Integrating Geriatric Education into Medical Student Education

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Background

Our population is aging, and all physicians must prepare for the different mgmt. of older adults. LCME does not require a minimum geriatric content and with tight curriculum time, few medical schools have required, structured geriatric education.

Methods

Through consensus and lit search in:
• AAMC minimum geriatric competencies
• Amboss (German med ed)
• Geriatric Review syllabus 10
• Milestones, Aquifer

Contacted authors of article on geriatric undergraduate medical education, our division agreed on >160 keywords to include in the curriculum search.

Results

We will search existing curriculum for keywords and add missing content by suggesting edits to current content or additions.

Keywords

1. Activities of daily living
2. Acute abdomen
3. Advance directives
4. Ageism
5. Age-related changes
6. Agitation
7. Alzheimer’s
8. Analgesic
9. Anticholinergic
10. Anticoagulant
11. Anti-diuretic hormone
12. Aphasias
13. Apoptosis
14. Arthritis
15. Aspiration pneumonia
16. Assisted living
17. Asymptomatic bacteriuria
18. Atypical disease presentation

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Discussion

COVID Effects

• Changing regulations: ODH, ODA, CMS, CDC, VA
• Test orders, unreimbursable
• Lit review for COVID-19 updates
• 4 Faculty leaving long-term care (LTC) 50% for clinic, recruiting NP
• ECHO teaching COVID-19 mgmt. to 140 nursing homes in Ohio
• Epic launch in division
• Equity initiative: anti-racism readings and discussions
• Fall prevention website study

Conclusion

Next steps:
• Contact lecturers about content inclusion
• Negotiate staff & faculty salary support
• Develop missing content
• Integrate additional content into curriculum

Future:
Age-friendly Health System
ACE Service
Launch Geri & Pall Fellowships at UC

References