

Mandatory Rotation in Geriatric and Palliative Medicine for Fourth-Year Medical Students



at the John A. Burns School of Medicine at the University of Hawaii

SUMMARY

Target Audience

All fourth-year medical students

Purpose

To provide an overview of Geriatric and Palliative Medicine in outpatient, inpatient, home care, and nursing home settings, and to interest students in careers in these fields

Program

A mandatory four-week rotation using clinical experiences and didactic sessions

History

The rotation began in July 2005

Operating Costs

Faculty time; curricular materials

Outcomes

Since 2005, 173 medical students have successfully completed the required rotation

Available Materials

Course handbook and templates; rotation schedule; rotation survey; program abstracts; published references

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Program Overview

Increased exposure to geriatrics and palliative care can serve to interest more students in pursuing careers in these fields and result in an improvement in the quality of care they will eventually provide to their older patients, particularly those with chronic and terminal illnesses.

Begun in July 2005, this four-week mandatory rotation provides all fourth-year medical students with a balanced overview of Geriatric and Palliative Medicine in the outpatient, inpatient, home care, and nursing home settings.

The University of Hawaii's Department of Geriatric Medicine has made permanent changes in the Geriatric and Palliative Medicine curriculum of the John A. Burns School of Medicine (JABSOM), incorporating required training in geriatrics in all four years of the medical school and in most of the residency training programs. This additional mandatory 4-week rotation expands the knowledge base and clinical skills of medical students and supports the three key roles in the care of older people: managing those with the most complex needs; setting standards of good practice; and disseminating good practice through training, education, and research.

Program Operations

Detailed objectives regarding attitudes, skills, and knowledge are listed in the curriculum handbook (see *Available Materials*). In summary, the objectives are to:

- understand the differences between normal aging and disease, and variability in functioning with increasing age
- be knowledgeable about safe use of medications in older people



- be familiar with social, demographic, and cultural issues in the aging population
- be familiar with health care costs and financing for older people
- demonstrate skills in diagnosing and treating the major medical and psychiatric illnesses of late life
- demonstrate skills in communicating with older adults
- demonstrate skills in evaluating common geriatric syndromes, including atypical presentations of illness in older patients
- demonstrate skills in providing a comprehensive geriatric patient assessment, including medical, cognitive, psychiatric, functional, and social aspects, working with an interdisciplinary team
- demonstrate skills in performing a mental status examination and a depression screen (e.g., Geriatric Depression Screen or GDS)
- demonstrate knowledge of health maintenance recommendations for older patients
- demonstrate knowledge of the role of rehabilitation in the care of the elderly
- demonstrate skills in discussing advance directives with older patients
- demonstrate knowledge about pain management and palliative care.

A variety of instructional methods are utilized, including clinical experiences and didactic sessions. The geriatric clinical placements are scheduled for six half-days each week. Each student is placed on a nursing home rotation for two consecutive weeks and then assigned to either an inpatient or an outpatient training site for the other two weeks. The palliative medicine clinical experience is scheduled for two half-days each week for four weeks at the same site. Lectures and seminars on core geriatric and palliative medicine topics are held two half-days per week. (See *Available Materials*.)

All students are required to pass a multiple-choice, 60-question written test at the end of the rotation, and a clinical skills exam in the third week of the rotation. Evaluation of students includes the following components:

- evaluation of clinical performance – 40% of final grade
- final written examination – 20% of final grade
- final clinical skills examination – 20% of final grade
- participation in seminars – 20% of final grade.

Staffing Requirements

The core staff consists of:

- Course Director and Codirectors – 50% FTE (total)
- Course Coordinator – 100% FTE
- Lecturers – 200 hours annually
- Seminar Facilitators – 200 hours annually
- Clinical Teachers and adequate clinical sites available for trainees – 8 Geriatric Medicine clinical sites, 9 Palliative Medicine clinical sites, 1 combination clinical site

The Department of Geriatric Medicine includes 36 geriatrics faculty, including 14 who are board certified in Palliative Medicine. There are additional faculty in the department from other disciplines, such as Geriatric Psychiatry, Neurology, Cardiology, and Epidemiology.

Program Costs and Funding Sources

Cost for this course is currently absorbed into the general Department of Geriatric Medicine budget.

When this course was being developed, grant support was received for faculty salaries from the John A. Hartford Foundation and the Donald W. Reynolds Foundation. These two grants were complementary and provided protected time for faculty for curriculum development and implementation.

Process and Outcomes Data

Since July 2005, 173 medical students have successfully completed the required rotation. The course is evaluated from several perspectives:

- Medical students use a comprehensive rotation evaluation instrument, which they must submit on the day of their final written exam. Data are used to evaluate clinical and didactic experiences, change in attitudes and skills, confidence in skills, and impact.
- The department uses the comprehensive rotation survey and feedback provided at exit interviews on an ongoing basis. Minor adjustments are made in response to feedback throughout the year. However, major curricular changes are only made between academic years.
- The Office of Medical Education evaluates the course annually using a Geriatrics Survey, which includes 16 quantitative items, as well as a request for written comments. The survey, a component of the larger “Unit 7 Survey,” is administered to students at the end of their fourth year.
- All graduating U.S. medical students complete a comprehensive survey by the American Association of Medical Colleges, which includes questions about geriatrics. Feedback is provided to the medical school about their own scores in comparison with national scores.
- Every three years, the Curriculum Committee of the medical school performs a formal review of each rotation and provides recommendations to the department.

Overall, the rotation has been well received by medical students. The majority of students have rated the rotation “4,” or very good, on a 1 to 5 scale.

Since the required rotation only began three years ago, it is too soon to tell whether more students will be attracted to the field of Geriatric Medicine. However, the medical school distributes a graduate survey annually, and it will track this outcome in the future.

Implementation Lessons

- Two major factors contributed to the program’s successful implementation. The first was receiving grant support for faculty salaries from the John A. Hartford Foundation and the Donald W. Reynolds Foundation. These two grants were complementary and provided protected time for faculty for curriculum development and implementation.
- The second factor was getting strong support from the medical school leadership. The dean, vice dean, and director of medical education were very supportive and helped to champion this effort through the approval process. They recognized the importance of Geriatric and Palliative Medicine. They also recognized that providing formal training in these areas would help the school with the Liaison Committee on Medical Education accreditation.

Available Materials

Tools/Resources

- Course handbook
- Course templates
- Rotation schedule
- Comprehensive rotation survey
- Abstracts from the Association of American Medical Colleges’ Western Group on Educational Affairs Annual Conference, April 2007

Publications

- The Impact of Curricular Changes on the Geriatrics Knowledge, Attitudes, and Skills of Medical Students
Nagoshi, MH, Tanabe, MKG, Sakai, DH, Masaki, KH, Kasuya, RT, Blanchette, PL.
Gerontology and Geriatrics Education 2008;28(3):47-58
- Knowledge and Attitudes about Geriatrics of Medical Students, Internal Medicine Residents, and Geriatric Medicine Fellows
Kishimoto, M, Nagoshi, M, Williams, S, Masaki, KH, Blanchette, PL.
Journal of the American Geriatrics Society 2005;53(1):99-102



- Using Standardized Patients to Assess the Geriatric Medicine Skills of Medical Students, Internal Medicine Residents, and Geriatric Medicine Fellows
Nagoshi, M, Williams, S, Kasuya, R, Sakai, D, Masaki, K, Blanchette, PL.
Academic Medicine 2004;79(7):698-702

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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 or www.jhartfound.org.

