

## GUEST EDITORIAL

# Special issue on training in psychogeriatrics

The need to train more health workers, and particularly mental health workers, in the care of older adults, has been highlighted by a variety of disciplines including psychiatry (Jeste *et al.*, 1999), psychology (Knight *et al.*, 1995), social work (Rosen *et al.*, 2002) and nursing (Hirst *et al.*, 1996). This rise in attention paid to geriatric health care is partly driven by demographics. Over the next 50 years, the global population of people aged 60 years and over is expected to triple to 2 billion by 2050 (U.N. Department of Economic and Social Affairs, Population Division, 2007). This same UN report states that the expected number of centenarians is set to increase globally by a factor of 20. Worldwide, the demographic trends in aging suggest that the number of people in the world aged 65 years and over will surpass the number aged 5 years or less in approximately 2017 (UN Department of Economic and Social Affairs, Population Division, 2005). The issues concerning who will care for older adults are faced by a growing number of nations throughout the world.

The impetus for this Special Issue arose from the recognition that innovations and issues regarding curricula, registration/licensure, accreditation and subspecialty recognition will impact on the state of the geriatric mental health workforce. These issues cross national borders as well as discipline boundaries. The papers for this special issue with a focus on training in psychogeriatrics were commissioned with this in mind. All the papers presented here had to pass the usual peer review process of the journal before being accepted for publication.

In the past decade, efforts to improve geriatric training have proceeded in a variety of disciplines and countries. In order to better prepare trainees to care for older adults, peak bodies have examined strategies to improve their curricula, sometimes on a national scale (e.g. The Geriatric Nursing Education Project (2006) in the U.S.A.). Important areas such as interdisciplinary work in geriatrics have been the subject of professional agendas, such as the American Psychological Association's policy statement *Blueprint for Change: Achieving Integrated Health Care for an Aging Population* (2008). Other disciplines have offered consensus statements on research agendas in geriatrics and training in geriatric mental health (Jeste *et al.*, 1999)

or published best practice guidelines on working with older adult populations in both clinical and research contexts (e.g. Pachana *et al.*, 2006). In this issue, Ribeiro and colleagues offer an overview of how Portugal has responded nationally to its aging population, with respect to the education and training of geriatric mental health workers. Their paper includes discussions of basic competencies, the growing research profile of clinical aging within the country, and crucial multidisciplinary initiatives to improve care outcomes. As such, this paper paints a broad picture of advances in one unique country in Europe, which nevertheless provides a basis for contrasts and comparisons with other regions and countries in the world.

In terms of curricular advances, the formulation and implementation of competency-based training is much discussed in a broad spectrum of disciplines including geriatric mental health training. For example, the American Association of Colleges of Nursing has developed and published *Nurse Practitioner and Clinical Nurse Specialist Competencies for Older Adult Care* (2004). In this issue an innovative attempt to assess systematically the dementia training curricula in the state of Florida in the U.S.A. is described by Hyla and colleagues. Such a credentialing program can serve as a model to ensure that accurate and educationally sound curricula are used to train dementia care workers. Also in this issue, Teodorczuk and colleagues in the U.K. review the literature concerning learning needs of healthcare professionals in relation to managing confusion in older patients in order to inform effective educational approaches for Liaison Old Age Psychiatry Teams.

Assessing the personal levels of competence achieved or aspired to by a health care professional is also important, particularly as many individuals may enter geriatric practice after first achieving competence with another age group. In this issue Karel and colleagues describe a competency evaluation tool developed by the Council of Professional Geropsychology Training Programs (CoPGTP) in the U.S.A. (Knight *et al.*, 2009). The tool assesses attitude, knowledge, and skill competencies for professional geropsychology practice; the authors describe results of a pilot of the tool and future directions and issues regarding its use. And while continuing education (CEU) and continuing medical education (CME) programs traditionally

rely on self-report measures of satisfaction with training, more recent efforts, including the study reported by Rodriguez and colleagues in this issue, focus on outcomes indicating levels of improved skills and attitudinal change of health professionals. This study by Rodriguez and colleagues used "Action Plans" (planned applications of new knowledge and skills in the current professional role) as a tool to stimulate changes in geriatric clinical programs following training.

Other issues concerned with adequately training a mental health workforce skilled in geriatrics have received less attention. Changing demographics, particularly widening age ranges and cultural cohort experiences between those providing care and those receiving care, will have an impact on service delivery, and by extension, training (Laidlaw and Pachana, 2009). For example, a difference of four generations could separate a trainee clinician from his/her patient; in such instances an understanding of differing social, cultural, and technological experiences across generations becomes imperative. Lack of staff with geriatric expertise, especially senior staff, may make sustaining subspecialty training programs in geriatrics difficult (Fernandez-Ballesteros, 2007). Pachana and colleagues (this issue) compare issues of staffing, pedagogical content and placement opportunities across three countries: the U.S.A., Canada and Australia. Such studies offer benchmarking possibilities from which to argue for curriculum and staffing changes in clinical training programs.

Issues about recognizing the importance of geriatric training for all health workers are highlighted in the literature (e.g. Kovner *et al.*, 2002), but progress on this front in actual practice has been slow. Recognition of subspecialties within larger disciplines has also been slow to occur. Andrew and Shea in this issue outline the evolution of geriatric mental health training in Canada, which has culminated in subspecialty recognition of geriatric psychiatrists by the Royal College of Physicians and Surgeons of Canada (RCPSC).

The need for training in dementia care is urgent, given worldwide statistics on both the personal, systemic and financial burdens of such care. A special issue of *International Psychogeriatrics* (2009, 21, Supplement 1) was devoted to international perspectives on dementia education, training and knowledge transfer. In a paper appearing in an earlier issue of *International Psychogeriatrics*, Zuccherro and colleagues (2010) outline their development and testing of a brief interdisciplinary training experience focused on a non-pharmacological approach to care of older persons with dementia. This work is important because a student's general attitudinal stance can affect care, as well as motiva-

tion to enter the discipline, and even care outcomes for patients (Cummings *et al.*, 2003; Cozort, 2008).

Evaluating the efficacy of training programs is an important step in demonstrating their value. In this issue Mellor and colleagues describe an evaluation of the efficacy of the *beyondblue* Depression Training Program in Australia. Improving health workers' ability to recognize depression in later life and approach treatment with confidence may ultimately improve the pathway to care for older adults. A similar statement can be made about the importance of the recognition and treatment of delirium in older adults. In a paper not specifically commissioned for this special issue on training, but included because of its relevance to the topic, Meagher describes the impact of a novel educational workshop on attitudes towards pharmacotherapy for delirium. Optimal use of pharmacological strategies in delirium are often debated; this innovative educational workshop involving a gameshow quiz format was trialed with a heterogeneous mix of healthcare workers from a range of specialties. Positive impacts of the workshop on proposed future practice, and discussion of the benefits of this interesting approach, are discussed in the paper.

The multiple drivers of both university-based training programs as well as clinical placement settings, including health care funding, registration/licensure boards, discipline-based peak bodies, advocacy groups and professional accrediting bodies, to name just a few, have an impact on clinical training (Helves and Pachana, 2006). Attitudes and biases towards older adults as well as toward one's own aging (Draper *et al.*, 1999; Koder and Helmes, 2008) influence training and career choices in the fields of geriatrics and gerontology. Better measures of a range of outcomes of interest, surveys of current practices and trials of innovations in teaching and learning, and multidisciplinary, international perspectives are required to advance training in geriatric mental health care. Research in the area is vital if we are to increase the number of students choosing geriatric mental health as their professional career path.

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