Geriatric Emergency Medicine Education

Incorporating Geriatrics into EM Training Curricula

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Disclosures: None

Please e-mail me with any questions or if you want a copy of these slides / a list of references / web addresses for the curricular materials mentioned in the talk.

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There are many partners in Geriatrics and EM.
Work in the clinical arena and in clinician education is on going.

In 1990, the Hartford foundation awarded a needs assessment grant to the Society for Academic Emergency Medicine (SAEM) to document the status of ED care for older patients.

Inadequacies in training, research, and continuing education in geriatric emergency medicine were highlighted.


2008 American College of Emergency Physicians (ACEP) White Paper

- detailed the challenges that the “grey tsunami” will have on the practice of EM
- primary recommendation is education:
  A. prioritize and provide support for the development of an enhanced geriatric core curriculum for resident training.
  B. prioritize and support the development and dissemination of core body of knowledge for practicing emergency clinicians similar to that for pediatrics and trauma.

GEM Quality Indicators

- Cognitive Assessment
- Pain Assessment and Management
- Transitions of Care
- Next steps . . . Medication Management, Screening, and Prevention and Functional Assessment

GEM Competencies

- Highlight only the critically important areas in the emergency care of elders that define COMPETENT care.
- Derived by consensus from existing resources and adapted to address the knowledge and skills required by the practice of EM.

GEM Curricula: Many exist; dissemination has been slow.

Examples are available on POGOe and MedEdPortal:
- UC-Irvine: Geriatric Emergency Medicine Online Curriculum (GEM-OC)
- Brown: GEM Curriculum Using High Fidelity Simulation
- Cleveland Clinic: 8 GEM On-line Modules
- Indiana: EM Simulation Case: Septic Shock in the Geriatric Patient
- Harvard: Reynolds Geriatric Virtual Patient Modules
- Nebraska: Emergency Care For The Elder With Abdominal Pain

U. of Illinois curriculum

“Care of the Aging Patient in Emergency Medicine”

- fully integrated GEM content in all modes of didactic education.


Cleveland Clinic’s curriculum:

- online
- asynchronous
- case-based
- free

https://www.chs.net/onlinelearning/mohimmnu.asp
The Michigan Experience

- Participated the Cohort I: a “teacher the teacher” model of knowledge and skill dissemination.
- Created Lectures: Older Adults in the ED, Falls & Trauma, Infection, Delirium, Transitions of Care
- Incorporated GEM in annual Mock Oral Exams for EM2 and EM3 residents.
- GEM SPI: safe discharge of an older adult from the ED.
- Incorporating GEM into Simulation Sessions.

Dissemination

- EM educators have had success in publishing their work.
- EM researchers are focusing on GEM.
  - Cognitive Assessment
  - Pain Control / Inappropriate Medications
  - Falls
  - Infection
  - Utilization / Crowding
  - Care Transitions

SAEM 2011: “Opportunities for Basic and Translational Research in Aging and Emergency Care”
  - ~80 people were in the audience
- Creation of the G-EM Academy in SAEM in 2010.

Challenges

- Published curricula ≠ Adoption or acceptance
  - GEM Competencies and Quality Indicators presented to an near empty room at the annual Council of Residency Directors meeting in 2009.
  - “The Model of the Clinical Practice of Emergency Medicine” is focused on symptom and acuity level (Critical, Emergent, Lower acuity).

  We are still a small group of educator / researcher champions.

Opportunities

- Small but important group of champions in graduate medical education.
  - We are Residency Program Directors.
  - We are experienced educators.
  - We create cutting edge products (on-line media, OSCEs, Standardized patients, and Simulations).
  - We are studying the validity and effectiveness of our educational tools vis a vis knowledge and skill acquisition as well as the ACGME 6 core competencies.
Opportunities

- GEM champion is now an item writer for the American Board of Emergency Medicine (T. Hogan)

- Growing number of curricula will make it easy for late adopters to incorporate material into their training programs.
  - Dovetail well with the ACGME Core Competencies, e.g. Systems Based Practice
  - Current work – focused on creating an EM "one stop shop" for curricular materials.

Opportunities

- “Senior EDs” are becoming more common in the community hospital setting.

- “Patient Safety” is increasingly a focus of attention and much of it revolves around geriatric issues.

- ~50% of Emergency physicians still feel uncomfortable with the care of older adults.

Conclusion

EM is still a young specialty.

It took > 20 years for Pediatric EM to gain a firm foot hold.

The time for Geriatric EM is upon us; the once small group of champions is growing in numbers and influence.