

Integrating Geriatrics Champions Group
Quarterly Conference Call
Friday, March 27, 2009
2:00 p.m. to 3:00 p.m. EDT

Minutes

Participants: Christine Abrass, MD, Jan Busby-Whitehead, MD, Paula Busse, MD, Richard J. Castriotta, MD, Christopher J. Crnich, MD, Karen E. Hall, MD, Kevin P. High, MD, Tess Hogan, MD, Roseanne Leipzig, MD, Sameer K. Mathur, MD, PhD, Hyman Muss, MD, Margaret Pisani, MD, Jocelyn Wiggins, BM, BCh, and Brent Williams, MD; Catherine M. Scott and Erika D. Tarver (Staff)

The conference call began with ASP Program Administrator Erika Tarver giving a brief overview of the goals and objectives of the day's conference call.

Medical Student Curriculum

Roseanne Leipzig, MD, discussed her efforts over the last two years to develop demonstrable hierarchical curriculum competencies for medical school students. Dr. Leipzig and her colleagues began with the question, what should every intern know about caring for the elderly population or what a doctor should know to not kill Granny? After researching all available curricula for medical students, they identified seven domains, and identified five to eight competencies in each domain. To narrow down the identified competencies, Dr. Leipzig's group received feedback from internists, program directors, medical school deans, and geriatricians via an electronic survey. The group identified 26 competencies that a medical student needs to know before graduation. The geriatric competencies took into consideration the current curriculum and developed an integrated curriculum that could be taught at medical schools with no additional cost. Dr. Leipzig and her colleagues are in the process of testing the validity of the curriculum and gathering data. It is their hope that the curriculum will be disseminated through the AAMC, AMA, and AGS. The process for developing and implementing the curriculum will be published in the May 2009 version of *Academic Medicine*. Dr. Leipzig also noted the efforts in internal medicine, family medicine, and emergency medicine.

Residency Curriculum

Brent Williams, MD, discussed the residency curriculum, which was developed in part by using the Dreyfus model and Dr. Leipzig's process. This residency curriculum is designed for residents in family and internal medicine programs, with emphasis placed on competencies that could be incorporated into residency programs easily and with limited costs. Dr. Williams and his colleagues conducted an extensive review and identified 15 domains for the curriculum. The group then held an expert consensus meeting to narrow the domains, with the end result of seven domains. To identify the competencies of each domain, Dr. Williams and his colleagues held a workshop with 100 content specialists. The specialists broke into small groups and identified three to six competencies in each domain, resulting in 46 competencies in seven domains that every resident should know before completing residency. After a review of the competencies by residency program directors, general internal medicine specialists, geriatricians, and family medicine specialists, the competencies were grouped into three categories: must know, should

know, and do not need to know. From this grouping, Dr. Williams and his colleagues were able to identify 26 competencies every resident should know at the completion of their residency.

Lessons Learned

Dr. Leipzig, Dr. Williams, and Teresita Hogan, MD, discussed the challenges they faced with developing the curricula for medical students, internal and family medicine residents, and emergency medicine residents. Listed below is a summary of the lessons learned:

Don't reinvent the wheel: Before taking on a major task like a curriculum, it is critical to conduct a review of existing material. An excellent clearinghouse for some geriatric-focused educational material is through POGOe.

Integrated team: If developing a curriculum for fellows, it is important to move beyond the subspecialty to include various viewpoints. At a minimum, the team should be comprised of a subspecialist, a geriatric-focused subspecialist, and a geriatrician.

Keep the society involved: It is important to keep your home professional society involved with your process of curriculum development. The society can support the initiative by providing resources, staff support, conference call services, etc. In addition, the society can also provide the resources to distribute the curriculum.

Feedback: To ensure that the curricula will address the needs of the medical students, residents, or fellows, it is extremely important to request input from the program directors and teachers.

Funding: Procuring funding from a professional specialty societies or a foundation, is an important step in the curriculum development process. The money raised underwrites the real costs of the curriculum development effort and proves to the academic medical community there is large scale support for the initiative.