

行政院國家科學委員會專題研究計畫 期末報告

實習醫學生暨畢業後一般醫學學員之周全性老人照護計畫 學習成效研究(第三年)

計畫類別：個別型
計畫編號：NSC 101-2511-S-040-001-
執行期間：101年08月01日至102年07月31日
執行單位：中山醫學大學醫學研究所

計畫主持人：李孟智
共同主持人：賴德仁、顏啟華、廖玟君、唐憶淨、詹鼎正
廖妙涓、李淑杏、翁國昌
計畫參與人員：碩士班研究生-兼任助理人員：游淑媛

報告附件：出席國際會議研究心得報告及發表論文

公開資訊：本計畫可公開查詢

中華民國 102 年 10 月 24 日

中文摘要：為因應我國人口結構快速高齡化之衝擊，教育體系應當及早規劃與實施有關老人醫療與照護之教育訓練計畫，以培養包括實際從事老年照護之優質醫護保健工作人員及其教育訓練創新和週全性學習資源。本計畫第二年的主要目的為配合數位科技，透過網路資訊平台系統，主要針對醫學系 6-7 年級實習醫學生及 PGY 醫師學員給予老人照護相關知識、技能的訓練，本年度特著重在推行與評值多媒體 e 化輔助教材之學習成效，包括 6-7 年級醫學生及 PGY1 醫師學員對老人照護之認知、態度及對老年醫學輪調訓練及 e 化平台學習之滿意度。

希望此套課程內容以及訓練方式，可作為日後發展老人照護專業學位學程之參考，讓未來的年輕醫師能夠接觸完整且多元的老人照護，瞭解老人臨床醫療之關鍵。

本年度(第三年計畫)完成之主要成果如下：

- 一、安排實習醫學生及 PGY 學員，以 4-6 人分組，參與老年醫學輪調訓練計 40 小時之實習課程。
- 二、舉辦總檢討研習會，邀集各教學醫院老年醫學科主管、實習醫學生暨 PGY 老年醫學課程之授課教師以及參與輪調訓練之學員。
- 三、老年醫學輪調訓練學習評值與分析。

本年度計畫結果顯示：不論醫學生或 PGY 學員，於老年醫學輪調訓練後之認知與態度皆較課前為佳。總體而言：PGY 學員中，女性之改變程度高於男性；醫學中心學員之改變程度高於區域醫院。醫學生之認知及態度改變的程度不一致，女性在認知改變優於男性，在態度上則男性改變優於女性。整體而言，醫學生及 PGY 學員對於老年醫學科輪調訓練均給予高度正面評價。

中文關鍵詞：實習醫學生、畢業後一般醫學學員、老年醫學輪調訓練、認知、態度

英文摘要：To meet the challenge of the rapid aging society, it's essential to establish a comprehensive educational and training system of geriatric care for medical communities. However, the existed curriculum or training programs are rather separated or traditional than comprehensive or innovative ones. The 3-year project aims at designing and performing an innovative and systematic series of curricula training program coupled with e-learning for geriatric care. The informatics system developed will

provide medical students as well as trainees of postgraduate general medicine (PGY), with a live, timely, comprehensive and interactive way for both learning and assessment in geriatric care. Following a successful national project for excellence in geriatric care education for junior medical students, targeting on both medical students in clinical years (year 6 to 7) and trainees of postgraduate year, the project will provide learners of different levels with knowledge, skills, professionalism and ethical aspects on geriatric care through a 40-hour clinical rotation and e-learning. It's our hope that the experience and results could be of reference to learners of another universities as well as hospitals in developing a geriatric education program.

The results of this project showed that both medical students and PGY1 physician trainees were satisfied with geriatric medicine rotation. So this kind of training should become required rather than elective for all PGY trainees and medical interns in the future. Both the cognition and attitudes towards geriatric care are improved after geriatric medicine rotation. PGY trainees showed a greater improvement in both cognition and attitude than those of medical interns. There were a total of 200 trainers and trainees participated the workshop on geriatric care training held on March 23, 2013, which is absolutely a successful one for sharing and discussion on geriatric training.

英文關鍵詞： Medical interns, PGY trainees, geriatric medicine rotation, cognition, attitudes

實習醫學生暨畢業後一般醫學學員之周全性老人照護計畫學習成效
研究〔第三年〕

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廖妙涓

計畫參與人員：游淑媛

本計畫除繳交成果報告外，另含下列出國報告，共1份：

移地研究心得報告

出席國際學術會議心得報告

國際合作研究計畫國外研究報告

處理方式：除列管計畫及下列情形者外，得立即公開查詢

涉及專利或其他智慧財產權，一年二年後可公開查詢

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中文摘要

為因應我國人口結構快速高齡化之衝擊，教育體系應當及早規劃與實施有關老人醫療與照護之教育訓練計畫，以培養包括實際從事老年照護之優質醫護保健工作人員及其教育訓練創新和週全性學習資源。本計畫第二年的主要目的為配合數位科技，透過網路資訊平台系統，主要針對醫學系 6-7 年級實習醫學生及 PGY 醫師學員給予老人照護相關知識、技能的訓練，本年度特著重在推行與評值多媒體 e 化輔助教材之學習成效，包括 6-7 年級醫學生及 PGY1 醫師學員對老人照護之認知、態度及對老年醫學輪調訓練及 e 化平台學習之滿意度。

希望此套課程內容以及訓練方式，可作為日後發展老人照護專業學位學程之參考，讓未來的年輕醫師能夠接觸完整且多元的老人照護，瞭解老人臨床醫療之關鍵。

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- 二、 舉辦總檢討研習會，邀集各教學醫院老年醫學科主管、實習醫學生暨 PGY 老年醫學課程之授課教師以及參與輪調訓練之學員。
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關鍵詞：實習醫學生、畢業後一般醫學學員、老年醫學輪調訓練、認知、態度

Abstract

To meet the challenge of the rapid aging society, it's essential to establish a comprehensive educational and training system of geriatric care for medical communities. However, the existed curriculum or training programs are rather separated or traditional than comprehensive or innovative ones. The 3-year project aims at designing and performing an innovative and systematic series of curricula training program coupled with e-learning for geriatric care. The informatics system developed will provide medical students as well as trainees of postgraduate general medicine (PGY), with a live, timely, comprehensive and interactive way for both learning and assessment in geriatric care. Following a successful national project for excellence in geriatric care education for junior medical students, targeting on both medical students in clinical years (year 6 to 7) and trainees of postgraduate year, the project will provide learners of different levels with knowledge, skills, professionalism and ethical aspects on geriatric care through a 40-hour clinical rotation and e-learning. It's our hope that the experience and results could be of reference to learners of another universities as well as hospitals in developing a geriatric education program.

The results of this project showed that both medical students and PGY1 physician trainees were satisfied with geriatric medicine rotation. So this kind of training should become required rather than elective for all PGY trainees and medical interns in the future. Both the cognition and attitudes towards geriatric care are improved after geriatric medicine rotation. PGY trainees showed a greater improvement in both cognition and attitude than those of medical interns. There were a total of 200 trainers and trainees participated the workshop on geriatric care training held on March23, 2013 ,which is absolutely a successful one for sharing and discussion on geriatric training.

Keyword: Medical interns , PGY trainees, geriatric medicine rotation, cognition, attitudes

報告內容

壹、 前言

為因應我國人口結構快速高齡化之衝擊，教育體系應當及早規劃與實施有關老人醫療與照護之教育訓練計畫，以培養包括實際從事老年照護之優質醫護保健工作人員及其教育訓練創新和周全性學習資源。中山醫學大學老年醫學暨老年學教育研究中心自 2006 年 1 月至 2009 年 12 月承辦教育部學門卓越計畫，針對醫學系低年級學生提供老年照護學程計畫，著有成效。然而目前國內對高年級醫學生及 PGY 學員之老年醫學相關教育，缺乏以整體老人照護為主的一系列有系統的課程設計，傳統的授課模式，更降低學生學習興趣與學習成效，因此發展一套適合國情的多元啟發式老年醫學學習課程實極為迫切。國外經驗顯示，以電腦教學輔助醫護教育是很有效的方式，它被廣泛應用於各個健康科學的正規教育與繼續教育，由於具備方便性、即時性、有組織且容易操作使用的優點、再加上活潑生動的呈現方式及互動性的課程設計，更能為 e 世代的學生所接受。

本計畫目的主要配合數位科技，透過網路資訊平台系統，整合老人照護課程；而課程內容的設計，主要針對醫學系 6-7 年級學生及 PGY 學員給予老人照護相關知識、技能的訓練，並透過實習培養專業素養與倫理。希望此套課程內容以及訓練方式，作為日後發展老人照護專業學位學程之參考，讓未來的年輕醫師能夠接觸完整且多元的老人照護，瞭解老人臨床醫療之關鍵。本研究計畫之主要目的如下：

- (1) 建立老人照護之多媒體 e 化學習平台，並發展多媒體輔助教材。
- (2) 透過 e 化課程學習，讓學生具備老人照護之基本能力。
- (3) 以中山醫學大學附設醫院、台大醫院及北護分院、署立台中醫院、甘霖慈善事業基金會及弘道老人福利基金會作為實習場所，藉由醫院到社區深入學習的過程，以提升學生人文素養與社區關懷。
- (4) 健全「結合老人照護產業機構之老人照護」多媒體 e 化學習平台及評值體系。

為達成以上目標，以三年為期實施計畫，其進度期程為：

第一年：結合老人照護產業機構以精進老人照護教育課程、設計多媒體輔助教材與建立多媒體 e 化學習平台；

第二年：完成 e 化教材及評值平台，進行評估學生或學員使用多媒體 e 化教材之學習成效；

第三年：推展老年照護實習訓練與評值及舉辦全國性老年照護教育訓練師生檢討研習會。

貳、 研究目的

本計畫第三年之目的主要是：

1. 安排實習醫學生及 PGY 學員，以 4-6 人分組，參與老年醫學輪調訓練計 40 小時之實習課程。
2. 舉辦總檢討研習會，邀集各教學醫院老年醫學科主管、實習醫學生暨 PGY 老年醫學課程之授課教師以及參與輪調訓練之學員，齊聚一堂參與討論。

參、 成果

四、 安排實習醫學生及 PGY 學員，以 4-6 人分組，參與老年醫學輪調訓練計 40 小時之實習課程。

1. 共計有台中榮民總醫院之六、七年級實習醫學生 97 人（完成全部認知及態度量表前、後測與滿意度量表填答者為 80 人）及衛生福利部台中醫院及台中榮民總醫院 PGY 學員 54 人（完成全部認知及態度量表前、後測與滿意度量表填答者為 43 人），選擇老年醫學科輪調訓練。
2. 實習課程表如附件一。

五、 舉辦總檢討研習會，邀集各教學醫院老年醫學科主管、實習醫學生暨 PGY 老年醫學課程之授課教師以及參與輪調訓練之學員。

1. 共計有 208 名之各教學醫院老年醫學科主管、醫師及參與輪調訓練之 PGY 學員參與本次總檢討研習會，參與者背景資料如表一。
2. 會議議程如附件二。

六、 老年醫學輪調訓練學習評值結果：本計劃共納入；台中榮民總醫院之六、七年級實習醫學生 97 人（完成全部認知及態度量表前、後測與滿意度量表填答者為 80 人）及衛生福利部台中醫院及台中榮民總醫院 PGY 學員 54 人（完成全部認知及態度量表前、後測與滿意度量表填答者為 43 人），選擇老年醫學科輪調訓練，包括：

1. 衛生福利部台中醫院 PGY 學員 20 人，台中榮民總醫院 23 人。
2. 台中榮民總醫院 6、7 年級實習醫學生 80 人。
3. 評值結果顯示：
 - (1) PGY 學員不論男女其認知與態度得分課後皆較課前進步，男女之間改變的程度並無顯著差異，但是女性課後正向態度顯著較課前進步（如表二）。
 - (2) 醫學中心與區域醫院 PGY 學員其認知與態度得分課後皆較課前進步，兩種層級醫院之改變程度並無顯著差異，但醫學中心 PGY 學員課後正向態度較課前顯著進步（如表三）。
 - (3) 實習醫學生不論男女其認知與態度得分課後皆較課前進步，男女間之認知改變程度無顯著差

異，但正向態度改變程度兩組間有顯著差異，男性實習醫學生的改變較為顯著（如表四）。

- (4) 將所有 PGY 學員與所有實習醫學生相比較，雖然認知與態度於兩組均有進步，但 PGY 學員正向態度的改變程度顯著高於醫學生（如表五）

肆、結論與建議

因應高齡化社會快速來臨，老年照護之教育訓練與老年照護體系暨長照保險之建置應同步展開。本三年期計劃著眼在 e 化學習課程、教材與平台建置，以及建立 e 化評值體系，並將推廣此自主 e 化學習模式於 PGY 學員及實習醫學生之老年照護輪調訓練中。

本年度計畫結果顯示：不論醫學生及 PGY 學員於老年醫學輪調訓練後其認知與態度皆較課前為佳。總體而言：PGY 學員中，女性之改變程度高於男性；醫學中心學員之改變程度高於區域醫院。醫學生則呈現認知及態度改變程度不一致，女性在認知改變優於男性，在態度上則男性改變優於女性。最後，醫學生及 PGY 學員對於老年醫學科輪調訓練均給予高度正面評價。

檢討本計劃之限制包括：由於是讓實習醫學生及 PGY 醫師學員自行決定是否選擇老年醫學輪調訓練，故可能參與的學生或學員屬於特定的族群，且學習前及學習後的各種改變不能排除是其他因素所造成或有其他因素之部分貢獻存在，且 PGY 學員完成所有填答者為 79.6%，未能全數納入分析。

伍、誌謝

本計劃承蒙台中榮民總醫院高齡醫學中心及教學部、衛生福利部台中醫院高年醫學科及教研部，以及中山醫學大學老年醫學暨老年學教育研究中心協助進行，特此誌謝。

表一 PGY 學員暨醫學生之老年醫學 e 化教育訓練研討會參與者分析

| | N | % |
|-------------|-----|------|
| 性別 | | |
| 男 | 61 | 29.3 |
| 女 | 147 | 70.7 |
| 機構 | | |
| 醫學中心 | 23 | 11 |
| 區域醫院 | 141 | 67.8 |
| 地區醫院 | 12 | 5.8 |
| 大專院校 | 32 | 15.4 |
| 職務 | | |
| 主治醫師 | 33 | 15.9 |
| 學員 | 37 | 17.8 |
| 其他人員(如護理人員) | 138 | 66.3 |

表二 PGY 學員男女認知與態度改變之比較

| | 男 | | p-value (paired t test) | 女 | | p-value (paired t test) | 比較 |
|-------------|--------|----|----------------------------|--------|----|----------------------------|----------------------------|
| | Mean | n | | Mean | n | | p-value (indep. t test) |
| 課前認知 | 19.43 | 23 | | 19.95 | 20 | | |
| 課後認知 | 19.61 | 23 | | 20.61 | 20 | | |
| 差距 | 0.18 | 23 | 0.911 | 0.66 | 20 | 0.054 | 0.207 |
| 課前態度 | 139.23 | 23 | | 139.00 | 20 | | |
| 課後態度 | 145.09 | 23 | | 146.70 | 20 | | |
| 差距 | 5.86 | | 0.116 | 7.70 | | 0.012 | 0.092 |
| 訓練課程 滿意度 | 92.80 | 23 | | 97.25 | 20 | | 0.269 |

表三 醫學中心與區域醫院之 PGY 學員認知與態度改變之比較

| | 台中榮民總醫院 | | | 台中醫院 | | | 比較 |
|-------------|---------|----|-------------------------------|--------|----|-------------------------------|--------------------|
| | Mean | n | p-value (paired t test) | Mean | n | p-value (paired t test) | p-value (ANOVA) |
| 課前認知 | 19.53 | 23 | | 19.53 | 20 | | |
| 課後認知 | 20.18 | 23 | | 19.67 | 20 | | |
| 差距 | 0.65 | | 0.077 | 0.14 | | 0.809 | 0.396 |
| 課前態度 | 138.41 | 23 | | 138.71 | 20 | | |
| 課後態度 | 146.47 | 23 | | 145.93 | 20 | | |
| 差距 | 8.06 | | 0.026 | 7.22 | | 0.052 | 0.256 |
| 訓練課程 滿意度 | 92.63 | 23 | | 94.65 | 20 | | 0.619 |

表四 實習醫學生男女認知與態度改變之比較

| | 男 | | p-value (paired t test) | 女 | | p-value (paired t test) | 比較 |
|-------------|--------|----|----------------------------|--------|----|----------------------------|----------------------------|
| | Mean | n | | Mean | n | | p-value (indep. t test) |
| 課前認知 | 18.73 | 53 | | 19.11 | 27 | | |
| 課後認知 | 19.13 | 53 | | 19.86 | 27 | | |
| 差距 | 0.40 | | 0.305 | 0.75 | | 0.055 | 0.089 |
| 課前態度 | 133.55 | 53 | | 141.04 | 27 | | |
| 課後態度 | 135.62 | 53 | | 142.19 | 27 | | |
| 差距 | 2.07 | | 0.029 | 1.15 | | 0.165 | 0.013 |
| 訓練課程 滿意度 | 96.52 | 53 | | 99.84 | 27 | | 0.183 |

表五 PGY 學員與實習醫學生認知與態度改變之比較

| | Total | | | PGY 學員 | | | 實習醫學生 | | | 比較 |
|-------------|--------|-----|-------------------------------|--------|----|-------------------------------|--------|----|-------------------------------|----------------------------|
| | Mean | n | p-value (paired t test) | Mean | n | p-value (paired t test) | Mean | n | p-value (paired t test) | p-value (indep. t test) |
| 課前認知 | 19.32 | 123 | | 19.67 | 43 | | 19.13 | 80 | | |
| 課後認知 | 19.46 | 123 | | 20.04 | 43 | | 19.13 | 80 | | |
| 差距 | 0.14 | 123 | 0.761 | 0.37 | 43 | 0.183 | 0.00 | 80 | 0.827 | 0.402 |
| 課前態度 | 137.68 | 123 | | 139.14 | 43 | | 136.80 | 80 | | |
| 課後態度 | 140.38 | 123 | | 145.84 | 43 | | 137.45 | 80 | | |
| 差距 | 2.70 | | 0.030 | 6.70 | | 0.003 | 0.65 | | 0.658 | 0.034 |
| 訓練課程 滿意度 | 96.66 | 123 | | 94.07 | 43 | | 97.60 | 80 | | 0.114 |

附件一、台中榮總實習醫學生暨 PGY 學員老人照護實習課程表(共計 40 小時)

| | | |
|-----------|---------------------------|--|
| 中榮 參考實習目標 | 1.高齡醫學中心整合病房 (從實做中學學習) | 身體—學習以團隊合作 (teamwork) 方式完成一份 MDS-HC (同 CGA) 完整評估量表 心理—學習對高齡住院病人情緒低落的了解與支持 社會—學習住院老年人出院前後的準備與建議 (出院前衛教) |
| | 2.高齡醫學中心整合門診 (從實做中學學習) | 身體—學習門診老年人有哪些多重疾病與多種用藥 心理—學習老年綜合症候群 (Geriatric syndrome) 之組成 (Immobility, Incontinence....) 社會—學習如何衛教：告訴老人或家屬在居家環境中預防跌倒的重點 |

| | MON | TUE | WED | THU | FRI |
|--|--|---|---|---|---|
| 8:00~10:00 | 環境介紹、分組及課前評估 唐憶淨主任/楊淑慧個管師 (8:30 內科部會議室) | 老年醫學門診跟診 (林鉅勝醫師) (第一組) (唐憶淨主任) (第二、三組) 到病房與老年個案訪談) | 老年醫學門診跟診 (唐憶淨主任) (第二組) (翁碩駿醫師) (第一、三組) 到病房與老年個案訪談) | 老年醫學門診跟診 (莊雅雯醫師) (第三組) (張心玫醫師) (第一、三組) 到病房與老年個案訪談) | 如何衛教：分組報告 事先設計的教案及 實際演練(內科部會議室) 唐憶淨 主任 |
| 10:00~12:00 | 介紹老年綜合症候群 張崇信 醫師 (第三會場) | 老年醫學門診跟診 (林鉅勝醫師) (第一組) (唐憶淨主任) (第二、三組) 到病房與老年個案訪談) | 老年醫學門診跟診 (唐憶淨主任) (第二組) (翁碩駿醫師) (第一、三組) 到病房與老年個案訪談) | 老年醫學門診跟診 (莊雅雯醫師) (第三組) (張心玫醫師) (第一、三組) 到病房與老年個案訪談) | 介紹復健科環境及工作 內容(OT、PT、ST) 李友淳 醫師 復健科 |
| 午 間 時 光 (中 榮 圖 書 館 或 家 醫 科 會 議 室) | | | | | |
| 13:30~15:30 | 介紹 CGA 內容及 訪談技巧 楊淑慧 個管師 (第三會場) | 介紹多專業團隊(MDT) 內容與討論 林鉅勝 醫師 (內科部 4F 會議室) | 中榮緩和療護之概況； 介紹安寧病房環境 胡中傑 醫師 (安寧病房) | 各組持續進行未完成之 住院個案評估 各組導師* (105 病房) | 各組完成護照、填寫前 後測及自我學習評量 各組導師* (內科部會議室) |
| 15:30~17:30 | 分組挑選病房個案 及向病人介紹同學 楊淑慧個管師 105 病房 | 高齡醫學整合病房個案 諮商討論會(MDT 會議) 林鉅勝 醫師 (內科部 4F 會議室) | 與各組討論病房個案 訪談進度 各組導師* 105 病房 | 與各組討論病房個案 訪談進度 各組導師* (105 病房) | 綜合討論心得與感想 繳交學習護照影本及課 後評估(含滿意度) 林鉅勝 醫師 |

附件二 PGY 學員暨醫學生之老年醫學 e 化教育訓練研討會

時間：102 年 3 月 23 日 (六) 上午 8:30-12:00

地點：署立台中醫院 醫療大樓 12 樓大禮堂

主辦：中山醫學大學

協辦：台灣老年學暨老年醫學會、署立台中醫院、

台中榮民總醫院 高齡醫學中心

| | 講題 | 講者 | 主持人 |
|-------------|--------------------|---------------------------------|-----------------------------|
| 08:30-09:00 | 報到 | | |
| 09:00-09:10 | 開幕致詞 | 台灣老年學暨老年醫學會:林正介理事長 | |
| 09:10-09:50 | 老年照護學習 e 化分享 | 顏啟華主任 中山醫學大學附設醫 院家庭暨社區醫學部 | 李孟智教授 署立台中醫院院長 |
| 09:50-10:30 | 老年專科醫師訓練—檢討與展望 | 詹鼎正主任 台灣大學老年醫學科 | 許碧珊主任 署立台中醫院社區 醫學暨健康部 |
| 10:30-10:40 | Coffee Break | | |
| 10:40-11:20 | PGY 學員之老年醫學訓練分享與檢討 | 廖妙滄主任 署立台中醫院高年科 | 唐憶淨主任 台中榮總高齡醫學 中心 |
| 11:20-12:00 | 實習醫學生之老年醫學訓練分享與檢討 | 黃明賢主任 高雄醫學大學附設醫 院老年醫學科 | 盧豐華所長 國立成功大學老年 學研究所所長 |
| 12:00- | 賦歸 | | |

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國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

達成目標

未達成目標（請說明，以 100 字為限）

實驗失敗

因故實驗中斷

其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文：已發表 未發表之文稿 撰寫中 無

專利：已獲得 申請中 無

技轉：已技轉 洽談中 無

其他：（以 100 字為限）

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以500字為限）

- 一、本研究為國內唯一針對六、七年級醫學生及 PGY 學員有關老年醫學輪調訓練及 e 化學習之介入性教育訓練計畫成果評估，具學術價值。
- 二、本計畫成功地由中山醫學大學附設醫院推廣至相關的台中榮民總醫院及衛生福利部台中醫院，日後更可為其他院所參考運用。
- 三、本計畫所辦理之老年醫學 e 化教育訓練研討會，參與者踴躍共計 200 餘人，討論熱烈，可說是本計畫在推廣科學教育上最佳的展示。

國科會補助專題研究計畫出席國際學術會議心得報告

日期：102年08月22日

| | | | |
|--------|--|-------------|--|
| 計畫編號 | NSC 101-2511-S-040-001- | | |
| 計畫名稱 | 實習醫學生暨畢業後一般醫學學員之周全性老人照護計畫學習成效研究 〔第三年〕 | | |
| 出國人員姓名 | 廖玟君、廖妙涓 | 服務機構及 職稱 | 1.中山醫學大學老年醫學暨老年學教育研究中心 2.衛生福利部臺中醫院高年科 |
| 會議時間 | 102年06月23日至 102年06月27日 | 會議地點 | 韓國首爾 |
| 會議名稱 | (中文) 第20屆世界老年學暨老年醫學大會 (英文) 20th IAGG World Congress of Gerontology and Geriatrics | | |
| 發表題目 | (中文) 台灣老人社會支持與居住安排之關係 (英文) Social Support and Living Arrangement of the Elderly in Taiwan | | |

一、參加會議經過

此次於102年6月23日至6月27日至韓國首爾IAGG世界老人年會，並發表海報論文於Coex國際會議中心，這次大會主題為Digital Ageing: A New Horizon for Health Care & Active Ageing

二、與會心得

此次本人發表海報論文為台灣社會支持及居住安排的相關性，情緒支持會影響居住安排，尤其是獨居及和配偶共住，另工具性支持(Instrumental support) 年紀、疾病數也會影響居住安排。

Digital aging：如何利用數位科技讓老人家更能成功老化，分成三面
向:Individual Aging、Life style、social influence，尤其是目前數位科技盛行，老年長者和年輕一代溝通更需數位科技減少代溝。另如何活躍老化也是一大世界政策及潮流(Active Ageing)。

而在發展中國家老人感染常見為細菌感染(28.7%)吸入性肺炎(14.6%)骨髓炎(10.2%)另用發燒時間可預估疾病種類。家屬支持團體對照護者是有效的，另研究顯示 Internet-based support 網路支持團體和面對面支持團體效果是差不多的。衰弱 (Frailty) 仍是大會主題，相關研究包含降血糖、免疫介入(Intervention at the Immune)可降低老年人衰弱。

三、 發表論文全文或摘要

如出席國際學術會議心得報告附件一。

四、 建議

當前世界老人照護的潮流可供參考如下：

1. 政策面：強調社區化及在宅式的老人照護服務及配套措施
2. 科技面：全面推動 e 化成功老化計畫，包括遠距健康照護
3. 訓練服務面：強調多專業團隊協作之重要性

五、 攜回資料名稱及內容

大會手冊及摘要光碟。



台中醫院
Taichung Hospital
Department of Health

Social Support and Living Arrangement of the Elderly in Taiwan

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BACKGROUND

The research on the advantages and disadvantages of different living arrangements of the elderly has not been available for many countries, we try to check the relationship of social support and living arrangement of the elderly in Taiwan.

METHODS

Study population was from the source of Health and living status in Taiwan. Panel Study Of Longitudinal Design. Random samples from the year 1996, 2003 and 2007. We use SAS 9.2, Descriptive statistics, Chi-square, t test, ANOVA, Repeat measures and Mixed model. Social support divided into Emotional support and Instrumental support. The classifications of living arrangements are alone, live with spouse, live with family and others.

Table 1 Demographic Characteristics

| | 1996 | | | |
|----------------------|-------------|-------------|------------------|------------------|
| | Live alone | With spouse | Live with family | Live with others |
| Age | 74,237.5 | 72,617.4 | 69,238.4 | 75,918.2 |
| Male | 100(1.3%) | 218(14.0%) | 1131(77.6%) | 30(0.6%) |
| Female | 78(5.4%) | 201(14.1%) | 1155(80.0%) | 70(5.5%) |
| none | 54(26.7%) | 114(27.3%) | 163(20.9%) | 425(80%) |
| Elementary school | 84(6.2%) | 181(41.1%) | 1081(47.3%) | 531(37%) |
| high school | 36(19.8%) | 78(18.0%) | 394(17.2%) | 637(57%) |
| college | 8(4.4%) | 44(10.8%) | 128(5.6%) | 115(2%) |
| CESD | 46(26.3%) | 80(18.7%) | 373(17.2%) | 637(57%) |
| Disease numbers | 0.5938.79 | 0.5410.74 | 0.5220.79 | 1.0611.18 |
| Emotional support | 0.3938.50 | 0.6210.37 | 0.6210.37 | 0.3610.32 |
| Instrumental support | 0.3510.71 | 0.7520.47 | 0.7748.42 | 0.0410.75 |
| Physical function | 109(38.3%) | 125(30.1%) | 706(31.1%) | 745(87%) |
| IADL | 43(23.3%) | 79(19.0%) | 550(24.2%) | 511(37%) |
| ADL | 21(1.4%) | 6(1.4%) | 41(1.8%) | 116(2.3%) |
| Year 2003 | | | | |
| Age | 73,027.6 | 69,737.4 | 69,818.3 | 75,418.8 |
| Male | 115(7.9%) | 276(25.8%) | 948(64.9%) | 20(1.3%) |
| Female | 145(10.4%) | 242(18.7%) | 1,391(78.5%) | 10(1.2%) |
| none | 80(38.8%) | 138(22.3%) | 828(31.2%) | 11(29.0%) |
| Elementary school | 122(48.9%) | 270(43.7%) | 943(47.5%) | 195(80%) |
| high school | 47(18.1%) | 136(22.0%) | 323(16.2%) | 915(87%) |
| college | 114(2.7%) | 74(12.0%) | 344(7.5%) | 28(3.5%) |
| CESD | 65(25.7%) | 78(12.8%) | 320(17.0%) | 624(87%) |
| Disease numbers | 0.9531.99 | 0.9221.00 | 0.9411.01 | 1.3411.26 |
| Emotional support | 0.3810.55 | 0.7030.22 | 0.6310.29 | 0.3710.45 |
| Instrumental support | 0.3510.71 | 0.8730.29 | 0.7410.47 | 0.3410.62 |
| Physical function | 104(63.2%) | 326(52.8%) | 1142(57.6%) | 330(87%) |
| IADL | 105(40.4%) | 196(31.7%) | 794(40.0%) | 29(76.3%) |
| ADL | 124(6.6%) | 21(3.4%) | 100(1.4%) | 205(4.1%) |
| Year 2007 | | | | |
| Age | 71,737.4 | 68,927.3 | 69,938.3 | 76,217.5 |
| Male | 126(86.6%) | 257(24.8%) | 913(62.71%) | 57(3.9%) |
| Female | 101(11.08%) | 208(14.27%) | 1010(69.94%) | 68(4.11%) |
| none | 84(29.1%) | 108(19.5%) | 619(32.2%) | 42(3.6%) |
| Elementary school | 145(50.2%) | 258(45.3%) | 899(46.8%) | 35(4.8%) |
| high school | 40(16.8%) | 121(21.5%) | 319(16.6%) | 22(7.6%) |
| college | 12(4.2%) | 77(13.7%) | 364(18.9%) | 6(4.8%) |
| CESD | 112(5.2%) | 80(16.2%) | 378(21.6%) | 14(8.4%) |
| Disease numbers | 0.8658.94 | 0.9211.00 | 0.9521.00 | 1.2111.19 |
| Emotional support | 0.4528.52 | 0.7030.22 | 0.6420.38 | 0.3730.54 |
| Instrumental support | 0.4838.67 | 0.8210.28 | 0.7938.46 | 0.2510.73 |
| Physical function | 185(64.9%) | 314(56.8%) | 1227(64.2%) | 112(99.3%) |
| IADL | 122(43.4%) | 208(37.5%) | 901(48.6%) | 112(99.6%) |
| ADL | 20(6.9%) | 33(5.9%) | 308(16.0%) | 94(75.2%) |

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RESULTS

There are 1304 Male and 1267 Female. Emotional support and Instrument support affected living arrangement ($P < 0.001$); especially those Live alone and live with spouse. Age, disease numbers also will affect those live alone and live with spouse.

Table 2 Emotional support and living arrangement

| | Model 1 | | Model 2 | | Model 3 | |
|----------------------------|---------|----------|---------|----------|---------|----------|
| | OR | P | OR | P | OR | P |
| Alone VS live with spouse | 1.14 | < 0.001* | 1.14 | < 0.001* | 1.14 | < 0.001* |
| Emotional support | 1.00 | N.S | 1.00 | N.S | 1.00 | N.S |
| Disease Numbers | 1.00 | N.S | 1.00 | N.S | 1.01 | N.S |
| Depression | | | | | 0.98 | N.S |
| Physical Function | | | | | 0.99 | N.S |
| IADL | | | | | 2.04 | N.S |
| ADL | | | | | | |
| Alone V.S live with family | 1.11 | < 0.001* | 1.1 | < 0.001* | 1.1 | < 0.001* |
| Emotional support | 0.98 | 0.004 | 0.98 | 0.004 | 0.98 | 0.0023 |
| Disease Numbers | 0.98 | N.S | 0.97 | N.S | 0.97 | N.S |
| Depression | | | | | 0.96 | 0.0259 |
| Physical Function | | | | | 1.03 | N.S |
| IADL | | | | | 1.11 | 0.0005 |
| ADL | | | | | | |
| Alone V.S Others | 1.04 | NS | 1.03 | NS | 1.03 | NS |
| Emotional support | | | | | 1.03 | NS |
| Disease Numbers | | | | | 0.97 | NS |
| Depression | | | | | 1.07 | NS |
| Physical Function | | | | | 1.06 | NS |
| IADL | | | | | 3.67 | < 0.001* |
| ADL | | | | | | |

Table 3 Instrumental Support and Living Arrangement

| | Model 1 | | Model 2 | | Model 3 | |
|----------------------------|---------|----------|---------|----------|---------|----------|
| | OR | P | OR | P | OR | P |
| Alone VS live with spouse | 1.18 | < 0.001* | 1.17 | < 0.001* | 1.17 | < 0.001* |
| Emotional support | 0.99 | N.S | 0.99 | N.S | 1.00 | N.S |
| Disease Numbers | 1.01 | N.S | 1.01 | N.S | 1.02 | N.S |
| Depression | | | | | 0.97 | N.S |
| Physical Function | | | | | 1.00 | N.S |
| IADL | | | | | 1.04 | N.S |
| ADL | | | | | | |
| Alone V.S live with family | 1.15 | < 0.001* | 1.15 | < 0.001* | 1.15 | < 0.001* |
| Emotional support | 0.98 | 0.0075 | 0.98 | 0.0075 | 0.98 | 0.0024 |
| Disease Numbers | 1.00 | N.S | 1.00 | N.S | 0.99 | N.S |
| Depression | | | | | 0.96 | 0.009 |
| Physical Function | | | | | 1.03 | 0.0476 |
| IADL | | | | | 1.11 | 0.0005 |
| ADL | | | | | | |
| Alone V.S Others | 1.07 | NS | 1.07 | NS | 1.05 | NS |
| Emotional support | | | | | 1.00 | NS |
| Disease Numbers | | | | | 0.98 | NS |
| Depression | | | | | 1.07 | NS |
| Physical Function | | | | | 1.11 | NS |
| IADL | | | | | 3.53 | < 0.001* |
| ADL | | | | | | |

CONCLUSION

Social support has significant relationship with living arrangement, and the trend of living arrangement for the elderly in Taiwan is changing now. The higher the social support, the more rate living with family.

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more and more important in research on older migrants Keywords : health-related quality of life, migration, age

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MODEL OF SUPPORT FOR FAMILY CARERS AT HIGH WOMEN'S EMPLOYMENT RATE IN SLOVENIA

Ksenija RAMOVŠ, Joze RAMOVŠ (*Social Gerontology, Anton Trstenjak Institute for Gerontology and Intergenerational Relations, Slovenia*)

Introduction : Slovenia has among the EU countries two important features regarding political and technical assistance for elderly care at home: the population is one of the oldest, women's employment rate is among the highest. In the national survey of needs, abilities and attitudes of the population 50 + research was included also the care of the elderly, carried out by family members. Mostly it is provided by daughters (47.5%), majority of them full-time employed and having family, being under extreme pressure. The care of the sick and weakened they provide, having no training and rarely with public assistance, because Slovenia has very low proportion of home care in EU. Method : Based on their needs, National Institute of gerontology has developed an effective model for family carers' training and their self-organizing in local communities. Training consists of eight two-hour learning sessions once a week. It is going on in groups, attending by about 15 family carers, with an active method of social learning from own experience and expertise, a separate manual is provided. Results : Topics: communication with the old person - especially when socially unpleasant, dementia, care for carer's own health and fitness, the techniques and care (the local home care nurse and physiotherapist), and psychosocial situation management, when older person cannot be cared at home, death and mourning. Conclusion : During the course a group becomes closely linked. At the end of training is suggested to continue with the meetings once a month in the 'local relatives club' working on the principle of self-help group. Keywords : family carers, support

PP25 S-281

CURRENT STATE AND ISSUES REGARDING FAMILY SUPPORT PROVIDED BY NURSING HOME STAFF: COMPARISON OF SUPPORT CONTENT AMONG CARE-RELATED OCCUPATIONS

Masako OKAYASU-KIMURA¹, Mari KATAOKA², Masako HAYASHI³, Mariko NISHIKAWA³, Kazumi TAWARA¹ (*1. Department of Nursing, The University of Shimane, Japan; 2. Department of Nursing, Kochi University, Japan; 3. Department of Nursing, Hiroshima International University, Japan*)

Introduction : It has been revealed that the emotional ties with the family affects the health of the elderly. Therefore, In cases where an elderly person has to be admitted to a nursing home due to physical and/or mental disability, cooperation between the nursing home and the family is an important issue that is directly linked to quality of life of the elderly patient. Method : To elucidate the current state and issues regarding family support provided by nursing home nurses, care workers and counselors. A 27-item questionnaire survey regarding family support was conducted on 1500 randomly selected staff at nursing homes across Japan. Results : A total of 199 valid responses were obtained (13.2%), including 54 nurses, 62 care workers, 77 lifestyle counselors and 6 blanks. Factor analysis of the 27 items identified 6 factors as family support. Comparison of scores for each factor among the three occupations revealed higher scores for counselors than care workers for factors 1 'constructing and adjusting interpersonal relationships' and 4 'role execution as a guardian'.

Conclusion : Despite superficial differences in support for families provided by different occupations, there were no marked differences in the details of support content. Welfare-related tasks appear to be undifferentiated. In order to achieve cooperation among different occupations, clear specification of expertise and task allocation are required. This study was supported by a grant Univers Foundation. Keywords : nursing home, care-related occupations, family support

PP25 S-282

SOCIAL SUPPORT AND LIVING ARRANGEMENT OF THE ELDERLY IN TAIWAN

Miao Yu LIAO¹, Hui-Wen LIN², Chun-Chung LIAO³, Meng-Chih LEE⁴ (*1. Geriatric Department, Taichung Hospital and Institute of Medicine, Chung Shan Medical University, Taiwan; 2. Department of Family Medicine, Taichung Hospital and Institute of Medicine of Chung Shan Medical University, Taiwan; 3. Family Medicine Department, Taichung Armed Forces General Hospital and Institute of Medicine of Chung Shan Medical University, Taiwan; 4. Superintendent, Taichung Hospital and Institute of Medicine of Chung Shan Medical University, Taiwan*)

Introduction : The research on the advantages and disadvantages of different living arrangements of the elderly has not been available for many countries, we try to check the relationship of social support and living arrangement of the elderly in Taiwan. Method : Study population was from the source of Health and living status in Taiwan. Panel Study Of Longitudinal Design. Random samples from the year 1996 ,2003 and 2007, We use SAS 9.2 , Descriptive statistics Chi-square, test and Anova. Results : There are 1304 Male and 1267 Female. Emotional support will affect living arrangement. (OR:1.14 , P<0.001) ; especially those Live alone and live with spouse . Instrument support , age, disease numbers also will affect live alone and live with spouse . Conclusion : Social support has significant relationship with living arrangement, the trend of living arrangement for the elderly in Taiwan is changing now. The higher the social support, the more rate living with family. Keywords : social support . Living arrangement

PP25 S-283

THE CAREGIVING EXPERIENCES OF THE CAREGIVERS OF INDIVIDUALS WITH DEMENTIA

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Introduction : The purpose of this qualitative research is to investigate the daily experience for the family caregivers who took care of the individuals with dementia. Method : Six female caregivers who lived in south Taiwan were interviewed in person with questions regarding how the typical routines were like and how were their lives like when they managed the caring for their relatives living with dementia. Interviews were tape-recorded and transcribed verbatim for data analysis. Results : Using grounded theory method, there were six main themes emerged in this study. They are 'change of daily life structure', 'family or social support as a motivator', 'behavior and psychological symptoms as stressors', 'psychological and physical distress', 'aspiration for taking a break', and 'self-efficacy in managing the care duty'. The results showed that as the disease progressed, the caregiver experienced more restriction in their own lives, and the family support and social support from professional guidance and services would ease the stress. Otherwise, the sustained caring experience would have adverse effect for the health of the caregivers. Conclusion : This

國科會補助專題研究計畫出席國際學術會議心得報告

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| 計畫名稱 | 實習醫學生暨畢業後一般醫學學員之周全性老人照護計畫學習成效研究〔第三年〕 | | |
| 出國人員姓名 | 廖妙涓、廖玟君 | 服務機構及職稱 | 中山醫學大學 老年醫學暨老年學教育研究中心 |
| 會議時間 | 102年06月23日 至 102年06月27日 | 會議地點 | 韓國首爾 |
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| 發表題目 | (中文) 台灣老人社會支持與居住安排之關係 (英文) Social Support and Living Arrangement of the Elderly in Taiwan | | |

一、參加會議經過

此次於102年6月23日至6月27日至韓國首爾IAGG世界老人年會，並發表海報論文於Coex國際會議中心，這次大會主題為Digital Ageing: A New Horizon for Health Care & Active Ageing

二、與會心得

此次本人發表海報論文為台灣社會支持及居住安排的相關性，情緒支持會

影響居住安排，尤其是獨居及和配偶共住，另工具支持(Instrumental support) 年紀、疾病數也會影響居住安排。

Digital aging：如何利用數位科技讓老人家更能成功老化，分成三面
向:Individual Aging、Life style、social influence，尤其是目前數位科技盛行，老年
長者和年輕一代溝通更需數位科技減少代溝。另如何活躍老化也是一大世界政
策及潮流(Active Ageing)。

而在發展中國家老人感染常見為細菌感染(28.7%)吸入性肺炎(14.6%)骨髓炎
(10.2%)另發燒時間可預估疾病種類。家屬支持團體對照護者是有效的，另研
究顯示 Internet-based support 網路支持團體和面對面支持團體效果是差不多
的。衰弱 (Frailty) 仍是大會主題，相關研究包含降血糖、免疫介入(Intervention
at the Immune)可降低老年人衰弱。

三、 發表論文全文或摘要

如附件一。

四、 建議

當前世界老人照護的潮流可供參考如下：

1. 政策面：強調社區化及在宅式的老人照護服務及配套措施
2. 科技面：全面推動 e 化成功老化計畫，包括遠距健康照護
3. 訓練服務面：強調多專業團隊協作之重要性

五、 攜回資料名稱及內容

大會手冊及摘要光碟。



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Social Support and Living Arrangement of the Elderly in Taiwan

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BACKGROUND

The research on the advantages and disadvantages of different living arrangements of the elderly has not been available for many countries, we try to check the relationship of social support and living arrangement of the elderly in Taiwan.

METHODS

Study population was from the source of Health and living status in Taiwan. Panel Study Of Longitudinal Design. Random samples from the year 1996, 2003 and 2007. We use SAS 9.2, Descriptive statistics, Chi-square, t test, ANOVA, Repeat measures and Mixed model. Social support divided into Emotional support and Instrumental support. The classifications of living arrangements are alone, live with spouse, live with family and others.

Table 1 Demographic Characteristics

| | Year 1996 | | | |
|----------------------|------------|-------------|------------------|------------------|
| | Live alone | With spouse | Live with family | Live with others |
| Age | 74,237.5 | 72,617.3 | 69,238.1 | 75,818.2 |
| Male | 100(1.1%) | 212(14.0%) | 1131(76.6%) | 500(6.9%) |
| Female | 54(6.7%) | 201(11.5%) | 1155(80.0%) | 108(5.9%) |
| none | 84(6.2%) | 114(27.3%) | 108(14.3%) | 53(1.3%) |
| Elementary school | 36(19.8%) | 78(18.0%) | 39(17.2%) | 63(7.5%) |
| high school | 8(4.4%) | 44(10.8%) | 128(5.6%) | 116(3.3%) |
| college | 46(26.3%) | 60(14.7%) | 37(17.3%) | 63(7.5%) |
| CESD | 0.5938.39 | 0.5410.74 | 0.5258.79 | 1.0611.18 |
| Disease numbers | 0.3938.50 | 0.6210.31 | 0.6210.37 | 0.3610.32 |
| Emotional support | 0.3530.71 | 0.7530.47 | 0.7748.42 | 0.0410.75 |
| Instrumental support | 0.938.35% | 125(30.1%) | 70(31.1%) | 74(4.8%) |
| Physical function | 43(23.8%) | 79(19.0%) | 55(24.2%) | 53(1.3%) |
| IADL | 21(1.3%) | 6(1.4%) | 4(1.8%) | 1(6.3%) |
| ADL | | | | |
| | | | | |
| | Year 2003 | | | |
| | Live alone | With spouse | Live with family | Live with others |
| Age | 73,027.6 | 69,737.4 | 69,878.3 | 75,418.8 |
| Male | 115(7.9%) | 376(25.8%) | 546(49.9%) | 201(17.3%) |
| Female | 145(10.4%) | 242(16.7%) | 139(12.9%) | 101(8.5%) |
| none | 80(30.8%) | 138(22.3%) | 82(32.5%) | 11(29.0%) |
| Elementary school | 121(46.9%) | 270(43.7%) | 94(37.5%) | 19(50.0%) |
| high school | 47(18.1%) | 136(22.0%) | 22(10.2%) | 61(58.9%) |
| college | 11(4.2%) | 74(12.0%) | 24(4.7%) | 25(3.9%) |
| CESD | 0.625.79% | 0.612.8% | 0.541.8% | 1.2410.9% |
| Disease numbers | 0.9530.99 | 0.9221.00 | 0.9411.01 | 1.3411.26 |
| Emotional support | 0.3830.55 | 0.7030.32 | 0.6330.39 | 0.3730.45 |
| Instrumental support | 0.3530.71 | 0.8730.39 | 0.7430.47 | 0.3430.62 |
| Physical function | 10(63.2%) | 32(52.8%) | 114(57.6%) | 33(88.3%) |
| IADL | 10(10.4%) | 19(21.7%) | 79(40.0%) | 29(76.3%) |
| ADL | 12(4.6%) | 21(5.4%) | 10(8.1%) | 20(54.1%) |
| | | | | |
| | Year 2007 | | | |
| | Live alone | With spouse | Live with family | Live with others |
| Age | 71,713.4 | 68,927.3 | 69,938.3 | 76,217.5 |
| Male | 129(8.8%) | 357(24.8%) | 913(62.7%) | 57(3.9%) |
| Female | 101(11.8%) | 206(14.7%) | 1010(89.9%) | 68(4.1%) |
| none | 84(29.1%) | 110(15.5%) | 619(32.2%) | 42(31.6%) |
| Elementary school | 145(10.2%) | 255(35.3%) | 899(46.8%) | 55(41.0%) |
| high school | 40(16.8%) | 121(21.5%) | 219(16.6%) | 22(17.6%) |
| college | 12(4.2%) | 77(11.7%) | 36(4.9%) | 0(4.8%) |
| CESD | 1.125.4% | 0.81(3.4%) | 0.74(2.6%) | 1.14(8.4%) |
| Disease numbers | 0.8630.94 | 0.9211.00 | 0.9311.00 | 1.4111.19 |
| Emotional support | 0.4520.52 | 0.7030.32 | 0.6430.38 | 0.3730.54 |
| Instrumental support | 0.4830.67 | 0.8230.39 | 0.7430.46 | 0.2530.73 |
| Physical function | 18(64.9%) | 31(49.8%) | 122(70.4%) | 11(29.0%) |
| IADL | 12(43.7%) | 20(37.5%) | 90(48.6%) | 11(28.9%) |
| ADL | 20(6.9%) | 33(5.9%) | 30(16.0%) | 9(25.2%) |

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RESULTS

There are 1304 Male and 1267 Female. Emotional support and Instrument support affected living arrangement ($P < 0.001$); especially those Live alone and live with spouse. Age, disease numbers also will affect those live alone and live with spouse.

Table 2 Emotional support and living arrangement

| | Model 1 | | Model 2 | | Model 3 | |
|---------------------------|---------|----------|---------|----------|---------|----------|
| | OR | P | OR | P | OR | P |
| Alone VS live with spouse | 1.14 | < 0.001* | 1.14 | < 0.001* | 1.14 | < 0.001* |
| Emotional support | | | 1.00 | N.S | 1.00 | N.S |
| Disease Numbers | | | 1.00 | N.S | 1.02 | N.S |
| Depression | | | | | 0.98 | N.S |
| Physical Function | | | | | 0.99 | N.S |
| IADL | | | | | 1.04 | N.S |
| ADL | | | | | | |
| Alone VS live with family | 1.11 | < 0.001* | 1.1 | < 0.001* | 1.1 | < 0.001* |
| Emotional support | | | 0.98 | 0.004 | 0.98 | 0.0023 |
| Disease Numbers | | | 0.98 | N.S | 0.97 | N.S |
| Depression | | | | | 0.96 | 0.0259 |
| Physical Function | | | | | 1.03 | N.S |
| IADL | | | | | 1.11 | 0.0005 |
| ADL | | | | | | |
| Alone VS Others | 1.04 | N.S | 1.03 | N.S | 1.03 | N.S |
| Emotional support | | | | | 1.03 | N.S |
| Disease Numbers | | | | | 0.97 | N.S |
| Depression | | | | | 1.07 | N.S |
| Physical Function | | | | | 1.06 | N.S |
| IADL | | | | | 3.67 | < 0.001* |
| ADL | | | | | | |

Table 3 Instrumental Support and Living Arrangement

| | Model 1 | | Model 2 | | Model 3 | |
|---------------------------|---------|----------|---------|----------|---------|----------|
| | OR | P | OR | P | OR | P |
| Alone VS live with spouse | 1.18 | < 0.001* | 1.17 | < 0.001* | 1.17 | < 0.001* |
| Emotional support | | | 0.99 | N.S | 1.00 | N.S |
| Disease Numbers | | | 1.01 | N.S | 1.02 | N.S |
| Depression | | | | | 0.97 | N.S |
| Physical Function | | | | | 1.00 | N.S |
| IADL | | | | | 1.04 | N.S |
| ADL | | | | | | |
| Alone VS live with family | 1.15 | < 0.001* | 1.15 | < 0.001* | 1.15 | < 0.001* |
| Emotional support | | | 0.98 | 0.0075 | 0.98 | 0.0024 |
| Disease Numbers | | | 1.00 | N.S | 0.99 | N.S |
| Depression | | | | | 0.96 | 0.009 |
| Physical Function | | | | | 1.03 | 0.0420 |
| IADL | | | | | 1.11 | 0.0005 |
| ADL | | | | | | |
| Alone VS Others | 1.07 | N.S | 1.07 | N.S | 1.05 | N.S |
| Emotional support | | | | | 1.09 | 0.0119 |
| Disease Numbers | | | | | 1.08 | N.S |
| Depression | | | | | 1.07 | N.S |
| Physical Function | | | | | 1.11 | N.S |
| IADL | | | | | 3.53 | < 0.001* |
| ADL | | | | | | |

CONCLUSION

Social support has significant relationship with living arrangement, and the trend of living arrangement for the elderly in Taiwan is changing now. The higher the social support, the more rate living with family.

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more and more important in research on older migrants Keywords : health-related quality of life, migration, age

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Ksenija RAMOVŠ, Joze RAMOVŠ (*Social Gerontology, Anton Trstenjak Institute for Gerontology and Intergenerational Relations, Slovenia*)

Introduction : Slovenia has among the EU countries two important features regarding political and technical assistance for elderly care at home: the population is one of the oldest, women's employment rate is among the highest. In the national survey of needs, abilities and attitudes of the population 50 + research was included also the care of the elderly, carried out by family members. Mostly it is provided by daughters (47.5%), majority of them full-time employed and having family, being under extreme pressure. The care of the sick and weakened they provide, having no training and rarely with public assistance, because Slovenia has very low proportion of home care in EU. Method : Based on their needs, National Institute of gerontology has developed an effective model for family carers' training and their self-organizing in local communities. Training consists of eight two-hour learning sessions once a week. It is going on in groups, attending by about 15 family carers, with an active method of social learning from own experience and expertise, a separate manual is provided. Results : Topics: communication with the old person - especially when socially unpleasant, dementia, care for carer's own health and fitness, the techniques and care (the local home care nurse and physiotherapist), and psychosocial situation management, when older person cannot be cared at home, death and mourning. Conclusion : During the course a group becomes closely linked. At the end of training is suggested to continue with the meetings once a month in the 'local relatives club' working on the principle of self-help group. Keywords : family carers, support

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CURRENT STATE AND ISSUES REGARDING FAMILY SUPPORT PROVIDED BY NURSING HOME STAFF: COMPARISON OF SUPPORT CONTENT AMONG CARE-RELATED OCCUPATIONS

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Introduction : It has been revealed that the emotional ties with the family affects the health of the elderly. Therefore, In cases where an elderly person has to be admitted to a nursing home due to physical and/or mental disability, cooperation between the nursing home and the family is an important issue that is directly linked to quality of life of the elderly patient. Method : To elucidate the current state and issues regarding family support provided by nursing home nurses, care workers and counselors. A 27-item questionnaire survey regarding family support was conducted on 1500 randomly selected staff at nursing homes across Japan. Results : A total of 199 valid responses were obtained (13.2%), including 54 nurses, 62 care workers, 77 lifestyle counselors and 6 blanks. Factor analysis of the 27 items identified 6 factors as family support. Comparison of scores for each factor among the three occupations revealed higher scores for counselors than care workers for factors 1 'constructing and adjusting interpersonal relationships' and 4 'role execution as a guardian'.

Conclusion : Despite superficial differences in support for families provided by different occupations, there were no marked differences in the details of support content. Welfare-related tasks appear to be undifferentiated. In order to achieve cooperation among different occupations, clear specification of expertise and task allocation are required. This study was supported by a grant Univers Foundation. Keywords : nursing home, care-related occupations, family support

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SOCIAL SUPPORT AND LIVING ARRANGEMENT OF THE ELDERLY IN TAIWAN

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Introduction : The research on the advantages and disadvantages of different living arrangements of the elderly has not been available for many countries, we try to check the relationship of social support and living arrangement of the elderly in Taiwan. Method : Study population was from the source of Health and living status in Taiwan. Panel Study Of Longitudinal Design. Random samples from the year 1996, 2003 and 2007, We use SAS 9.2, Descriptive statistics Chi-square, test and Anova. Results : There are 1304 Male and 1267 Female. Emotional support will affect living arrangement. (OR:1.14, P<0.001); especially those Live alone and live with spouse. Instrument support, age, disease numbers also will affect live alone and live with spouse. Conclusion : Social support has significant relationship with living arrangement, the trend of living arrangement for the elderly in Taiwan is changing now. The higher the social support, the more rate living with family. Keywords : social support. Living arrangement

PP25 S-283

THE CAREGIVING EXPERIENCES OF THE CAREGIVERS OF INDIVIDUALS WITH DEMENTIA

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Introduction : The purpose of this qualitative research is to investigate the daily experience for the family caregivers who took care of the individuals with dementia. Method : Six female caregivers who lived in south Taiwan were interviewed in person with questions regarding how the typical routines were like and how were their lives like when they managed the caring for their relatives living with dementia. Interviews were tape-recorded and transcribed verbatim for data analysis. Results : Using grounded theory method, there were six main themes emerged in this study. They are 'change of daily life structure', 'family or social support as a motivator', 'behavior and psychological symptoms as stressors', 'psychological and physical distress', 'aspiration for taking a break', and 'self-efficacy in managing the care duty'. The results showed that as the disease progressed, the caregiver experienced more restriction in their own lives, and the family support and social support from professional guidance and services would ease the stress. Otherwise, the sustained caring experience would have adverse effect for the health of the caregivers. Conclusion : This

國科會補助計畫衍生研發成果推廣資料表

日期:2013/08/19

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|-----------|---|
| 國科會補助計畫 | 計畫名稱：實習醫學生暨畢業後一般醫學學員之周全性老人照護計畫學習成效研究(第三年) |
| | 計畫主持人：李孟智 |
| | 計畫編號：101-2511-S-040-001- 學門領域：醫學教育 |
| 無研發成果推廣資料 | |

101 年度專題研究計畫研究成果彙整表

| 計畫主持人：李孟智 | | 計畫編號：101-2511-S-040-001- | | | | 計畫名稱：實習醫學生暨畢業後一般醫學學員之周全性老人照護計畫學習成效研究(第三年) | |
|-----------|-------------|--------------------------|-----------------|------------|------|---|---|
| 成果項目 | | 量化 | | | 單位 | 備註(質化說明：如數個計畫共同成果、成果列為該期刊之封面故事...等) | |
| | | 實際已達成數(被接受或已發表) | 預期總達成數(含實際已達成數) | 本計畫實際貢獻百分比 | | | |
| 國內 | 論文著作 | 期刊論文 | 0 | 0 | 100% | 篇 | PGY 學員暨醫學生之老年醫學 e 化教育訓練研討會，102 年 3 月 23 日 |
| | | 研究報告/技術報告 | 0 | 0 | 100% | | |
| | | 研討會論文 | 1 | 1 | 100% | | |
| | | 專書 | 0 | 0 | 100% | | |
| | 專利 | 申請中件數 | 0 | 0 | 100% | 件 | |
| | | 已獲得件數 | 0 | 0 | 100% | | |
| | 技術移轉 | 件數 | 0 | 0 | 100% | 件 | |
| | | 權利金 | 0 | 0 | 100% | 千元 | |
| | 參與計畫人力(本國籍) | 碩士生 | 1 | 1 | 100% | 人次 | |
| | | 博士生 | 1 | 1 | 100% | | |
| 博士後研究員 | | 0 | 0 | 100% | | | |
| 專任助理 | | 0 | 0 | 100% | | | |
| 國外 | 論文著作 | 期刊論文 | 0 | 0 | 100% | 篇 | 20th IAGG World Congress of Gerontology and Geriatrics, 2013/06/23-27 |
| | | 研究報告/技術報告 | 0 | 0 | 100% | | |
| | | 研討會論文 | 1 | 1 | 100% | | |
| | | 專書 | 0 | 0 | 100% | | |
| | 專利 | 申請中件數 | 0 | 0 | 100% | 件 | |
| | | 已獲得件數 | 0 | 0 | 100% | | |
| | 技術移轉 | 件數 | 0 | 0 | 100% | 件 | |
| | | 權利金 | 0 | 0 | 100% | 千元 | |
| | 參與計畫人力(外國籍) | 碩士生 | 0 | 0 | 100% | 人次 | |
| | | 博士生 | 0 | 0 | 100% | | |
| 博士後研究員 | | 0 | 0 | 100% | | | |
| 專任助理 | | 0 | 0 | 100% | | | |

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| <p>其他成果 (無法以量化表達之成果如辦理學術活動、獲得獎項、重要國際合作、研究成果國際影響力及其他協助產業技術發展之具體效益事項等,請以文字敘述填列。)</p> | <p>PGY 學員暨醫學生之老年醫學 e 化教育訓練研討會</p> <p>時間：102 年 3 月 23 日 (六) 上午 8:30-12:00</p> <p>地點：署立台中醫院 醫療大樓 12 樓大禮堂</p> <p>主辦：中山醫學大學</p> <p>協辦：台灣老年學暨老年醫學會、署立台中醫院、台中榮民總醫院 高齡醫學中心</p> |
|--|---|

| | 成果項目 | 量化 | 名稱或內容性質簡述 |
|-----------|-------------------|----|--|
| 科教處計畫加填項目 | 測驗工具(含質性與量性) | 2 | <p>1. Wang CC, Liao WC, Kuo PC, Yuan SC, Chuang HL, Lo HC, Liao HY, Elaine M, Lee MC, Yen CH: The Chinese version of the facts on aging quiz scale: reliability and validity assessment. Int J Nurs Stud 2010 ; 47:742-752.</p> <p>2. Yen CH, Liao WC, Chen YR, Kao MC, Lee MC, Wang CC: A Chinese version of Kogan' s attitude toward older people scale :reliability and Validity assessment. Int J Nursing Studies 2009 ; 46:38-44.</p> |
| | 課程/模組 | 0 | |
| | 電腦及網路系統或工具 | 0 | |
| | 教材 | 0 | |
| | 舉辦之活動/競賽 | 0 | |
| | 研討會/工作坊 | 1 | PGY 學員暨醫學生之老年醫學 e 化教育訓練研討會 |
| | 電子報、網站 | 0 | |
| | 計畫成果推廣之參與 (閱聽) 人數 | 0 | |

國科會補助專題研究計畫成果報告自評表

請就研究內容與原計畫相符程度、達成預期目標情況、研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）、是否適合在學術期刊發表或申請專利、主要發現或其他有關價值等，作一綜合評估。

1. 請就研究內容與原計畫相符程度、達成預期目標情況作一綜合評估

達成目標

未達成目標（請說明，以 100 字為限）

實驗失敗

因故實驗中斷

其他原因

說明：

2. 研究成果在學術期刊發表或申請專利等情形：

論文： 已發表 未發表之文稿 撰寫中 無

專利： 已獲得 申請中 無

技轉： 已技轉 洽談中 無

其他：（以 100 字為限）

3. 請依學術成就、技術創新、社會影響等方面，評估研究成果之學術或應用價值（簡要敘述成果所代表之意義、價值、影響或進一步發展之可能性）（以 500 字為限）

一. 本研究為國內唯一針對六、七年級醫學生及 PGY 學員有關 e 化之介入性教育訓練計畫成果評估，具學術價值。

二. 本計畫成功地由中山醫學大學附設醫院推廣至所相關台中榮民總醫院及衛生福利部台中醫院，日後更可為其他院所參考。

三. 本計畫所辦理之老年醫學 e 化教育訓練研討會，參與者踴躍共計 200 餘人，討論熱烈，可說是本計畫在推廣科教教育上最佳的展示。