Learning How to Care for Grandma and Grandpa

As a geriatrician, I am constantly reminded of the growing aging population and the limited number of geriatricians. There are 49.2 million American adults over the age of 65, and only 6910 board-certified geriatricians to care for them.[1] The majority of these older adults, including the sizable number requiring care for complex conditions, are managed by primary care physicians. Unfortunately, these physicians often have busy clinical practices with a limited amount of time for each patient visit. Therefore, there needs to be a focus on developing competency in geriatric medicine for family practice and internal medicine residency programs.

The ECHO-Geriatrics videoconferencing project introduced by Bennett and colleagues[2] in a recent issue of the *Journal of Graduate Medical Education* could be a promising method to promote geriatric medicine education to rural communities and family practice residency programs. Other projects with Extension for Community Healthcare Outcomes (ECHO) models have shown improved management of chronic diseases.[3] The ECHO model has also been used in a nursing home setting, showing improved outcomes, fewer hospitalizations, and lower costs to Medicare for patients with dementia who have behaviors difficult to manage.[4]

While reading the results from the Project ECHO-Geriatrics, it struck me that for a resident-focused model, there was actually limited participation by residents. For 15 sessions over the course of a year, only 57% of attendees were family medicine residents.[2] Their average attendance for the year was only 2.7 sessions.[2] I found it surprising that session attendance and participation was voluntary, instead of a required part of the didactics. In my practice, over the course of a 4-week rotation, family medicine residents only spend an average of 3 to 4 days working with a geriatrician. Given the limited experience with geriatricians and geriatric patients, I am not surprised that residents feel less confident caring for older adults than for other patient populations. The dearth of experience caring for older adults results in poorer knowledge of geriatrics and lower confidence in clinical practice.

If the goal is to promote geriatrics education to primary care residencies, videoconference programs like ECHO-Geriatrics have potential to do this. However, I think it would be more effective to include this as a required curriculum rather than optional didactic sessions. The project also could carry more meaning for residents if patient outcomes were tracked. Since other applications of Project ECHO have shown decreased hospital admissions and decreased health care costs after following a specialist's recommended plan of care,[4] these outcomes could be tracked for residents' patients. This patient-level data could be a more meaningful measure of the program's success than improved scores on self-assessment surveys.

I appreciate the work Bennett and colleagues put into Project ECHO-Geriatrics and hope further videoconference projects can promote geriatric education in primary care residencies.

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DOI: http://dx.doi.org/10.4300/JGME-D-18-00739.1