# Creation of a Unified Osteopathic Geriatric Fellowship Curriculum Based on Core Competencies and Optimal Aging Principles

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## ABSTRACT

**Background:** Human beings are living longer and the oldest old population is the fastest growing. There are not enough health care providers globally educated in the care of older adults. Michigan is facing significant challenges in meeting the health care needs of this population. The Michigan State University (MSU) College of Osteopathic Medicine (COM), Department of Family and Community Medicine (FCM) had a vision of addressing the needs of the aging population by building an innovative model of interprofessional collaboration, community based education, training and research with the use of distance learning and other creative technology. Funding was received from HRSA to establish a shared Division of Geriatric Medicine in the Department of FCM and the Department of Internal Medicine within the MSUCOM, as well as develop a module based Geriatric Fellowship. The curriculum is supported by the core competencies of Osteopathic Medicine. The curriculum foundation also embraces the optimal aging concepts and determinants of health (Brummel-Smith, 2007), is holistic, and patient-centered.

**Methods:** The core osteopathic and allopathic competencies outlined by the Accreditation Council for Graduate Medical Education (ACGME) are the foundation for modules addressing: inpatient, ambulatory care, nursing home, hospice, neurology, physical medicine and rehabilitation, and geropsychiatry. Our program links the only dually accredited geriatric fellowship in the US.

**Results:** The creation of a unified curriculum across a variety of Michigan sites has been accomplished through distance technology. Journal Club and didactics are two examples of content utilizing experts at their home base, reaching out to medical students, residents, and geriatric fellows.

**Conclusions:** Access to experienced faculty may be difficult and limited, especially in smaller fellowship programs. Distance learning technology unites curriculum and faculty together to enrich the learning environment, at lower cost, and meets or exceeds requirements in Geriatric Fellowship programs. This presentation will illustrate curriculum teaching methods including access to Go To Meeting, resources, and evaluation methods.

## BACKGROUND

- Projected increase in the oldest old cohort (85 years +) = 19 million in 2050 (US Census Bureau, 2010)
- Not enough providers educated/trained to care for this population
- Michigan is facing significant challenges related to aging
- The Sparrow Hospital/Michigan State University (MSU) Geriatric Fellowship (GF) is located in Lansing, MI
- The GF is dually accredited through the American Osteopathic Association (AOA) & the Accreditation Council for Graduate Medical Education (ACGME) – linked with the College of Osteopathic Medicine (COM) & the College of Human Medicine (CHM)
- Innovative model of interprofessional collaboration & community-based education, training & research
- Integrate a state-wide network of Geriatric Fellowship & residency training sites utilizing the Statewide Campus System (DO-SCS) and the Family Medicine residency network (MD-CHM) for geriatric education
- Utilization of distance technology & other creative technologies

## OSTEOPATHIC & ALLOPATHIC CORE COMPETENCIES

- Medical knowledge (MK)
- Patient care & procedural skills (PC/PS)
- Osteopathic principles & practice (OPP)
- Interpersonal & communication skills (IPCS)
- Professionalism (P)
- Practice-based learning & improvement (PBLI)
- Systems-based practice (SBP)

## OPTIMAL AGING PRINCIPLES

- Capacity to function across many domains-physical, functional, cognitive, emotional, social & spiritual-to one’s satisfaction and in spite of one’s medical conditions.
- Bio-psycho-social perspective
- Determinants of Health Model:
  - Function
  - Disease
  - Social environment & support system
  - Physical environment
- Genetic endowment
- Individual responses – behavior & biology
- Healthcare system
- Well-being (Brummel-Smith, 2007)

## MODULES

<table>
<thead>
<tr>
<th>Ambulatory Care</th>
<th>47 Statewide Campus System Hospitals</th>
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<tbody>
<tr>
<td>Nursing Home</td>
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<tr>
<td>Inpatient</td>
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<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
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<td>Hospice/Palliative Medicine</td>
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<td>Neurology</td>
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<td>Geriatric Psychiatry</td>
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## INSTRUCTIONAL STRATEGIES

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Case Presentation</th>
<th>Didactics</th>
<th>Journal Club</th>
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<tbody>
<tr>
<td>Purpose</td>
<td>Oral presentation is a skill that requires effort &amp; repeated practice</td>
<td>Purpose: concisely summarize the patient’s history, physical examination, diagnostic results &amp; clinical reasoning</td>
<td>Selection of pertinent geriatric research articles</td>
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<tr>
<td>Content</td>
<td>Dually accredited through the American Osteopathic Association (AOA) &amp; the Accreditation Council for Graduate Medical Education (ACGME) – linked with the College of Osteopathic Medicine (COM) &amp; the College of Human Medicine (CHM)</td>
<td>Specific geriatric content</td>
<td>Leader summarizes content, provides a critical appraisal of the research, group discussion</td>
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<tr>
<td>Evaluation</td>
<td>Dually accredited through the American Osteopathic Association (AOA) &amp; the Accreditation Council for Graduate Medical Education (ACGME) – linked with the College of Osteopathic Medicine (COM) &amp; the College of Human Medicine (CHM)</td>
<td>Lectures, Geriatric Review Syllabus content &amp; slides</td>
<td>Approached in a systematic fashion with emphasis on key elements that assists in development of oral &amp; written presentation skills</td>
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## EVALUATION STRATEGIES

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<tr>
<th>New Innovations</th>
<th>Management software that unifies program &amp; GF information in a centralized data warehouse</th>
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<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Examination</td>
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<tr>
<td>Patient Survey</td>
<td>Brief series of combination Likert scale &amp; open-ended questions inquiring about level of care provided &amp; satisfaction</td>
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## IMPLICATIONS

- Unification of curriculum, resources (human & didactic), program content in small &/or newly developing Geriatric Fellowships (GF) in the state of MI
- Utilization of appropriate evidence-based content & guidelines (GRS8, AGS, AMDA)
- Potential to support increasing aging knowledge in physician participants who are not geriatricians, residents & students through access to curriculum & resources