SUMMARY

Demographic developments increase the need for elderly care medicine physicians. However, not all training slots for the elderly care medicine specialty have been utilized in recent years.

This thesis addresses the causes of the limited interest of medical students in a career in elderly care medicine or geriatrics.

Chapter 1 presents an introduction to the subject including an elaboration of the central research questions. We describe what is known about factors that influence specialty choice in general and what is known about the process of choosing a specialty, and how this resulted in the central research questions, namely:

1. Which factors influence medical students’ interest in a career in elderly care medicine or geriatrics in a positive or negative way?
2. How and when do trainees make their choice for a career in elderly care medicine or geriatrics and which factors influence this process?
3. How can we raise medical students’ enthusiasm for the medical care of elderly patients?

Chapter 2 contains a description of the literature review we carried out to obtain an overview of the factors that influence the interest of medical students in a career in geriatrics as reported in the scientific literature. We conducted a systematic search of PubMed, ERIC and Psycinfo. Two persons selected articles based on the criteria of relevance and quality.

As regards the nature of the work in geriatrics, we found that students prefer young people with acute and curable somatic diseases. Students do not expect the medical care of chronically ill or dying patients is satisfying enough. In addition, they are deterred by the complexity of the geriatric patient. With regard to exposure we found that preclinical geriatrics education and especially a geriatrics clerkship increases interest in geriatrics. The students viewed the lack of prestige of the speciality and the relatively low financial rewards as barriers to choosing a career in geriatrics.
One of our recommendations is to give more attention to geriatrics, including a mandatory geriatric clerkship. It is also important that students learn to get a grip on the complexity of the geriatric patient. As prestige, income level, and technical diagnostic and therapeutic procedures are interrelated we recommended politicians to change the claim system so that financial compensation for guidance of patients and non-intervention is on the same level as for medical treatments.

In Chapter 3 we described our qualitative study into the career choice process of elderly care medicine trainees who recently started their specialist training. To be able to take suitable measures to increase interest in this specialist training, we needed better insight into the entire process and all influencing factors that ultimately led to these trainees choosing to pursue a career in elderly care medicine.

This study involved three focus groups consisting of elderly care medicine trainees and two focus groups with obstetrics and gynaecology trainees. All trainees had become enthusiastic about their specialty after clinical exposure to it. For the elderly care medicine trainees this generally happened after graduation, after they had done other things and once they started working temporary jobs at the nursing home. The obstetrics and gynaecology trainees had already made their decision while in medical school.

Nearly all focus group participants had a negative perception of elderly care medicine. This was caused in part during medical school, where the lack of formal tuition, an overly one-sided approach to education, or negative comments by other specialists played a role. A negative perception also resulted from being confronted with the nursing home or with family members or patients who desperately wanted to avoid going into a nursing home.

Once they started working in the nursing home the negative perception was adjusted. The work proved to be much more enjoyable, difficult, intense and meaningful than expected.

We recommended that all medical schools include a mandatory elderly care medicine clerkship in the curriculum to demonstrate that working as an elderly care physician is “being a real doctor” instead of just “prescribing paracetamol and plasters”. Further research is needed to show whether this earlier and more positive exposure to the
speciality results in increased interest in and a career choice for elderly care medicine at an earlier stage.

In Chapter 4 we reported on our ethnographic study. Partly because Chapter 3 revealed that negative comments by other specialists had played a role in the negative perception of elderly care medicine, we wanted to gain a better understanding of the hidden curriculum. To this end a medical student was given the task to participate as a trainee in an internal medicine clerkship, and at the same time also observe which attitudes residents and other professionals display to the medical students regarding the elderly patient.

We found that residents saw the elderly patient as not interesting on one hand, yet frustrating on the other. This is partly due to the hospital system that focuses on quick discharge. The students were not stimulated to look deeply into the problems of these patients. In addition they frequently heard negative comments about this patient category. We think that this predominantly negative attitude of role models may affect the career choice of medical students.

We have recommended medical schools to change the curriculum so that students are encouraged to learn more about these patients and to follow up on them, so their experience can be more positive. Also, all physicians should be taught the skills to approach these elderly patients with multimorbidity based on the biopsychosocial model instead of the pathophysiological model.

Chapter 5 addresses our quantitative study into the interest of medical students in elderly care medicine.

We used questionnaires to measure interest in a career in elderly care medicine among students at the end of a “new” curriculum that included a mandatory elderly care medicine clerkship, and students who followed the previous curriculum, that had no mandatory elderly care medicine clerkship.

The same questionnaire was also used to measure which professional characteristics students appreciate in a future career, and which characteristics they feel do or do not apply to the profession of elderly care medicine.
Of the students in the new curriculum, 4.2% wanted to pursue a career in elderly care medicine, and 12.5% were considering it. For the students in the old curriculum these figures were 0.8% and 8.6% respectively.

The professional characteristics students found appealing, but did not deem applicable to the profession of elderly care medicine, included: diagnostics, diversity, acute diseases, visible results and high income. The professional characteristics that students felt applied to this specialty, but were less attractive for their future career included: psychosocial, chronic, and terminal conditions. The perception of what the profession of physician should be, curing and adding years to life in particular as the most important tasks, may play a role here.

This underappreciation of these conditions concerned us, because students will be confronted with them frequently in their future professional practice. We therefore recommended that more attention be given to chronic and terminal patients in the Framework for Medical Education in the Netherlands and in the medical curriculums. In this way we expect students to be better prepared for and to develop a more realistic perception of their future tasks. When they have a better appreciation of the professional characteristics psychosocial, chronic, and terminal conditions we expect them to become more interested in a career in elderly care medicine.

Chapter 6 describes our concept mapping study.

Following the four earlier studies searching for the causes of the lack of interest in geriatrics among medical students, we wanted to examine possible solutions in our fifth study. Using concept mapping - a method to map insights of different experts from different backgrounds in an organized way, that can reveal links between them in a visual diagram - we attempted to find an answer to the question: “You may speak of a curriculum that generates enthusiasm in students for the medical care for elderly patients only when ...”

Two medical students, three curriculum designers and three physicians with educational experience, including one geriatrician, one elderly care physician and one resident, participated in this concept mapping session. This resulted in a concept map with five clusters or themes. These show that medical students can be made enthusiastic for the medical care for elderly patients if the underlying philosophy of the curriculum is
based on a holistic patient approach, in which the problems and goals of the patients are the starting point for clinical decision-making and restoring disturbed biological, psychological and social functions. In a philosophy like this we expect medical students will perceive guiding chronically ill patients as just as natural as curing diseases, which would mean geriatrics fits better in their perception of their future career. Furthermore, it is important that geriatric education is integrated in the curriculum as well as taught separately through at minimum a mandatory geriatric clerkship. The training needs to be presented as challenging and emotionally appealing, by positive role models, and key figures within the curriculum talk about elderly care medicine in a positive way and students are handed a clear perspective of the elderly care medicine profession.

These themes require further specification. For this reason we have advised medical schools to continue to discuss these themes, if desired with the same categories of experts, and inventory potential barriers, as well as the steps needed to overcome these barriers, in order to organize a programme, based on these themes that are compatible with the training in question.

Chapter 7 combines the results of this thesis and presents answers to the central research questions. One of the major conclusions regarding the question why students do not choose a career in geriatrics was that the students have a negative perception of the characteristics of the discipline. The chronicity of these patients’ diseases does not appeal to them and the multimorbidity is experienced as too complex.

We described how the lack of exposure to good examples for the medical care of complex elderly patients appears to be at the basis of this negative perception of the profession.

We also described that any decision to pursue a career in this profession is made at a late stage. This may be due to the limited exposure in medical school. Or perhaps potential candidates only learn to appreciate geriatrics when they have gained some experience or are a little older.

The professional perception of students, in which doctors make diagnoses and cure illness, seems to be at the basis of the limited appreciation for geriatrics, the specialty that is characterised by patients with chronic and terminal diseases.
Chapter 8

For this reason it will take more than interventions in geriatric education to achieve a more positive perception of the speciality among students. And so we have recommended letting the chronic patient take central stage in the curriculum in which health, following Huber, is defined as: “the ability to adapt and to self manage, in the face of the physical, emotional and social challenges of life”. The physician’s task is to improve the patient’s health according to this definition. We recommended, among other things, to reserve more time for work placements outside the hospitals, for example in general practice, elderly care medicine and rehabilitation medicine, where most competences and clinical conditions can be learned.

In this way students are effectively prepared for the main tasks of the medical profession, where apart from diagnosis, guidance of patients with chronic conditions plays an important part. We also expect that students will develop a more realistic image of the profession, see better examples of the medical care for complex elderly patients and will therefore have a better appreciation of geriatrics.

Because a proportion of the residents discover only after several years that they do not like the hospital after all, we recommended reaching out to this group to motivate them to choose elderly care medicine.