Hiking on the Geriatrics Rotation

Barry D. Weiss, MD; Lynne Tomasa, PhD, MSW

Objectives: Most geriatrics training emphasizes chronically ill, dying, demented, or institutionalized patients. While some programs link trainees to healthy older adults in interview settings, we developed an experience that exposes trainees to vigorously active seniors with the objective of demonstrating the physical capabilities of older adults. Methods: We sent residents with a senior group (age 60s–80s) from a hiking club on a moderately difficult (1,700-foot climb) hike. Later, residents were asked if the experience was worthwhile and if so, what they learned. Results: All residents reported the experience worthwhile. Most reported a new perception of older adults’ physical capabilities. Conclusions: Exposing residents to active older adults may provide residents with new perceptions of healthy aging.

(Fam Med 2010;42(7):473-5.)

The aging population creates need for health professionals skilled in caring for older adults.1 Despite this need, only a small percentage of physicians are currently certified in geriatric medicine, and the “pipeline” of physicians being trained to specialize in geriatrics is small. Each year, fewer than 150 family physicians2 and just over 300 internists3 take the geriatric medicine certification examination.

Commonly cited reasons for the limited interest in geriatrics include low pay for geriatricians4,5 and a lack of understanding by medical trainees about how important geriatrics will be in the future.6 Perhaps more important, however, are medical trainees’ negative attitudes about geriatrics.7,9

Why do medical trainees have negative attitudes about geriatrics? We suggest that it is because we teach young physicians about geriatrics in settings and in ways that show only negative aspects of aging.10 Specifically, exposure to geriatrics during residency training typically emphasizes care of chronically ill, debilitated, dying, and often demented or institutionalized older adults.

Geriatrics education should counteract these impressions by also exposing trainees to healthy older adults. There are reports of experiences (eg, senior mentor programs) that expose trainees to healthy seniors by having trainees meet with, interview, or examine them.11-14 But, there are no reports of experiences that expose trainees to older adults who are highly physically active with the objective of demonstrating the physical fitness capabilities of older people.

We developed a component in our geriatrics rotation that exposes residents to such individuals. Specifically, we sent residents on a moderately difficult mountain hike with senior groups from our local hiking club. This paper reports the first-year experience with hiking on the geriatrics rotation.

Methods
Residency Geriatrics Experience

When we introduced the hiking component into our geriatrics rotation at the University of Arizona’s family medicine residency, the rotation was a 1-month experience for third-year residents. Table 1 shows key components of the rotation. In addition to the rotation, residents also saw older patients in continuity clinics (15% of patient population) and in the hospital (48% of encounters), and each resident provided longitudinal care for nursing home patients during the second and third year of training.

Hiking Experience

We added a half-day experience to the rotation, during which residents accompany a group of older hikers from the Southern Arizona Hiking Club (SAHC). The residents hike with a group that is usually led by a 70+ year-old SAHC member, and hikers in the group typically range in age from 60s to 80s.

The hiking route is 6.5 miles round trip and involves a 1,700-foot climb on a rough, rocky trail through desert terrain to the top of a mountain ridge. It is rated moderately difficult and typically completed in 3–4 hours.
Evaluation

After the hike, residents were asked to evaluate the experience by responding to an e-mail query containing two open-ended questions. We first asked “Did you think the hiking experience was worthwhile?” If they responded yes, they were asked “What did you learn from it?” Residents responded with narrative statements. The University of Arizona Institutional Review Board determined that reporting the residents’ narrative statements in this paper was exempt from formal human subjects review.

Results

All eight third-year residents participated in the geriatric rotation during the year we introduced the hiking experience. One was excused from hiking for medical reasons.

Table 2 shows residents’ narrative statements. All residents deemed the experience worthwhile. Most commented that it changed their perception of older people’s physical capabilities, with two residents stating the experience had redefined their concept of healthy aging. Four residents made specific reference to the age of the hikers and how they remained physically active and strong into their 80s.

Despite the fact that the senior hikers were generally 30–40 years older than the residents, several residents had difficulty keeping up with them. Indeed, SAHC has requested that we select easier hikes for less-fit residents, so they don’t slow down the senior hikers.

Discussion

We augmented our residency’s geriatrics rotation by adding an experience in which residents joined healthy older adults on a moderately difficult outdoor hike. Residents were surprised at the fitness of the older hikers and reported that it changed their perceptions about physical capabilities of healthy older adults. They also learned that through regular physical activity, 70-year-old individuals can be more physically fit than 30-year-old residents. The hiking experience thus met our objectives of exposing residents to vigorously active older adults as a way of providing more healthy geriatrics content in the geriatrics rotation.

Limitations

While our findings are encouraging, they are preliminary and have limitations. First, we did not measure attitudes before the hiking experience; without pre-hike data we cannot definitively say that attitudes changed. We do know, however, that residents spontaneously reported changes in their perception of healthy aging.

Second, because the experience involved only one half day and comments were collected shortly after the hike, we do not know if reported changes in perceptions about healthy aging translate into longer-term attitude changes. We also have no evidence that our residents are more likely to select careers in geriatrics.

A third limitation is that similar hiking experiences might not be available to other training programs because strenuous hiking trails do not exist everywhere. But, there are groups across the United States and throughout the world in which older adults participate in activities like bicycling, running, and swimming, so similar experiences for residents could be established based on those activities. Indeed, older adults from running groups are known to run

Table 1

General Content of Geriatrics Rotation

<table>
<thead>
<tr>
<th>Rotation Content</th>
<th>Description</th>
<th>Frequency * (Half days/month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient geriatric practice</td>
<td>Office practice experience with community family physicians certified in geriatrics—both traditional practices and integrative medicine practices</td>
<td>5–9</td>
</tr>
<tr>
<td>Hospice</td>
<td>Inpatient and outpatient</td>
<td>4–12</td>
</tr>
<tr>
<td>Home visits</td>
<td>Home visits with nurses</td>
<td>1</td>
</tr>
<tr>
<td>Adult protective services</td>
<td>Home visits with case workers</td>
<td>1</td>
</tr>
<tr>
<td>Subspecialty neurogeriatrics</td>
<td>Multidisciplinary clinic</td>
<td>2–3</td>
</tr>
<tr>
<td>Chronic illness management</td>
<td>National pharmacy call center for patients taking &gt;8 medications for multiple chronic diseases</td>
<td>1–3</td>
</tr>
<tr>
<td>Senior companion program</td>
<td>Perform physical exams on older volunteers who provide support services for home-based elders</td>
<td>1–2</td>
</tr>
<tr>
<td>Health fairs</td>
<td>Provide preventive health counseling at health fairs</td>
<td>Occasional</td>
</tr>
</tbody>
</table>

* Frequencies vary because of month-to-month differences in outpatient continuity clinic commitments and in availability and schedules of preceptors and sites.
Residents’ Narrative Comments About Hiking on the Geriatrics Rotation

1. I thought I had a good idea of what it meant to be active over 65, but clearly I was underestimating! Just wanted to let you know that I thought it was a useful, valuable, enjoyable activity, and I hope other residents and med students will be able to participate in the future.

2. I thought that the hiking was fun and worthwhile. The hike did demonstrate that it is possible for patients to be healthy and very active, in shape in their 70s/80s. The people on the hike were very enthusiastic and vibrant compared to most people that I see even in their 20s–30s, which might say a lot about the importance of lifestyle and staying in shape.

3. What did I learn? Hmmmm... I better get off my butt if I want to be an active, healthy 80 year old some day. While I had no trouble keeping up, I have to admit, my calves were sore for a couple of days afterward. These folks have been active all their lives; they didn’t just suddenly start when they retired. My mom is 79 and my dad is 84 and I consider both of them to be in pretty good health, but neither could have made that hike. These folks have redefined “pretty good health” for me. Very inspirational.

4. It really did open my eyes to what “healthy aging” is and how much of an impact being active can have on everyone, not just the younger population. I thought I was in shape, but I had a hard time keeping up with the group, inspirational to say the least. Definitely worthwhile, since so much of our medical training days are spent learning about helping people live longer and not enough about also helping them live better and healthier.

5. I think it is nice to see healthy seniors in a healthy activity. I was the slowest person on that hike that day—they all were such good shape!

6. I went on the hike last week. I had a great time, though I was definitely the slowest of the bunch. I am very impressed and inspired by the group. I [am now] recommending the Southern Arizona Hiking Club to some [of my other] patients—it’s free, supportive, healthy, and fun.

7. This hike was probably my very first hike. I was amazed with the varying ages of the group, from late 50s to 80!!! I was also amazed at the speed and the flexibility that the group had. It was great to see so many people out enjoying a hike and getting a workout at the same time. I was also surprised to know that there are so many hiking groups and most of the members are in the “senior” category. I thought that this hike would not be so bad before starting, but it took every effort of mine to finish. I am glad I did it and actually aspire to be at their level and expertise now and especially when I am their age. This was a great experience for me.

Conclusions

“Hiking on the geriatrics rotation” provides an example of how medical trainees can gain exposure to highly active older adults and how such an experience teaches them about the potential physical capabilities of older individuals. Such experiences may increase trainees’ interest in working with older adults, though further research is needed to know if this is the case.

Acknowledgments: We thank the Southern Arizona Hike Club for facilitating this experience for our residents and Erika Hartz and Claudia Weaver for leading the hikes in which our residents participated.

Corresponding Author: Address correspondence to Dr Weiss, University of Arizona, Department of Family and Community Medicine, Arizona Center on Aging, 1450 North Cherry, Tucson, AZ 85719. 520-636-6975. bdweiss@u.arizona.edu.

References


