

# Integrating Geriatric Education into Medical Student Education

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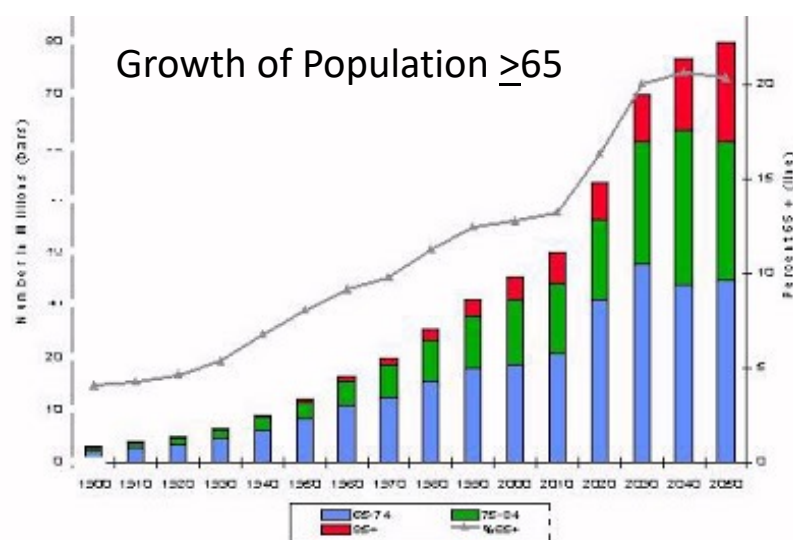


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## Background

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.



## Minimum Geriatric Competencies for Medical Students Updated 6/30/2010 published May 2009 Academic Medicine<sup>1</sup>

### MEDICATION MANAGEMENT

- 1 Explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and Central Nervous System sensitivity.
- 2 Identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults and explain the potential problems associated with each.

## 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. Aphasia
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 to 140 nursing homes in Ohio
- Epic launch in division
- Equity initiative: anti-racism readings and discussions
- Fall prevention website study

## 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

## 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

1. Leipzig R M, et al, 2009 Keeping granny safe: Consensus on minimum geriatric competencies for graduating medical students. Academic Medicine, 84, 604–610.
2. Eleazer G P, et al, 2004 Assessing Geriatrics Content in Undergraduate Medical Education, Gerontology & Geriatrics Education 0270-1960; 1545-3847