Evaluation of Geriatric Education in Residency Specialties

Rebecca S. Callodonato[1], BS; Lynn McNicoll, MD[1,2]; and Renée Shield, PhD[1,3]

[1]Warren Alpert Medical School of Brown University; 2Rhode Island Hospital, Brown [3]University School of Public Health

Scholarly Concentration in Aging

Background

Caring for an aging population presents numerous unique medical challenges for the next generation of physicians. In response to this, medical training must expand its emphasis on the care of geriatric patients. In 2013, the Donald W. Reynolds Foundation funded Brown University to implement a specialist-training program. The primary aim of this study was to assess the impact of this educational initiative.

Methods

In this program, physician participants (attendings, fellows, and residents from eight specialties) are divided by specialty into two cohorts: those receiving formal curriculum only and those receiving formal curriculum and geriatrician co-management of their service. This study was performed halfway through the program's four-year grant. Physician participants completed a brief online survey with the goals of acquiring program feedback, assessing interest, understanding and self-efficacy regarding nine key topics of geriatric care.

Results

Seventy-seven physicians responded to the survey representing approximately one quarter of the program's participants. Predictable variation in interest and self-efficacy ratings was found between the two cohorts; a dissonance explained in part by specialty demographic. The program's co-management and formal curriculum group (orthopedics and general surgery) are more surgical than the formal curriculum only group (emergency medicine, hematology-oncology, hospitalists, neurocritical care, neurology, and psychiatry) as such, respondents in this group rated pain management and perioperative care as the most relevant topics whereas, the other, less surgically oriented cohort rated acute care and geriatric mental health concerns as most relevant. In aggregate, 20 to 82% of respondents rated each emphasized geriatric topic as "5/5; highly relevant" to their specialty or practice. Interestingly, when asked to rate their self-efficacy, both groups reported increased confidence in their skill and ability as compared to their knowledge and understanding of each topic. This knowledge/skill gap, which may be due to the current apprenticeship model of graduate medical education, supports the importance of this program and others like it. All respondents indicated a desire for more case reviews and morbidity and mortality sessions to be integrated into this program's curriculum. The co-management program was well received; increasing geriatrician availability was an area identified for improvement.

Conclusion

Informed by this study, this program model has the potential to bridge the growing gap between patient needs and physician training in geriatric care.