

# Increasing Aging-related Content in the Mandatory Medical Student Curriculum

at the Warren Alpert Medical School of Brown University



## SUMMARY

### Target Audience

All medical students

### Purpose

To increase the amount of aging-related content and exam questions in all mandatory courses for medical students

### Program

An ongoing multiyear effort. A project team works with course directors to add geriatrics content to lectures and exams, and medical students are compensated for recording and evaluating course material throughout the school year

### History

The program was launched with a 2006-2007 school-wide curriculum redesign initiative

### Operating Costs

Faculty and staff time; stipends for medical student curriculum reviewers

### Outcomes

More than 45 hours of new aging-related content added to the first-year courses and approximately 30 hours to the second-year courses during 2006-2007

### Available Materials

Online content outlines, slide sets, syllabi, and video clips

### For More Information

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## Program Overview

With the rapid growth of our aging population, most physicians will be spending the majority of their time caring for older patients, and need to be trained in the fundamentals of geriatric care, regardless of their specialty. Increased training in geriatrics may also serve to interest more students in pursuing careers in geriatric medicine.

To increase the amount of aging-related content and exam questions in all mandatory courses for every medical student, leaders in the Division of Geriatrics took the opportunity to present new aging-related content in the first- and second-year curriculum when the Brown University medical school underwent a curriculum redesign. Planning began in 2005, and implementation started in 2006 with the class of 2010. Preparation and integration of the new aging-related curriculum content began in the 2006-2007 school year, and continues.

## Program Operations

After the medical school curriculum redesign began, the first step in increasing geriatrics content was to identify aging-related content in all course materials, including an estimate of how much lecture time and how many syllabus pages were dedicated to geriatrics subjects. This was accomplished by:

- interviewing lecturers individually to see how much time they estimated they spent on aging-related content
- recruiting several first- and second-year medical students to attend every course and record the amount of aging-related material for each lecture daily. The students evaluated their level of understanding of the material and made suggestions for improvement.



- assigning geriatrics faculty to review course syllabi and slides, to create detailed outlines of aging-related content for every first- and second-year course, and to write exam questions for these courses
- reviewing course materials and aging-related exam questions with the course directors to negotiate how much of the material is appropriate to first- and second-year students, how much material is essential knowledge, and how much material is included already in their lectures.

Several first- and second-year students also participated in a more qualitative program evaluation, through journaling. Students received two or three questions weekly via e-mail to gauge their reactions to the aging content in their courses that week and their responses to encounters with older persons in clinical settings. For example, "What are your experiences, reactions, and insights related to the geriatrics content you have received in your medical school courses?" "What are your experiences, reactions, and insights regarding the older patients ( $\geq 65$ ) you have encountered in your community mentoring through the Doctoring course?"

### **Staffing Requirements**

The core staff includes:

- Director, Division of Geriatrics (50% time)
- Clinical associate professor in community health (70%)
- Associate of the above clinical professor (50%)
- Fourth-year medical student, taking a year off (60%)
- Junior faculty clinician educator in geriatrics (50%)
- Six additional geriatricians (5-20% each)
- Secretary (20%)
- Non-geriatrician faculty from Internal Medicine, Family Practice, and Emergency Medicine (15%).

The program is managed largely by the Principal Investigator of the Donald W. Reynolds Foundation Aging and Quality of Life grant. Four faculty/staff participate in a weekly evaluation meeting to review progress on ongoing activities related to geriatrics inclusion in the curriculum. In addition, a coding and analysis group of five faculty/staff meets weekly to review transcripts of student journals for relevant themes.

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

Student evaluators receive a stipend of \$125 per semester.

Support is provided by a grant from the Donald W. Reynolds Foundation Aging and Quality of Life Program.

For many salaried faculty on the project, their home bases at Brown donate substantial time as part of the match required by the Reynolds Foundation, in addition to the cash match. Geriatrics fellows do a modest amount of case discussions with students and residents, but no classroom teaching.

### **Process and Outcomes Data**

Almost all of the aging-related material that was to be integrated has been added into 21 mandatory courses across the first- and second-year medical student curricula. This has resulted in adding more than 45 hours of new aging-related content to first year courses and approximately 30 hours of aging-related content to the second year curriculum during 2006-2007. This represented a 33% and 300% increase in the aging content, respectively.

A variety of evaluation mechanisms are being used, including student journaling and tracking of course content, focus groups, pre- and post-implementation quizzes, course director interviews, and geriatrics faculty reviews of lectures and syllabi.



Fifteen students participated in the course content tracking and journaling program in 2006-2007, after implementation of aging content began. Eleven completed the semester. For 2007-2008, 13 participated in and completed the first semester and 13 are participating in the second semester, with a few repeaters overall. The students' reports provide great information on course content and really help with targeting areas that need to be "beefed up." Focus groups will be transcribed and qualitatively analyzed for codes and themes, and compared with journal analyses.

### **Implementation Lessons**

- Writing exam questions is probably the most effective way to embed aging-related content into existing courses.
- It is important not to be "greedy" in the content negotiations. Suggest the aging-related content and let the course director tell you what is essential. Integration is key here. Help the faculty integrate the material into their routine content and become comfortable teaching aging-related material. Ask to include only the content that every student *really* needs to know to care for older patients. Strive to minimize the impression that the aging content is *new and additional*. The look of the new content should be assimilated with the old (e.g., same font on slides).
- It is helpful to make allies with the medical students by buying them pizza, asking for feedback, noting that their feedback helps modify the content, and giving them handouts or pocket-sized information cards that they can use and enjoy.
- Two huge assets helped in implementing the program. First, the PI served as interim dean for three years. Second, the school-wide curriculum redesign began simultaneously with the onset of the Reynolds grant funding. This allowed the project team to be at the design table and launch pad to integrate adequate aging-related content as the curriculum redesign proceeded.

- The Deans of Medicine and Medical Education provided tremendous support. Offering the resources of the geriatricians helped, as did making the argument, to both students and the administration, that our society is aging and medical students will be spending the majority of their careers working with older patients regardless of their specialty. Bringing this message to preclerkship students represents a paradigm shift in medical education; until now, medical students could persist in thinking that their chosen medical specialty might not include a largely older population.

### **Available Materials**

#### Tools/Resources

- Index of the wide range of geriatrics-related curricular materials for medical students and residents, including content outlines, slide sets, syllabi, and video clips, that can be found on the course website at: [Mycourses.brown.edu](http://Mycourses.brown.edu).  
User ID: reynolds.guest  
Password: aging

### **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).

