<PANEL DISCUSSION>

3. INTERNATIONAL COMPARISON IN GERONTOLOGICAL EDUCATION-CANADA

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Abstract. The undergraduate programs of geriatric education in medical schools across Canada are variable, and there has not been definition of core content or core clinical experience, although these processes are underway. At UBC in June 1990, the first Canadian Summer Institute took place in Vancouver and medical students representing 16 medical schools in Canada attended the week-long program. Students left the program keen to start student interest groups in their schools. Many students were indicating commitment to careers in geriatrics, both clinical and research.

There is a Certificate of Special competence by examination in Canada, administered by the Royal College of Physicians and Surgeons of Canada. The standards for the program have been in place since 1981, and since 1984 candidates for the examination must have a minimum of two years training in Geriatric Medicine after at least three years training in Internal Medicine. To date, there are less than 75 certified Specialists in Geriatric Medicine in the country.

The College of Family Physicians of Canada encourages training in care of the elderly during the two-year training program in Family Practice. In some schools (e.g. UBC) at least one month is mandatory. There is a Joint Committee with representatives from the Royal College and the College of Family Physicians making recommendations for geriatric training in Family Practice programs in Canada. The College of Family Practice has elected not to have a program for certification in geriatrics for family physicians.

Gerontology and geriatrics are being incorporated into undergraduate and graduate curriculae, driven by the demographic imperative. There remains much to be done. Particularly, incorporation of quality research into the academic fold will assist in both the education and clinical efforts.

Key words: Education, Geriatrics, Canada

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I. Introduction

During the last decade in Canada there have been a number of very tangible developments in education in geriatrics for physicians and gerontologists. This paper will focus on undergraduate and graduate education activities for physicians. In many centers manpower deficiencies remain acute and the demands are high for teaching, administration, research, and development. Particularly, research needs to sustain academic credibility. Nevertheless, there has been slow but steady progress in educational activities.

II. Undergraduate

The undergraduate activities in geriatric education in medical schools across Canada are variable and there has not been definition of core content or core clinical experience although these processes are underway and a recent conference in Toronto focused on this issue.

An ongoing challenge for geriatricians is the incorporation of geriatrics into undergraduate curriculae. There are many competing factions and "traditional" specialties such as cardiology, pediatrics, and ophthalmology, reluctantly give up time. Thus, innovative mechanisms for integration of geriatrics must be undertaken. Teaching of geriatrics must be dynamic and of high quality focusing on the clinical issues for ambulatory acutely ill, and dependent elderly in nursing homes. There need to be mechanisms to increase undergraduate exposure even when there is limited time available. At UBC the Divisions of Geriatric Medicine, Geriatric Psychiatry, and Com-

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munity Geriatrics (Family Practice) work together to maximize the input through the Faculty Committee on Geriatrics. In the first year there is introduction to the well elderly, introduction to the members of the health care team, and introduction to the nursing home. These offerings are limited but later teaching opportunities are built on this. In the second year, students have bedside teaching in small groups and patient examination with functional and mental status assessment is emphasized. In the third year, students again have small groups and the clinical focus is discharge planning. For these offerings there is a syllabus which is distributed to the students. In any year the students may do an elective in geriatrics. In fourth year, the clinical electives focus on assessment, treatment, and follow-up of geriatric patients either in an inpatient and/or day hospital, or outpatient settings.

The Faculty Committee on Geriatrics at the University of British Columbia has developed teaching modules for students on issues related to pharmacotherapy in the elderly. Each module is case-based and the diagnoses are given. The students work through the modules on their own time. Questions related to the modules were developed from a grant from the Seniors' Drug Action Program of the Ministry of Health.

At UBC in June 1991, the first Canadian Summer Institute took place in Vancouver and medical students representing 16 medical schools in Canada attended the week-long program. The Institute was modelled on the one started at Boston University. It was funded through the Seniors' Independence Program of Health and Welfare Canada with support from the Canadian Society of Geriatric Medicine. The course included didactic sessions, workshops, discussions, and clinical site visits. The disease focus for the curriculum was dementia. Involved in various aspects of the program were UBC faculty, support personnel, seniors, and representative members of the multidisciplinary teams from various clinical situations. Students left the program keen to start student interest groups in their schools. Many students indicated commitment to careers in geriatrics, both at the clinical and research levels.

III. Postgraduate

1. *Specialists in Geriatric Medicine*

There is a Certificate of Special Competence by examination in Canada administered by the Royal

College of Physicians and Surgeons of Canada. The standards for the program have been in place since 1981, and since 1984 candidates for the examination must have a minimum of two years training in geriatric medicine after at least three years training in internal medicine. To date there are less than 75 certified Specialists in Geriatric Medicine in the country. The total number required is estimated to be 500, although this had not been fixed because geriatric medicine is considered to be an "emerging specialty". Canada was the first country to have this recognition by examination for internists and this formalization increased the credibility of the specialty of Geriatrics for Deans and Professors of Medicine.

The process for accreditation of training programs and assessment of candidates both in training and at examination has been incorporated into the broad mandate of the Royal College of Physicians and Surgeons of Canada, the body designated by statute to take responsibility for specialization.

There are now 10 approved training programs in Canada for Specialists in Geriatric Medicine. In Quebec, the four universities (Universities of Sherbrooke, McGill, Montreal, and Laval) have a combined program. Some approved programs have had difficulty acquiring and filling training positions although some provinces (Ontario) have made geriatrics a priority. At UBC there have been a minimum of three trainees per year for the past two years and from 1992 there will be three training positions available. Some programs are now looking at having training beyond the two year standard, especially for faculty development and the incorporation of depth in research training.

2. *Trainees in Internal Medicine and Other Specialties*

A continuing challenge is incorporated in geriatrics training for general internists and other subspecialties of medicine and surgery. This is particularly important for internal medicine since the candidates for training in geriatric medicine are recruited from this group of individuals and there are competing specialties. To date, there is no mandatory training in geriatric medicine in internal medicine training although representation had been made. Some programs (Manitoba) have each resident rotating through geriatrics during internal medicine training. Other programs (UBC) have Specialists in Geriatric Medicine acting as "Man of the Month" on the Clinical Teaching Unit. This can be a very effective way of interacting

with trainees and recruiting to geriatrics for the future. It also maintains the credibility of geriatrics in the core teaching of medicine.

Schools may offer geriatrics as an elective for internal medicine residents. At UBC we have usually up to four months out of 12 covered.

3. *Family Physicians*

The College of Family Physicians of Canada encourages training in care of the elderly in the two-year training program in family practice. In some schools at least one month is mandatory. The college of Family Physicians of Canada Postgraduate Family Medicine Education Joint Committee Working Group on Care of the Elderly with representatives from the Royal College of Physicians and Surgeons and the College of Family Physicians, was convened to make recommendations for geriatric training in Family Practice programs in Canada. In developing this report a survey of Family Practice training programs in Canada revealed that 100% of programs have training in geriatrics. In 75% of programs there is vertical training (averaging 1.16 months in a geriatric assessment setting). Other programs have horizontal exposures

and may have intermixed (both vertical and horizontal). There are a limited number of trained faculty and there is a program sponsored by the Royal Canadian Legion to encourage additional training for interested family physicians. There are one-month traineeships for individuals who find an increasing number of elderly in their general practice and a minimum six-month traineeship for individuals who will contribute at faculty levels in training programs. To date the College of Family Practice accredits training programs but does not have a program for certification in geriatrics for family physicians.

IV. Summary

Driven by the demographic imperative, Gerontology and Geriatrics are being incorporated into undergraduate and graduate curriculae. There remains much to be done but some progress has been made, particularly with respect to formalizing and defining training both undergraduate and graduate curriculae. Incorporation of quality research into the academic fold must now be emphasized to assist both the educational and clinical efforts.