

A postgraduate diploma course in community geriatrics for primary care doctors: experience of first three years

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Summary

This paper describes the setting up of a postgraduate diploma course in Community Geriatrics for primary care physicians and the experience gained in its first three years of running. This study programme was set up in response to the rapidly rising elderly population in Hong Kong and the fact that most of the primary care doctors practising today had an inadequate undergraduate curriculum in the health care issues that are relevant to older people. The objectives of the Course are to improve the knowledge, skills and confidence of primary care physicians in the care of elderly people. It also emphasises the aspects of care that are unique to elderly people. The Course is delivered by different modes of learning: distance learning, face-to-face problem-orientated seminars and small group clinical teaching. Learning centres are established in different regional hospitals in Hong Kong in order to allow small group clinical teaching while, at the same time, reducing travelling time for the students. Information technology is also used to facilitate teaching and learning, as well as to encourage communication among teachers and students. The Course was oversubscribed for all its intakes in the first three years of running. Some

graduates have taken on visiting medical officer positions at elderly homes.

摘要

本文敘述了開辦社區老人醫學深造文憑課程以及其首三年的經驗。本課程的設立是回應快速增長的本地老年人口和大學本科課程對老人科訓練的不足。課程的目標是提高全科醫生醫治老年人方面的知識、技術和信心，同時著重老年人特有的問題。本課程有多種學習方式：遙距學習、面對面的難題處理研討會和小組臨床教授，並於各區醫院設有學習中心以方便小組臨床教授和節省學員的交通時間。資訊科技亦被應用於促進教授和學習，以及鼓勵老師和學員之間的溝通。本課程首三年均出現超額報讀的情況。部份學員於畢業後更兼任老人院的訪院醫生。

HK Pract 2004;26:441-446

Introduction

The life expectancy of the Hong Kong population is among the highest in the world. Like most developed countries, it also has a rapidly ageing society. In 1961, the elderly population aged over 60 was 150,000 or 4.8% of the total population. By 2001, it was approaching one million or 15% and is expected to increase by one third within the next decade.

It is also a known fact that many elderly have chronic illnesses and they need frequent medical attention from their primary care doctors.¹ Many of the primary care doctors practising today, however, had an inadequate undergraduate curriculum in the health care issues that are relevant to older people, often because of limited geriatric faculty and competing curricular demands.²

Recognising the needs of the community, the Family Medicine Unit of The University of Hong Kong and the

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Discussion Paper

Hong Kong Geriatrics Society launched a one year part-time course in Community Geriatrics in September 2000.^{3,4} The aim of the course is to train primary care doctors to be better equipped to look after elderly patients in the community, with the following specific objectives:

1. To promote the practice of geriatric medicine among primary care doctors.
2. To improve the knowledge, skills and confidence of primary care doctors in the care of elderly people.
3. To emphasise the aspects of care that are unique to older people.

Course structure

The entire course lasts for forty weeks followed by the written and clinical examinations. On average, students are expected to spend about ten hours per week on the course work, including face to face sessions and private studies. Ten weeks are spent on the distance learning material which is adopted from Monash University's Master in Family Medicine module on community geriatrics in order to provide the theoretical knowledge needed in the care of elderly people. Five weeks are then spent on face to face seminars on ten selected topics for interactive learning. These sessions are held at the Faculty of Medicine of The University of Hong Kong. This is then followed by twenty five clinical sessions, including five sessions on rehabilitation and community health services. Five learning centres are set up throughout the territory of Hong Kong and students attend these centres during the clinical training, instead of going to the University campus. There are also options for students to choose either office hours or non-office hours for these clinical sessions. The overall concept is to minimise travelling time and to provide as much flexibility as possible for the students who often run their own full-time clinical practice.

Distance learning study

Students are provided with a 10-week distance learning education package so that they can study the following topics in their own time and at their own pace:

- *Social aspects of ageing*
- *Clinical aspects of ageing*
- *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*
- *Functional independence and rehabilitation*
- *Healthy ageing- health promotion and disease prevention*
- *Ethical issues*

Face to face seminars

Throughout the 10 sessions of distance learning, five seminar sessions are held at the University campus when students come face to face with their teachers to cover the following topics:

- *Social services*
- *Health and medical services*
- *Musculoskeletal problems*
- *Falls and accidents*
- *Interface between primary care and specialist geriatric care*
- *Urinary incontinence and constipation*
- *The principles of caring for the aged*
- *Nutrition in older people*
- *Dementia*
- *Rational prescribing*
- *Geriatric medicine and the law*

These seminars are problem-based and interactive. Students are encouraged to submit their clinical problems to us one week prior to the seminars so that the speakers will incorporate these problems in the seminars.

Clinical teaching of rehabilitation and community health services

Students are allocated five sessions on rehabilitation and community health services, as these are some of the very important aspects of their daily clinical work. The following sites and teams are generally involved during these sessions:

- *Allied health services, including physiotherapy and occupational therapy*
- *Day Hospital*

- *Community geriatric assessment team*
- *Community nursing services*

Clinical geriatric teaching

One of the objectives of the course is to upskill the primary care doctors in their care of elderly people. The following important clinical topics are covered in their twenty clinical sessions:

- *Dementia*
- *Fall*
- *Incontinence*
- *Stroke*
- *Oedema*
- *Breathlessness*
- *Tremor*
- *Weakness*
- *Abnormal gait*
- *Osteoporosis*
- *Depression*

In order to facilitate continued interaction between the various learning centres, Group Coordinators are appointed for each of the five learning centres in order to provide summaries of their weekly learning activities. These are then posted in their WebCT site, which is a dedicated website accessible by the students and staff only. Electronic forum is also set up for all the students and teachers so that any questions and issues, academic or otherwise, can be actively discussed by all. Despite the frequency and intensity of these sessions, the attendance has been close to 100%.

Assessments

Students are required to submit six written assignments during the four months of distance learning and seminars. Their performance during the clinical training provides the opportunity for continuous assessment. They will then sit the final examinations with a three hour written paper. A clinical examination is also held in which they meet with two pairs of examiners. One specialist geriatrician always pairs with a family physician for the clinical examinations. For the first two years, an External Examiner from Glasgow who is a specialist geriatrician with experience in his local Royal College of Physicians of Glasgow's Diploma in Geriatric

Medicine examinations. Another External Examiner from England attended for the third year and was very positive of the study programme.⁵

Who are interested?

We had set a quota of no more than thirty students for each year. The course however has been oversubscribed from the beginning. There was a wide range of applicants in terms of age. Some were in fact very senior. There were however relatively few female applicants.

Who got enrolled?

The age and sex characteristics of those who enrolled basically reflect the characteristics of those who applied. These are however different from the UK experience when it was found that women were more likely to be high attenders at educational meetings.⁶ We made a deliberate effort to limit the class size in the first year of running in order to ensure the quality of teaching and learning while we were gaining experience. It would also be easier to tackle any teething problems. Preferences were however given to those applicants who were already heavily engaged in the care of the elderly in the community.

Table 1: The age and sex characteristics of those who applied to study the course from 2000-2003

	2000-2001	2001-2002	2002-2003
Number of applicants	40	39	98
Sex M:F	38:2	31:8	78:20
Age range	26-67	28-53	24-56
Mean/median age	35/33	33/30	31/28

Table 2: The age and sex characteristics of those who enrolled to study the course from 2000-2003

	2000-2001	2001-2002	2002-2003
Number of enrolment	21	28	30
Sex M:F	19:2	23:5	27:3
Age range	28-67	28-53	26-56
Mean/median age	36/33	35/33	35/33

Key messages

1. Postgraduate diploma course in community geriatrics for primary care doctors.
2. Many primary care doctors have little training in the care of elderly people.
3. Different modes of learning provided: distance learning, face to face problem-oriented seminars and small group clinical teaching.
4. Learning centres established in different regional hospitals to save travelling time.
5. Graduates have taken on visiting medical officer positions in elderly homes.

Discussion

The aim of this paper is to describe our first three years' experience in running this course in community geriatrics for primary care doctors. The rising number of applicant is probably the best evidence that this course is useful to its graduates. We only advertise once a year and yet we receive expression of interest throughout the year. It is highly possible that our own students and graduates are unofficially promoting the course for us. These students are all postgraduates, some with many years of clinical experience in the community. The fact that they are prepared to invest a significant amount of time and effort to upskill themselves in the care of elderly people is most heartening.^{7,8}

The rising popularity of the course helps to confirm our belief that it is the quality of teaching and learning that matters most to the students. Active and strong promotion might help briefly, it is however ultimately what the students say about the course that will determine if a fully self-financed course will last or not. It is also a relatively small circle of doctors who are potential students of the course.⁹ "Word of mouth" is far more powerful than promotion. In our case, it is however so powerful that we are having major heartaches in not being able to accept all these very keen applicants.

Like all new courses, we had our uncertainties about our curriculum, especially for the reason that this course had no other example to model upon. We therefore built in a very intensive evaluation programme so that all components of the course would be closely monitored. We paid particular attention to students' feedback. We

believe that these students, all of whom are mature adult learners, have a good level of understanding of their own needs. As a result of the evaluation, we changed some seminar speakers, altered some contents and established the Web CT electronic programme with regular postings of learning activities of the five different learning centres. The stimulation of learning was so strong that we were able to turn a student over the age of 50 from a computer illiterate to an active e-mail communicator within three months. We have also established an electronic forum for the alumni to maintain their interests in this topic.

The close to 100% attendance rate of these busy part-time students was also a surprise to us. We had initially set a minimum attendance of 80% but had found it entirely unnecessary. As a matter of fact, some students had attended more than 100% as they requested extra sessions, only that their busy teachers could not entertain all their requests.

Successful educational programme like this one brings a lot of satisfaction to the teachers too. Through this course, we believe more elderly patients are benefiting from improved level of care by their family doctors. The impact on the community is far greater than the benefits of high "Journal Impact Factor" that can bring to us in the academic world!

Many students commented that they were often able to apply what they learnt almost immediately as they returned to their clinic later in the day of the teaching session or visited a nursing home the following day. We were also pleased that some students have taken up new positions as visiting medical officers to some nursing homes in Hong Kong.

The establishment of this community geriatric course has no doubt raised the interests in the care of elderly people among primary care doctors. Many of the students have also established formal contacts with the geriatricians working in their localities. It has helped to streamline the interface between primary care and specialist geriatric care. For a rapidly ageing society like Hong Kong, the ultimate clinical benefits must be enormous. The earlier detection of serious illnesses and the prevention of unnecessary admissions to hospital must mean huge savings. It is also setting up a good model on how different disciplines can work closely together. The experience gained from this programme has also allowed

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us to set up similar programme in other subjects, for example, mental illness.

Acknowledgements

The contribution of all the teachers towards this Postgraduate Diploma in Community Geriatrics is gratefully acknowledged. ■

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