

**Policy Statement on the
National Seniors Strategy and Medical Education Related to Care of the Elderly**

Authors:

Kalyani Sabanayagam (McMaster University)
Emily Bolt (Memorial University of Newfoundland)
Sachin Pasricha (Queen's University)
Carolyn MacLeod (Memorial University of Newfoundland)
Syeda Shanza Hashmi (University of Ottawa)
Taylor Woo (University of Calgary)

Approved: April 13, 2019

Revised: Date(s) April 12, 2019



CFMS
Canadian Federation
of Medical Students

FEMC

Fédération des étudiants et des
étudiantes en médecine du Canada



CFMS

Canadian Federation
of Medical Students

FEMC

Fédération des étudiants et des
étudiantes en médecine du Canada

Briefing Note

Policy Statement on the National Seniors Strategy and Medical Education Related to Care of the Elderly

SUMMARY:

This policy statement is written by Medical Students of the CFMS National Senior Strategy Task Force. The first objective is to support the National Seniors' Strategy in its effort towards the health and engaged lives of citizens, as well as support for caregivers and care closer to home. The second objective of this task force is to encourage explicit medical education about the community care of the ageing population.

Policy Statement on the National Seniors Strategy and Medical Education Related to Care of the Elderly

Authors:

Kalyani Sabanayagam (McMaster University)
Emily Bolt (Memorial University of Newfoundland)
Sachin Pasricha (Queen's University)
Carolyn MacLeod (Memorial University of Newfoundland)
Syeda Shanza Hashmi (University of Ottawa)
Taylor Woo (University of Calgary)

Background on the National Seniors Strategy:

The NSS focuses on four pillars around seniors care, covering twelve issues of national focus, that highlight ways in which the country can meet the needs of Canada's aging population. This strategy was coined through the Canadian Institute of Health Research (CIHR) and Evidence-Informed Healthcare Renewal (EHR). This research team began their work in 2013 and reviewed strategy, approach, and practices towards elderly populations. Consultations with stakeholders took place over a 12-month period and informed the recommendations presented in this document¹.

The four pillars of the National Seniors Strategy are organized as follows:

- Independent, Productive and Engaged Citizens
- Healthy and Active Lives
- Care Closer to Home
- Support for Caregivers

Effect on Medical Students

Issues surrounding the care of seniors impact medical students, clinical clerks, and residents.

The Canadian Geriatrics Society has been successful in promoting education on care of the elderly by developing an updated set of medical student competencies in the care of seniors in 2018 (1). Furthermore, the National Geriatrics Interest Group has been effective in creating opportunities to explore elderly care outside the classroom through various events, such as speaker talks, long-term care home visits and geriatric OSCEs.

However, much of the geriatrics-focused teaching still focuses on the medical-specific components of geriatric care (e.g. geriatric psychiatry, polypharmacy, and different presentations of common illness in the elderly).

Equally as important as these medical issues are the community health issues relevant to care of the elderly. For example, the distinction between different community care models (long-term care vs. complex continuing care vs. community care) are important for medical students to understand as they admit patients from and discharge patients back to these environments. Moreover, the role of allied healthcare professionals (e.g. occupational therapy and physiotherapy) in deeming elderly patients safe to leave hospital is crucial for medical students to gain an appreciation for.

Some medical schools attempt to teach about the community aspects of geriatric healthcare through clerkship rotations and/or interdisciplinary observerships. However, medical students are often not explicitly taught about the community health issues that affect geriatric patients.

The Canadian Federation of Medical Students (CFMS) Stance

In representation of over 8000 medical students from fifteen medical schools across Canada, the CFMS endorses the National Seniors Strategy (NSS), specifically the pillars relating to care closer to home and caregiver support. Moreover, the CFMS encourages medical schools to ensure they explicitly teach students about the community aspects of healthcare of the elderly that will inevitably affect their clinical practice.

Recommendations:

Support for the National Seniors Strategy in its effort to:

- a. **Advocate for further Caregiver support:** through flexible models of business/workplace leave, increased public awareness around existing supports, and awareness around caregiver challenges.
- b. **Provide greater and more equitable access to seniors' health resources:** specifically at-home services, community services, long-term care services, end-of-life care, and aging specialists.
- c. **Advocate for the Creation of 'Age-Friendly' spaces:** through the provision of infrastructure, such as age-friendly housing and financial relief appropriate for the needs of the elderly.
- d. **Develop Standards and Metrics for Measuring Progress:** by prioritizing the development of national standards, guidelines and metrics to assess the progress of healthcare systems in their delivery of seniors' care.

Encourage Increased Medical Education on Community Aspects of Care of the Elderly

- e. **Ensure students learn and are assessed on the following topics in pre-clerkship and/or clerkship:** Structure of, the pros and cons of, when referral is indicated for: home/community care, long-term care, palliative care units and end-of-life services.
- f. **Ensure effective discharge planning is explicitly covered in medical school curricula:** including the role for home safety assessments, alternate-level-of-care designations, specific allied healthcare professionals (e.g. when is physiotherapy vs. occupational therapy indicated), and the responsibilities of long-term care homes to their residents (e.g. who is responsible for transfer from hospital).
- g. **Provide students practical opportunities,** including but not limited to: home visits (either in rural or urban communities) and interdisciplinary observerships/rotations pertaining to care of the elderly.

Appendix

Summary of the National Seniors Strategy Pillars

The “Independent, Productive and Engaged Citizens” pillar addresses social supports for seniors to allow them to live and thrive independently in the community. Its recommendations advocate for providing income security, ensuring affordable housing, creating age-friendly spaces and addressing seniors’ safety (including elder abuse, ageism and social isolation).

The “Healthy Active Lives” pillar centers on preventive medicine and overall healthy aging for seniors. Topics described within this pillar include falls prevention, affordable medication access, deprescribing, and advanced care planning. Recommendations involve raising awareness amongst the public on preventive health, government policy changes to address medication costs, and training healthcare providers to discuss advance care planning, amongst others.

The “Care Closer to Home” pillar discusses the provision of quality home and community care. Its recommendations involve improving access to various community care options (such as home care, long-term care and end-of-life services), ensuring adequate availability of aging specialists, and developing standards and metrics to track progress in seniors’ healthcare.

The “Support for Caregivers” pillar discusses measures to support caregivers, who often take time off work, forgo professional advancement and pay significant out-of-pocket expenses to help their loved ones live in the community. The NSS recommends developing supports for caregivers, such as encouraging employers to increase flexibility for leave, and creating and promoting government caregiver benefits. Supporting caregivers is with the ultimate goal of enabling their dependent seniors to live at home longer, and to simultaneously promote wellness of the caregivers themselves (2).

Evidence for Support for National Seniors Strategy

- a. **Advocate for further Caregiver support:** through flexible models of business/workplace leave, increased public awareness around existing supports, and awareness around caregiver challenges.

The National Seniors’ Strategy describes “growing evidence demonstrating that financial support for caregivers can reduce the probability that their dependents will be admitted to a nursing home by 56%” (2). Unpaid work leads to significant costs for caregivers, including time off work, missed opportunities for career advancement, and substantial out-of-pocket expenses. Existing government support for caregivers include the Family Caregiver Tax Credit, the Caregiver Tax Credit and the Compassionate Care Benefit (3). However, restrictions on eligibility and reduced awareness may lead to the underutilization of these supports. Although immediate family members make up most caregivers, close friends and neighbours are increasing in numbers. Therefore, changes to policies need to reflect these growing trends to include extended family members, friends, and neighbours, ensuring that all caregivers have access to social and financial supports (4).

- b. **Provide greater and more equitable access to seniors’ health resources:** specifically at-home services, community services, long-term care services, end-of-life care, and aging specialists.

There are ongoing limitations in community supports and resources available to seniors. Examples include long wait times for long-term care, shortage of home care services (5), and social isolation for seniors (6). Another limitation is that existing resources are not provided equitably across the country. For example, access to aging specialists differs across geographic regions, with rural areas being disproportionately affected (5). As such, infrastructural changes addressing both resource provision and equitable access will be needed to allow all Canadian seniors to age safely in the community.

There are 2.2 million Canadians receiving care at home, 15% of which still have unmet needs (2). According to the National Seniors Strategy, avoiding unnecessary hospitalization and keeping seniors at home longer can save an estimated \$2.3 billion to use elsewhere in the healthcare system (2). Ensuring there are services close to home that allow individuals to stay at home longer ensures not only comfort for the patient but also increases the number of beds available for acute care situations. Furthermore, community-based care helps to decrease the need to travel for seniors who may not have the ability, time, or resources to do so, and decreases stress on caregivers to fulfill transportation roles.

- c. **Advocate for the Creation of ‘Age-Friendly’ spaces:** through the provision of infrastructure, such as age-friendly housing and financial relief appropriate for the needs of the elderly.

A recent WHO report suggested that healthcare authorities create age-friendly spaces for seniors to utilize and improve existing infrastructure for comfortable aging (7). It has been suggested that making financial and structural resources more available and accessible will increase use and ease the burden on those with fixed-income. At home, the Canadian government has taken several steps to address seniors’ needs. Since 2016, the age of eligibility for the Guaranteed Income Supplement (GIS) and Old Age Security (OAS) was restored from 67 to 65 (8), and the value of the GIS was increased by up to \$947 (9). Canada’s Budget 2018 also includes the first-ever National Housing Strategy and an expansion on the Community Volunteer Income Tax Program (CVITP), which are both targeted at populations in need, including seniors (9).

- d. **Develop Standards and Metrics for Measuring Progress:** by prioritizing the development of national standards, guidelines and metrics to assess the progress of healthcare systems in their delivery of seniors’ care.

The National Seniors’ Strategy identifies a dearth of standardized metrics and indicators to assess the current state of seniors’ health across different provinces and healthcare systems (2). This prevents us from establishing targets for healthcare systems and to track improvement over time, which diminishes incentive to perform.

Evidence for more Medical Education pertaining to Community Care of the Elderly

- e. **Ensure students learn and are assessed on the following topics in pre-clerkship and/or clerkship:** Structure of, the pros and cons of, when referral is indicated for: home/community care, long-term care, palliative care units, and end-of-life services.

A study done in the US of six medical schools surveyed 252 students with only 22% of respondents reporting themselves to be prepared for end of life themes. “Students attending medical schools with a formal end-of-life curriculum were more likely to feel prepared than students with no formal curriculum to address psychosocial issues...” (10). The benefits of early exposure to this population are two-fold: 1) it raises awareness around this field and enables students to consider elderly care as a career path, and 2) it provides all students, regardless of career choice, with the foundational knowledge and skills to care for this population.

- f. **Ensure effective discharge planning is explicitly covered in medical school curricula:** including the role for home safety assessments, alternate-level-of-care designations, specific allied healthcare professionals (e.g. when is physiotherapy vs. occupational therapy indicated), and the responsibilities of long-term care homes to their residents (e.g. who is responsible for transfer from hospital).

A survey among GPs in the United Kingdom demonstrated that there are specific components to a high quality discharge summary and discharge planning (11). Medical school is the ideal place to teach this highly useful skill. Moreover, a patient being designated of belonging to an Alternative Level of Care (ALC) is important and is one most medical students will come across throughout their

clerkship. However, the Wait Time Alliance's 2015 report identifies several examples, such as the lack of data on wait times for specialist seniors' care and the challenges in tracking alternate level-of-care (ALC) rates as there is no pan-Canadian definition of ALC at present (5). Explicitly teaching medical students about what it means to be designated as ALC can be an important step to developing this definition.

- g. **Provide students practical opportunities**, including but not limited to: home visits (either in rural or urban communities) and interdisciplinary observerships/rotations pertaining to care of the elderly.

A renewed interest in medical education is needed to empower health professionals with the skills to care for an aging population. Seniors' care is currently not covered consistently by health professions programs, with a 2014 assessment finding that only half the programs surveyed included a required rotation in the field (12).

REFERENCES

1. Core Competencies (Learning Outcomes) for Medical Students in Canada [Internet]. Canadian Geriatrics Society; 2018. Available from: <https://canadiangeriatrics.ca/undergraduate-competencies/>
2. Sinha SK, Griffin B, Ringer T, Reppas-Rindlisbacher C, Stewart E, Wong I, et al. An Evidence Informed National Seniors' Strategy for Canada [Internet]. An Evidence Informed National Seniors' Strategy for Canada. Alliance for a National Seniors' Strategy; 2016 Jan. Available from: <http://nationalseniorsstrategy.ca/wp-content/uploads/2016/10/National-Seniors-Strategy-Second-Edition.pdf>
3. Caregiver Allowance [Internet]. Ontario Caregiver Coalition. Ontario Caregiver Coalition; [cited 2019Mar2]. Available from: <http://www.ontariocaregivercoalition.ca/caregiver-allowance.html>
4. Canadian Caregiver Coalition [Internet]. A Canadian Caregiver Strategy. The Coalition; 2013 [cited 2019 Feb 18]. Available from: <https://www.carerscanada.ca/priorities/#caregiver-strategy>
5. Eliminating Code Gridlock in Canada's Health Care System: Wait Time Alliance Report Card 2015 [Internet]. Wait Time Alliance; 2015. Available from: http://www.waittimealliance.ca/wp-content/uploads/2015/12/EN-FINAL-2015-WTA-Report-Card_REV.pdf
6. Report on the Social Isolation of Seniors [Internet]. Government of Canada. Innovation, Science and Economic Development Canada; 2016 [cited 2019Mar3]. Available from: <https://www.canada.ca/en/national-seniors-council/programs/publications-reports/2014/social-isolation-seniors/page05.html>
7. Towards an Age Friendly World [Internet]. Ageing and Life-Course. World Health Organization; 2019 [cited 2019Mar4]. Available from: <https://www.who.int/ageing/en/>
8. BenefitsCanada. Trudeau says budget will commit to returning eligibility for OAS to 65 [Internet]. BenefitsCanada.com. Transcontinental Media G.P.; 2019 [cited 2019Mar9]. Available from: <https://www.benefitscanada.com/pensions/governance-law/trudeau-says-budget-will-commit-to-returning-eligibility-for-oas-to-65-78567>
9. Budget 2018: Equality and Growth for a Strong Middle Class [Internet]. Government of Canada; 2018 Feb [cited 2019Apr12]. Available from: <https://www.budget.gc.ca/2018/docs/plan/toc-tdm-en.html>
10. Fraser HC, Kutner JS, Pfeifer MP. Senior medical students' perceptions of the adequacy of education on end-of-life issues. *Journal of palliative medicine*. 2001 Sep 1;4(3):337-43.
11. Yemm R, Bhattacharya D, Wright D, Poland F. What constitutes a high quality discharge summary? A comparison between the views of secondary and primary care doctors. *Int J Med Educ*. 2014;5:125–131.
12. McCleary L, Boscart V, Donahue P, Harvey K. Core Curricula for Entry-to-Practice Health and Social Care Worker Education in Ontario: Needs Assessment for the Council of Ontario Universities [Internet]. Council of Ontario Universities; 2014 Aug. Available from: <https://cou.ca/wp-content/uploads/2015/05/Core-Curricula-for-Entry-to-Practice-Health-and-Social-Care-Worker-Education-in-Ontario.pdf>