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Geriatric Education for Various Surgical Disciplines: Is there any commonality?

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Due to the relatively recent evolution of geriatrics as its own medical specialty, many areas of care for the older adult remain non-standardized and understudied. We asked Dr. Drach to provide us with his insights regarding the need and the present solutions offered for improvement in surgical care of the geriatric patient. Dr. Drach feels that there are surgical themes common to all geriatric subspecialty care which can be standardized for surgical geriatric education at the residency level.

As the US population continues to age, the proportion of elderly patients seen in any surgical subspecialty is obviously increasing. Many surgical specialties see significant proportions of elderly outpatients in their offices: Ophthalmology and Urology approach 50%. General Surgery sees a proportion of about one-third elderly patients, and Orthopedics and Otolaryngology 25%. So, for at least these five surgical disciplines, geriatric education as a segment of their residency programs seems imperative.

In addition, the rate of in-hospital procedures performed by surgical specialties increases greatly with age, especially in the fields of Cardio-thoracic, Gastrointestinal, Orthopedic, and Urologic Surgery (Figure 1). Ophthalmology (eye) does not appear to increase on this graph because the great majority of their procedures occur in Outpatient Surgery Units, but they nevertheless perform more Medicare services than any other surgical specialty (Figure 2) and so also require some geriatric education.

Thus, specialist surgeons of many types perform significant amounts of office evaluation and inpatient or outpatient surgery on elderly patients. They must utilize specific knowledge needed to care for these patients, especially the frail elderly. Perhaps the best time to teach these principles is during their residency education, but the limitation of the resident workweek to 80 hours seriously challenges the addition of another educational activity. So, how can we effectively teach geriatrics to resident surgeons without upsetting the requirements for other necessary education in their specialties?

One attempt to address this need for geriatric education in surgical subspecialties has been a grant program offered by the American Geriatrics Society (AGS), which augments Geriatric education of Specialty Residents (GSR) in seven surgical and 3 related medical specialties (Table 1). This program uses multiple approaches to develop geriatric content into residency programs. Small grants ($20,000/yr for 2 yrs) enable residency directors to supplement and enhance geriatric knowledge. These programs are individually designed for each educational center. Additionally, a summary of the approaches was reviewed at a group conference and has been published.[1] It would seem that these principles could be used effectively to design curricula for geriatric surgical education even without grant support. Common course content needs to be developed and dispersed. Additional information is available on the AGS Website: www.americangeriatrics.org/specialties/.

Figure 1

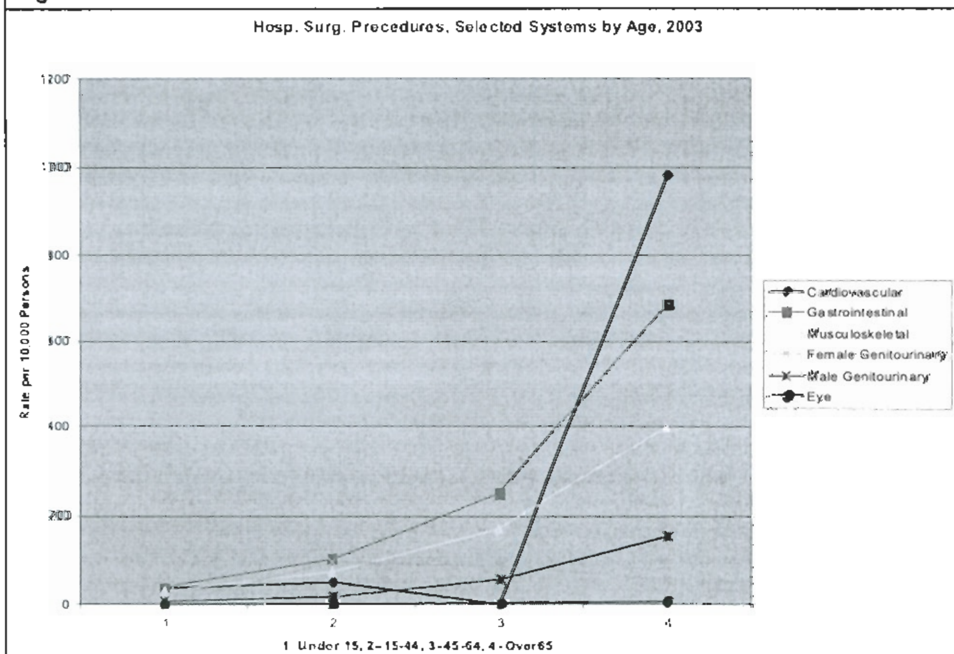
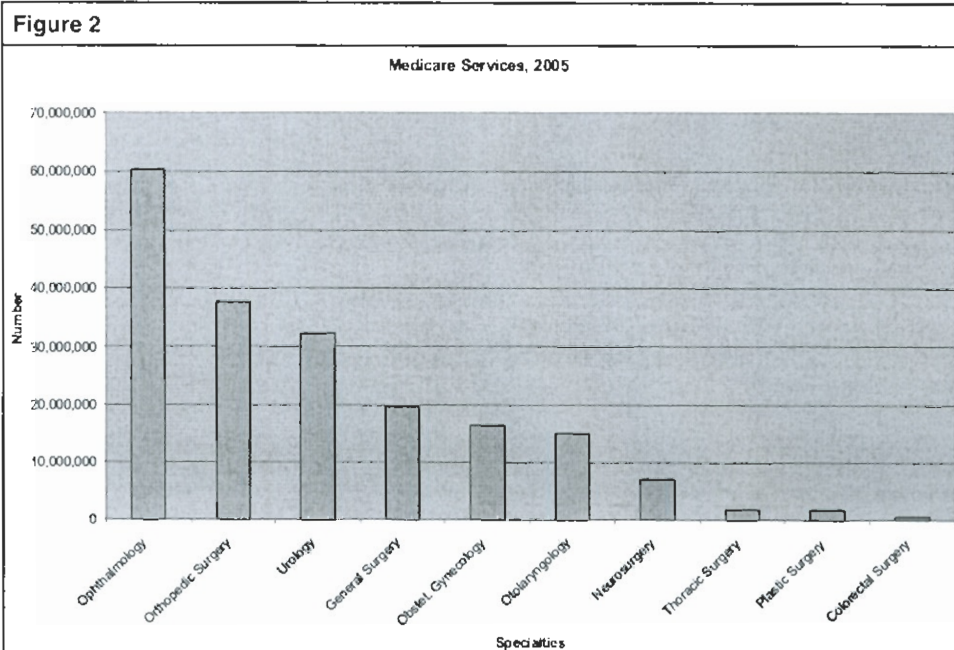


Table 1

Surgical and Related Medical Specialties Council of AGS
Anesthesiology
Cardiothoracic Surgery
Emergency Medicine
General Surgery
Gynecology
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Physical Medicine & Rehabilitation
Urology

Two other initiatives of the AGS Specialties Initiative also promote geriatric surgical education. The first promotes additional continuing medical education in surgical aspects of geriatric care. This is presented during the yearly meeting of the AGS in the Section on Surgery and Related Medical Specialties. A full day (usually Saturday of the meeting week) of discussion of management of elderly surgical patients is followed by an appropriate keynote speech and then a poster session devoted to basic and clinical research. The second segment involves the Jahnigen Fellowship Research Grants offered to young faculty who are entering into aspects of surgical science that involve elderly patients. These grants are for two years at $75,000 each, with a $25,000 institutional match. Once again, information is available on the AGS Website, noted above.

Figure 2



The above approaches represent the initial efforts to improve geriatric education for surgeons-in-training, and they have been shown to be useful and effective when instituted enthusiastically. Common geriatric themes underlie all surgical subspecialties' approach to the care of the older adult. This common framework needs to be systematically introduced at the residency level of surgical training, so that all surgeons can adequately care for our elderly patients.

Reference:

1. Potter JF, Burton JR, Drach GW, Eisner J, Lundebjerg NE, Solomon DH. Geriatrics for residents in the surgical and medical specialties: implementation of curricula and training experiences. J Am Geriatr Soc. 2005 Mar;53(3):511-5.