Editorial

Concrete Steps Toward Academic Medicine in Long Term Care

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Over the past 5 years, many articles have been published about the role of nursing home (NH) physician specialists in the quality of medical care in long term care settings.1–12 Recently, Katz and Pfeil7 argued in the Journal that there is a necessity to increase the credibility of NH physicians. One of the initiatives of the board of directors of the American Medical Directors Association (AMDA) was to develop a core set of competencies for physicians working in NHs. Katz and Pfeil13 state that there is also a need for NH leadership and that physicians who are embedded in the organizational culture of the homes are more likely to find success in leadership and therefore can have great impact on quality of care. Finally, Katz and Pfeil13 call for more research to demonstrate the link between physician competency and quality of care.

That research can improve quality of care is also argued by Rolland and de Souto Barreto.13 They state that research can improve ongoing training of NH staff, encourage new strategies of care, including medication and nonpharmacological interventions, enhance daily practice, and can help to change negative cultural and societal representations of NHs and their workers.13 However, improving research in NHs poses many challenges for academics, as there is neither a research culture nor an adequate infrastructure to perform high-quality research.

Although some of the articles have pointed at the Dutch situation, most of the authors insufficiently recognize the achievements and the developments of the Dutch long term care sector and that the Netherlands already has provided some answers to the challenges raised before. We point at 2 concrete initiatives: (1) the establishment of a NH physician specialty with a 3-year training program, and (2) the establishment of academic networks of NHs providing an infrastructure for teaching, research, and best practices.

NH Physician Specialist

Working in NHs makes unique demands on (1) problem-oriented working methods; (2) medical knowledge of chronic diseases and the presentation of illness in frail elderly; (3) communication skills, multidisciplinary cooperation, and organization; and (4) the competency to deal with complex medical-ethical dilemmas. Against this background, the new specialist elderly care physician (ECP) has arisen in the Netherlands.11 The ECP combines the competencies of a general practitioner (GP) with those of a geriatrician. So the Netherlands has moved beyond the concept of the NH physician specialist as is described by Katz et al.5 Over the past 20 years, unique problem-oriented working methods have been developed.11–13 Moreover, Dutch nursing homes employ their own multidisciplinary teams, consisting of an ECP and many other professionals. The fact that ECPs are responsible for the multidisciplinary care plan of each resident improves commitment and leadership of ECPs.

The Training Program

The first and only specialist training program for NH physicians in the world started in 1989,15,16 The current 3-year training program consists of 4 days of practical training and a 1-day-a-week theoretical course at the university. The program is based on competencies according to the Canadian Medical Education Directions for Specialists (CANMEDS) framework. The entrustable professional activities are categorized into 6 themes: acute care, chronic somatic care, rehabilitation, palliative care, institutional psychogeriatric/mental health care, and community psychogeriatric/mental health care.

After 1 year in a teaching NH, trainees work 6 months in 1 or 2 of the following hospital wards: geriatrics, internal medicine, neurology, surgery, or orthopedics. Furthermore, trainees work 6 to 12 months with psychogeriatric patients (mainly dementia) or patients with mental health problems who live at home. Institutions for Mental Health Care offer this latter part, sometimes in combination with NHs, with a day care facility or outpatient services. Finally, there is a 3-month internship of choice; for example, in a rehabilitation hospital, a hospice, or in a GP practice. Another possibility is to carry out a research project. Trainees can combine 2 learning periods and create individual, tailor-made learning trajectories.

A problem-oriented theoretical course of minimal 40 days a year supports the learning process in practice. Most of the theoretical course is offered at the university. About 10% is offered in the regions of the teaching nursing homes, with a focus on topics, such as the regional organization of care or disease-management programs for patients with stroke, dementia, or Parkinson disease. Another 10% consists of national teaching days for all trainees with lectures given by national experts.

The university medical centers of Amsterdam, Nijmegen, and Leiden offer the training program. Since 2009, they have cooperated in a national foundation, called SOON (Samenwerkende Opleidingen van Ouderdomsziekten, CGO), and in 2012, all training programs have been merged.
AID protocol. However, we can learn much from these findings and it can stimulate researchers to improve implementation strategies, for instance, by increasing leadership of managers or staff members.

Best Practices

The ultimate goal of the academic networks is to develop best practices with best evidence-based care with measurable high quality of care and high quality of life of the residents. Developing best-practices is facilitated by the fact that Dutch NHs have a long tradition of grouping patients in units with specialized care covering, for instance, (young-onset) dementia, Huntington and Korsakow disease, geriatric rehabilitation, palliative care, and patients with mental-physical multimorbidity. Multiprofessional and multicomponent care programs like the AID-program or the “Grip on challenging behavior” program are examples of such initiatives that are currently under study to determine their (cost-) effectiveness.

In Conclusion

The Netherlands has developed a roadmap toward academic medicine in long term care. Key elements are a significant contribution in the medical curriculum, a specialty with a 3-year specialist training program, and academic networks that provide an infrastructure for teaching, research, and best practices. Maybe this can inspire other countries that deal with the same challenges to set these steps too.

References

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