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**CONCLUSIONS OF THE *EUROPEAN ACADEMY OF YUSTE*
FOUNDATION WORKING PARTY ON THE NEED FOR EDUCATION IN
GERIATRICS IN EUROPE**

October 14, 2005

This third meeting on Geriatric Education was organised by Prof. Dr. J. F. Macías, from the University of Salamanca, and the Department of Health's School of Health Science Studies dependent on the Regional Government of Extremadura. It was hosted under the auspices of the European Academy of Yuste Foundation and the University of Extremadura.

Introduction

As the world population ages, physicians will be increasingly exposed to older individuals as patients, relatives and / or care givers. This was recognized at the beginning of the twentieth century by the introduction of the term 'Geriatrics', and by the founding of the medical specialty of Geriatrics in 1948 in the National Health Service in the United Kingdom. The specialty has been recognized in many countries worldwide, and with the rapid increase in numbers of older people it is clear that the specialty of Geriatric Medicine has a vital part to play in health care throughout the world.

Physicians have several distinct roles including healer, educator, advocate, researcher and role model. As learning is an active process and individuals have different learning styles, educational techniques must embrace varied learning styles. Additionally, consumers of the future including patients, relatives and referring health-care professionals, will increasingly be better informed and more empowered. Because illnesses and disabilities in later life have many causes, broad determinants of health including environment, nutrition, lifestyle, genetics and disease over the entire lifespan must be considered. Physicians of the future require the knowledge, skills and attitudes to treat patients in all settings, to acquire, interpret and disseminate the new knowledge necessary to provide the best care for their older patients. They must also appreciate how health care systems evolve, and how government policies have a profound effect on health care (e.g. the transfer of increasing portions of health care for older people from institutions to the community; the special skills necessary for optimal care of nursing home residents; the need to rationalize or discontinue ineffective or unnecessary treatment for those with incurable illness).

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Undergraduate education in Geriatric Medicine

Education in Geriatric Medicine must be an integral part of curricula, starting in the preclinical disciplines and continuing throughout clinical studies until graduation. It is the responsibility of each medical school to ensure that there is an academic department and Chair of Geriatric Medicine with appropriate educational resources (eg. staff, facilities, funding). Under the leadership of the Chair in Geriatric Medicine, each medical school will ensure that established competencies and requirements are implemented. These competencies and objectives are conceptualized as three domains: knowledge (cognitive), skills (psychomotor) and attitudes (affective).

Undergraduate objectives / competencies

The student will:

1. Demonstrate an understanding of the biology of ageing, including genetic aspects, which must be correlated with the clinical manifestations of diseases in older individuals.
2. Demonstrate knowledge of the demography, sociology and psychology of ageing, as it applies to the clinical setting.
3. Demonstrate sufficient knowledge of physiology of ageing to understand concepts such as deconditioning, frailty, dehydration and loss of functional reserve.
4. Demonstrate sufficient knowledge of pharmacology (pharmacokinetics and pharmacodynamics) to understand the principles of prescribing for older people, with special attention to adverse affects, interactions and inappropriate and inadequate prescribing.
5. Understand the complex relationship among pathological processes, impairments, disabilities and handicaps, and be able to assess the consequences and appropriateness of the environment.
6. Understand that the presentation of disease in older individuals is frequently atypical, manifested by functional decline and influenced by social factors, an interdisciplinary approach is often required.



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7. Understand and respect the capacities and competencies of different health care professionals and function as an effective member of the health care team.

8. Demonstrate competence in:

- a) Obtaining accurate information (e.g. history, previous medical records) from patients and relevant informers.
- b) Communicating with patients with sensory and cognitive deficits.
- c) Performing a comprehensive evaluation including functional assessment, i.e. activities of daily living (ADL) and instrumental activities of daily living (IADL), vision, hearing, nutrition, oral health, mobility (including foot care), cognition, mood and social supports.
- d) Constituting a problem list and treatment plan, setting priorities with emphasis on promoting functioning, independence and quality of life.

9. Demonstrate an approach to the common syndromes and diseases of late life including, but not limited to:

- e) Impaired mobility, instability and falls.
- f) Common mental health syndromes (eg. dementia, delirium, depression).
- g) Incontinence (urinary and fecal).
- h) Cardiovascular diseases (eg. hypertension, heart failure, stroke).
- i) Metabolic diseases (eg. diabetes, osteoporosis, thyroid disorders, water and electrolyte disturbances).
- j) Pressure sores and other skin problems.
- k) Deconditioning and frailty.
- l) Pain management.

10. Apply the principles of leadership and complex disease management in old age to activities such as: rehabilitation, nursing care and palliative/end of life care.

11. Understand the principles of health promotion and primary, secondary and tertiary prevention and incorporate them in the care of older people.

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12. Understand the relevance of these principles (9 and 10) in acute and chronic diseases, intermediate and long term care, as well as community and institutional settings.
13. Recognize abuse and mistreatment, including under- and over-treatment, misplacement and neglect.
14. Demonstrate an understanding of medical ethics as applied to personal behaviour and management of disease, including shared decision making, at all stages of ageing.
15. Appreciate the unique strengths of the specialist geriatrician to manage the particular problems of the elderly, and recognize when it is in the best interests of the patient to initiate a referral.
- 16.. Demonstrate positive attitudes to ageing by respect for all older people; speaking out against negative stereotypes, and valuing the autonomy of the older person as an individual.

Implementation

It is recommended that these objectives be accomplished in no less than 2 credits (50 hours).

General Recommendations for teaching Geriatric Medicine in Physiotherapy, Nursing and Occupational Therapy Schools.

The student will:

1. Understand and respect the capacities and competencies of different health care professionals and function as an effective member of the health care team.
2. Incorporate concepts of normal and pathological ageing into all aspects of professional education. This body of knowledge must be similar to that described above. (Please see *Undergraduate Objectives/Competencies*).
3. Promote positive attitudes in view of elderly health care.

The School will:



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4. Encourage students to undertake training in accredited settings outside of the hospital.
5. Integrate the education of students from a wide range of health disciplines (seminars, symposiums, congresses, etc.).

Postgraduate Education in Geriatric Medicine

Geriatrics/ Geriatric medicine is a recognised specialty by the European Union, and the Section of Geriatrics of the UEMS was established in 1997. We acknowledge that different countries have different health care systems and training needs to occur within the national service. The UEMS is the official advisory body for medicine for the E.U. .

We endorse the document "Training in Geriatric Medicine in the European Union" issued by the Geriatric Medicine Section of the European Union of Medical Specialists (UEMS) in 2001 as the official document for postgraduate training in Geriatric Medicine (www.uemsgeriatricmedicine.org).

Geriatricians require a broad and robust grounding in general (internal) medicine. This should be provided by at least two years of training in general internal medicine after full registration/ licensing.

In Europe, it is accepted that a four year period of specialist training is the minimum needed to acquire the knowledge, skills and attitudes to practise as a specialist in Geriatric Medicine. This training must occur within properly accredited programs.

Continuing Education in Geriatric Medicine

The justification for Continuing Education in Geriatrics is based on:



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- The exponential growth of the elderly population & especially the oldest old.
- The need to update knowledge of recent scientific findings and evidence-based research on ageing.
- The need to enhance skills, competencies and professional performance.
- The need to educate geriatric specialists, general practitioners, especially in rural areas, other medical and surgical specialists, and all other professionals concerned with the elderly.

Continuing Education in Geriatrics should follow an interdisciplinary & multicultural approach and cover the following areas:

- Health promotion and prevention.
- Clinical diagnosis and treatment in different care settings (ie. outpatient, home, assisted living facilities, hospital, subacute & nursing homes and others) and transitional care across sites.
- Geriatric syndromes.
- Psycho-social issues.
- Rehabilitation.
- Ethical and legal issues.
- End of life and palliative care.
- Newest applied research including pharmaceutical developments.
- Clinical management & financial issues.
- Teaching, mentoring & communication skills with the elderly.
- Issues related to change of environment including primary providers.

The teaching methodology of Geriatrics in Continuing Education can involve:

- Interactive learning: case studies, workshops, clinical sessions.
- The use of new technologies: e-learning, video conferencing and other multimedia formats.
- Traditional education: peer-reviewed literature, self study & assessment, conferences and courses, expert keynote speakers.

Geriatric certification should entail:

- The development of a uniform system of certification and re-certification in Continuing Education.
- Combined oversight by governmental health agencies, universities, medical professional groups & scientific associations.
- Ongoing needs' assessment and evaluation of educational processes.
- The establishment of mechanisms for financial support for continuous professional development.

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The future challenges for Continuing Education are the following:

- To explore institutional, professional, personal and financial barriers to the development and implementation of Continuing Education.
- To develop strategies to motivate participation in Continuing Education .
- To develop curricula at an international level.
- To develop strategies for quality assurance of Continuing Education in different settings.

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