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Training in geriatric medicine amongst professions

Mitoiu Forestier*
Department of Internal Medicine, University of Indonesia, Jakarta, Indonesia

SUMMARY
The majority of older patients present with complex health issues that frequently necessitate multidisciplinary treatment. As a result, successful care relies on the participation of doctors, nurses, physiotherapists, occupational therapists, pharmacists, and other professionals who take an interprofessional, patient-centered approach. Interprofessional education (IPE), in which various health professionals learn from, with, and about one another in order to improve collaboration and care quality, is a growing trend in education. A geriatric medicine literature review on IPE is presented in this article.

Keywords: Interdisciplinary education; Interprofessional education; Geriatric medicine; Multidisciplinary

Address for correspondence:

Mitoiu Forestier
Department of Internal Medicine, University of Indonesia, Jakarta, Indonesia
E-mail: mitoiu@internafkui.or.id

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INTRODUCTION

Physicians, nurses, physiotherapists, occupational therapists, psychologists, pharmacists, and a wide range of other disciplines collaborate closely in a process known as "collaborative practice" in geriatric medicine. Given the worldwide trend of increasing life expectancy, the importance of patients' safety, and the complexity of their requirements, it is anticipated that a greater number of health professionals will be involved in future care. As a result, there is an increasing demand for appropriate training in multidisciplinary geriatric medical care. During undergraduate and/or postgraduate training, the traditional model separates all disciplines. Training in interdisciplinary teamwork for collaborative practice, such as interdisciplinary collaboration, has not received a lot of attention from any one profession up to this point [1].

LITERATURE REVIEW

However, it is common knowledge that issues with collaboration and communication can result in team failure and poor patient outcomes. A monodisciplinary approach to education does increase the knowledge and skills of each profession separately; However, IPE, which is becoming increasingly popular in medical education, may also have advantages. According to the World Health Organization, IPE is a revolutionary and system-shifting solution that will guarantee the appropriate supply, mix, and distribution of health workers. Education in interprofessional collaboration is recommended by numerous professional accreditation bodies, including the General Medical Council in the United Kingdom and others worldwide (such as the CanMEDS framework for learning goals for residents in medical specialties) [2].

There are numerous definitions of IPE, but CAIPE's is the most well-known and widely accepted: In order to improve collaborations and the quality of care, interprofessional education occurs when two or more health professionals learn from one another. IPE adopts an inclusive definition of "professional" and includes all such learning in academic and work-based settings prior to and after graduation. There are two types of education to distinguish from: interprofessional and multidisciplinary. Most of the time, multiprofessional education (MPE) is just the simultaneous education of multiple health professionals. Therefore, professionals learn from one another rather than from or about others. Common learning, shared learning, and interdisciplinary education (IDE) are all other names for it [3].

DISCUSSION

The educational content that is sent to the participating

health professionals in MPE is the same, and the primary goal is not for these professionals to interact with one another. Certainly, unplanned interaction can occur during education time, such as when a teacher encourages participants to interact or during coffee breaks. Peer learning and peer teaching refer to the learning that takes place between various health professionals in which they learn from and about one another. In the majority of research papers on medical education, this is referred to as the "real" IPE. It also occurs informally when health professionals collaborate in patient care, such as when pharmacists and physicians manage polypharmacy in elderly patients. Due to differences in knowledge and abilities, the primary objective of optimizing drugs for patients results in informal workplace learning [4].

The true IPE is, despite the fact that the term is frequently used interchangeably with MPE. IP learning can take the form of informal meetings between health professionals or quality circles or multidisciplinary team meetings that have already been established and bring them together in clinical practice. This kind of unplanned learning can quickly lead to negative informal interprofessional learning in the same way. During this training, a hidden curriculum, which relies solely on informal interdisciplinary learning and is not planned by curriculum designers, can, for instance, encourage ageism through the interaction and observation of negative role models. As a result, formal, structured IP education ought to be considered for training at both the undergraduate and graduate levels [5,6].

Following is a more in-depth explanation of some of these. The IPE is complicated and focuses on individual students, making it "learner-centered," while other approaches focus primarily on group dynamics. Adult learning and self-determination theories are the most frequently used in relation to learners. These theories assume that adult learners are self-directed and independent, have varying degrees of experience, integrate learning with the demands of everyday life, are more interested in immediate problem-centered approaches, and are driven more by internal than external drives [7,8].

The context of learning, as described by self-determination theory – teaching and learning ought to be organized so that learning is within the learners' control and creates a goal for learners to strive for so that they become able to accept responsibility for their own learning – is something that adult learning theory does not address. In IPE, group dynamics may play a significant role. According to Alport's contact theory, the best way to lessen tension between groups is to get in touch with them. This necessitates members of the group being equal, collaborating on common objectives, cooperating during contact, and comprehending both their differences and similarities [9].

According to the working mentality theory, for instance, members of an IPE group may avoid making difficult decisions during meetings, avoiding their primary task unintentionally. Senge has outlined the learning team as an independent learning organization; New and expansive ways of thinking are fostered, collective aspiration is liberated, and individuals are constantly learning to see the whole together in learning organizations. As a result, members of these organizations continually increase their capacity to create the outcomes they truly desire. Sadly, this is not always the case in IPE teams, despite the fact that it should be strived for to increase effectiveness [10].

CONCLUSION

It should not come as a surprise that the cost-effectiveness of IPE is not really known because there is a significant lack of information regarding IPE interventions in relation to the IPE objectives and costs. However, it is abundantly clear that larger, qualitative and quantitative new randomised studies are required to ascertain the impact of IPE interventions on professional practice and healthcare outcomes. Our understanding of how to achieve the desired outcomes and the effect of IPE is inadequate due to the heterogeneity of the interventions, their delivery format, the methodological limitations of the studies, their clinical context, and the use of additional interventions.

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CONFLICT OF INTEREST

None.

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