

Beliefs Regarding Geriatrics Primary Care Topics Among Medical Students and Internal Medicine Residents



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Introduction

The purpose of this study was to examine geriatrics primary care beliefs and attitudes toward aging between medical students and Internal Medicine residents in order to inform geriatrics curricula.

Prior research suggests that medical faculty are more comfortable teaching content that reflects primary care expertise, but less confident with specialist-related content such as sensory impairment, cognitive impairment, or driving.

Methods

136 First-year Medical Students and 61 Internal Medicine Residents were surveyed with the 25-item Geriatrics Clinician-Educator Survey: Clinical Primary Care Content Areas to Care for Older Adults (Hyer et al., 2019) and the Image of Aging Scale (Levy, Kasl, & Gill, 2004).

Gap scores were created by subtracting “Knowledge” from “Importance” for each item, with larger gaps indicating areas of greater need for training.

Results

Residents

Residents revealed larger gap scores in areas that reflected specialists’ expertise.

Students

Students revealed larger gap scores in areas that reflected general primary care.

Attitudes toward aging did not differ appreciably between students and residents (Positive Subscale: $p = .94$, Negative Subscale: $p = .06$).

Conclusion

Primary care topics applicable for any age demographic were rated as most important by first-year medical students and Internal Medicine residents. Topics relevant to older populations – particularly those requiring specialists’ knowledge of or requiring sensitive discussion with older adults – were rated as less important and were less well mastered.

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Importance-Knowledge Gap between Internal Medicine Residents and First-Year Medical Students

Content Areas	Internal Medicine Residents		First-Year Medical Students	
	Mean Difference	Rank	Mean Difference	Rank
Identify at-risk drivers and recommend appropriate counseling	2.24	1	6.04	18
Evaluate and manage hearing and vision impairments	2.18	2	5.76	21
Identify and evaluate cognitive disorders and dementia	2.03	3	6.59	6
Assess and manage multiple chronic conditions	2.00	4	7.14	1
Conduct functional status assessments	1.94	5	6.40	10
Review medications and regimens for appropriateness and safety	1.74	6	6.87	3
Determine needs in social support/living arrangements and refer for supports and services	1.70	7	6.10	15
Recognize, evaluate and treat for substance abuse	1.69	8	6.14	14
Assess nutritional status	1.62	9	5.53	23
Discuss end-of-life planning (health/illness trajectory)	1.61	10	6.34	11
Identify and manage sexual dysfunction	1.57	11	5.36	24
Be certain that adults or their caregivers diagnosed with Alzheimer’s or other dementias are aware of the diagnosis	1.56	12	6.58	7
Counsel and/or order immunizations	1.49	13	6.00	19
Identify and manage anxiety and/or depression	1.49	13	5.92	20
Prevent and manage osteoporosis	1.46	15	6.27	12
Assess and reduce risks for falls	1.38	16	5.70	22
Help patients manage care among different providers and services	1.37	17	6.83	4
Identify, evaluate, and treat urinary incontinence	1.25	18	6.10	15
Identify and manage sleep disorders	1.16	19	6.06	17
Explain things to patients in an easy-to-understand way about what to do or how to take care of their illnesses or health conditions	1.10	20	6.54	9
Talk about and explain all medications prescribed	0.98	21	6.78	5
Identify obstacles and opportunities for physical activity	0.95	22	5.22	25
Take an age-appropriate patient history and perform a physical assessment	0.87	23	6.56	8
Discuss and/or order appropriate cancer screenings	0.82	24	7.00	2
Assess pain and symptom control	0.80	25	6.23	13