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THOUGHTS OF FAMILY MEDICINE RESIDENTS IN ELDERLY HEALTH ROTATION: A QUALITATIVE RESEARCH

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Abstract

Aim: The care of the elderly becomes more important in the daily practice of family physicians as the elderly population increases. Their needs should be well known, properly assessed, and managed. "Elderly health" training during residency is a rising issue in Turkey, and a rotation is planned for residents in a Dokuz Eylül University Hospital.

By revealing the residents' opinions regarding the elderly health rotation, our study aimed to identify the areas that could be improved.

Methods: The qualitative study included the first 12 residents who had the elderly health rotation. Semi-structured in-depth interviews and descriptive analysis were performed.

Results: The healthcare approach of family medicine residents to a growing and often complex group of older adults is a skill that must be acquired during residency training. The views of family medicine residents about this rotation were revealed. Main themes include the following: 1) opportunities in the educational process in the elderly health rotation, 2) challenges and constraints experienced in the educational process, 3) recommendations regarding the educational process, 4) tutorial characteristics, and 5) content and structuring of education.

Conclusions: Efficient training programs for residents about the elderly's health needs in family medicine residency with interdisciplinary collaboration will make great contributions to improve their quality of life. Further studies are necessary for residents' perceptions and demands.

Keywords: *Elderly health rotation, family medicine residency, qualitative research*

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Introduction

Geriatrics is a branch of medicine that arises from the needs of the increasing elderly population and deals with the problems that a single branch of science has difficulty solving in a medical, social, psychological, and ethical framework. Family physicians receiving geriatric training during specialty training are reported to improve the provision of elderly health services [1,2].

Studies reported that elderly health education programs should be included more in family medicine specialty training due to the characteristics of the increasing elderly population and the unique needs of health services. Programs are organized to provide this training in practice in family medicine practice areas or elderly living areas (at home, nursing home, hospice, etc.) in developed countries.

Generally, the aims of elderly health education are defined as structured to maintain independence, maintain patient comfort, and ensure that patients stay at home. Declared research reports defined that geriatric rotation should be necessary for general practitioners' postgraduate medical education. However, young doctors trained in those years generally emphasized their dislike to go to geriatric rotation, and geriatrics was not a favorite field [3].

However, a review article revealed that the preference to work with older patients had more positive attitudes toward them [4].

Various studies have shown that the diagnosis of cognitive deficiencies in the elderly follow-up in primary care cannot be made, and the problems in the follow-up up to delirium after the hospital cannot be resolved. Thus, implementing family medicine geriatrics education programs that include longer and more effective rotations in elderly care areas, apart from classical education programs, is recommended. These programs also allow learning multidisciplinary teamwork. Further, the USA has proposed to implement this on a 2-month rotation. Integrating it into family medicine field practice and internal medicine rotations have been recommended to strengthen the geriatrics education program in family medicine in the USA [5]. Some publications published after this date also support this recommendation. However, establishing education programs in care units with a monthly block geriatric rotation has difficulties [6].

A study conducted by the Association of Academic Geriatric Program Directors tried to evaluate the trends and efforts in family medicine residency training, which revealed that 71% found the need for family medicine specialty training necessary in 2001, while this rate reached 92% in 2004 [5]. Family medicine educators should organize their training programs depending on the changes in the rotation in this field. Thus, including geriatrics programs following family medicine requirements in specialty training will be possible in the future. These programs are thought to be a guide in revealing the solutions to many problems experienced in the health of the elderly, understanding the natural process of care, and effective chronic disease management [5–9]. Family medicine education in Turkey is carried out through more than one method [10].

In the Medicine Specialization Regulation of 1983, the duration of specialization was determined as 36 months and it was composed entirely of clinical rotations. In the legislation enacted in 2010, clinical rotations were reduced to 18 months, and it was stipulated to spend 18 months in the Family Medicine clinics in the field [11]

Training sessions on the geriatric patient approach in family medicine residency training are just beginning to be discussed in our country, and knowing the tendencies of residency students is necessary. Elderly health education programs in family medicine specialty education, which are planned and implemented following the requirements, will increase interdisciplinary cooperation. This will enable the advancement of rapidly developing disciplines, such as family medicine and geriatrics, which can contribute greatly to improving our health criteria.

Geriatric education should be improved in family medicine residency training. Conducting more studies that reveal the needs of physicians, their perspectives on the elderly, and their attitudes toward geriatric education may be recommended to determine the framework of elderly health education in family medicine in our country. Experiences of developed countries with a high rate of the elderly population should be utilized in creating geriatric education programs.

"Elderly health" training during residency is an important issue in Turkey, and the rotation is planned for residents in a the Dokuz Eylül University within the framework of this requirement for the first time in this research. This study aimed to determine the opinions of residents about their elderly health rotation in a the Dokuz Eylül University.

Materials and Methods

Our study was planned as qualitative research and 12 of our Department of Family Medicine specialty students were included in the study who had the first rotation. Semi-structured in-depth interviews and descriptive analysis were performed. Volunteer family medicine trainees, who were informed about the study, were interviewed. Interviews were held in a room of the educational institution, and no one, except the participant, interviewer, and observer, was allowed into the room. The interviews were tape-recorded with the permission of the participants. The interviews lasted approximately 60 min, and the tape recordings were transcribed the same day.

The study continued until it was observed that the opinions and practices of the participants repeated each other and that different opinions did not emerge. The transcripts were analyzed by the theme analysis method. All sentences were considered, even if they were outside the emerging main themes or were expressed by a single participant. Based on this information, the recommendations of family medicine residents on elderly health rotation were determined.

The research plan was approved by the Dokuz Eylül University of Medicine Ethics Committee.

Table 1. Questions asked to the group during the one-on-one in-depth interview:

1. Can you evaluate the extent of elderly health within the scope of family medicine specialization training?
2. How do you evaluate the elderly health rotation in terms of family medicine specialization training?
3. Considering the specialty education rotations, in which seniority period should elderly health be structured?
4. What do you think about the meaning and importance of the rotation about elderly health?
5. How will the family physician's closer attention to the health of the elderly be affected by the prolonged human lifespan? Necessity, interest, necessity?
6. What is the role of the trainer for the resident during the aged health rotation?
7. What effects might the rotation time (short/long) have? Continuous care?
8. What is the difference between seeing an elderly patient outside of the faculty?
9. When you consider other rotations, what do you think about the importance and necessity of elderly health?
10. Which issues should be prioritized? Chronic disease management, emergencies, or managerial situations?

Results

Most of the participants in our study had been in the last seniority of the assistantship level, none of them had previously received training on elderly health, and 7 were females. The participants' characteristics are summarized in Table 2.

Table 2. Characteristics of the Participants

	n (%)
Gender	
· Female	7 (58.3)
· Male	5 (41.7)
Seniority level	
· Second-year	9 (75.0)
· Last year	3 (25.0)
Rotation competency	12 (100.0)

This study primarily aimed to determine the learning necessities during the family physician residents' approach to caring for a growing and often complex group of older adults. Family medicine residents are expected to prepare themselves to manage the medical and social needs of these seniors while they may have difficulties in this procedure. Additionally, we expected to enhance residents' sense of preparedness to care for elderly patients and improve their training quality. The statements of the participants in this study confirmed these expectations and were consistent with previous study findings.

The five main themes specified in our analyses were as follows: 1) opportunities in the educational process in the elderly health rotation, 2) challenges and constraints experienced in the educational process, 3) recommendations regarding the educational process, 4) tutorial characteristics, and 5) content and structuring of education.

Thus, examples of subcategories, categories, and themes observed in residents' views on elderly care training are shown in Table 3 to supplement this. The participants expressed themselves within the framework of these main themes.

Opportunities in the educational process in the elderly health rotation

Programs of care for the elderly were developed to provide family medicine residents with the option of improving knowledge and skills relating to the care of frail and complex older patients. As previously mentioned, elderly health is a difficult and demanding group that requires patience. Additionally, the use of multiple drugs due to different chronic diseases should be carefully considered. The gains of this rotation can take various forms. In Alzheimer's disease, the drug that needs to be added due to another condition while using the drug can sometimes interact with the drugs used. These can quickly disrupt the balance in the elderly patient; thus, getting up-to-date education opportunities on this subject will be an important contribution.

They expressed their thoughts as follows:

"…Because they are both physiologically going backward, and losing some advantages, renal function, etc… maybe something can be discussed on how to approach a group who are using an increasing number and types of drugs."

"You have the chance to see a lot of Alzheimer's disease and dementia together. You have the opportunity to evaluate the before and afters of people. Over time, you will become aware of what can be done to prevent change and unfortunately, worsening. I think it is very educational in terms of observing this situation."

"Both outpatients and inpatients were taken care of. In terms of approach, the types of drugs they use and their portfolios were beneficial. Meanwhile, I got some information about their psychological and spiritual conditions. We learned about their social environment and their relationship. To feel them and of course, we have awareness in our minds for this."

"I learned what I didn't know about Alzheimer's drugs, how to start in primary care, how to follow my patient? ..... also, for example, anti-depressants are used together very often, but drug interactions are too much."

Table 3. Examples of Subcategories, Categories, and Themes on the Residents' Views on Elderly Health Rotation

Informant Data	Categories	Theme
"…Because they are both physiologically going backward, and losing some advantages, renal function, etc… maybe something can be discussed on how to approach a group who are using an increasing number and types of drugs."	· Experiencing the educational environment in a different age group · Focus on elderly health	· Opportunities in the educational process in the elderly health rotation
"…It has sections where home care patients have more professional support. It is fine; I think it would be helpful..."	· Awareness of the differences in elderly health · Completion of education deficiencies on elderly health.	· Challenges and constraints experienced in the educational process
"…Alzheimer's patients were many. This group is the one that we didn't manage before..."	· The necessity for education to be structured to achieve its goals · Inclusion of priority issues on elderly health	· Recommendations regarding the educational process
"…Some can be seen in an outpatient clinic but it is different with inpatient… Rolling the patient to the side and how their beds or, bedsides should be."	· Practice-based education · Supportive approach	· Tutorial characteristics
"…However, a program should be made with relevant consultancy. Giving tasks, what should be done or talked about the workflow and theoretical lectures, and planning the context and the schedule could also be more appropriate…"	· A review of issues specific to elderly health · Planning a specialization-specific training curriculum for the elderly patient approach	· Content and structuring of education.

Challenges and constraints experienced in the educational process

When it comes to the elderly health and the elderly, some issues need attention. They have a lot of problems and diseases. Additionally, they have many social problems.

As stated below, current educational requirements regarding geriatrics and nursing home care in family medicine need to be highly structured, with guidelines stating that residents should learn and practice a multidisciplinary approach to the care of elderly patients, including long-term care.

"…It has sections where home care patients have more professional support. It is fine; I think it would be helpful…"

"…many patients have Alzheimer's disease. This group is the one that we didn't manage before…"

"We have seen that an adult person and an old person should be evaluated very differently."

Recommendations regarding the educational process

Residents will be aware of the upcoming demographic realities and how big a role geriatric care will play in their future practice. However, they are concerned that the increasing demand for elderly health care services will not be met in their working conditions. They think that geriatric practices should be made comprehensive and planned if family physicians are to play a major role in the care of the elderly.

"…However, a program should be made with relevant consultancy. Giving tasks, what should be done or talked about the workflow and theoretical lectures, and planning the context and the schedule could also be more appropriate…"

"…Case discussions on how to approach the group, where many of the chronic diseases are seen together and the number and type of drug use increase can be discussed. Case-based training sessions on these topics can be held. Practice-based learning can be structured on topics, such as 'What is dementia?, How is it? What are the processes of Alzheimer's disease, and so on?'…"

" It will be a plus for us to gain theoretical or practical gains in the rotation process. It would be more appropriate to discuss how it will be provided, which learning methods will be used, the study program and the theoretical courses to be given there, and this should be within the framework of a plan and program."

Tutorial characteristics

The experience of the trainers during the practice-based learning environments using one-to-one learning in elderly health is very valuable. The knowledge and skills gained in these conditions are permanent for a long time.

"..Evaluating the elderly with the specialized trainer is a great opportunity…. having feedback after the consultation, talking about the ongoing treatment of the elderly and mmm…what to do in the follow-up will be something that will increase our experience."

"I think the role of the educator is huge. …. I just saw them as patients, but we need to see them from a very different perspective…. you see that even touching them is important. The trainer's showing this approach is a role model for you."

"It is better to learn a subject by getting training from a subject expert and seeing the clinical practical approach. Therefore, it is important to have well-equipped trainers for geriatric education."

" It is essential to have a trainer who will act as your consultant and supervisor while learning from clinical practices."

Content and structuring of education

In geriatric rotations, the subjects of diseases seen in the elderly in family medicine can be emphasized. Too many patients have chronic diseases, cerebrovascular diseases, wound care, wound debridement, and dressings, and there is a need for more comprehensive and focused education on those issues. The approach to patients with dementia and Alzheimer's disease, the doses of drugs, for example, the doses of some drugs in the elderly are important. Training in these subjects will be required.

"So we have to look because I didn't know what I needed to know in his treatment. The drugs used were the ones I remember from medical school. It was the drugs I forgot a lot. I felt the need to remember the drugs and their doses again."

"I think organizing and providing the theoretical lectures about the residency program is necessary, and this should be within the framework of a plan and program. Then the goal is clearer and achievable. I think it will be more useful this way."

"The geriatric patient group is a different patient group. I was not very aware of it during the education process. We must have some neurology knowledge and internal medicine information. Sometimes, intensive care knowledge is needed. More specific theoretical presentations can be made according to geriatric disease categories. Medicines should be given information about those issues."

"Of course, the most common diseases we see there are dementia, Alzheimer's disease, its infrastructure, electrolyte disorders, which can, of course, be seen in advanced ages, decubitus ulcers, psychotic, and more precisely depression; thus, it would be better if such issues were a little more weighty. It will be more effective in this regard."

Discussion

With an increasing number of older adults and longer life spans, preparing family physicians who can care for elderly populations should have increased importance. Family medicine residency programs must implement a comprehensive curriculum that increases residents' interest in geriatric medicine.

If we structure our discussion of our findings on the basis of our five main themes;

During the residency training opportunities in the educational process in the elderly health rotation will ensure that you are aware and equipped in terms of the needs of the population you will serve in the primary care. After residency training, especially after a rotation convenient to geriatrics, a family medicine resident should perform comprehensive, standardized geriatric assessments, and develop patient-specific treatment plans that incorporate the patient's goals of care, optimize function, and alleviate symptoms. This improves the ability to communicate effectively with the patient, as well as the patient's family and/or caregivers, to ensure that the health care plan is collaboratively developed and is clearly understood.

Of course, the difficulties and limitations experienced in the education process will also arise in elderly patients who have different characteristics from other age groups. Challenges and constraints experienced in the educational process, are situations that can be experienced in the evaluation of elderly patients from all aspects, diagnosis and treatment processes. It is very useful to gain this experience in the company of a consultant during the assistantship period.

Family medicine residents need to know the physiologic changes associated with aging and other common geriatric syndromes and further knowledge of how those changes affect medication and treatment plans. Additionally, they need to know how aging and age-associated conditions affect the autonomy and quality of life of elderly patients [8].

It is of great importance to evaluate what happened in this rotation as one-to-one feedback and to structure the rotation program by taking recommendations regarding the educational process.

At a minimum, residents and students should participate in elder care in the settings of an outpatient clinic and nursing home to acquire the clinical geriatric skills necessary for managing common age-related syndromes, such as delirium, dementia, and drug misuse. The educational content specific to the geriatric patient approach can be integrated into the existing curriculum structure of family medicine residency training [12].

The contribution of the tutorial characteristics experienced in elderly health to the specialization training should be evaluated at every opportunity.

In this rotation, it is of great importance that the theoretical and clinical practical training be carried out under the guidance of an educator. It is clear that especially competent and experienced trainers in this field will contribute to improving the quality of care for the elderly in family medicine practices in primary care.

In this structured rotation program, demonstrating the ability to independently perform or appropriately refer to the basic elements of geriatric assessment, including the standardized methods for assessing physical, cognitive, emotional, and social functioning is necessary for the resident. Additionally, comprehensive medication review and prescription of appropriate medications and dosages with consideration of age-related physiology, side effects in light of the patient's comorbidities, functional status, other medications, and drug-drug interactions[13].

The resident should be responsible for caring for older adults across care settings and have

opportunities to practice. The spectrum of patients that any family medicine resident will encounter while serving as a family physician includes older adults with a variety of chronic diseases, including community-dwelling older adults, consisting of acutely ill and end-of-life patients. In this sense, content and structuring of education should be structured and systematic, especially in terms of completing the deficiencies. This experience must include cognitive and functional assessments, disease prevention, health promotion, and management of older adults with multiple chronic diseases. During the family medicine residency training process, the assistant should be ensured to have the experience of providing continuous care to elderly adult patients in outpatient, home, hospital, and long-term care [14]. As health systems continue to evolve, developing better strategies is necessary to provide quality care to this complex segment of the population while framing the care of older adults with a patient-centered approach and attention to multiple morbidity goals.

Conclusion

Core competencies have been described and a structured education program and curriculum on elderly health should be taught both in a focused period and during a longitudinal program in the family medicine residency training process. This special period of training must include cognitive and functional assessments, disease prevention, health promotion, and management of older adults with multiple chronic diseases.
Efficient training programs for residents about elderly health care in family medicine residency will make great contributions to improving their quality of life. Further studies for residents' perceptions and demands is necessary.

Limitations

Our study has some limitations. First, the nature of the study does not allow us to determine causality. The sampling strategy used in our study was stated purposive and therefore cannot be considered representative of means of the larger population. According to qualitative research tradition, this study does not purport to offer findings that are objective, representative, or generalizable. Second, the study results may have been affected by personal statements. Further research will be used to quantify the perceptions expressed by the participants in our study.

Abbreviations
USA: United States of America; AAFP: American Academy of Family Physicians and the American Medical Association

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Availability of data and materials
The datasets used and/or analysed during the current study are available from the corresponding author (Olgu Aygün) on reasonable request.

Declarations
Ethics approval and consent to participate.
The study and all protocols were approved by the Dokuz Eylul University Faculty of Medicine Ethics Committee (Registration numbers: 12/09/2013 2013/33-04.) Written informed consent was obtained from all subjects. It was possible to revoke this consent at any time. All methods were carried out in accordance with relevant guidelines and regulations.

Consent for publication
All authors agree to the publication. Informed consent was obtained from all subjects for publishing their data in the manuscript.

Competing interests
All authors declare that they have no competing interests.

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