

**LEARNING GERIATRICS DURING A FAMILY AND COMMUNITY
MEDICINE
ROTATION**

Louise Aronson, Adam Moylan, Helen Kao, Mike Harper, Rebecca Conant, Joan
Abrams,
Margo Vener, Daniel Pound
University of California, San Francisco
aronsonl@medicine.ucsf.edu

Objectives: The University of California San Francisco (UCSF) Mentored Home Visit (MHV) curriculum teaches medical students competencies relevant to the care of elderly patients, including assessment of cognition, function, safety and goals of care. Unlike other home visit curricula, MHV teaches issues relevant to the care of elderly patients across settings and specialties, not just about home visits. The objective was to introduce geriatrics into UCSF's clinical core curriculum via a required, weekly sub-rotation within the six-week Family and Community Medicine (FCM) rotation.

Methods: MHV includes: 1) a large-group, case-based didactic half-day session; 2) geriatrician-mentored and unmentored home visits; 3) online modules; 4) independent study; and 5) 1-1.5 hours of small group learning per session. Students also integrate medical and geriatric assessment data into primary care doctor notes and teach about AAMC geriatrics competencies. Post-rotation, students rate their geriatric assessment skills, community resource knowledge, and the curriculum. This pilot study involved six, consecutive FCM rotations.

Results: Students (n=74) strongly agreed that MHV enhanced their geriatric assessment skills and community resource knowledge (M=4.46 (0.70)) and rated the educational value of home visits very highly (M=4.72(0.45)).

Conclusions: At schools without a required geriatrics clerkship, important geriatrics knowledge and skills can be taught during the core FCM rotation. A future study will compare written and clinical practice test scores between randomly assigned MHV and non-MHV students.

Funding Support: Donald W. Reynolds Foundation