The Reynolds Geriatric Education and Training in Texas (GET-IT) program was developed as a proactive effort to address the national shortage of geriatricians and the medical needs of a growing geriatric population. The original program was funded in 2009 for four years, and a second grant was awarded from the Donald W. Reynolds Foundation in 2013, including matching funds from UNT Health Science Center’s Texas College of Osteopathic Medicine (TCOM). The grant goals were facilitated by embedding geriatric education throughout all four years of medical education, and in 2013 the program was further enhanced with the added focus of interprofessional education and practice. The name of the program was changed to the Reynolds Interprofessional Geriatric Education and Training in Texas (IGET-IT) program. This newsletter highlights one of the grant’s innovations in geriatric education, and was written by the director, Sandra Marquez Hall, PhD.*

Evaluating the Impact of Geriatric Medical Education: Student Self-Assessment of Competency

I. Overview: Between 2005 and 2030, the number of adults in the US aged 65 and older will almost double from 12% to almost 20% of the population, with those who are 80 and over, “the oldest old,” expected to nearly double, from 11 million to 20 million. This group, along with changes in the US Health Care System, will place increased demand on the patchwork of US health care services due to the epidemic of chronic disease such as dementing disorders, arthritic conditions, diabetes, hypertension, and heart disease in older adults. The need for medical professionals with training in geriatrics is critical to address this challenge.

II. Background: One component of the GET-IT and IGET-IT programs has been a clinical clerkship in geriatrics. Clinical clerkships provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of healthcare teams. All clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on core competencies beyond medical knowledge alone. This study evaluated the extent that the core geriatric clerkship improved confidence of medical students in the core competency areas important in geriatric medical education. The goals of the core geriatric clerkship align with eight AACOM Osteopathic Core Competencies for medical students that include:

- Patient Care
- Professionalism
- Medical Knowledge
- Systems-Based Practice
- Osteopathic Principles and Practices
- Health Promotion/Disease Prevention
- Interpersonal and Communication Skills
- Practice-Based Learning and Improvement

III. Methods: Fourth-year TCOM medical students rotate through the approximately four-week core geriatric clerkship, starting in late summer through late spring. The individual clerkship periods are numbered 14-22 for a total of 9 clerkship periods per year. Students were required to take a self-assessment of ability in nine competency areas prior to starting the core geriatric clerkship. Students take the same self-assessment after completing the clerkship. The instrument asks students to rate their ability on a 4-point Likert scale, ranging within: (1) No Ability, (2) Some Ability, (3) Significant Ability, and (4) Complete Ability (See Figure 1).
IV. Survey & Results: Pre- and Post-clerkship data were collected for the nine rotations, each year, over a five year period (2011-2016). A total of n=1024 responses were collected. Individual year results were combined and a T-test was conducted using SAS Version 9.3 with no significant patterns found across years. The aggregated findings were combined, resulting in the pre- and post- mean scores presented in Table 1. The greatest areas of improved ability were found in Geriatric Syndromes and End of Life Care; with somewhat less gain in Continuum of Care, Neuropsychological Testing, and Community Resources. Lowest levels of gain in ability were noted in Home Safety Evaluation, Medication Reviews, and Professionalism.
V. Limitations: Self-assessments have been shown to be reliable assessment techniques that produce consistent results across items, tasks, and contexts. However, the evidence supporting the validity of self-assessments is mixed. Self-assessments are typically higher than teacher/mentor assessments. The mean responses for items in the survey were computed and analyzed. Since data were stored anonymously, it was not possible to measure individual growth. Without this identifying information, it was not possible to determine if there were any effects due to student demographics.

VI. Discussion: Demographic trends show an increased need for medical professionals with training in geriatrics. Including a mandatory geriatric clerkship for fourth year students provided a way for undergraduate medical students to increase their knowledge and self-efficacy in the care of aging adults. The eight AACOM Osteopathic Core Competencies showed varying levels of perceived ability improvement. Faculty assessments of student competencies in the same categories would provide another level of assessment to this study.

VII. Conclusion: Using a mandatory geriatric clerkship will improve exposure and confidence in ability of medical students in the care of aging adults. The core geriatric clerkship pre- and post-surveys showed increased confidence levels in the in all of the competency areas measured.

References:
1 IGET-IT Homepage: https://www.unthsc.edu/igetit/

* Taylor Keplin, Graduate Assistant, and Trystyn Buckley, Geriatric Clerkship Administrative Coordinator contributed to this study

Updates from the Reynolds IGET-IT Program

Interprofessional Geriatric Grand Rounds

- May 2016: “Advance Care Planning and the Texas Directives: More than Document Completion.” Kendra J. Belfi, MD, FACP

Professional Presentations

- American Geriatrics Society Annual Scientific Meeting: In May 2016, Reynolds IGET-IT Program PI Janice Knebl, DO, MBA, DSWOP(left); Academic Program Specialist Malissa Turner, MEd (center); and Director Sandra Marquez Hall, PhD (right) presented a poster titled "Evaluating the Impact of Geriatric Medical Education: Student Self-Assessment of Competency." In addition, their Education Showcase was entitled "Assessment Tool for Elder Safety on the Topics of Falls Risk and Elder Mistreatment."

Research

- UNTHSC Research Appreciation Day: In April 2016, TCOM 2019 student, Jennifer Hsu (left), presented a Reynolds IGET-IT Project with director Sandra Marquez Hall, PhD (right) titled “The Impact of Guided Reflection in the Professional Development of Medical Students in the Context of Death and Dying.”
Neika comes to UNTHSC from Arizona State University in Tempe, Arizona, where she worked in academic support services in the Honors College and the College of Letters and Sciences. She has an undergraduate degree in Anthropology from the University of Arizona, Tucson, and a Master’s of Education in Elementary Education from Arizona State University in Tempe. She taught elementary education in the US and Vietnam prior to focusing on university academic success programs.

**Awards/Honors**

Notification was received of a $50,000 donation to the SAGE program from an anonymous donor in June 2016.

**SAGE Program Retreat**

On July 11th, the Reynolds IGET-IT Program hosted a Seniors Assisting in Geriatric Education Retreat. The retreat was facilitated by Dr. Sarah Murphy, Director of Continuous Improvement from the Office of Strategy and Management; and Subhada Prasad, MHA, Program Coordinator for the HRSA GWEP WE HAIL grant. Over thirty individuals participated in the retreat, representing clinical and academic faculty, program directors, community liaisons, senior mentors, and students. Attendees worked in teams to provide feedback on a series of topics related to the SAGE Program such as marketing, communication, administration, the senior and student experience, faculty engagement, interprofessional education and practice (IPE/P), the online course, and curriculum. Recommendations were made for enhancements that have, and continue to be, implemented as part of continuous quality improvement of the program.