

Continuing Education Needs in Geriatric Medicine

Abstract/ Summary

The American Academy of CME and MatureHealth Communications received an independent educational grant from Pfizer to conduct an educational needs/gap analysis survey with 75 medical directors at the 2008 AMDA Annual Meeting. Questions focused on clinical and non-clinical aspects of geriatricians' practices—overall and specifically in facilities in which they practice. There was consistency in responses in regards to a geriatrician's overall practice and their practice in facilities.

Key Words

Geriatric; clinical deficiencies; continuing medical education

Target Audience

In the United States, there are currently over 35 million people over the age of 65. Among those caring for this population include approximately 8,000 physicians certified in geriatrics. In addition to this group of specialists, many primary care physicians (family practice, internal, etc) have large populations of geriatric patients.

The American Medical Directors Association (AMDA) is an association that represents physicians that care for geriatric patients residing in skilled nursing, assisted living, and community settings. Members of AMDA include geriatric-certified physicians, as well as those physicians with primary care practices. AMDA has their Annual Symposium each year in the spring, with over 1,500 physicians in attendance.

Little data is available on the educational needs and clinical "gaps" within this group of providers. To gain more knowledge on geriatricians, on March 6, 2008 the American Academy of CME (AACME) and MatureHealth Communications conducted gap analysis research with 75 medical directors at the AMDA Annual Conference in Salt Lake City, Utah. The primary goal of this gap analysis was to define key clinical, practice, and non-clinical aspects within a geriatrician's practice and the facilities in which they work.

Methodology

This gap analysis survey was 4-pages in length (10 questions--see attachment 1), with the actual research conducted at an exhibit booth in the exhibit hall. The gap analysis survey was a print format completed with pen/pencil and submitted at the exhibit booth. Respondents were asked to complete this survey in its entirety and upon completion received a medically-relevant item. The goal was to complete 75 surveys—this was accomplished.

Data Results

The first question asked respondents what they perceive to be the greatest clinical deficiencies in a geriatrician's practice today. This was a close-ended question, with respondents being given the opportunity to insert a response. The most common medical condition noted by

respondents was dementia. Other deficiencies that were most commonly noted by respondents were physician and nursing staffing within long-term care facilities, lack of time to complete their work, and reimbursement for their services.

The second question also looked at the biggest clinical deficiencies in a geriatrician's practice, but this time with a focus on the facilities in which they practice. The most common response was the problem of staffing of nurses. The second most common response was education of the staff. Respondents did not specify the exact type of staff education and who should receive this education. In regards to the biggest clinical deficiencies in medical care, wound care and behavioral management were most commonly noted by respondents. Other areas that were noted as having the biggest clinical deficiencies within their facilities were hospice care and transition of care. Similar to the response for question #1, several respondents noted a lack of time and reimbursement as deficiencies within their facilities.

Question #3 was a close-ended question that asked respondents about specific disease states they perceive need improvement in clinical practice management. The top five most listed conditions/disease states were pain management, dementia/Alzheimer's disease, hospice/end-of-life care, wound care, and geriatric psychiatry. Other conditions/disease states that were mentioned by at least 25 respondents included depression, law/legal issues, and nutrition.

Question #4 was a follow-up to #3. Respondents were asked what aspects of these conditions/disease states should be improved—assessment and diagnosis were most commonly mentioned. Respondents also thought that more education on these conditions/disease states is required.

Question #5 was similar to question #3, but asked respondents which conditions/disease states were of the greatest concern within their facilities. The responses were similar to question #3, with pain management, dementia/Alzheimer's disease, wound care, geriatric psychiatry, and hospice/end-of-life care being of greatest concern. Another response that was noted by greater than 20 respondents was depression.

Looking at non-clinical aspects of a medical director/geriatrician's practice, question 6a asked which are most problematic. Regulatory/survey issues were noted far more by respondents than any other response. Other issues that were mentioned by at least 25 respondents were legal/law issues, state/federal issues, and implementing policies and procedures within the facility. Question 6b was a follow-up to 6a and asked respondents why these non-clinical aspects are most problematic. The most common responses were that regulations can raise significant issues and that quality of care may be compromised.

Question #7 focused on the perceived differences of the various types of methods used to deliver continuing education. An overwhelming number of respondents noted a difference in the various types of methods. The follow-up question, #8, found that most medical directors/geriatricians perceive live programs as the most effective method to deliver continuing education. This response was at least twice that of any other response. The second most common response was the use of CD-ROMs.

Question #9 was an open-ended question that asked respondents about other important topics they would they be interested in learning about. Those most commonly mentioned included malpractice issues, patient care, hospice care, education, behavioral management, and customer service.

The last question, #10, asked respondents if they had any other comments or suggestions. Two suggestions mentioned were the need for more geriatricians and the need for greater communication.

Implications for Future Education

It is apparent from this simple investigation that the presence of a survey gap/ needs assessment at a national congress is an efficient way of gathering useful data at a minimal cost. There is obviously from the output of this review a complex relationship between knowledge, behavior and time to complete activities against a return to maintain the practices business, education which does not include a blend of medical and implementation activities may not meet the needs of learners.