

# Incorporating Geriatrics into the History and Physical Exam for Second-Year Medical Students

at Harvard Medical School



## SUMMARY

### Target Audience

Second-year medical students

### Purpose

To provide students with the knowledge and tools to enhance their interviewing and physical exam skills with older adults

### Program

A combination of a didactic session and clinical experiences with both simulated and actual elderly patients

### History

This is a new program that was piloted in the 2007-2008 academic year

### Operating Costs

Salary support for six core faculty and an administrative assistant; transportation for students to clinical sites; refreshments for students

### Outcomes

The experience was highly rated by students immediately post-session. Data on how the geriatrics training was incorporated into the mandatory year-end H&P exam have not yet been analyzed

### Available Materials

Template for didactic session; Instructions for Standardized Patient; Final Simulation Checklist; Exam Assessment Checklist; Letter to students regarding session change

### For More Information

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## Program Overview

The second-year Patient Doctor course (Patient Doctor II) at Harvard Medical School, which is normally highly decentralized and conducted at numerous clinical sites, was redesigned for the 2007-08 academic year. Specific topics in the Patient Doctor curriculum were offered as Central Sessions, during which all students came to a central clinical teaching site. Geriatrics was the topic of one of the Central Sessions. This provided the opportunity for contact with almost all 172 second-year medical students.

The goals of the Geriatrics Central Session are to:

- teach second-year medical students some fundamental principles of clinical geriatric medicine in the context of learning to conduct a history and physical exam
- provide students with tools to make their interviews and exams of older adults more effective
- devise and implement a teaching intervention that is innovative, engaging, and meaningful to the students, and that will result in both short- and long-term behavior change
- measure the efficacy of the geriatrics teaching intervention
- raise medical students' awareness about both the care of older adults and geriatric medicine as a career choice

## Program Operations

All second-year medical students are required to participate in the Geriatrics Central Session. The students are divided into four groups and participate in four weekly afternoon sessions at the Beth Israel Deaconess Medical Center Simulation Center.



The intervention has three components:

- A 30-minute didactic session on the elements of the Geriatric History and Physical Exam
- Two interactions with standardized patients in the Simulation Center. The simulated scenarios are an 80-year-old nursing home resident presenting to the Emergency Department with dizziness and an 80-year-old community-dwelling elder presenting with dizziness. After both interactions, there is time for debriefing with a faculty member and the standardized patients.
- After the didactic and simulation sessions, the students are transported by bus to the Hebrew Rehabilitation Center where pairs of students spend two hours with a patient and a geriatrician. The students have an hour to interview and examine the patient using a template provided during the didactic session, followed by an hour of debriefing and instruction from the preceptor.

Half of the students in each of the four groups start the afternoon with the simulated interactions and half start with the didactic session. Then they rotate activities. The benefit of having the students work with an actual patient is that they are able to practice immediately what they have learned with the simulated patient while being observed and debriefed by a faculty member. This helps to reinforce the history and physical exam skills being taught and increases the students' sensitivity to issues unique to working with older patients.

### **Staffing Requirements**

A core group of six faculty members devised and implemented the educational intervention. One administrative assistant helped with program implementation and an administrator at the rehabilitation center helped with transportation and logistics there. About 20 other faculty members and fellows volunteered as preceptors at the rehabilitation center.

### **Program Costs and Funding Sources**

A Donald W. Reynolds Foundation Aging and Quality of Life grant provided partial salary support for four of the six core faculty and the course administrative assistant. The Simulation Center was available free of charge. There were minimal costs for busing students to the rehabilitation center and providing students refreshments at the end of the afternoon training.

### **Process and Outcomes Data**

All participating students complete a satisfaction survey at the end of the session. The experience has been overwhelmingly rated as useful, enjoyable, and a valuable use of time.

All participating students will submit an older adult patient write-up from before and after the intervention. (There is currently about a 49% response rate.) A checklist will determine if the post-intervention write-ups contain elements of the geriatrics history and physical that were taught.

All students in the course must have an end-of-year Checkout Exam during which they perform a full history and physical exam on a patient while being observed by a faculty member. The preceptor fills out the Exam checklist (which contains geriatrics items) and will determine if the students incorporated any of the learned geriatrics elements into their Checkout Exams.

The Patient Doctor II course administers an Objective Structured Clinical Exam every year to assess students' physical exam and interview skills. This year a new geriatrics station was instituted that assessed students' abilities to conduct a mental status exam on an older adult patient. The performances of the intervention group will be compared with the control group's performance.

Sixteen students served as a control group and did not participate in the program.

## **Implementation Lessons**

- Developing this program was a significant logistical undertaking. It required the combined efforts of and numerous hours of work by many individuals to: test the model; train the standardized patients; ensure that the standardized patients came on the right days; create and distribute schedules for the students ensure that there were no technical glitches in the simulation center; get students on the bus each day and keep track of the students at the rehabilitation center; arrange for patient participants at the rehabilitation center; and enlist faculty volunteers and ensure their attendance on the assigned day.
- The Hebrew Rehabilitation Center is a vitally important partner in this endeavor. They provide the bus, many faculty members, the site for the clinical interactions, and the opportunity to recruit patients in their facility as participants.

## **Available Materials**

### Tools/Resources

- Template for didactic session
- Instructions for Standardized Patient
- Final Simulation Checklist
- Exam Assessment Checklist
- Letter regarding session changes

## **For More Information**

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This document is part of a compilation of approaches to geriatrics recruitment, career development, and programmatic expansion, based on the work of the John A. Hartford Foundation "Centers of Excellence in Geriatric Medicine and Training." For more information, visit [www.afar.org/recruitment](http://www.afar.org/recruitment) or [www.jhartfound.org](http://www.jhartfound.org).

