

# Chief Resident Immersion Training in the Care of Older Adults

at Boston University School of Medicine



## SUMMARY

### Target Audience

Chief residents in surgical and medical specialties

### Purpose

To increase chief residents' knowledge and skills in the care of older adults and to better prepare medical students, interns, and residents in the management of hospitalized, complex older patients

### Program

A two-and-a-half day retreat consisting of mini-lectures, small-group interactive case presentations, skills training, mentoring, and social events

### History

The program began in 2005 with funding from the Donald W. Reynolds Foundation

### Operating Costs

\$57,000 for the retreat facility, meals; faculty and support staff time; program materials; follow-up with chief residents and residency program directors

### Outcomes

Participants' scores on a geriatrics knowledge test and self-reported knowledge and confidence in teaching geriatrics increased significantly

### Available Materials

2007 Retreat Agenda

### For More Information

Sharon A. Levine, MD  
Boston University School of Medicine  
(617) 638-4150  
[salevine@bu.edu](mailto:salevine@bu.edu)

## Program Overview

The Chief Resident Immersion Training (CRIT) program was developed as part of Boston University Medical Center's Comprehensive Geriatric Education project, funded by the Donald W. Reynolds Foundation Aging and Quality of Life Program. The CRIT program was established to:

- incorporate geriatrics principles into chief resident teaching and administrative roles, including: focused training on geriatrics syndromes; functional assessment of older patients, including decision-making capacity; preoperative and postoperative evaluation and management; and discharge planning
- develop the teaching and leadership skills of chief residents with a focus on the care of complex older patients
- enhance chief residents' ability to collaborate with other disciplines in the management of complex older patients
- develop an "achievable" project focused on a geriatrics clinical or educational issue that can be carried out during the chief residency year.

The program is targeted to chief residents because of the key roles they play in: the quality of patient care; medical student and resident training; mediating between faculty, nursing staff, and residents; and communicating with patients and families. Residency Program Directors or other faculty responsible for residency training also participate in the retreats.

The experience is intended to foster positive attitudes toward caring for older adults and to encourage collaboration and collegiality among a variety of disciplines in the management of complex older patients.



The program can increase the visibility and stature of the Geriatrics Program within the medical school, enhancing awareness of careers in geriatrics among medical students, interns and residents.

### **Program Operations**

During the intensive two-and-a-half day retreat, participating chief residents (an average of 15 per year) receive focused training to increase their knowledge of geriatric principles and to enhance their leadership and teaching skills. The group attends interactive case presentations, small-group discussions, mini-lectures, and individual mentoring sessions to plan a geriatrics clinical or educational project that will be completed during the chief resident year.

Social events provide important networking opportunities among chief residents and faculty from various medical school departments that help to foster greater collaboration and a multidisciplinary team approach to the care of hospitalized elderly patients.

### **Staffing Requirements**

A multidisciplinary team of five to six faculty develops and teaches the retreat curriculum and supporting materials, with each faculty dedicating 5-10% time over the year. One administrative staff person handles the retreat and other ongoing program logistics (10-15% time throughout the year). A second administrative staff person is needed one to two months prior to the retreat, with 100% time of both administrative staff in the two weeks immediately preceding the retreat and one week following it.

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

Program costs are approximately \$57,000 per year. Approximately half of this amount is for costs associated with the retreat, including production of all materials. The remaining costs cover faculty and administrative staff

support time for program planning, implementation, evaluation, and ongoing contact with chief residents throughout the year following the immersion training. The program was developed under the Donald W. Reynolds Foundation Aging and Quality of Life Program. The John A. Hartford Foundation is currently funding a national dissemination project to develop the CRIT program at other medical schools around the country.

### **Process and Outcomes Data**

Three cohorts totaling 47 trainees and 18 faculty mentors from 13 medical and surgical disciplines participated over three successive years (2005-2007). Evaluation included pre- and post-program tests and self-report surveys and an 11-month follow-up survey or interview. In 2006 and 2007, scores on a 12-item objective knowledge test increased significantly ( $p < .001$ ) from prior to CRIT to immediately following it.

Self-reported knowledge and confidence in teaching geriatrics also increased significantly ( $p < .05$ ) in all formally covered topics. Mean enhancement of chief resident skills was 4.3 (1="not at all," 5="very much"). Eleven months following the first CRIT, 75% of chief residents had implemented at least part of their action projects. They reported improved care of older patients, better leadership skills, more and improved geriatrics teaching, and more collaboration among disciplines.

### **Implementation Lessons**

- To encourage participation, retreats should be held at a resort-type off-site location that is within easy traveling distance of the medical school or hospital.
- Mixed learning methods (interactive cases, small-group discussions, mini-lectures, one-on-one mentoring) sustain learners' attention.
- Having chief residents attend with a Residency Program Director or other faculty member reinforces the importance of the training and provides ongoing



support for the completion of chief residents' projects.

- Social events provide opportunities for continued discussion about topics presented during the educational sessions and encourage collegiality and collaboration between various disciplines and departments that continues after the conclusion of the weekend retreat.

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).

## **Available Materials**

### Tools/Resources

- 2007 Retreat Agenda

### Publication

- Chief Resident Immersion Training in the Care of Older Adults: An Innovative Interspecialty Education and Leadership Intervention  
Levine, SA, Chao, SH, Brett, B, Jackson, A.H, Burrows, A B, Goldman, LN, Caruso, LB.  
*Journal of the American Geriatrics Society*  
2008;56(6):1140-5

*Note:* Schools interested in applying for a grant to replicate the CRIT program through the Hartford Foundation national dissemination project should go to: [americangeriatrics.org/adgap/crit/default.asp](http://americangeriatrics.org/adgap/crit/default.asp). All institutions with full-time academic geriatrics program directors are eligible to apply.

## **For More Information**

Sharon A. Levine, MD  
Associate Dean of Academic Affairs  
Boston University School of Medicine  
Geriatrics Education Coordinator and  
Fellowship Program Director, Boston Medical  
Center  
715 Albany Street, L-103  
Boston, MA 02118  
(617) 638-4150  
[salevine@bu.edu](mailto:salevine@bu.edu)

