

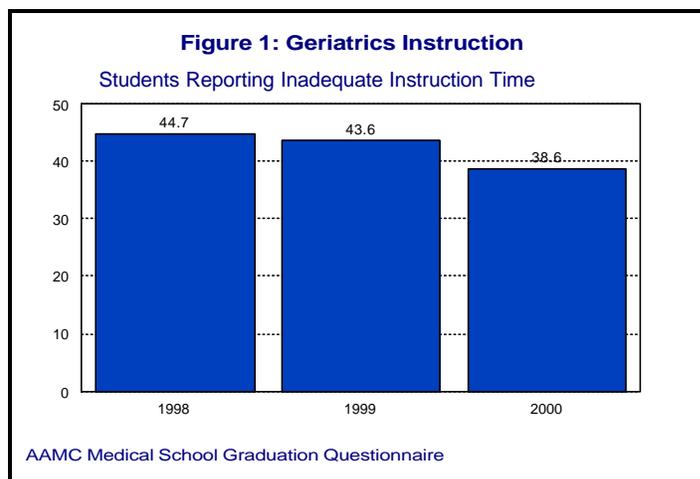
## Improving Geriatrics in Medical Schools

The over-65 age group is expected to rise to 70 million in the next 30 years. Unquestionably, this growth demands attention to the geriatrics and gerontology curricula of medical schools. Since 1993, the AAMC's Medical School Graduation Questionnaire (GQ) has included questions about geriatrics instruction. The results have not been encouraging.

Graduating medical students identified inadequacy in the instructional time devoted to geriatrics. In both 1998 and 1999, over 40% of medical students responding felt they received inadequate instruction in geriatrics (see Figure 1). The 2000 GQ indicates that this trend is continuing. Although the amount of time devoted to geriatrics instruction has improved slightly, over one-third (38.6%) of the graduating medical students who responded felt that the amount of instruction in geriatrics was inadequate, while 57.5% felt it was appropriate. This is despite the fact that there are a number of courses that include the subject. Out of the 125 accredited medical schools in the US, 12 schools teach geriatrics as a separate required course, 116 as part of a required course, 83 as a separate elective course, 44 as part of an elective course, and 18 programs involve geriatrics in other areas of the curriculum.<sup>1</sup>

The student feedback about their instructional time in geriatrics may continue to improve curriculum in the future, if it is adequately acted upon. Programs, such as the new partnership concerning geriatrics instruction

- Almost 93% of US medical schools teach geriatrics as part of a required course.
- Just less than 58% of graduating medical students in 2000 felt they had an appropriate amount of instruction time devoted to geriatrics.
- It is predicted that by the year 2030, every other patient seen by a family doctor will be 65 or older.



formed between the AAMC's Division of Medical Education and the New York based John A. Hartford Foundation, may also facilitate this process and further program improvement.<sup>2</sup> The GQ will be used to track the progress of this initiative by adding questions that address specific issues concerning geriatrics instruction.

The Hartford Foundation recently awarded 20 schools \$100,000 each to enhance geriatric medicine education in their undergraduate medical programs. These programs promise to provide models for other medical schools and help them develop their own curricula in gerontology and geriatric medicine. The educational goals of the program are to develop positive attitudes toward the elderly, foster communication skills, and equip medical students with the knowledge to treat older adults. These goals are to be reached by improving the integration of geriatric medicine into medical education. Featured below are some examples from the portfolio of grantees.

### The University of Nebraska (UN)

The UN grant team will integrate geriatrics throughout the four-year undergraduate medical curriculum. During the summer rotation, first year students will interact with healthy elders to perform histories and functional screens. Second year students will perform histories, physicals, and write-ups along with functional screens of healthy seniors. The point of these interactions with healthy adults is to help dispel the myths of aging. Third and fourth year students will have their required clinical rotations augmented with geriatric content via intranet materials, seminars, and "selectives."

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### **The University of Connecticut (UConn)**

The school of medicine at UConn will add curriculum about normal aging to first year classes, enhance the end-of-life curriculum in years two and three, and make changes to the Standardized Patients Clinical Skills Assessment program for all four years. In addition, they will add more elder care opportunities to their community-based experiences for all four years.

### **The University of California at Los Angeles (UCLA)**

UCLA will offer their students a number of problem-based learning (PBL) activities. Topics of the PBLs include the epidemiology of aging, elder abuse, and the cultural aspects of aging. In addition, they employ a series of multimedia vignettes:

- Year 1:** anatomic changes in the elderly, aging and normal function
- Year 2:** aging as a cellular process
- Year 3:** pre-operative evaluation and peri-operative management, malnutrition in the elderly, incontinence, end-of-life decisions/allocation of resources
- Year 4:** risk factors and disease prevalence by ethnicity and race

The PBLs and vignettes are complemented by site visits and learning guides for nursing homes, home care, home hospice, and rehabilitation centers.

### **University of North Carolina at Chapel Hill (UNC)**

At UNC, first year students will be taught a geriatrics curriculum that includes a Web-based case integrated into their Introduction to Clinical Medicine (ICM) course. Geriatric-specific lectures and exercises will be added to the Special Topics Seminar and the number of older people interviewed by students will increase. Spanning both the first and second years will be "mini-lectures" on geriatric subject matter. In addition, second year students will have an on-line course integrated into their ICM course, geriatric clinical experience, PBL case, and a special unit integrated into their pharmacology course. The third year curriculum will feature an increase in exposure to elderly patients, while the fourth year will include a geriatric/primary care focus in the Ambulatory Care Selective Rotation and a Clinical Performance exam to include screening for skills related to geriatric practice.

### **The Second Grant Round**

The second round of the AAMC/Hartford grant program to improve undergraduate medical education in geriatrics and gerontology will begin shortly. In this round, ten additional schools will receive funding to improve their geriatric education programs. The Request For Proposals will be available in December of 2000 and the submission deadline will be March 30, 2001. All US accredited allopathic medical schools with innovative ideas for geriatrics education will be encouraged to apply. For more information about the AAMC/Hartford grant program, please visit [www.aamc.org/meded/hartford/foundation.htm](http://www.aamc.org/meded/hartford/foundation.htm).

### **Conclusion**

Although student feedback about their instructional time in geriatrics has improved slightly in recent years, such student assessments may improve to a greater degree due to the efforts of AAMC's Division of Medical Education and the John A. Hartford Foundation.

**For Additional Information:** Alex Ruffin, Division of Medical Education, 202-828-0439, E-mail [alruffin@aamc.org](mailto:alruffin@aamc.org). This and past issues of CIME are available at [www.aamc.org/meded/edres/cime](http://www.aamc.org/meded/edres/cime).

### **References**

- 1 - Information is for the 1998-1999 school year. The data are based on the Liaison Committee on Medical Education Annual Medical School Questionnaire results and on data available in the AAMC's Curriculum Management and Information Tool (CurrMIT).
- 2 - AAMC's Enhancing Gerontology and Geriatric Medicine Education in Undergraduate Medical Education Program, supported by the John A. Hartford Foundation, is scheduled to begin implementation of new curricular elements in September 2000.