

Geriatrics Instruction in the Medical School Curriculum

Over twenty years ago, the Association of American Medical Colleges (AAMC) noted that changing demographics in the United States necessitated that all physicians be adequately trained to treat elderly patients. In 1982, with sponsorship from the National Institute on Aging and the Pew Memorial Trust, an AAMC advisory committee developed a report on instruction in geriatric care in the undergraduate medical education curriculum. Schools were encouraged to:

- Provide a focus for change in educational and training programs to increase attention to the aging process and elderly patients;
- Seek support to expand research in aging to improve clinical care, stimulate medical student interest in the fields of gerontology and geriatrics, and foster interactions with other specialties and disciplines; and
- Offer a variety of clinical settings, including ambulatory, long-term institutional, and home care, through which students can encounter elderly patients and learn special arrangements for their care, diagnosis, and treatment.

The AAMC's 1982 geriatric report determined that only 15 of the 125 allopathic U.S. medical schools

had identifiable departments, sections, divisions, or units in geriatrics or gerontology.

On the 20th anniversary of that report, AAMC staff examined recent data to determine current trends in geriatric education at medical schools. For the 2001-2002 academic year, data from the AAMC Faculty Roster show that 57 medical schools reported having identifiable geriatric units (including three separate centers or units at the departmental level), a nearly fourfold increase since 1982. Most of these schools have sections or divisions of geriatrics or gerontology in their departments of internal medicine or family practice.¹

The 2001-2002 Liaison Committee on Medical Education's review of all accredited medical schools reveals that nearly every medical school requires that geriatrics be taught. The vast majority of schools (92 percent) teach students about geriatrics as part of a required course. Many schools also offer separate elective courses in the subject.²

Medical school graduates have indicated general satisfaction with the level of attention being devoted to instruction in geriatrics. In 2002, 66.7 percent of medical school graduates responding to the AAMC's annual Graduation Questionnaire (GQ) stated that they felt well prepared to care for older patients in acute settings, and 75.4 percent felt well prepared to care for older adults in ambulatory settings.³

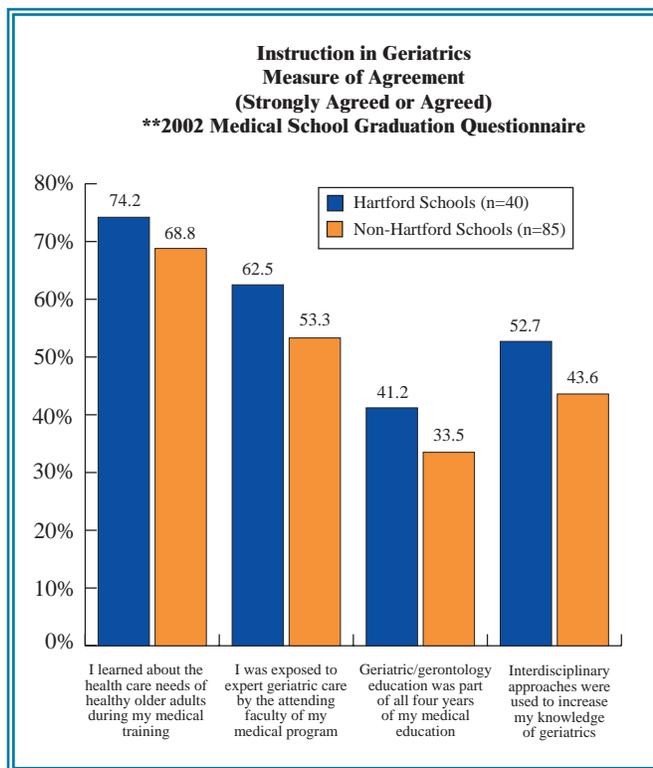
However, increasing the content of geriatric and gerontology instruction in medical schools remains difficult given the current shortage of academic faculty trained in the field. Faculty members serve as important role models for medical students, and they can influence students' career choices. According to recent information from the AAMC Faculty Roster, 558 faculty members among the 125 allopathic medical schools report geriatrics (either internal medicine or family practice geriatrics) as their medical specialty. This compares with 468 faculty in 1995 and 121 faculty in 1991. Despite this growth, faculty devoted to geriatrics still represent less than 1 percent of the total U.S. medical school faculty.¹

- ▶ Over twenty years ago, the AAMC noted that changing demographics in the United States necessitated that all physicians be adequately trained to treat elderly patients.
- ▶ To continue to increase geriatrics instruction at U.S. medical schools, in 2000 the AAMC joined with the John A. Hartford Foundation to award \$4.8 million to 40 medical schools to enhance their gerontology and geriatrics curricula.
- ▶ Early evidence suggests that these efforts are having some impact.

Recruiting graduating students into geriatric residency programs also has proven difficult. While the number of residency training programs in family practice, internal medicine, and psychiatric geriatrics has increased from 92 programs in academic year 1992-1993 to 187 programs in 2002-2003, many geriatric training positions are not being filled. Data from the 2002-2003 academic year show that only 496 of 716 geriatric residency positions were filled.⁴

To continue to increase geriatrics instruction at U.S. medical schools, in 2000 the AAMC joined with the John A. Hartford Foundation to award \$4.8 million to 40 medical schools to enhance their gerontology and geriatrics curricula. Each awarded institution has received up to \$50,000 a year, totaling \$100,000 over the course of the two-year grant. Funded schools reinforce the importance of geriatrics and the care of the elderly in their curricula by fully integrating the relevant material throughout the four years of undergraduate medical education. Students are provided with the necessary skills to deliver high-quality, compassionate care to the nation's burgeoning elderly population and to effectively handle the complex issues associated with end-of-life care. The program requires all materials developed by the 40 Hartford initiative schools to be made available to other medical schools for adaptation and implementation.

While the Hartford funding amounts are not large, early evidence suggests that these efforts are having some impact. Responses to the 2002 GQ indicate that students at schools that have received the Hartford grants are more confident of their knowledge regarding geriatrics. For example, 62.5 percent of students from Hartford-funded schools reported being exposed to expert geriatric care by the attending faculty of their medical programs, compared to 53.3 percent from non-Hartford schools. Similarly, 74.2 percent of students in Hartford-funded schools responded positively when asked if they learned about the health care needs of healthy older adults during their medical training, compared to 68.8 percent of students graduating from schools that did not receive Hartford grants.³ (See chart.)



These responses indicate a more positive geriatric educational experience at schools funded by the Hartford program. Medical schools that have received grants have taken innovative approaches to ensure an integrated and multidisciplinary experience in geriatrics education. Now the challenge for these schools is to sustain their efforts. Medical schools, teaching hospitals, and private organizations need to join forces to find and craft solutions for increasing the number of medical students capable of tending to the health care needs of this country's growing elderly population.

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1. *AAMC Faculty Roster. Association of American Medical Colleges.*
2. *Annual Medical School Questionnaire, Part II, 2001-2002. Liaison Committee on Medical Education.*
3. *Medical School Graduation Questionnaire, 1978-2002. Association of American Medical Colleges.*
4. *Accreditation Council for Graduate Medical Education, www.acgme.org.*