Medical education in the long-term care setting: Exploring residents’ experience of learning in this environment

Vivian Ewa, MBBS, CCFP (COE), FCFP, MMedEd, FRCP Edin.; Maeve O’Beirne, MD, PhD, CCFP, FCFP; Rachel DeFina, MD, CCFP (COE); Ashley Dennis, PhD.

ICRE October 19th 2018
Disclosure

• I have no disclosures of financial interest to declare
Introduction

• The challenge of an aging population\textsuperscript{1,2}

• Educational and clinical outcomes in LTC medical education\textsuperscript{3,4,5,6,7,8}

• The LTC learning environment\textsuperscript{8}

9. Molema, Koopmans and Helmich 2014
Objectives

• Explore learners experience of learning within a competency-based curriculum with direct clinical supervision in the LTC environment.

• The impact of training on self perception of competence to manage older adults across other care settings.
METHODOLOGY

• Qualitative research methodology using grounded theory\textsuperscript{1,2,3,4}

• 1\textsuperscript{st} year FMR participating in the optional longitudinal LTC rotation

• Interviews

• Ethics approval from CHREB

“... I find that [1:1 Preceptor] works generally well, but I think it would be helpful if we were there at the same time... half days that I was there, that he was physically there, just because sometimes it’s helpful to be able to do the physical exam or run through the orders together I guess...”
“...this is more kind of an administrative learning point but recognizing the time frame through which things occur in a long-term care facility its not the same as say in an internal medicine ward, there certainly isn’t a sense of urgency.... you’re ordering labs and getting results back in a couple of weeks and acting on it, sort of slow motion, which is very strange and it has been challenging to get used to that...”
“...I think it’s [LTC rotation] made me less intimidated about older adults with complex medical problems.... you realize that initially you’re not having to address every single issue you see and again the focus is quite different than in acute care...... it’s not as overwhelming as I thought it would be...”
“...it’s somewhat challenging to take a history, and that’s because obviously they’re not going to remember their symptoms or when we try to encourage them to do something they’re not going to remember.... they’re very complex and it’s still kind of learning how to take a history from them....”
“...what helped me with learning was the whole environment, everybody is open to different opinions... the nurse or I suggest something, we consider it, going over the reason...the team work is an enabler...”
Transfer of learning

• “... it is more like a take it slowly, see how it goes environment... like everything goes at a slower pace and you just relax and take a step backwards... I think it helped me feel more comfortable [with complex older adults] ...”

• “...I don’t know that it could happen in many other centers without a significant change in the system especially in the family practice clinic, like we just don’t have the time, it’s just not realistic, in the hospital again right now the system is kind of bursting at the seams and time is precious... so it’s tough to transfer [learning] to another facility, I think ideally time is key...”
Theoretical model of slow motion medicine in the LTC learning environment
CONCLUSION

• Slow-motion medicine, with it’s emphasis on the patient context and philosophical approach to care as opposed to cure, was the underlying key construct in gaining competencies to manage complex older adults with chronic multimorbidity in the LTC setting.

• The practice environment in other settings was perceived as a potential barrier to transfer of learning.

• Further research is needed into the impact on clinical practice following the LTC rotation.
“Geriatrics education is training physicians to care for the older adult, LTC education is training physicians to care for frail and most vulnerable older adult”. (White, 2008)¹

Contact: iewa@ucalgary.ca