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**1 Enhancing Medical Resident Education in Geriatrics**

**1 Experience Corps: Enlisting Older Adults to Help Children Succeed**



*Dr. Kerri Aronson, PGY-2, consults with geriatrician Dr. Eugenia Siegler.*

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**Enhancing Medical Resident Education in Geriatrics**

**W**ith today’s ever-increasing aging population, more and more physicians in virtually every specialty are treating patients in their 70s, 80s, and 90s. However, medical residents often lack the opportunity to work with seniors who are not acutely ill or to understand the kinds of services available to help keep them well.

To address this deficiency, the Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell Medical Center has created a robust month-long geriatrics rotation for second-year residents, which includes experiences inside and outside of the Hospital.

“We recognize that most house staff are not going to pursue a geriatric fellowship,” says Eugenia L. Siegler, MD, Medical Director of Geriatric Inpatient Services, NewYork-Presbyterian/Weill Cornell. “But our intent is to make internal medicine training more sophisticated in geriatrics so that physicians are comfortable with their older patients and can handle more of the problems germane to this population. Today, just about every doctor also has to be a geriatrician.”

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— Dr. Eugenia L. Siegler

As part of the rotation, three PGY-2 residents are assigned three weeks managing a panel of patients on the ACE (Acute Care of Elders) unit, two during the day and one on nights. The 19-bed unit created in 2003 is patterned on a model that has been well documented to improve quality of care of older

patients. “A substantial portion of our patients are in their 80s and 90s,” says Dr. Siegler. “The ACE unit is jointly managed by a physician who serves as the medical director and a master’s prepared nurse who serves as the patient care director. The unit is staffed by nurses who are trained in caring for older

patients, as well as social workers, therapists, and dietitians. Each resident works with a geriatrician, becoming familiar with the problems older patients have during hospitalization. We also teach as teams and emphasize the importance of interdisciplinary care.”

Dr. Siegler notes that these are medically and socially complex patients. “Geriatric care can’t be done just by a geriatrician – you need to  
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**Experience Corps: Enlisting Older Adults to Help Children Succeed**

**I**t is a fact that Americans will soon live one-third of their lives postretirement. “For many people the opportunity to make a lasting contribution – known as generativity – is a key to successful aging,” says Linda P. Fried, MD, MPH, Dean, Columbia University Mailman School of Public Health, and a leader in the fields of epidemiology and geriatrics. Dr. Fried has dedicated her career to the science of healthy aging, particularly the prevention of frailty and disability, and the design of approaches that will strengthen the benefits to all of us living in an aging society.

“There are also substantial unmet societal needs that can be addressed through the skills, experience, and generative goals of older adults, but there are few such roles for them,” says Dr. Fried. “One major societal need is ensuring the early academic success of children, which is critical to their success throughout life.”



*Dr. Linda P. Fried*

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## Experience Corps: Enlisting Older Adults to Help Children Succeed (continued from page 1)



*Experience Corps volunteers help to raise young students' reading comprehension level.*

Recognizing this, in 1995 Dr. Fried co-founded Experience Corps, a community-based senior volunteer program designed to support the education of children in underserved elementary schools, while also promoting the health of older adults in a way that brings meaning to their lives as well.

"Experience Corps assists public elementary schools in improving the outcomes of their students, which is very important for the future of our society," says Dr. Fried, who notes that the volunteers also serve as role models, helping to encourage the growth of the children's self-esteem. "At the same time, the program is a public health design and evidence-based approach to improve the health of the older volunteers themselves.

"This model accomplishes many things in one package," explains Dr. Fried. "First, it promotes healthy aging. There is initial evidence that it has been quite impactful. The model also shows the value of deploying older adults in large numbers into schools to help children succeed. There is a high investment over the long haul for this kind of approach."

Living longer presents new societal opportunities, she notes, as older adults have the potential to remain highly productive. Many already contribute substantially in activities outside of traditional paid positions. "Experience Corps harnesses the human and social capital of older adults to create a win-win opportunity for society."

### Filling an Unmet Need

After a period of intensive pre-service training, Experience Corps volunteers, age 50 and older, are assigned to a variety of roles for high impact on success of in-class literacy students in kindergarten through third grade, serving 15 hours a week with enough volunteers per school to elevate success of entire grades. At each school, the volunteers work in teams of 10 to 12, providing individualized tutoring, overall classroom assistance, and conducting small reading groups. The volunteers are often residents of the communities in which they serve, and have a great interest in the welfare of their neighborhoods.

"These are volunteers who provide supplemental human capital that a school needs over and above what they can pay for," says Dr. Fried. "They are filling an unmet need. And there is added value from the fact that young children need to have older adults in their lives in an ongoing way."

The volunteers also provide academic support for math or computing skills for students who are struggling in these areas. "We have designed many other roles for older adults in Experience Corps, including a program to help kids let off steam during recess by giving them skills in playing without violence and alternatives to violence. And we have developed ways for the volunteers to increase the number of kids coming to school – a huge proportion of children in at-risk communities do not attend regularly."

**"Experience Corps is just one of many kinds of social institutions we need in order to prepare for experiencing the benefits of living longer lives in this society."**

**— Dr. Linda P. Fried**

Experience Corps is now present in 23 cities throughout the country with more than 2,000 volunteers serving as tutors and mentors to children in urban public schools and after-school programs. In 2011, the program joined forces with AARP.

Dr. Fried and her colleagues recently published results of their evaluation of the Experience Corps program in *Contemporary Clinical Trials*. They are showing early evidence that the primary outcome for participating older adults is decreased disability in mobility and instrumental activities of daily living. Among the secondary outcomes are decreased frailty, falls, and memory loss; slowed loss of strength, balance, walking speed, cortical plasticity, and executive function; and increased social and psychological engagement. For children, the primary outcomes were improved reading achievement and classroom behavior, and secondary outcomes included improvements in teacher morale, retention, and their perceptions of older adults.

"Experience Corps is just one of many kinds of social institutions we need in order to prepare for experiencing the benefits of living longer lives in this society," adds Dr. Fried.

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### For More Information

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## Enhancing Medical Resident Education in Geriatrics *(continued from page 1)*

collaborate with colleagues in other disciplines,” she says. “The implicit message for residents is that older people in all walks of life have problems or needs that we can help address, but the best way to accomplish that is to work with clinicians who have expertise that complements your own.”

Collaboration also occurs with other physicians, for example, when conferring with cardiologists whose patients are hospitalized for a TAVR (transcatheter aortic valve replacement). “A number of these patients are in their 80s and therefore likely to tolerate TAVR better than an open heart procedure,” says Dr. Siegler.

“As part of our consultation service, we are exploring ways of working with the TAVR team to help them assess if their patient needs extra attention, to determine if the patient is cognitively capable of following through with the regimen, and to identify other geriatric issues that might need to be considered. These kinds of collaborations provide a wonderful learning experience for our residents,” continues Dr. Siegler. “As geriatricians, it’s just natural for us to seek ways to learn from other physicians and to offer guidance to them as well.”

**“Residents are provided a unique opportunity to observe health care provided outside of the hospital or acute care setting.”**

**— Dr. Karin Ouchida**

Dr. Siegler notes that during their inpatient experience, residents observe the elderly at their sickest, frailest, and most vulnerable. “That’s not the norm,” she says. “It’s very important for us to give the residents opportunities to see older people in a variety of venues so that they realize, first of all, that people can recover, feel better, and go about their lives again. Geriatric care usually occurs outside the hospital. We want residents to recognize that there are any number of careers caring for older patients that don’t involve acute illness requiring hospitalization. It also helps them understand the principles of transitional care.”

### Health Care Beyond the Hospital

During the system-based practice week, residents are introduced to the systems of care that help meet the medical and psychosocial needs of community-dwelling older adults. These include:

- community-based agencies
- hospice care
- assisted living, independent living, and other levels of senior housing
- geriatric care management
- elder abuse shelter
- house calls, transitional care, and ambulatory care through the Irving S. Wright Center on Aging, a program of the Division of Geriatrics and Palliative Medicine



*Second-year medical resident Dr. Kerri Aronson (far right) benefits from the knowledge and experience of the ACE unit geriatrics team that includes (from left) Audrey Lerner, RN, Matthew R. Tiede, physician assistant, Dr. Eugenia Siegler, Medical Director, and (background) Patient Care Director Mary Rose Mitchell, MPA, RN.*

“Residents are provided a unique opportunity to observe health care provided outside of the hospital or acute care setting,” says Karin Ouchida, MD, Assistant Program Director of the Geriatric Medicine Fellowship and Clinical Director of the House Call Program. “They really enjoy seeing other sites of care firsthand. It’s a little awkward when you’re taking care of a patient in the hospital or you’re talking to the patient and family members in your outpatient practice and they ask, ‘What’s it going to be like if I go to rehabilitation? Can you tell me about it?’ If the physician has never been to a rehab center, how can he or she guide and reassure the patient that it is the appropriate discharge destination for them?”

“When these residents begin working with older patients in their own practices, they will need to answer those questions and make sure that their patients transition to the appropriate program,” adds Dr. Ouchida. “In order to do proper transitional care, you need to broaden your perspective beyond care within the hospital or in your office. The majority of their patients’ lives are spent outside of that setting.”

### A Case in Point

As part of the outpatient module, residents present a particularly challenging patient from their own primary care practice at the weekly geriatrics interdisciplinary team meeting. Here they can discuss their case and seek advice. “We ask them to select their most medically and psychosocially complex patient,” says Dr. Ouchida. “Common issues that arise are nonadherence to recommendations about medications; referrals and specialty care; frequent hospitalizations; little support at home, no family, and social isolation; and the suspicion of abuse or neglect. Each member of the team then gives their perspective and suggestions.”

An oral exam and debriefing at the end of the system-based practice week enables the resident to integrate the various experiences provided within the context of their inpatient and outpatient responsibilities.

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## Advances in Geriatrics

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### Enhancing Medical Resident Education in Geriatrics *(continued from page 3)*

Sometimes the opportunity to interact closely with an older population influences a resident to pursue geriatrics as a career. “Recently a resident presented a complicated patient whom she became close to and felt helpless about how to help,” says Dr. Ouchida. “We helped her make a house call on him, and brought in community services. The resident hadn’t known where she wanted to specialize, but this experience opened her eyes and she is now applying to geriatrics as her specialty.”

#### Teaching a Broad View on Geriatric Care



Dr. Evelyn C. Granieri

A nationally recognized educator in geriatric medicine, Evelyn C. Granieri, MD, MPH, MEd, Chief of the Division of Geriatric Medicine and Aging at NewYork-Presbyterian/Columbia University Medical Center, mentors young physicians and other clinicians in geriatric issues. “There is a unique body of knowledge about older adults that must be taught and learned and is not acquired simply by taking care of people in this age group,”

says Dr. Granieri. “Our division is deeply committed to geriatric education, serving as the sponsor of the mandatory rotation in geriatric medicine for some 50 internal medicine interns. Clinicians and trainees from other disciplines and other institutions have an opportunity to work with us as we seek to foster geriatric education among members of the health care field, as well as in the community.”

The highly rated geriatric rotation, established six years ago, incorporates interdisciplinary training in all aspects and venues

of care. Included are experiences in consultative geriatrics, home visits, care of older adults in the outpatient setting, long-term care facilities, and community-based outreach programs. Integrated in the rotation is an innovative program in teaching and learning how to teach, which includes instructional seminars as well as practical application. Trainees teach and are evaluated in both the academic setting and in the community, where they teach older adults in senior centers. Interns also rotate through a geriatric dental center and a hospice. This year, the rotation features a coordinated program with the palliative care service, using interactive teaching to instruct the interns how to approach issues in supportive care and end-of-life care. The rotation also serves as a training site for basic science PhD students, fellows in palliative care, as well international residents, including, most recently, physicians from Portugal, Spain, and South Africa, assisting them in developing teaching programs in their countries.

“Rather than a disease-oriented approach, our geriatricians teach clinicians to take a broader view, performing a comprehensive assessment to identify health and psychosocial issues, as well as to treat common yet unrecognized comorbidities, such as dementia, frailty, and polypharmacy,” says Dr. Granieri. “This is what we seek to impart to new physicians and other clinicians, teaching them evidence-based and compassionate ways to care for the unique issues that confront older adults and their caregivers.”

#### For More Information

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