Gap Analysis of Geriatric Competencies in Rural Medical Student Clerkships

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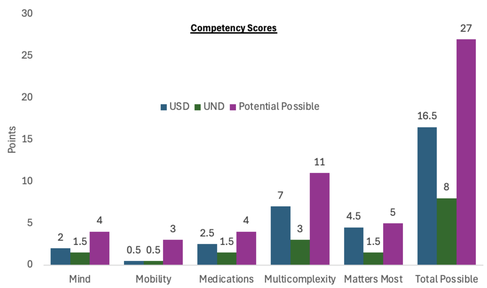
INTRO

Rural Opportunities in Medical Education (ROME) and Frontier And Rural Medicine (FARM) are rural-track medical student training programs. Involved clinic sites average 35% older adult encounters. However, there is currently no formal implementation of geriatric competencies in didactic or experiential learning.

METHODS

Faculty preceptors mapped 26 AAMC Geriatric competencies relative to didactic and experiential components of the curriculum. Each competency was scored on a Likert scale for “not at all covered”, “somewhat covered” and “extensively covered” in the didactics and/or experiential components of the rotations.

RESULTS



DISCUSSION

A clear need exists to revise and “Geriatricize” rural training programs for medical students to prepare them for better care of underserved, rural and tribal older adults.

FINANCIAL DISCLOSURE

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Rural - focused medical school clerkships have an opportunity to augment their experiential and didactic curriculum with the Geriatric 5Ms

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- Rural areas maintain a substantial older adult population in clinic encounters.
- Both medical schools covered some of the What Matters and Mentation competencies in their didactics however, students lacked experiential training.
- Although deprescription and falls risk assessments are addressed, other geriatric 5Ms competencies including Medication and Mobility are notably lacking.
- Additionally, none of the Geriatric competencies entail interprofessional education.
- Future direction: Embed Geriatric content using case reviews and training mentors in Age Friendly Health Systems.

5 M's		FARM (USD)	ROME (UND)
Mind	Cognitive concerns:	0.5	0.5
	Capacity:	0.5	0.5
	Delirium Diagnosis:	0.5	0.5
	Agitation Management	0.5	0
Mobility	Functional Assessment	0	0
	Fall Risk Screening	0	0
	Fall Risk Management	0.5	0.5
Medications	Medication Reconciliation	1	0.5
	Geriatric Pharmacology	0.5	0.5
	Prescribing Cascades	0.5	0
	Deprescribing	0.5	0.5
Multicomplexity	Health Equity	1	0.5
	Transitions of care	0	0.5
	Hazards of hospitalization	0.5	0.5
	Atypical Presentations	1	0.5
	Aging Physiology	1	0.5
	Frailty	0.5	0
	Prognosis	0.5	0
	Individualized Recommendations	0.5	0
	Sensory Impairment	1	0
	Pressure Injuries	0.5	0
	Urinary Incontinence	0.5	0.5
Matters Most	Communication	1	0.5
	Psychosocial and Spiritual Needs	0.5	0.5
	Symptom Assessment	1	0
	Patient Priorities	1	0.5
	Advanced Care Planning	1	0
Total Score		16.5	8
Total Possible Score		27	27

Scoring	
0	: Not implemented
0.5	: Somewhat implemented via experience
1	: Covered in experience or didactic