

Aging Fits In: Integrating Geriatrics into a Crowded Medical Curriculum

Creative Approaches for Teaching About the Unique Needs of Older Adults

Medical schools interested in integrating more geriatrics into the curriculum should review current coverage and identify opportunities—across all four years of the curriculum—to:

▪ **Match students and volunteer elders.**
Several programs have used senior mentor programs to involve healthy older people as mentors and living case studies of health care and aging through longitudinal student exercises.

▪ **Use geriatrics cases for problem-based learning in existing classes.**
Well-constructed cases involving older adults can address a variety of clinical, physiological, and molecular issues, transcend disciplines, and introduce team care concepts—all of which will be increasingly relevant as our nation's patient population ages.

New courses may be effective if required in the appropriate year of training; course time is made available during periodic curricular reviews.

▪ **Mind the process. Successful programs have generally:**
- Assigned sufficient resources to support a small team of faculty and staff led by a faculty member who champions geriatrics
- Created connections with and served people and institutions in the community while providing rich educational experiences for students.

Walk into the average hospital or outpatient clinic in the United States, and you will find that approximately four out of ten patients are over 65. Yet as of 2000, only 10% of the nation's 125 medical schools taught geriatrics as a separate required course. As recently as the mid-1990s, fewer than one in thirty medical students took an elective in geriatrics. According to a recent survey of medical school graduates, nearly 40% of new doctors deemed their geriatrics instruction inadequate. Each year, less than 2% of the 16,000 graduating physicians seek out a career in geriatrics or geriatric psychiatry.

While the need and argument for more geriatrics in the curriculum may be compelling, implementing new geriatrics content is a challenge. The four years of undergraduate medical education are already strained by the continued, even explosive growth of new medical knowledge. Our nation's medical schools are under constant pressure to keep their required curricula up to date. New material must be clinically relevant and compete for time and attention in core offerings or else find itself relegated to electives or specialty training.

The JAHF Contribution



To develop and pilot new approaches to infusing geriatrics into lectures and other aspects of medical training, the John A. Hartford Foundation granted nearly \$4.7 million to the Association of American Medical Colleges (AAMC) in 1999. The award enabled AAMC to provide funding to 40 medical schools of varying size and type (public and private) across the country. The result is an exciting array of activities that are ensuring that tomorrow's physicians understand the unique medical needs of older adults. Since 1990, Hartford has awarded \$16.4 million to projects to strengthen geriatrics in undergraduate medical education.

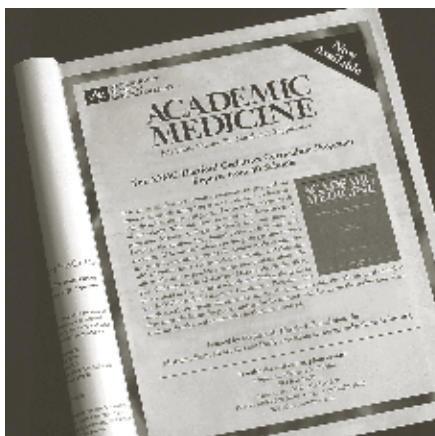
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Changing Medical Education to Meet Practitioners' Needs

Experts witnessing the growing number of older adults and the prospect of the aging Baby Boom generation have for at least a decade pointed to the need for more trained geriatricians and academic geriatricians able to teach the next generation of medical students. A 2002 Association of Directors of Geriatric Academic Programs (ADGAP) report estimated that the number of Board-certified geriatricians and geriatric psychiatrists would drop from 9,256 in 1998 to 6,137 in 2004. An earlier report from the Institute of Medicine called for as many as 36,000 geriatricians by 2030 to meet the health care needs of older adults. But even with additional geriatricians, most medical care for older adults in the present and future will be provided by internists and family practitioners, as well as physicians in the wide range of specialties and subspecialties.

To "geriatricize" undergraduate medical education, the Hartford Foundation reached out to the nation's medical schools through the American Association of Medical Colleges. Seed grants worth \$100,000 over two years went to 40 medical schools selected in three cohorts. These schools in turn created new ways to improve students' attitudes toward older patients, strengthen their interpersonal skills with older adults, and equip them with the knowledge they need for effective treatment.

To these ends, the schools have developed an impressive variety of programs (see examples below). There are new curricular modules, geriatrics cases, symposia, home visit programs, teaching and evaluative exercises employing standardized patients, and activities that link medical students with well elders in the community. Each of these ideas can be found in a Web-based searchable database (<http://services.aamc.org/GROW/index.cfm>), which serves as a clearinghouse for these new approaches to making sustainable and replicable curriculum change in geriatrics. In addition, the program and these innovations have been featured in *Academic Medicine*, AAMC's monthly journal, as well as at its annual meeting.



Success Stories

The following represent a range of cost-effective ways to integrate geriatrics into students' educational experience. Contact names and information for these programs can be found on the John A. Hartford Foundation's Web site at (<http://www.jhartfound.org>).

Geriatrics Cases

University of Texas Medical Branch at Galveston

Geriatric cases are an excellent way to infuse geriatrics into the curriculum without adding new activities or modules. Older adults present a whole range of conditions from endocrine and cardiac problems to immunological and hematological disorders. Older adult cases, therefore, can be used in parts of the curriculum already devoted to these core aspects of medical knowledge. Discussion can then elicit additional concerns related particularly to aging body systems and patients.

The University of Texas–Galveston, for example, developed nine Web-based cases that can be used across the four years of the medical school curriculum and cover diverse topics including depression, hypertension, and pain management, among many others.

Simulations

Duke University School of Medicine

One way for medical students to get a powerful, experiential view into the lives of older adults is by participating in aging simulations. At Duke University these activities “age” students by requiring them to wear glasses smeared with Vaseline, move around in a wheelchair, have an arm in a splint, or simply walk around with pebbles in their shoes. Students must then go through a set of activities of daily living—taking care of personal hygiene, moving around their apartments, taking the bus, going to the grocery store, etc. Very quickly (and at little cost), they get a feeling for what life may be like for older patients. After their simulation is complete, students debrief the situation with their instructors and tease out the implications for providing effective care to older adults.



Students can meet regularly with older adults to learn first-hand about how geriatric medicine is experienced by patients, including managing multiple health issues, polypharmacy concerns, and the various medical and social contributions needed for quality health care.

Senior Mentors

University of Missouri-Kansas City School of Medicine

Several schools have instituted “senior mentor,” “senior partner,” or “senior professor” activities. All of these programs match a medical student with a well elder who serves as a partner in providing insights to the students about the aging process and medical care of older adults.

At the University of Missouri-Kansas City, first-year students are paired with a healthy older adult who serves as a mentor on aging for a period of 18 months. Students initially meet with their mentors in their homes every other week for eight weeks and then monthly thereafter. Students are prepared for this relationship and the ensuing assignments. Throughout the period, students write reflective essays about their experience, complete a joint project with their mentor, and author either a capstone paper or make an oral presentation about an aspect of aging.

Students and mentors often make powerful connections while spending time in formal learning experiences and sometimes in leisure activities. Both younger and older participants are able to break through stereotypes that inhibit mutual understanding and good clinical care.

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Standardized patients

Ohio State University School of Medicine

Ohio State's School of Medicine has a large class size of 275. It has created a "standardized" setting for older adults in a local apartment building. These older people are trained to present a variety of conditions such as mild cognitive impairment or metabolic syndrome. Similarly, the apartments are configured to provide clues (e.g., an open bottle of milk on the counter, a set of unopened medications, or a rug that is a fall risk) that hone a student's ability to diagnose and treat older adults in the context of their home and lifestyle. Establishing standardized settings can require significant resources. However, once they are created, they can be used repeatedly, at a relatively low per student cost.

For More Information

<http://services.aamc.org/GROW>

The Web site of the AAMC is a primary resource for deans, faculty members and others interested in learning more about ways to enhance geriatrics in the medical school curriculum. You can also contact Brownell Anderson, AAMC's Senior Associate Vice President at: AAMC, 2450 N Street, NW, Washington, DC 20037-1126. Telephone: (202) 828-0400.

www.americangeriatrics.org/products/positionpapers/competency

In 1998, the American Geriatrics Society developed "Areas of Basic Competency for the Care of Older Patients for Medical and Osteopathic Schools." This document provides a framework for medical schools to develop a curriculum on aging and to lay the foundation for students who will subsequently be caring for older patients. It is a reference for those involved in curriculum development, implementation, and evaluation. It also attempts to provide minimum competency standards in geriatrics for graduating medical students who will enter a variety of specialties.

www.POGOe.org

The Portal of Geriatric Online Education is an online clearinghouse for high-quality educational products primarily designed for physicians in training and practicing physicians. All posted products have been reviewed and edited. POGOe is supported by grants from the Donald W. Reynolds Foundation.

This pamphlet is available at the Web site of the John A. Hartford Foundation at www.jhartfound.org/IDEAS/medcurriculum.



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