

Transforming undergraduate education in geriatric medicine: towards an understanding of best educational practice

- Dr Grace ME Pearson

Urgent Need

There is an urgent need to build capacity in the healthcare workforce for the ageing population. Older people often live with multiple long-term conditions and frailty, introducing clinical complexity.

Current single-organ and single-disease models of care, education and assessment are unfit for purpose, in that they fail to capture these complexities. We know that medical students are struggling to conceptualise and engage with multi-complexity and frailty, and thus many graduates feel ill-equipped to care for older people.

Thus, we must drive proactive change in medical education towards preparing tomorrow's doctors with the generalist attributes required to care for older people with complex needs.

Curriculum Evaluation at Bristol

Short-term quantitative outcomes were compared between the old and new curricula, and pre- and post-CMOP, using descriptive statistics and logistic regression. With its extended duration and innovative approach, I've found that CMOP is effective at improving students' attitudes towards older people, and their interest in a future career in geriatrics. Qualitative focus groups were undertaken to explore further, analysed with reflexive thematic analysis. I identified five themes relating to students' attitudes towards older people and towards a career in geriatric medicine: the grandparent-older patient interface; awareness of ageism – internal and external; deciding on a specialty career is a balancing act; interactions with others – clinicians, teams, and patients; and the value of experience.

Existing Ageing Education

Worldwide, educational provision in geriatric medicine is not proportional to demographic changes. Yet, we know that students who receive higher quality undergraduate education in geriatrics have more positive attitudes towards older people and are more likely to consider a future career as a geriatrician.

There exist multiple (multi-)national recommended undergraduate curricula in geriatric medicine to guide medical schools. One example being the British Geriatrics Society's, which I led on updating in a curriculum mapping and nominal group technique study.

Model for Best Practice

I have identified that extended undergraduate experience in geriatric medicine, using a blend of experiential teaching and clinical attachments in diverse settings, successfully engages students in geriatric medicine. Through qualitative analysis, I have identified that medical students can struggle with the complexities and chronicity of geriatric care, requiring longitudinal reinforcement and space for personal reflection. Thus, my research supports the case for mandatory inclusion of geriatric medicine in undergraduate curricula, in a way that reflects population demographic trends and the diversity of ageing and geriatric medicine.

Curriculum Transformation at Bristol

Curriculum transformation at Bristol Medical School afforded an opportunity to innovate and evaluate undergraduate education in geriatric medicine. Using mixed-methods, I have evaluated Bristol's transition from a 4-week placement in geriatrics to a novel 18-week clerkship, 'Complex Medicine in Older People' (CMOP).

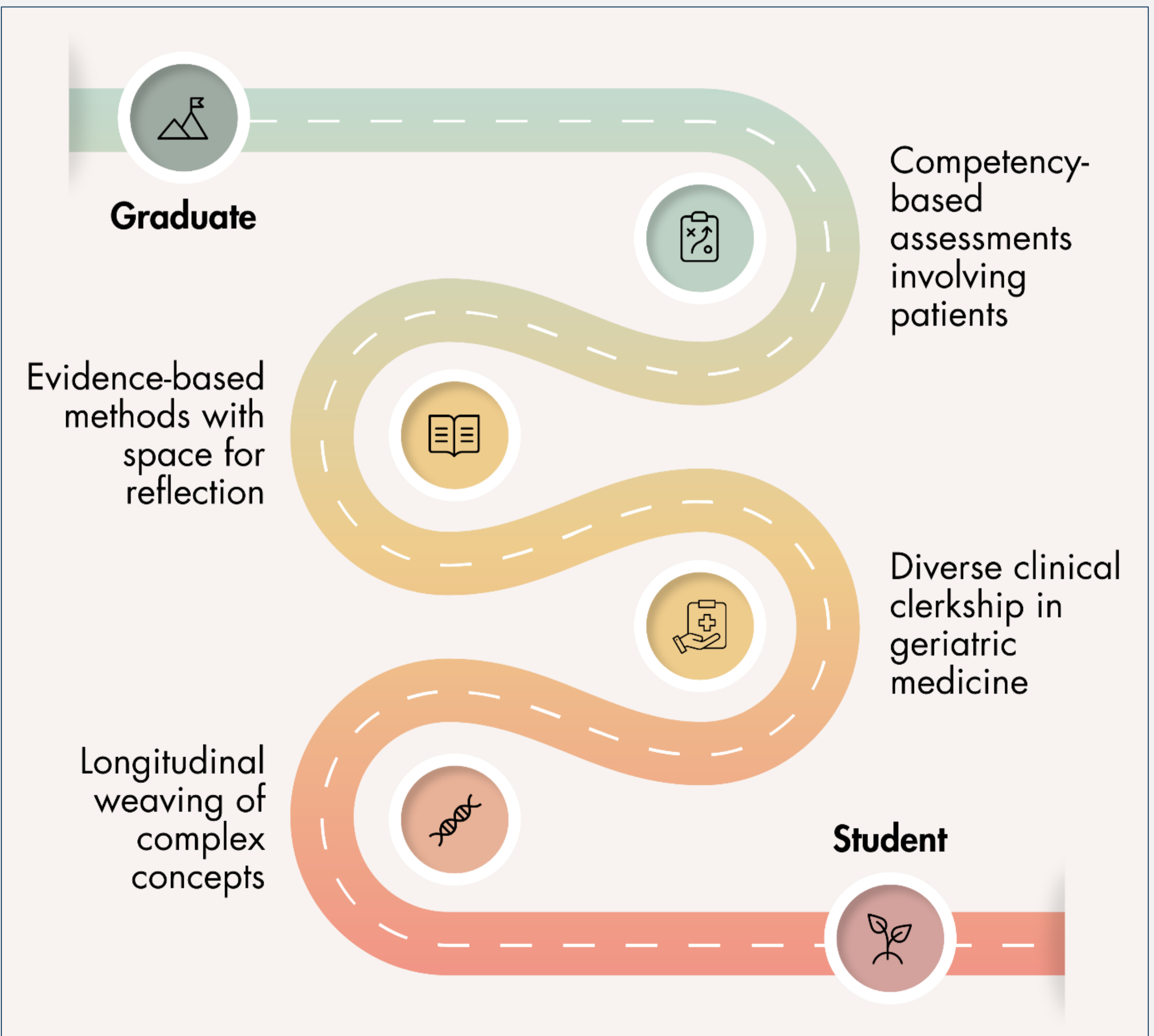
Experiential tutorials that build empathy

Teaching in-touch with the evidence-base

Case Based Learning and Diverse Clinical Attachments

Spaces for personal reflection

Authentic clinical assessments in the workplace



Acknowledgements and References



Remarkable research for healthy ageing
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