

Geriatric Training Sites, a Needed Change

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Currently, resident physicians care for patients in a limited number of settings. Most programs require in hospital training and an ambulatory continuity practice. Care for the elderly is not longitudinal, with the exception of a select few patients, who are seen as part of a resident panel. Residents rarely see patients in their homes or when they are admitted to long-term or subacute facilities. This lack of experience creates false impressions of the trajectories patients follow as they age; likely contributing to the poor care provided to our nations elders.

One way to increase residents' longitudinal care of patients in nursing homes or in their own homes is to assign them a patient panel and replace 1 ambulatory session with a nursing home or home care session. Strong interdisciplinary teamwork would be fostered, which is important in today's dynamically changing world of medicine. Working as part of a team gives residents real-time exposure to the interdisciplinary model of care.

Many of the barriers to successful implementation of strong geriatrics training are lack of good teachers, insufficient resources, lack of appropriate teaching sites, and competing curricular time. Many program directors also worried about resident "buy in." Additional barriers include scarcity of geriatric trained faculty, who are good teachers, and have time for teaching and mentoring. This has been validated in prior studies [1]. The United States has few certified geriatricians and only a small number of them are in academics. The largest barrier it seems is the lack of relationships with nontraditional training sites, such as nursing homes or home visit programs that are geographically convenient to main residency training sites and have appropriate faculty on site. From a medical education perspective, geriatric clinical services are also not adequately reimbursed and many medical schools provide little support for clinician-educators.

We would be negligent if we did not address a problem that has great influence on the care received by older patients. Though most medicine residency programs incorporate some geriatrics into their curricula, simply increasing the content will not improve the quality of training. At a minimum, we need to diversify training for internal medicine residents, with faculty and interdisciplinary teams that model appropriate geriatric care. Best practice would provide care at sites other than the hospital and an ambulatory care practice.

References

1. Barry PP. Geriatrics in internal medicine: the time has come [Editorial]. *Am J Med.* 1991;9(5):91:447-448.

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