

00122 Insights From a Mandatory Geriatric Medicine Rotation for Medical Subspecialty Senior Residents in Singapore - Implementation and Residents' Perspectives

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Aims: In line with the ageing population and limited numbers of geriatricians, integration of geriatric medicine should be a vital part of all postgraduate medical education programmes. Prior to 2015, there was no requirement for medical subspecialty senior residency programs to incorporate geriatric content. Thus, a new geriatric rotation for medicine subspecialty senior residents (SRs) was made a compulsory requirement for specialist accreditation and implemented in a Singapore teaching hospital's geriatric department.

Methodology: 37 SRs from 9 medicine subspecialties underwent a 1 - month posting in the acute geriatric unit of a teaching hospital in Singapore from 2015 - 2016. Blueprinting was aligned with national residency board recommendations. Teaching was delivered via ward rounds, multi - disciplinary rounds, ambulatory clinics and topical lectures. A cross-sectional survey of SRs including training methods, beneficial components and suggestions for improvement was conducted end - of - posting. Comparison of scores summing perceived beneficial components of the posting (positive feedback score) was performed using one - way - ANOVA.

Result: Global impression of the rotation was 8.11 (SD1.07) on the 10 - point Likert scale, with no significant difference amongst subspecialty SRs. Advanced internal medicine, infectious disease and haematology SRs gave the highest positive feedback scores (5.75, 5.0, 4.0 respectively; $p=0.04$). Domains SRs found most beneficial were: geriatric syndromes (59.5% of SRs), holistic interdisciplinary care (59.5%), comprehensive geriatric assessment (27.0%) and medication management (21.6%). 27% of SRs raised negative feedback, such as heavy workload of interdisciplinary consultations. The commonest suggested improvements included requests for more ambulatory and community exposure.

Conclusion: A new geriatric rotation for medicine subspecialty SRs was highly regarded despite it being an obligatory requirement, reflecting SRs' appreciation of the needs of older patients and the importance of application of geriatric principles, as well as commitment to teaching by faculty. Quality improvement should incorporate more ambulatory and community elements, enhance learner - centered training, improve