



A One Day, Geriatric Competency-Based, Family Practice Residency Retreat for Second Year Family Practice (PGY2 FP) Residents: Design, Implementation, and Results.

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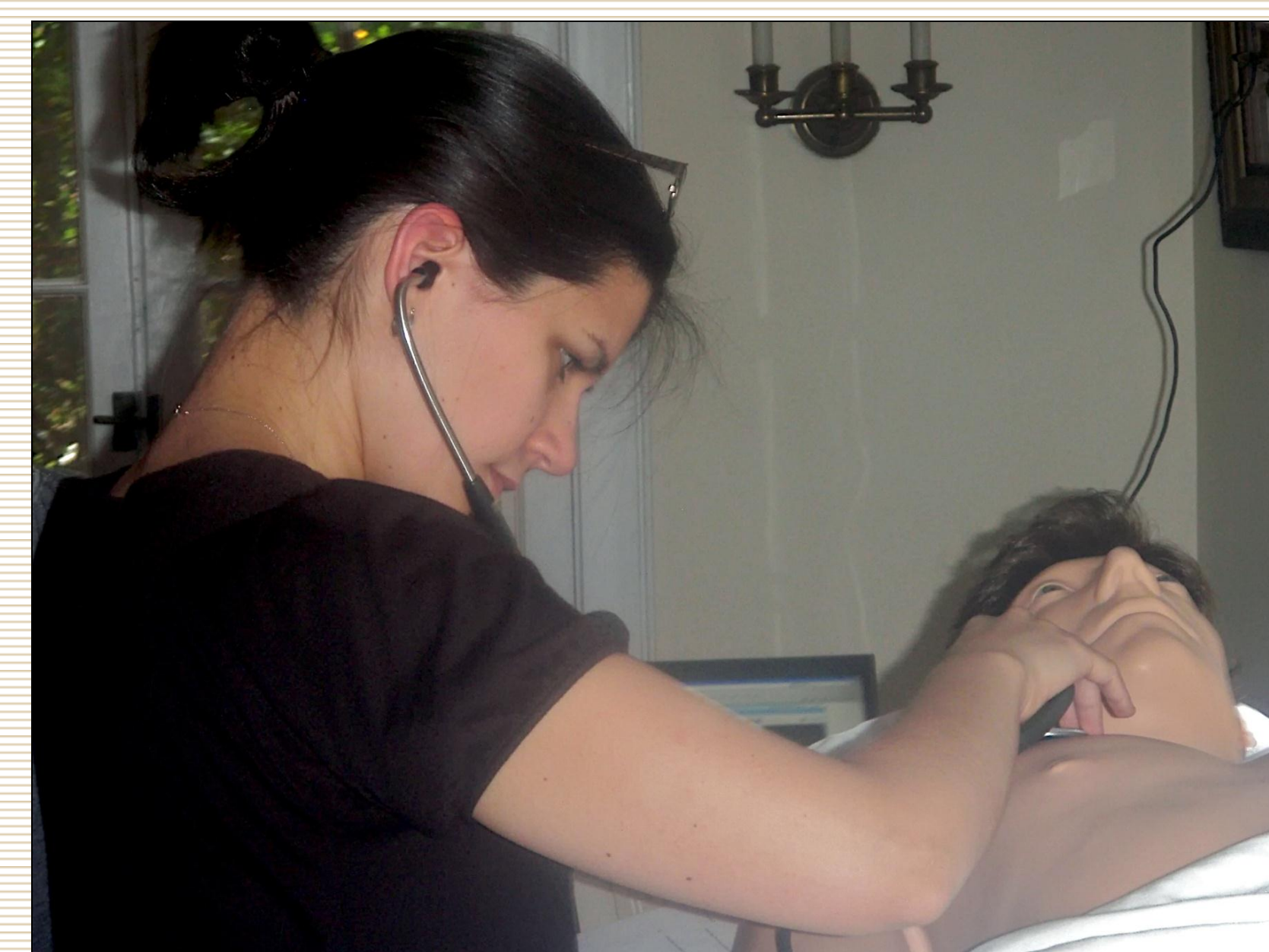
This project was supported by a grant from the Donald W. Reynolds Foundation, PI Lisa Granville, MD

Purpose

The purpose was to redesign an existing annual geriatric retreat for PGY2FP residents using the Institute of Medicine and AAMC based geriatric competencies for residents.

Background of the Study

The Florida State University College of Medicine with support from the Donald W. Reynolds Foundation is finishing its fourth year of improvement in the geriatric training of its students, residents, and faculty. As teachers of our students, the family practice residents are targets of faculty development. Curriculum and evaluation are becoming increasingly competency-based. We therefore redesigned our annual geriatric retreat for the PGY2FP residents to be competency based.



Design

We prospectively surveyed all residents of the family practice residency program in 2009 regarding their level of comfort with each of the 26 AAMC geriatric competency areas. We chose program topics for the annual retreat based upon which competency areas yielded the lowest comfort level for the PGY2FP resident target audience.

The competency areas selected:

- ❖ Medication review
- ❖ Normal aging leading to atypical presentation
- ❖ Hazards of hospitalization including skin and nutrition assessment

We then asked our geriatric faculty to choose among those competency areas and design topic presentations in those areas.

Participants in the previous retreat reported liking the interactive nature of case-based sessions. We therefore insisted the sessions be case-based and interactive.

In addition, we asked three of the faculty to design hands-on simulation sessions for PGY2FPs to demonstrate competencies by rotating to three competency demo stations.



Implementation

Based on a Likert scale where 1= least confident and 5= most confident the average scores for the PGY2FP residents for each of the competency areas were:

AAMC Geriatric Competency	1	2	3	4	5
Medication Review			3.5		
Normal Aging/Abnormal Presentation			3.2		
Hazards of Hospitalization including skin and nutrition			3.5		

The case-based interactive sessions chosen from these competency areas were:

- 1) stages of swallowing activity using jelly beans chewed and swallowed by the participants and a patient-centered case-based discussion of how to manage swallowing dysfunction;
- 2) hands-on experience with wound care products 'show-and-tell' following a case-based photographic wound care staging session;
- 3) normal aging and atypical cardiovascular symptom presentations of diastolic dysfunction using case exemplars;
- 4) interactive session of PGY2FP residents critiquing, as proxy faculty, sample M4 year students' med-reviews from their primary care geriatric clerkship.

Additional rotating simulation competency demo-stations done over a 2 hour period ending in a lunch then feedback session were:

- 1) get-up-and go timing and qualitative gait evaluation with and without assistive devices;
- 2) atypical cardiovascular sign recognition using a case exemplar and a Harvey Simulator with an S4-gallop and rales; and
- 3) resident use of a standardized assessment tool to recognize factors increasing risk for hazards of hospitalization.

Results

At the end of the sessions, residents were anonymously asked if knowledge and skills gained would enhance their ability to provide patient care. On a 5 point Likert scale with 1=poor and 5 =excellent, they ranked the program 4.5, one of the highest rankings in the history of the annual retreat. Specific comments were, "very useful and things I can actually apply", "more informed about aging processes that may be misunderstood", and "enjoyed the interactive cases."