



Tomorrow's Doctors, Tomorrow's Cures®

Geriatrics Curriculum Consensus Conference Developing Competencies for Geriatric Medical Education

**Jointly Sponsored by the Association of American Medical Colleges and
Harvard Medical School, Department of Continuing Education**

**This conference is funded in part by an unrestricted educational grant
by the John A. Hartford Foundation.**

July 11 - 13, 2007
Westin St. Louis
St. Louis, MO

Association of
American Medical Colleges

Geriatrics Curriculum Consensus Conference Developing Competencies for Geriatric Medical Education

**Jointly Sponsored by the Association of American Medical Colleges and
Harvard Medical School, Department of Continuing Education**

**This conference is funded in part by an unrestricted educational grant
by the John A. Hartford Foundation.**

Table of Contents:

Faculty Disclosure Statement	1
Continuing Medical Education Credit	2
Objectives	3
Detailed Meeting Agenda	4
Speaker Biographical Sketches	9
Hotel Map	12

Faculty Disclosure Statement

Harvard Medical School has long held the standard that its continuing medical education program be free of commercial bias.

Now, in accord with the disclosure policy of the Medical School as well as standards set forth by the Accreditation Council on Continuing Medical Education, speakers and their spouses/partners, and planners have been asked to disclose any relationship they have to companies producing pharmaceuticals, medical equipment, prosthesis, etc. that might be germane to the content of their lectures. Please note that in accordance with recent policies from the ACCME, relationships of the person involved in the CME activity must include financial relationships of a spouse or partner. In addition, speakers are asked to list any off label uses they will discuss of pharmaceuticals and devices for investigational or non-FDA approved purposes.

Such disclosure is not intended to suggest or condone bias in any presentation, but is elicited to provide registrants with information that might be of potential importance to their evaluation of a given talk.

1. The following speakers, spouses/partners, and planners have reported no relevant relationships with industry:

Hollis Day, MD

Kathryn Denson, MD

Edmund H. Duthie Jr, MD

G. Paul Eleazer, MD

Lisa Granville, MD

Mitchell T. Heflin, MD, MHS

Rosanne Leipzig, M.D, PhD

Deborah Simpson, MD

Ranier Soriano, MD

Brent Williams, MD, MPH

Steven Zweig, M.D, MSPH

2. The following speakers, spouses and planners have reported receiving something of value* from a company whose products may be germane to the content of their presentations:

NAME	COMPANY	RELATIONSHIP
------	---------	--------------

*“Something of value” refers to an equity position, receipt of royalties, consultantship, funding by a research grant, receiving honoraria for educational services elsewhere, or to any other relationship to a company that provides sufficient reason for disclosure, in keeping with the spirit of the stated policy.

Continuing Medical Education Credit

Harvard Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Harvard Medical School designates this educational activity for a maximum of 13.5 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Objectives

The Consensus Conference on Developing Competencies in Geriatrics Education will focus on confirming what is known about geriatrics education currently and then seek to reach consensus on the minimum competencies – the outcomes that all graduating students (residents, physicians) should attain, as well as to identify mechanisms to introduce the topics in the curricula and ways to assess the competencies.

The success of the John A. Hartford Foundation grants to U.S. medical schools and the corresponding Reynolds Foundation grants program have elevated the level of attention paid to geriatrics education. Many funded (as well as non-foundation funded) programs have established objectives and curricula, as well as assessment programs for medical student education, but there is no national consensus on the competencies necessary for a solid education in geriatrics.

As part of the continued dissemination and work of the AAMC/Hartford project, money has been identified to support a consensus conference to develop a consensus among educators, geriatrics experts, skeptics, institutional leaders, and administrators on the core geriatric principles that physicians must know to practice medicine in the 21st century. There has not previously been a conference of this kind and this will be a watershed event in geriatric education.

The conference is designed for faculty members, medical school leaders, and representatives of academic societies and/or other professional education organizations, who are grappling with the minimal competencies needed in geriatrics and how to incorporate geriatrics curricula to meet these competencies. Discussion focused on mechanisms to introduce geriatrics into an already over crowded curriculum and how to assess student and resident performance in geriatrics will be highlighted in plenary and breakout sessions and posters.

Following plenary presentations to provide a context for the conference, “what is known”, and domains developed by a task force of geriatrics experts, the conference will shift format to small work groups with conference attendees expected to be active participants in confirming the competency domains and defining specific objectives within each domain, consistent with the ACGME competencies. The working groups will then reconvene and present the areas around which they achieved consensus on the domains they were assigned and associated objectives and the areas needing further discussion specific to their assigned focal area. The detailed conference agenda follows.

The ultimate goal is to develop a consensus about the evidence that supports the need for geriatrics education and establish standards for assessing the outcomes so that graduating medical students, residents, and practicing physicians are better prepared to understand the importance of geriatric care and medical schools and residency programs are better prepared to deliver appropriate education in geriatrics.

Final Agenda

Wednesday, July 11

12:00 pm – 6:00 pm	Registration	Promenade Foyer
12:00 – 1:00 pm	Luncheon	Cupples AB
1:00 – 3:00 pm	General Session	Promenade Ballroom

Conference Welcome and Logistics

Plenary session presentation and discussion among participants to frame the issues; establish the dialect, provide opportunity for questions and challenges from the audience.

Competencies in Geriatrics Education: Why and What?

Moderator:

M. Brownell Anderson

Senior Associate Vice President
Division of Medical Education
Association of American Medical Colleges

Speaker:

Rosanne M. Leipzig, MD

Professor and Vice Chair
Department of Geriatrics and Adult Development
Mt. Sinai School of Medicine

Questions, Answers and Issues – Charge to Working Groups

3:00 – 3:30 pm	Refreshment Break	Promenade Foyer
3:30 – 6:00 pm	Concurrent Breakout Sessions 1 – 4: Defining Medical Student Learning Outcomes (Breakout assignments on separate handout)	

Working Groups:

Each group will include a pre-appointed set of leaders including a:

- 1) Facilitator: To guide the group discussions toward a consensus
- 2) Reporter: Prepared to summarize the discussion and present a report(s) back to the assembly
- 3) Recorder: Prepared to write-up the discussion for the consensus report.

Wednesday, July 11 continued

Participants will work throughout the conference in pre-assigned groups – each group will address 2 of the major domains identified in geriatrics competencies (e.g., altered mental status). In the first working session, the groups will determine the key outcomes for each domain they are assigned. Each group will be facilitated by a member of the conference planning committee, who will present preliminary findings.

Breakout Session 1**Century**

Facilitator:

Paul Eleazer, MD

Chair, Division of Geriatrics
University of South Carolina School of Medicine

Breakout Session 2**Landmark**

Facilitator:

Steven Zweig, MD, MSPH

Professor and Associate Chair
Family and Community Medicine
University of Missouri – Columbia School of Medicine

Breakout Session 3**Concourse A**

Facilitator:

Edmund H. Duthie, Jr., MD

Professor and Chief
Division of Geriatrics/Gerontology
Medical College of Wisconsin

Breakout Session 4**Concourse B**

Facilitator:

Mitchell Heflin, MD

Division of Geriatrics
Duke University School of Medicine

6:00 – 6:30 pm

Break

Wednesday, July 11 continued

6:30 – 8:30 pm Reception and Dinner **Cupples AB**

Thursday, July 12

7:30 – 8:30 am Continental Breakfast **Cupples AB**

8:30 – 9:30 am **Plenary Session** **Promenade Ballroom**

Working Group Reports and Discussion

9:30 – 9:45 am Refreshment Break

9:45 – 11:15 am **Breakout Sessions (Same groups as 7/11): Assessment
Medical Student Education**

Reconvene previous day's working groups:

- Revise, as needed, and finalize assigned domains
- Identify emergent themes across the reports specific defining competencies
- Areas of agreement (what we now know)
- Areas of disagreement (what we need to know)
- For the assigned domains – identify ways to measure the competencies to determine that a student has met the competency

11:15 – 11:30 am Break

11:30 am – 12:00 pm **Plenary Session** **Promenade Ballroom**

Report Back from Working Groups

- **Final List(s) of competencies in each domain**
- **Measurement approaches for each**

12:30 pm – 1:30 pm Lunch **Cupples AB**

1:30 – 3:00 pm **Concurrent Sessions**

Now that we have reached some level of consensus on the actual competencies, we will break-out according to interest to begin to discuss some of the implications and next steps for implementation.

Thursday, July 12 continued

Group I: Integration of Geriatrics Across the Curriculum **Century**

What are the reasonable options for where each of the competencies can be taught and assessed (pre-clinical basic sciences, 'doctoring' course, specific clerkships) and how would we begin getting buy-in from the appropriate people

Group II: Assessing the Learning Outcomes **Landmark**

What methods can be used to measure the outcomes?

Group III: Geriatric Competencies for Internal and Family Medicine Residents **Concourse A**

If medical students truly achieved this level of competency, what would we expect of them as graduates of primary care residency programs? How do we achieve consensus on this?

Group IV: Threading Geriatrics through the Curriculum – Digital Resources and Strategies **Concourse B**

3:00 – 3:30 pm Refreshment Break **Promenade Foyer**

3:30 – 5:00 pm **Final Breakout Sessions (same groups as 7/11)**
Strategic Plans – How can Schools Incorporate the Competencies and Assess Them? How to Foster an Institutional Commitment

4:00 – 5:00 pm Poster Set-Up **Cupples C**

5:00 – 7:00 pm Reception and Poster Presentations **Cupples AB**

Posters from participants highlighting various activities and tools for geriatric education will be available for viewing

7:00 pm Dinner on own

Friday, July 13

7:30 – 8:30 am	Continental Breakfast	Cupples AB
8:30 – 10:30 am	Plenary Session Summary of where we are and where we need to go Speaker: Paul Eleazer, MD Director, Division of Geriatrics University of South Carolina School of Medicine	Promenade Ballroom
10:30 – 11:00 am	Break and check-out	
11:00 am – 12:00 pm	Reactor Panel Summary and Closing Panelists: Rosanne M. Leipzig, MD Lisa Granville, MD Associate Chair, Department Geriatrics Florida State University School of Medicine	Promenade Ballroom

Speaker Biographical Sketches

Edmund H. Duthie, Jr, MD is currently the Chief of the Division of Geriatrics/Gerontology and a Professor of Medicine at the Medical College of Wisconsin. He also serves as the Associate Chief of Staff and Section Leader of Geriatrics at the Zablocki Veterans Affairs Medical Center in Milwaukee. He received his medical degree from Georgetown University School of Medicine in 1976. He went on to complete a residency in Internal Medicine at the Medical College of Wisconsin and a fellowship in Geriatric Medicine at the Jewish Institute for Geriatric Care, State University of New York-Stony Brook. Dr. Duthie is board certified in Internal Medicine and has earned a Certificate of Added Qualification in Geriatric Medicine. In 1980 Dr. Duthie joined the Medical College of Wisconsin as an Assistant Professor of Medicine. Throughout his tenure, he has been recognized for his skill in teaching – in 2004 receiving the prestigious Ernest O. Henschel Clinical Teaching Award by selection of the senior class.

Dr. Duthie's primary interest in geriatric research includes: falls in the elderly, geriatric pharmacology, dementia, persistent vegetative states, and geriatric medical education. He was instrumental in attracting a \$2 million research grant to develop a comprehensive program aimed at strengthening physicians' training in geriatrics at the Medical College of Wisconsin.

G. Paul Eleazer, MD, FACP, AGSF, is a native of Columbia, South Carolina and received his undergraduate degree from the University of South Carolina in 1976 with a Bachelors of Science in a five-year medical program. He completed his MD degree in 1979 at the Medical University of South Carolina in Charleston, SC. Subsequently, he completed his internship and residency in internal medicine at the University of Kentucky Medical Center in Lexington KY. He was selected to serve as a chief resident in Internal Medicine for the 1982-83 year at the University of Kentucky. Dr. Eleazer is a Diplomat of the American Board of Internal Medicine and re-certified in geriatrics in 1999. He is a Fellow in the American College of Physicians and a Fellow in the American Geriatrics Society. In addition, he is also active in a number of professional societies including the Gerontology Society of America (GSA), and American Geriatrics Society (AGS) Dr. Eleazer is a tenured professor of medicine at the University Of South Carolina School Of Medicine and serves as the Director, Division of Geriatrics in the Department of Internal Medicine. He also serves as the Geriatrics Fellowship Program Director for USCSM/Palmetto Health Alliance and served as the Director of the USC School of Medicine's Vertical Curriculum in Geriatrics, and the Director of the Senior Mentor program, both of which were recognized by the SAGE institute as Best Practices In February 2004.

Mitch Heflin, MD, MHS, is an Assistant Professor in the Department of Medicine, Division of Geriatrics. He earned his MD from the University of Virginia and completed his residency in internal medicine and fellowship in Geriatrics at Duke University. He is a Senior Fellow in the Aging Center at Duke and serves as Co-PI and program director for the Reynolds FD~AGE Program. He is also Associate Program Director for the Geriatric Medicine Fellowship Program. He also works on the Education Innovations Project (EIP) in the Internal Medicine Residency Training Program. He has interests in clinical education in general geriatrics for medical students and residents, evidence-based medicine, and appropriate prescribing.

Rosanne M. Leipzig, MD, PhD, is the Gerald and Mary Ellen Ritter Professor (tenured) and the Vice Chair for Education of the Brookdale Department of Geriatrics and Adult Development at the Mount Sinai School of Medicine in New York. Dr. Leipzig graduated from the University of Rochester, received her M.D. and Ph.D. (Human Genetics) at the University of Michigan Medical Center, completed her Internal Medicine residency at the University of Rochester and a Fellowship in Clinical Pharmacology at New York Hospital/Cornell University Medical Center.

Dr. Leipzig's research and publications highlight evidence-based treatment for older adults, the role of medications in geriatric syndromes, the use of restraints in hospitalized elderly, and the teaching of Evidence-Based Medicine. She is the principal investigator of a \$3.0 million grant from the D.W. Reynolds Foundation to improve the training of non-geriatricians in geriatric medicine, and the creator of the Portal of Online Geriatric Education (POGOe), a web-based clearinghouse for geriatric educational materials also supported by the Reynolds Foundation. She is a member of the United States Preventive Services Task Force and on the Board of Directors for the American Board of Internal Medicine. She is the deputy editor of the 4th edition of *Geriatric Medicine*, edited by Dr. Christine K. Cassel, and also the editor-in-chief of Focus on Healthy Aging, a monthly newsletter for consumers. In 2003 she was named one of the first McCann Scholars, recognizing her expertise in mentoring and medical education.

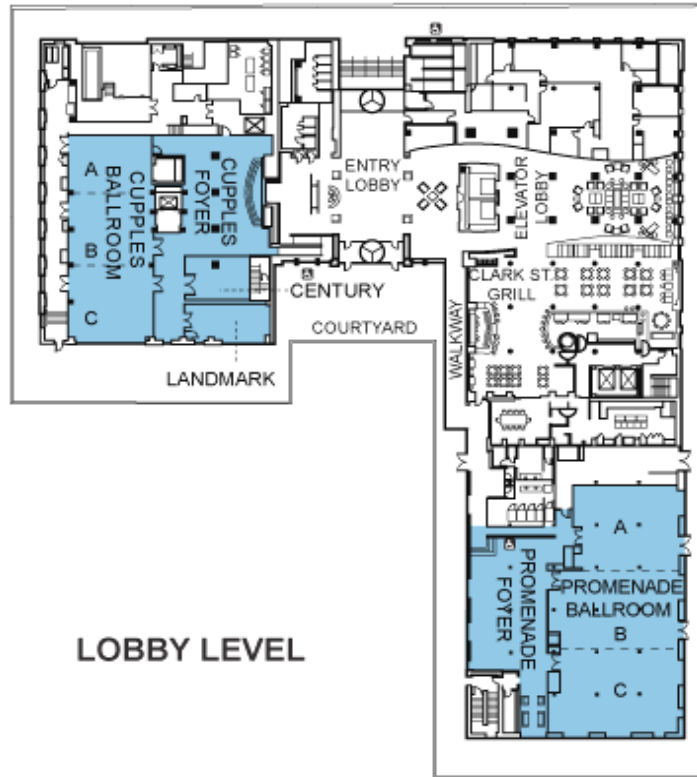
Deborah E. Simpson, PhD, has more than 400 presentations and 125 publications in medical education consistent with her primary interests clinical teaching effectiveness, faculty development for clinician educators and clinician investigators, mentoring and documenting faculty contributions to education consistent with criteria for educational scholarship and currently. Currently, Dr. Simpson is Professor of Family and Community Medicine and Associate Dean for Educational Support and Evaluation at MCW. She first began working in geriatric education almost 20 years ago first as an instructor in the Wisconsin Geriatric Education Center's Intensive Multi-Disciplinary Training Program enhancing health care professionals' skills at designing, implementing and evaluating geriatric education initiatives and later as a project team member on MCW's Geriatric Medicine and Dental Fellowship Program at MCW. More recently, Dr. Simpson has been actively involved with MCW's Donald W. Reynolds Award for Geriatric Education and through her on-going consultation to MCW faculty who have received geriatric-related education awards including the AAMC/Hartford medical school curriculum award, SGIM/Harford Award for clinician research and medical education in geriatrics, a GACA award and AGS/GSR in surgery.

Dr. Simpson has been recognized locally, through election to MCW's Society of Teaching Scholars which she now co-directs and as the 2001 recipient of MCW's Distinguished Service Award.

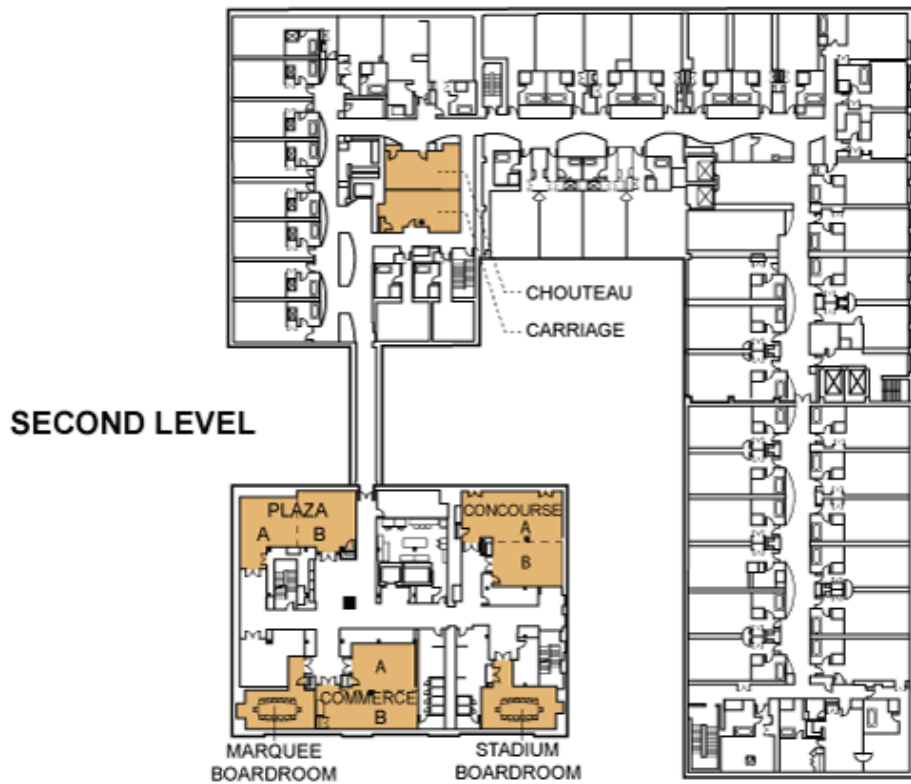
Dr. Simpson has served as a member of the AAMC's Group on Educational Affairs Steering Committee from 1999-2001 and 2002-2005 via her roles as Chair of the Central GEA (CGEA) and subsequently as Chair for the national GEA. In 2006, she chaired the AAMC-GEA Consensus Conference on Educational Scholarship. Nationally, Dr. Simpson was recognized as the 2001 recipient of the Excellence in Education award from the Society of Teachers of Family Medicine for her work in faculty development and in 2005 as a McCann Faculty Scholar for her work in mentoring.

Steven Zweig, MD, MSPH, is the Paul Revere Family Professor of Family Medicine and Associate Chair of the department of Family and Community Medicine at the University of Missouri-Columbia (MU). A native Missourian, Dr. Zweig is a graduate of Harvard University, received his medical training at the University of Missouri, and is board certified in family medicine, geriatrics, and palliative care. He also has completed a Robert Wood Johnson Foundation Academic Family Practice Fellowship. Zweig is a practicing family physician and geriatrician and a hospice medical director. He also leads the medical school's Donald W. Reynolds Foundation Programs in Geriatrics and is director of the Interdisciplinary Center on Aging at the University of Missouri-Columbia.

Hotel Map



LOBBY LEVEL



SECOND LEVEL