My role: Co-Chair this national dissemination project

Identified training requirement synergies between IM/FM residency programs and geriatrics fellowship.

Integrated 48 month medicine-geriatrics clinical curriculum.

Competency-based assessments → individualized learning plan.

Enhanced professional development (e.g., research, QI, medical directorship, clinical area of interest, medical education.)

Longitudinal mentorship/career guidance.

Increased scholarship.

Residency-Fellowship training synergies and CBME allow for a learner-centered approach to increase training flexibility → leveraged to meet physician and patient needs.

Interest from national ed groups, program directors, students/residents for med-ger programs is high.

Shifting demographics and trends in medical ed → opportune time to disseminate the MCW model as a national alternative training pathway.

Next steps: Develop ACGME “ADVANCING INNOVATION IN RESIDENCY EDUCATION” (AIRE) proposal; recruit pilot programs; develop outcome measures; and plan for program monitoring.

Questions at start of project:
- What are training needs of future geriatricians?
- Can alternative/innovative training pathways help meet the expanded workforce need?

Remaining questions:
- Will increased adoption of the med-ger training model result in increased # of geriatrics fellows? Will it capture interest in geriatrics lost during residency?
- Will med-ger fellows be different than traditional fellows? Will graduates utilize enhanced professional development in leadership?
- Does integrating med-ger peers in residency increase geriatrics knowledge throughout residency program and institution?

Stakeholders engaged:
- AGS
- ADGAP
- ABIM
- ABFM
- ACGME
- Geriatrics Fellowship PDs
- Students/residents
- Geriatrics fellows

Connections yet to be made:
- Survey of IM/FM residency PDs
- MCW’s med-ger outcomes with formal analysis of past and current med-ger trainees.

Creating Value

This innovation utilizes the following tools to accomplish:
- Capitalizing on synergy in training requirements
- Competency based trainee assessment
- Early mentorship and exposure to the field

This educational model may be applied in GME to meet learner and patient needs of varying specialties via training flexibility and enhanced professional development—adding value for learners, fellowship programs, patients, and healthcare systems.