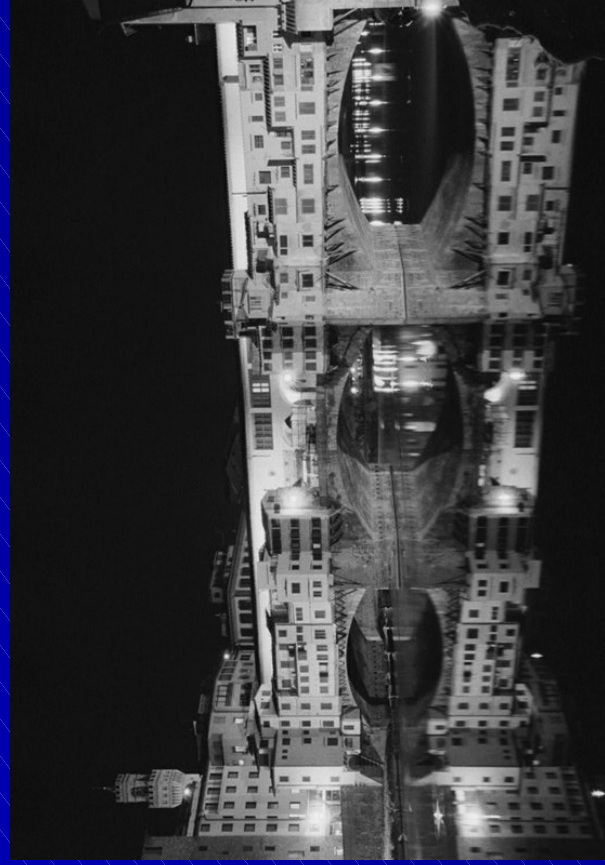




# An educational programme for GPs in German-speaking countries aimed at improving the quality of older people's care



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# Questions to answer...

- ▶ Why do we need geriatric education for GPs?
- ▶ How did we involve GPs in planning?
- ▶ What was the success of the project?
- ▶ Which teaching techniques did we use?
- ▶ What and how did we evaluate the programme?
- ▶ What are our further targets?





**Committee of Experts for the German Health  
Care System (Deutscher Bundestag, SVR KAG)  
Head: Prof. Dr. F.-W. Schwartz**

2001

1. The German health care system does not take the patient into the center of interest especially the chronically ill and elderly patients, e.g. patients after stroke, heart attack and diabetes.
2. The role of the general practitioner has to be redefined in better linking of ambulant treatment, inpatient treatment, rehabilitation and supportive care.
3. The specialisation of GPs is missing themes like rehabilitation, prevention, geriatric medicine and co-operation.



# Clinical specialization programme in geriatric medicine in Germany

- ▶ **Two years fulltime job in a hospital, where the medical director is accredited by the state medical council for training in geriatric medicine.**
- ▶ **Additional specialization in geriatric medicine for:**
  - GPs
  - Internists
  - Neurologists
  - Psychiatrists
  - Neuropsychiatrists
  - Physical Rehabilitation Specialists

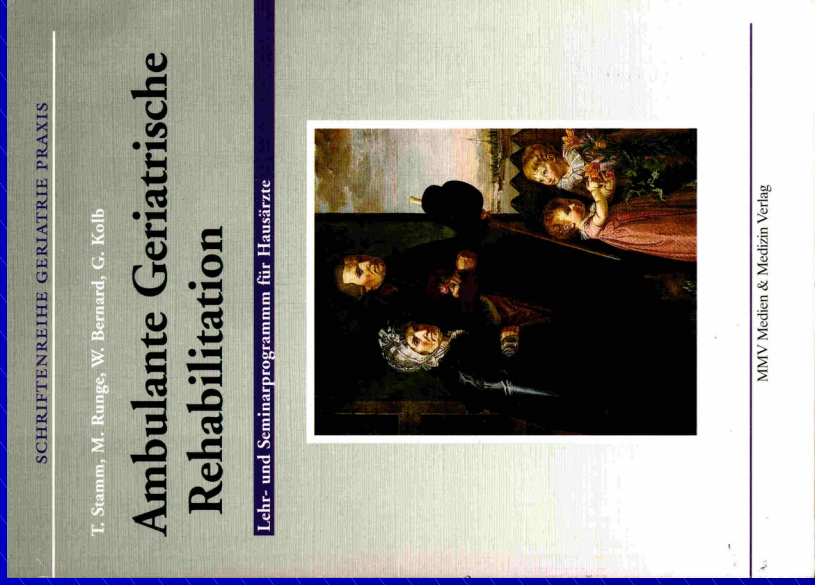


# The aim of this project.....

- ▶ Further development and dissemination of graduate medical education programme for GPs in geriatric medicine.
- ▶ Integration of more media to get a big count and high compliance of GPs in the seminar.
- ▶ Combination of a comprehensive seminar and a more self-determined training with interactive workshops to
  - increase expert knowledge and skills,
  - improve the professional competence,
  - influence behavior and attitudes towards elderly people.



# How do we involve GPs in planning?



3 Clinical Geriatricians  
from the  
**German Society of Geriatrics  
(DGG)**

5 GPs from the  
**Association of General Practitioners  
Germany  
(BDA)**

# Main seminar topics

- ▶ Geriatric infrastructure of Germany
- ▶ Methods of functional measurement in geriatrics
- ▶ Geriatric assessment and screening
- ▶ Therapeutic team
- ▶ Clinical topics, e.g. dementia, stroke, incontinence, falls & fractures, chronic pain, amputation, depression, cardiology, diabetes and nutrition
- ▶ Care of relatives
- ▶ Treatment in nursing homes and at home

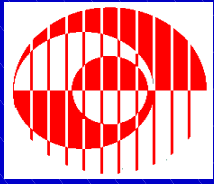


# Comparison of two ways of seminar organisation

Geriatric hospital with a small group  
(16) of high motivated GPs in two  
weeks at Hannover



Academy of medical board with a big  
group (35 + 48) without direct  
contact to a geriatric hospital in six  
weekends from Friday to Sunday at  
Bad Segeberg



# Seminar structure in Hannover

Praktikando at a geriatric hospital

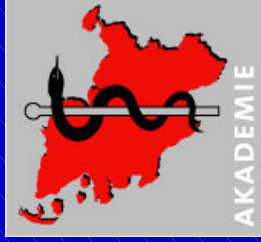
40 hours

Curriculum

Ambulant geriatric rehabilitation

120 hours

in 2 weeks with 6 days



# Seminar structure in Bad Segeberg

Praktikando at a geriatric hospital

40 hours

Advanced course

Ambulant geriatric rehabilitation

40 hours, 2 weekends

Elementary course

Ambulant geriatric medicine

80 hours 4 weekends

Information meeting 6 hours

# Principles of the Bad Segeberg seminar...



- ▶ Learner centered training
- ▶ Interactive working in small groups
- ▶ Self experience
- ▶ Participants get teachers...

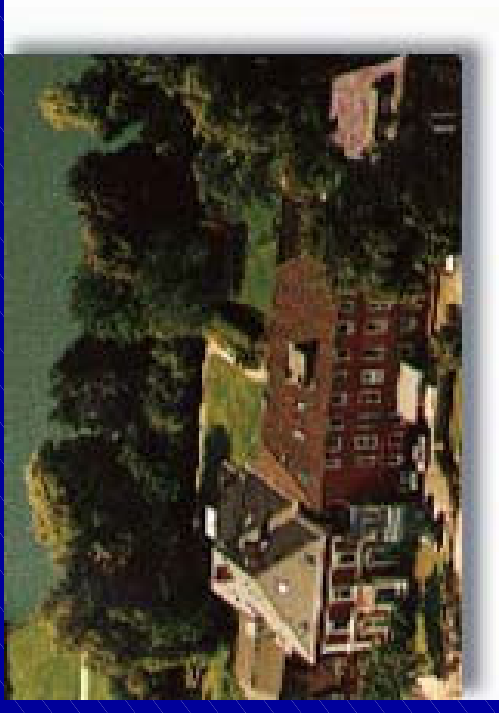
# Long term goals of the seminar

- ▶ Development of quality circles consisting of the participants of the seminar working together with regional geriatric hospitals.
- ▶ Development of interdisciplinary research groups.
- ▶ Influencing the regional social and health politics for care of the elderly.



# Geriatric quality circles in Schleswig-Holstein

- ▶ Flensburg, Neumünster, Kiel, Lübeck



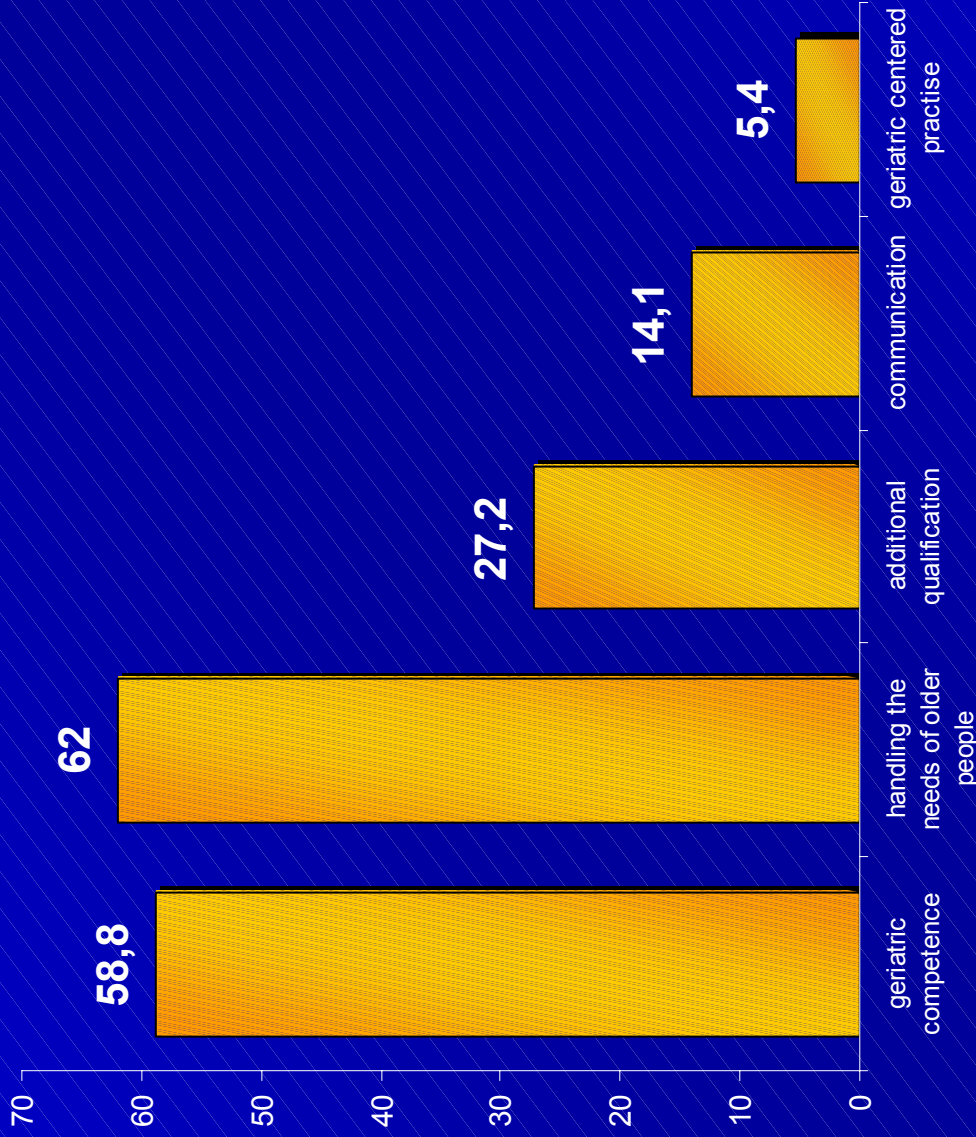
# Evaluation

- ▶ External evaluation
- ▶ Qualitative and quantitative methods
  - semi-structured interviews
  - standardised questionnaires
- ▶ Two perspectives
  - participants
  - organisers and key persons



# Perspective of participants at the beginning

## Expectation



## Motivation

- Interest in further geriatric education (67%)
- Increase of geriatric patients in his practise (53%)

# Evaluation by participants: central criteria

- ▶ Scientific foundation
- ▶ Presentation
- ▶ Practical relevance
- ▶ Overall impression

Rating of all lectures: very positive



# Perspective of participants *after the course*

- ▶ Modern techniques of teaching and learning find acceptance.
- ▶ Listening is still the prevalent learning method.
- ▶ Missing topics have been identified by participants e.g. terminal care.
- ▶ 50% intend to acquire additional qualification.
- ▶ 59% are willing to participate in a quality circle.
- ▶ 87% state that the course positively affects their dealing with older people.



„I have learned to reflect the basic knowledge of my work critically“



# The typical participant...

- ▶ is a GP, male, 48 years old,
- ▶ has about 14 years of professional experience as GP in an urban region,
- ▶ learned about this course through announcements of the State Medical Association or the medical press,
- ▶ deals with more than mere medical tasks in his daily office.



# Organisers' perspective: main topics

- ▶ Implementation of the course concept allows
  - reflection of their own professional actions
- ▶ Quality circles / discussion groups
  - need external structural support
- ▶ Political implications are
  - adequate financial reward
  - certification



# Our targets for the future...

- ▶ Further development of the seminars
- ▶ Establishment of further geriatric circles
- ▶ Establishment of a new programme incl. networking in an urban region in a geriatric clinic with „their GPs“
- ▶ Evaluation of the running and new programmes
- ▶ Long term outcome measurement
- ▶ Comparison of urban and regional geriatric circles

