

Letter to the Editor

Geriatric Health Is the Missing Link in Medical Education

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To Editor,

Recently, due to the advancement of nutrition, health, and treatment, the human lifespan has become much longer than before, and the number of people who are considered as elderly people is increasing day by day owing to the physiological changes that occur with aging. It is evident that the elderly are more susceptible to diseases than the young. In addition, it has been observed that at least 90% of the elderly are suffering from chronic diseases; however, despite such problems, they need more extensive care (1, 2).

Around the world, the number of average trained geriatric doctors per country is very different, and it is seen that in many countries, including Iran geriatrics specialty is still in its early stages (3). Due to the aging of the population and the complexity of the medical care of the elderly, basic geriatric health (GH) training should be received by every doctor while being educated to gain knowledge, skills, and attitudes connected to the elderly (4).

Effective GH care management, with an emphasis on the care of healthy and functional elderly patients, is recommended to be used as a comprehensive health screening. Physicians can identify and improve specific problems that are common in the elderly by using simple facilities for assessment and also turn to preventive care and preventive medical management instead of disease intervention (5).

A collection of 26 minimum geriatrics competencies was developed by Leipzig et al in 2009 for all graduating medical students, which was approved by the Association of American Medical Colleges (AAMC). These competencies were placed in eight content areas, including medication management, self-care capacity, falls, balance, and gait disorders, hospital care, cognitive and behavioral disorders, unusual manifestations of the disease, health care planning and promotion, and palliative care (6).

On top of that, according to the basic framework of AAMC regarding geriatric minimum competencies, six areas of geriatric mental health were recommended by Lehmann et al such as normal aging, mental health assessment, psychopharmacology, delirium, dementia, and depression to teach medical students (7).

Instead of confining it to a single GH course, GH can be proposed to medical students in the pre-clinical and clinical courses. Therefore, training can be strengthened and developed through rapid and regular exposure to the core principles which are determining the caring and welfare of older people. The Alpert Medical School of Brown University successfully introduced GH-related learning outcomes in a year-long course for all students as part of a comprehensive curriculum redesign (8). In addition, several researchers advocated and carried out a vertical integration of GH into the curricula.

To begin with, a few topics are common in multiple disciplines: late-life depression in psychiatry and delirium and dementia in neurology. Second, this vertical integration may mirror the actual reality of the older population who are found in all clinical settings. Finally, frequent exposure to GH may reinforce teaching; however, this should be done in a non-GH setting. It may also help to change medical students' negative attitudes toward older people (9).

One drawback of vertical integration is that it may dilute GH compared to other disciplines, and its training may rely on non-geriatric specialists. However, organizational training can be implemented by both geriatric and non-geriatric professionals, thus promoting high-quality, multidisciplinary training (9).

It is seen that the use of simulators and gamification (electronic and non-electronic) has created a positive attitude in students toward the elderly and increased the



motivation for learning topics related to aging (10).

There is no geriatrics course in the Iranian Medical science curriculum, and only some topics related to geriatric care are taught in the social medicine course. Universities of Medical Sciences must ensure that their curriculum is able to respond to changes in clinical procedures and the future needs of society (11), so it is suggested that the policymakers, planners, and professors of medical education conduct research to design, implement, and evaluate longitudinal themes of geriatric education to train competent students who can meet the current and future health needs of the country.

Authors' Contribution

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Writing – review & editing: all of the authors.

Competing Interests

Authors declare that they have no conflict of interests.

Ethical Approval

Not applicable.

References

- Soleimani R, Alvandi H, Azari N, Mobasheri M, Hasanzadeh A, Bagherikhohenjani F. Impact of balance training on fear of falling and fall rate in older women. *J Educ Community Health*. 2022;9(3):155-61. doi: [10.34172/jech.2022.23](https://doi.org/10.34172/jech.2022.23). [Persian].
- Cheraghi P, Eskandari Z, Bozorgmehr S, Zanjari N, Cheraghi Z. Quality of life and its related factors among elderly people. *J Educ Community Health*. 2019;6(3):145-51. doi: [10.29252/jech.6.3.145](https://doi.org/10.29252/jech.6.3.145). [Persian].
- Michel JP, Ecartot F. The shortage of skilled workers in Europe: its impact on geriatric medicine. *Eur Geriatr Med*. 2020;11(3):345-7. doi: [10.1007/s41999-020-00323-0](https://doi.org/10.1007/s41999-020-00323-0).
- Rimaz S, Gharibnavaz H, Abolghasemi J, Seraji S. The relationship of different dimensions of social support with older adults' quality of life in the 8th district of Tehran in 2013. *J Educ Community Health*. 2015;2(1):29-37. [Persian].
- Miller KE, Zylstra RG, Standridge JB. The geriatric patient: a systematic approach to maintaining health. *Am Fam Physician*. 2000;61(4):1089-104.
- Leipzig RM, Granville L, Simpson D, Anderson MB, Sauvigné K, Soriano RP. Keeping granny safe on July 1: a consensus on minimum geriatrics competencies for graduating medical students. *Acad Med*. 2009;84(5):604-10. doi: [10.1097/ACM.0b013e31819fab70](https://doi.org/10.1097/ACM.0b013e31819fab70).
- Lehmann SW, Brooks WB, Popeo D, Wilkins KM, Blazek MC. Development of geriatric mental health learning objectives for medical students: a response to the institute of medicine 2012 report. *The American Journal of Geriatric Psychiatry*. 2017;25(10):1041-7. doi: [10.1016/j.jagp.2017.05.006](https://doi.org/10.1016/j.jagp.2017.05.006).
- Masud T, Ogliari G, Lunt E, Blundell A, Gordon AL, Roller-Wirnsberger R, et al. A scoping review of the changing landscape of geriatric medicine in undergraduate medical education: curricula, topics and teaching methods. *Eur Geriatr Med*. 2022;13(3):513-28. doi: [10.1007/s41999-021-00595-0](https://doi.org/10.1007/s41999-021-00595-0).
- Shield RR, Farrell TW, Nanda A, Campbell SE, Wetle T. Integrating geriatrics into medical school: student journaling as an innovative strategy for evaluating curriculum. *Gerontologist*. 2012;52(1):98-110. doi: [10.1093/geront/gnr079](https://doi.org/10.1093/geront/gnr079).
- White BK, Martin A, White J. Gamification and older adults: Opportunities for gamification to support health promotion initiatives for older adults in the context of COVID-19. *Lancet Reg Health West Pac*. 2022:100528. doi: [10.1016/j.lanwpc.2022.100528](https://doi.org/10.1016/j.lanwpc.2022.100528).
- Mohammad Salehi A, Ahmadian M, Habibi P, Riahi G. COVID-19: principles of change management to modifying medical curriculum. *Horizons of Medical Education Development*. 2021;12(4):1-6. [Persian].