The "Safe-Drive Medical" Professional Education Program

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Summary

This paper describes an education program called "SafeDrive Medical". The program was jointly developed by the National Ageing Research Institute (NARI) and VicRoads. "SafeDrive Medical" is a one evening seminar-workshop during which health professionals can learn about older road user issues. Pre- and post-tests regarding various aspects of road safety and licencing are done. The test results, written feedback from participants and informal discussions with participants suggest many health professionals do not have a good understanding of legal and practical aspects of older driver licencing and community mobility options. Feedback from participants shows the "SafeDrive Medical" program is highly regarded. Road safety authorities in other Australian states could consider adopting the program.

Keywords

Older drivers, medical education, health professional education, community mobility

Introduction

Older drivers are at increased risk of crashes, and as a group carry the same risk of crashes per kilometre travelled as do young male drivers. The crash risk problem is going to become larger for several prominent reasons. First, the number of people in our society who are old is increasing – in fact the most rapidly growing part of our society is the old, old (those aged 80 and over). The growth will occur both in absolute numbers and also as a proportion of society if the present immigration rates and low birth rates remain substantially unchanged. Second, currently many older women do not drive as they have never held a driver's licence. The ageing baby boomers have quite a different pattern of driving. They are affluent, often have more than one car per family, have the expectation that both men and women drive, and consequently most people in that age group, both men and women, will continue to drive well into retirement. Third, there is a change in people's expectations about their level of activity in retirement. No longer is retirement seen as a relatively short period of time which is to be spent in low energy activities at home with the occasional trip by public transport. Retirement is now seen as a time of extensive social activity and of travel for pleasure, both of which are likely to involve driving.

A related issue is the broad concept of community mobility. At present most people view this in terms of driving, and thus driving restrictions are seen as major limitations of individuals' freedom. Many older people do not view alternative modes of transport favourably.

In addition to becoming numerically greater, the issue of older driver crash risk and relicensing is set to become a hotly debated political topic. This is an area where tragic events occur. Crashes can be sensationalised and rational discussion can become difficult. Certain pressure groups have the capacity to set the political agenda to the detriment of good government for the people.

The National Ageing Research Institute (NARI) has an interest in this area. NARI is the sole research institute in Australia that focuses exclusively on ageing related issues. NARI has successfully competed for funding from the NHMRC and attracts support from public organisations, from private enterprise, and also from private benefactors. NARI provides education for medical students as well as undergraduate students from other disciplines. It also provides continuing professional education for health care professionals and administrators involved in care of the elderly. NARI has a recognised opinion-leader position. Partly for these reasons NARI was retained by VicRoads to collaboratively plan and deliver the SafeDrive Medical Program.

Description of the "SafeDrive Medical" Program

The SafeDrive Medical Program is a one evening seminar-workshop. Since the target audience includes General Practitioners as well as other health professionals, the seminars start with refreshments. Most program participants come directly to the seminars from work, thus providing a substantial snack and drinks is perceived

as a critically important success factor. During this time the facilitator can ensure participants have provided their names and Continuing Medical Education Identification numbers.

Pre-test questionnaires are distributed and participants are asked to complete these. Often at this time participants will comment that they do not know the correct answers to some of the pretest items.

A brief didactic introduction, illustrated by images projected on a screen, follows. This covers:

?? casualty crash data, highlighting differences and similarities between young and older road users

?? the projected growth in older driver numbers

?? causes of crashes and how to detect increased risk of crash

?? crash minimisation strategies for older drivers and pedestrians.

Following this introduction seminar participants are divided into small "buzz" groups. Where possible a range of health professionals are included in each group. Each group is given a set of questions to discuss and is told that one of the group will report to the whole group. All members of the "buzz" groups are encouraged to be active participants. There are five sets of questions. These cover the following topics:

?? health professional's knowledge of which of their patients drive, and the possible consequences of not knowing which patients drive

?? strategies that can be used to optimise patients' community mobility

?? health professional's legal responsibilities with respect to their patients' driving

?? how to recognise high risk drivers

?? the resources available to deal with driver safety issues.

After fifteen minutes for discussion, longer if the discussions remain animated, a representative from each group presents the group's clinical problem and reports on the discussions that arose out of the problem. Participants are asked whether the clinical problems and issues given to them to address are actual to their practice and whether they have ever come across something similar. The aim of these activities is to obtain the active involvement of all participants, to show they have learning needs in this area, to activate prior learning, and to show them this is an interactive seminar not a passive didactic seminar.

Following the reports from the groups participants are invited to consider their individual learning needs in this area – discussion follows. Those learning needs which are to be addressed in the second half of the seminar are identified, others which need to be addressed are identified as requiring private study at some other time.

After this, there is a break – finger foods and drinks are supplied. Following the break copies of "Assessing Fitness to Drive" are distributed to the participants who are then directed to selected sections. Volunteers from the audience take it in turns to read out loud various sections, while others follow the text from their own books. Each few paragraphs are discussed, after they have been read. This ensures all members of the audience are actively engaged in the learning process. Legal, ethical and practical bureaucratic issues are addressed. Seminar facilitators provide clinical examples and invite participants to share their own cases and problems during the discussions. As much as possible members from all of the health professions present are involved in the conversations. Allied health professionals, community nurses, optometrists, pharmacists all usually have valuable insights, some of which are new to the other seminar participants.

Following use of the "Assessing Fitness to Drive" book participants are encouraged to resume the discussion of the provided questions, and to raise real cases of their own. These cases are used to work through the book eg if

one of the doctors has a patient who has epilepsy, the epilepsy section is consulted and the participants are instructed to read through this and decide what they would actually do. A few cases are dealt with in this way to ensure participants understand how to use the "Assessing Fitness to Drive" book.

Finally the post-tests are distributed and closing remarks made. These reinforce the main messages of the seminar and also point out the many related topics beyond the scope of this seminar such as alcohol abuse, and driver fatigue, the sleep apnoea syndrome, driving while upset, commercial driver's licences, and the effect of medications on driving ability. These are flagged for private learning.

Seminar Evaluation

Since 1999 14 seminars have been provided in rural Victoria and 10 in Melbourne. Over 400 participants have taken part. The principal target audience is General Practitioners, but other health care practitioners also participate, which provides rich multidisciplinary discussions.

The tests and the responses of participants show health professionals recognise they have important roles in older road user safety, but are ignorant about many issues.

Of the seminar participants 89% said driving is an important factor in their daily practice. Despite this, many said they are not at all comfortable in discussing driving with older patients. – At the start of the workshop 30% of respondents reported that they were 'uncomfortable' or 'very uncomfortable' in discussing driving with older patients; only 39% were comfortable or very comfortable. In the post test only 7% said they would be uncomfortable or very uncomfortable discussing these issues.

Not all respondents said they always discuss driving with older patients when they are altering medication: – 72% of respondents said they 'sometimes' discuss this matter, 12% said they do not and 9% said they do discuss the effect of medications on driving.

There is a mixed understanding of the varying risks of death and crashes for older drivers: – Only 51% of respondents knew that older drivers are at similar risk to beginner drivers in a crash, whereas 78% knew (or worked out) that a crash in the previous 5 years is a serious indicator of crash risk for drivers. These results changed to 83% and 90% respectively in the post test suggesting an improvement in knowledge.

Knowledge of health practitioners' legal responsibilities: – Before the workshop 25% of participants thought that they could be sued for breach of confidentiality if they reported unsafe drivers; in the post test, this was markedly reduced; only 4 individuals incorrectly answered this question. This issue may require attention if reporting by health practitioners is expected to occur as they are unlikely to report unsafe drivers if they believe – incorrectly – that they are likely to be sued for doing so.

Written evaluations from the participants were obtained and informal feedback from participants was sought during the planned breaks in the evening sessions and immediately following the conclusion of each session. These provide support for the format of the seminars and suggest that no major changes are needed.

One of the features that became evident was that sessions where allied health professionals, such as pharmacists, social workers, nurses and occupational therapists, were present had richer discussions than did sessions where doctors alone made up the audience. In mixed audiences doctors could readily address mobility issues which they otherwise could not readily discuss. Examples include use of electric scooters, access to formal on-road road-tests, and various community transport options.

Summary

It appears that the issue of driving is important in general practice and for health practitioners from a variety of professions. The SafeDrive Medical program appears to increase practitioners' comfort with older road user issues, provides correct information about practitioners' legal position, and fosters a greater awareness about relevant issues including problem driver management options. Feedback from participants shows the "SafeDrive Medical" program is highly regarded. The program is filling an important gap in Victoria. Those involved in road safety in other Australian states could consider making use of the "SafeDrive Medical" program.

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