Undergraduate Medical Education in Ageing

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UK's CHANGING POPULATION

1901

TOTAL POPULATION (Millions)

- Total: 38.24
- Male: 18.49
- Female: 19.75

Sources: Office for National Statistics & Government Actuary's Dept (2003 projections)
Modernising Medical Careers

• Streamlined training
• Specialisation and super-specialisation

• It cannot be assumed that doctors will have further education in geriatric medicine after graduation

» BGS 2004

- Postal questionnaires sent to:
  - BGS education & training committee
  - Deans of medical schools
  - Academic heads of geriatrics

- 31 medical school teaching 51 course variants.

- 55% deans; 68% department heads
Table 2 – Dean’s Responses – Who Teaches Geriatrics

<table>
<thead>
<tr>
<th>Who Teach Geriatrics</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only geriatricians</td>
<td>6</td>
</tr>
<tr>
<td>Geriatricians and other physicians</td>
<td>11</td>
</tr>
<tr>
<td>Other physicians only</td>
<td>0</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>9</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>8</td>
</tr>
<tr>
<td>Physiologists</td>
<td>4</td>
</tr>
<tr>
<td>Pharmacists / pharmacologists</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology</td>
<td>7</td>
</tr>
<tr>
<td>Pathology</td>
<td>3</td>
</tr>
<tr>
<td>Pharmacology</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
</tr>
<tr>
<td>Social sciences (eg. psychology, sociology)</td>
<td>5</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>3 (Integrated, vertical theme, in health care of the elderly)</td>
</tr>
</tbody>
</table>

- Response bias.
- Asking the right questions?
  - What is actually taught?
- Asking the right people?
  - Integrated curricula.
The Question

• Do medical schools prepare students adequately for practice?

• Further study
  – Define the undergraduate curriculum in ageing (BIO;SOCIO;CLINICAL)
  – Audits delivery of this.
  – Identify stakeholders.
Literature review

- Pubmed; google scholar; medline

- Keywords: geriatric, training, undergraduate, curriculum, gerontology and ageing.

- Abstracts of articles were reviewed for context: outlines of curricula; reviews of curricula; suggestions for/components of curricula included.
Literature review

• 29 articles
  – 13 ≥ 12 years old
  – 1 article postgraduate
  – 7 unevaluated curricular interventions
  – 6 evaluated local curricular initiatives (US/Mexico)

• 2 articles evaluating national curricula
  – One by Bartram et al!!
A Thematic Summary of the Geriatrics Curricula at 40 US Medical Schools.


<table>
<thead>
<tr>
<th>Common Learning Outcomes amongst US Medical Schools Studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To establish a relationship between students and older individuals and support the students understanding of the interrelationships of disease, lifestyle, and social issues in managing the care of such individuals.</td>
</tr>
<tr>
<td>2. To enhance the students knowledge of the difference between normal and abnormal physical changes related to ageing.</td>
</tr>
<tr>
<td>3. To inform students about health care systems and insurance.</td>
</tr>
<tr>
<td>4. To familiarise students with care for elders as part of a multidisciplinary team.</td>
</tr>
<tr>
<td>5. To foster understanding of ethical issues in geriatric care, such as palliative care.</td>
</tr>
</tbody>
</table>
A Thematic Summary of the Geriatrics Curricula at 40 US Medical Schools.


- Senior mentorship programmes
- Community partnerships
- Standardised patients
- Palliative care
- Student focus groups in geriatrics
- Multidisciplinary integrated teaching format
Curricula in Geriatric Medicine

- British Geriatrics Society (BGS)
- American Geriatrics Society (AGS)
- Australia and New Zealand Society for Geriatric Medicine (ANZGM)
- WHO International Association of Gerontology and Geriatrics (IAG)
Learning Outcomes

- Achievable
- Demonstrable
- Focus on observable results
- Clear and unambiguous
- Reflect the vision and mission of the institution.

BGS

• Comprehensive.

• Separates learning outcomes into knowledge, skills, attitudes and core competencies.
• Struggles to find a consistent language.
• Struggles to define learning outcomes in terms which are demonstrable or observable.
• Blurs the distinction between knowledge, skills and attitudes.
AGS

• Covers same topic areas as BGS but in greater detail.

• Similar difficulties with language.

• Only curriculum to substantively cover basic sciences.
ANZGM

• Written by an educationalist.

• Carefully phrased learning outcomes and appropriate classification.

• Same topic areas as BGS/AGS.

• Basic sciences covered in broad detail only.
The problem

- We don’t know what is being taught.

- None of the documents specifying what should be taught represent an adequate gold standard.
The Question

• Do medical schools prepare students adequately for practice?

• Further study
  – Define the undergraduate curriculum in ageing (BIO;SOCIO;CLINICAL)
  – Audits delivery of this.
  – Identify stakeholders.
Towards a gold standard curriculum

We need to...

- Form a synthesis of existing curricula.
- Correct errors of classification.
- Express outcomes and objectives in achievable terms.
- Review the basic science component.
- Map this to the GMC Tomorrow’s Doctors document.
Tomorrow’s Doctors

• Knowledge/Skills/Attitudes
• Core curriculum vs student selected components.
• Integration between clinical and basic sciences.
• Education must respond to changing patterns of healthcare.
Tomorrow’s Doctors

They must know about and understand normal and abnormal structure and function, including the natural history of human diseases, the body’s defence mechanisms, disease presentation and responses to illness.
Graduates must understand the social and cultural environment in which medicine is practised in the UK. They must understand human development and areas of psychology and sociology relevant to medicine, including growing old.
Tomorrow’s Doctors

They must ..... recognise the importance of responses to illness and providing help towards recovery, and reducing or managing impairments, disabilities and handicaps.
Task Groups

- Biogerontology
- Social Gerontology
- Gerotechnology

- Review the documents in your pack:
  - Synthesis curriculum
  - AGS basic science curriculum
  - Tomorrow’s Doctors document
Task Groups

• With auditable precision in mind:
  – What is core knowledge for undergraduate medical students in your field?
  – What learning outcomes are appropriate for student selected components?
  – Classify each outcome as a knowledge, skill or attitude?
  – Define:
    • How it should be taught?
    • How it should be evaluated?