

## Evaluation of the Specialist Training Program in Geriatric Medicine

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Study days have long been part of the curriculum for specialist registrar (SpR) training in geriatric medicine, but it is not clear whether they are being used effectively. Techniques for postgraduate training have not been analyzed to the same degree as those for basic medical education. Study days need to be evaluated regularly to maintain minimum training standards for registrars.

We analyzed feedback forms from SpRs in geriatric medicine in Oxford. The study days take place once a month. There were feedback forms from 8 topics: respiratory, health care delivery system, neurology and

The feedback forms' mean *relevancy* scores and mean *delivery* scores highlighted the differences between medical speakers and non-medical speakers. Table 1 shows the comparisons of the scores of medical and non-medical speakers.

Compared to non SpR speakers in the "orthogeriatrics" topic, SpR speakers received a significantly lower mean *delivery* score. SpR speakers on the "Stroke" topic got a marginally lower mean score on *delivery*. Table 2 shows the comparisons between scores of SpR and non-SpR

**Table 1: Comparisons of medical and non-medical speakers**

Scores	Medical (N=44)	Non-medical (N=11)	Mean difference	95% Confidence interval	P value
Mean <i>Relevance</i> (SD)	4.69(±0.21)	4.53(±0.20)	0.15	0.01-0.29	0.025
Mean <i>Delivery</i> (SD)	4.60(±0.30)	4.22(±0.24)	0.37	0.17-0.57	0.001

special sense, stroke, ethics, orthogeriatrics, oncology and palliative care, and falls. Study days were evaluated for relevance, quality, and effectiveness. Individual topics and speakers were evaluated for the relevance of topics

speakers. There was no difference in the mean *relevancy* scores between SpR and non-SpR speakers. Non-medical speakers got lower mean scores in terms of *relevancy* and *delivery* of the topics, and SpR speakers received a lower

**Table 2 shows the comparisons between registrar (SpR) and non-registrar speakers.**

Topics/ speaker grades	Mean <i>Relevance</i>	Mean <i>Delivery</i>	Numbers of attendances
Stroke			
Registrar	4.33	3.67	9
Non registrar (SD)	4.66(±0.28)	4.6(±0.31)*	9.4(±0.55)
Orthogeriatrics			
Registrar	4.75	4.25	8
Non registrar (SD)	4.79(±0.06)	4.82(±0.11)**	7.6(±0.55)

\* p value =0.056

\*\* p value = 0.009

and the speakers' delivery methods. Scores ranged from 1 (worst) to 5 (best). There were 74 feedback forms. Overall evaluations were good for *relevancy* with a mean score of 4.70 (±0.49), *quality* 4.61 (±0.54) and *effectiveness* 4.43 (±0.65) for the organized topics.

mean score on *delivery*. It would be important to give feedback to these two groups. However, it is important to develop the SpRs to be experienced lecturers in the future. Presentation skills, especially delivery methods, should be strengthened in the non-medical and SpR speakers.

The SpRs who contribute their time in teaching medical students could have an influence on the attitudes of medical students towards geriatric medicine. A study by Myint showed that trainee members of the British Geriatrics Society in the UK perceived barriers preventing them from planning, funding and executing a research project and those who did not undertake research did not know how to develop an idea and how to get funding (1). Moreover, a report regarding publications by SpRs completing higher specialist training in geriatric medicine in the UK in 1999/2000 demonstrated that the number of their publications is remarkably small (2). A previous study showed that the more positive attitudes students have, the higher chance they will choose to have a career in geriatric medicine (3). Then, topics in research as well as in medical education should be formally included in the SpR training program in geriatric medicine.

### Reference

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