A Vertically Integrated Geriatrics Curriculum

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Rationale

- A rapidly aging population makes older patients, especially rural patients, an increased focus in Primary Care because of the severe shortage of geriatricians and where they are located.
- Health care for older adults is not the same as for younger adults, so it is critically important that non-geriatrician physicians understand the unique health care needs of older adults in diverse settings across the continuum of care.
- Geriatric education in medical school is now supported by AAMC, American Geriatric Society and Hartford Foundation.
- Currently, however, CHM provides only marginal training insufficient to prepare students for practice.
- Successful programs do not replicate geriatric care to an elective or marginalize it, but integrate it throughout the four-year curriculum.

Curriculum Objectives

Goal
As interns, graduates of CHM will be capable of assuming, as part of an interdisciplinary team, the responsibility for the medical care of older adults, regardless of setting.

Objectives
Medical students will:
- learn
  - basic facts on aging including normal and pathological physical, cognitive, psychological, and social aging and the context in which people age
  - ethical issues in geriatrics
  - best person-centered models of care for older adults, including use of interdisciplinary teams and community resources
  - attain clinical proficiency in geriatrics assessment
  - exhibit person-centered attitudes necessary to understand the interrelationship of chronic illness, lifestyle, and social issues that influence care decisions
  - develop respect for older adults and an appreciation for their special care needs
- exhibit person-centered attitudes necessary to understand the interrelationship of chronic illness, lifestyle, and social issues that influence care decisions.

Description of Curriculum

Competency Domains
Published geriatrics competencies endorsed by the American Geriatrics Society will be integrated into the curriculum. These competencies are categorized into eight domains:

1. Medication Management
2. Cognitive & Behavioral Disorders
3. Self-Care Capacity
4. Falls, Balance & Gait Disorders
5. Health Care Planning and Promotion
6. Atypical Presentation of Disease
7. Palliative Care
8. Hospital Care for Elders

Methods
The proposed geriatrics curriculum will be modeled after a successful four-year curriculum in use at the University of Michigan.

[The University of Michigan’s] incremental, integrated geriatric curriculum intervention led to significant, incremental improvements in medical student performance in geriatric knowledge and clinical functional assessment skills.

-Supiano et al., 2007

Highlights of our program include:
- Vertically integrate learning throughout the entire four-year curriculum
- Introduce geriatrics-specific content into all relevant courses in basic science and clinical skills

Examples:
- Include lectures on cardiovascular and pulmonary aging during organ system courses
- Emphasize aging-specific content in the pharmacology course
- Include the “Timed Get-Up-and-Go” test with the basic gait examination to emphasize fall prevention in clinical skills courses
- Expand advanced clinical skills instruction to include all elements required for a comprehensive geriatric functional assessment
- Use online learning materials from Portal of Geriatric Online Education (POGOe), available in various e-learning formats including lectures, exercises, virtual patients, case-based discussions, simulations and other adult learning methods
- Enhance understanding of geriatric syndromes and evaluation of frail elders with complex health issues through required patient encounters in an ambulatory care clinic under the supervision of a geriatrician

Evaluation
Comprehensive evaluation methods will be used, including:
- knowledge and attitudes tests
- OSCEs
- Gateway Assessment
- standardized patient instructors to verify whole competency attainment
- individualized, web-based portfolio to track acquisition and mastery of core learning outcomes cross-referenced to specific activities in the curriculum

References
- Partnership for Health in Aging. Multidisciplinary Competencies in the Care of Ageing Adults at the Completion of the Entry-Level Health Professional Degree. Accessed online on 1-4-12 at: www.americangeriatrics.org/PHA_Multidisc_Competencies.pdf
- Supiano et al. Curriculum Intervention Improves Knowledge and Skills, JAGS Oct 2007, Vol. 55, No. 10

Resources/Faculty Development

Resources
- University of Michigan geriatrics curriculum
- (U. Miami) Miller School of Medicine Geriatric Medicine Fellowship GSCF
- American Geriatric Society competencies
- Portal of Geriatric Online Education (www.pogoee.org)
- Just In Time Medicine (www.justintimemedicine.com)
- Geriatric Education Center of Michigan (GECM)
- Standardized patient instructors to verify attainment of whole competency
- Geriatric Simulation Center, Secchia Center

Faculty Development
- Focused on providing content, resources and support to faculty throughout the CHM campus system so that all instructors can effectively deliver geriatric curriculum to medical students.

Discussion

- The number of older adults is rapidly increasing, and the majority of them receive care from non-geriatricians, most of whom have not received training in geriatric medicine.
- As a land grant institution, MSU has a responsibility to address this critical need and prepare primary care physicians who can provide high quality care to older adults.
- Although geriatrics education is supported by the AAMC and other professional organizations, it is not satisfactorily represented in the CHM curriculum.

Healthy Aging: A Senior Citizen, Age 112

Location of CAQ Geriatricians

U.S. Population Estimates
www.census.gov/</nn>