

Investing in the Future of Geriatric Medical Education

by Mark Willis

The demographics of aging in America are inevitable. The Baby Boom will turn into the Elder Boom early in the next century. Medical educators at Wright State University School of Medicine recognize that more of today's medical students will need geriatric skills and a motivation to work with older patients to keep up with tomorrow's changing patient population.

National policy-makers are calling for significant investments in geriatric medical education now to address an impending shortage of physicians with geriatric training. A total of 6,784 physicians nationwide now have geriatric certifications, according to a report released in May by the Alliance for Aging Research, an advocacy group working in collaboration with the Senate Special Committee on Aging. According to the report, at least 20,000 physicians with geriatric training are needed to provide appropriate care for the current population of over 30 million older Americans. By the year 2030, an estimated 36,000 physicians with geriatric training will be needed for more than 65 million older Americans.

Traditionally, geriatric training has been concentrated at the level of residency programs and postresidency fellowships. "Nationwide, fellowship programs train fewer than 100 geriatricians a year. They fill an important specialty niche, but they won't begin to keep up with the burgeoning elderly population," says Marshall Kapp, J.D., M.P.H., director of Wright State's Office of Geriatrics and Gerontology.

"Family physicians and internists provide most of the elder care in the Dayton community. Our practices are increasingly oriented toward older patients, but only a few of us specialize exclusively in geriatrics," says Alvin Stein, M.D., associate clinical professor of medicine. He estimates that older patients comprise over 60 percent of his practice, which is affiliated with Good Samaritan Hospital and several nursing homes in north Dayton.

What medical students and residents learned about geriatrics in the traditional model came mostly through "osmosis" as they encountered elderly patients during clinical rounds. Accord-

ing to Dr. Stein, more geriatric-specific training is needed at both levels, particularly in community settings such as nursing homes and rehabilitation centers. “Our changing society demands it,” he says.

“At Wright State,” Professor Kapp explains, “we made a conscious decision that geriatric education must begin with the medical student. We believe every graduate should have the knowledge base and clinical skills to care for older patients. Geriatric content is woven seamlessly throughout our curriculum.”

Wright State is one of 14 medical schools in the nation that requires all students to take a third-year clerkship in geriatrics. Co-sponsored by Wright State’s Departments of Family Medicine and Psychiatry, the clerkship demonstrates the importance of working closely with an interdisciplinary health care team. It introduces students to the range of community resources that a physician can utilize in treating older patients. It emphasizes the normal aging process, and each student interviews an elderly person who is healthy and functionally independent. The clerkship encourages students to examine society’s and their own attitudes toward aging.

Wright State medical students have early and frequent contact with older patients during the Introduction to Clinical Medicine (ICM) course. Aging-specific content is emphasized at strategic points throughout basic science and clinical courses, highlighting what it is that makes treatment of older patients different.

Medical students who want further geriatric experience can take a fourth-year selective sponsored by Wright State’s Department of Medicine. It gives them an opportunity for direct, supervised responsibility for patient care at the Geriatric Evaluation and Management (GEM) Unit at the Dayton VA Medical Center. All residents in Wright State’s integrated internal medicine residency also rotate through the GEM Unit. Under the direction of Lalitha Swamy, M.D., associate professor of medicine, the GEM Unit has become a national model for geriatric training in the Department of Veterans Affairs health care system.

“Working with geriatric patients requires a different mind-set,” says Steven Swedlund, M.D., assistant clinical professor of family medicine. “Treating the chronic illnesses of older people doesn’t yield immediate results. Preserving function -- helping the patient adapt and adjust to a new lifestyle -- that’s the goal.”

Dr. Swedlund teaches residents in Miami Valley Hospital's family medicine residency. He believes family practice and internal medicine residencies need to make geriatric learning experiences "as close to the real world" as possible by training residents in physicians' offices as well as long-term care and inpatient settings. "Most patients over 65 are ambulatory," he says.

Wright State's model of geriatric medical education benefits greatly from the diversity of training sites here and strong role models in the community. Another measure of community support came this spring when Virginia Kettering endowed a \$1-million scholarship at Wright State for geriatric medical education. It is an excellent community example of the type of career incentive that national policy-makers propose to prepare for the Elder Boom.

The E. W. Kettering Family Scholarship is designed to encourage Wright State medical students to pursue careers in primary care with an emphasis on patient care for Dayton's growing geriatric population. This fall, four \$25,000 scholarships will be awarded to fourth-year medical students. In future years, two \$25,000 scholarships will be awarded annually. Scholarship recipients will make a two-year commitment to practice in the Dayton area after completing residency training. At Mrs. Kettering's request, preference will be given to women students with a demonstrated interest in primary care and geriatric medicine.

"The Kettering family is pleased to join with Wright State in promoting this critical area of medical education and to encourage more primary care physicians, particularly women, to concentrate in geriatric care in the Dayton community," Mrs. Kettering says.