxiety
Instability with recurrent falls
Parkinson disease
Malnutrition
Iatrogenesis and multiple pathology
Social deprivation
Acute confusion in elderly
Clinical teaching of rehabilitation and community health services
Day hospital: allied health services, physiotherapy, occupational therapy, speech therapy and podiatry
Community geriatric assessment team and community nursing services

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