

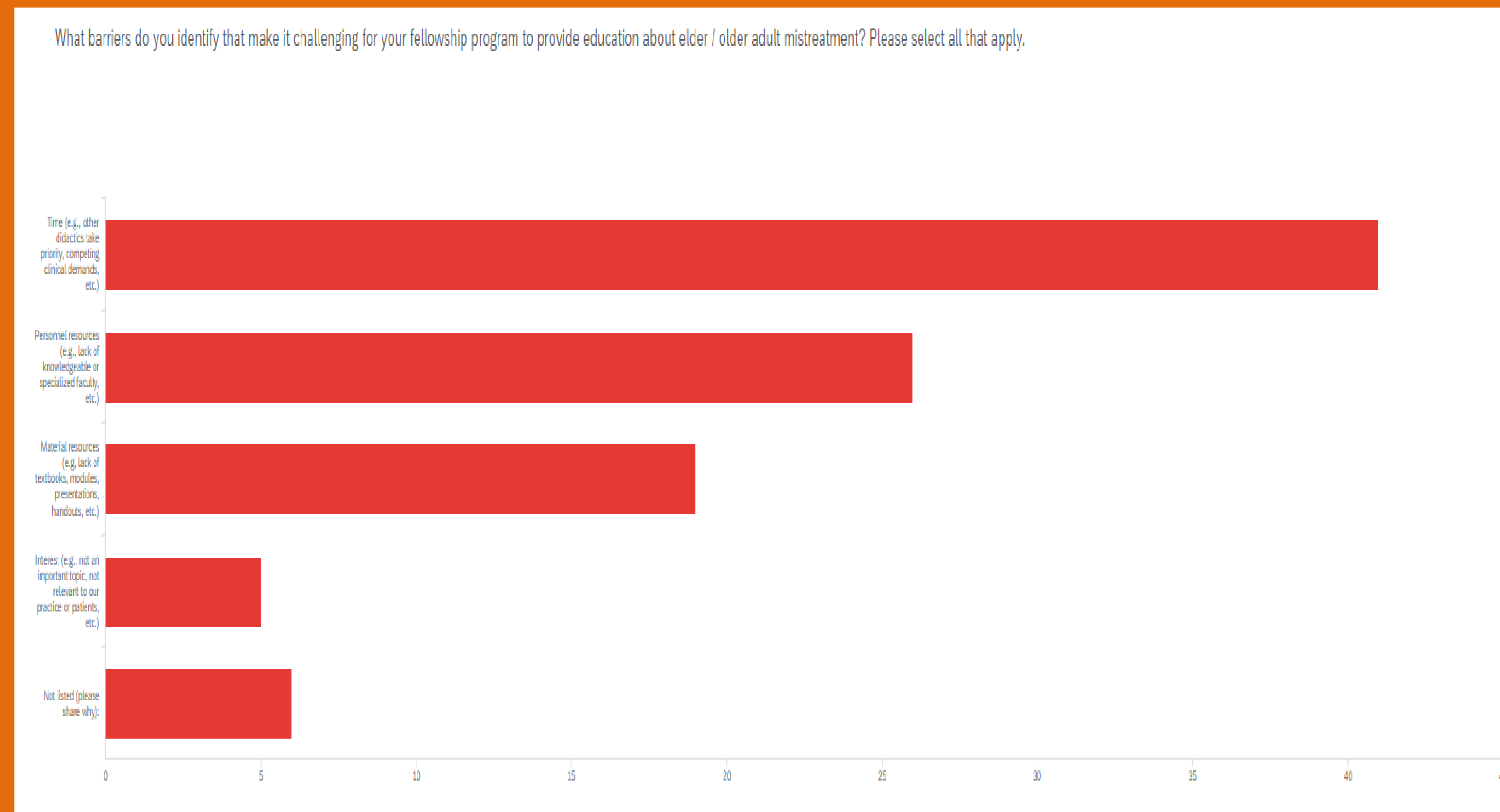
## Introduction

- Elder mistreatment is abuse, neglect, and exploitation
- Affects 10-15.6% of healthy older adults (1,2) and 47% with dementia (1)
- Higher prevalence if cognitive / physical disability (3)
- Associated with higher morbidity, mortality, and personal/societal costs
- Often unrecognized and under-reported, partly because medical education is inadequate on this topic
- A systematic review found that elder mistreatment educational interventions addressed increasing awareness, knowledge, and reporting (4), rather than clinical management
- McGovern Medical School MS3s reported statistically significant improved confidence in detecting elder mistreatment following modular education, but also reported inadequate pre-clinical mistreatment education (70%) and clinical exposure (74%) (5)
- There is a fellowship in Child Abuse, but no equivalent for Elder or Adult Mistreatment
- Interest in a one-year fellowship in Elder Capacity Assessment and Mistreatment (ECAM) is unknown

## Methods

- Mixed-methods study including anonymous multiple choice and free response Qualtrics survey, and optional secondary focus groups
- All US-based Geriatric Medicine fellowship program directors (n=162 programs) were invited via email
- An initial invitation and three reminders were sent from 11/2022-01/2023; responses accepted from 11/2022-04/2023
- Two focus groups were held in April 2023 (virtual) and May 2023 (in-person)
- Questions included program director demographics and experiences, how their fellowship teaches elder mistreatment, interest in a dedicated ECAM fellowship, and more
- Survey data was analyzed with simple statistics for response frequencies; focus group data was analyzed for reoccurring themes

## Geriatric Medicine fellowships teach briefly about elder mistreatment, but lack time and resources, despite high agreement that topic is valuable.



Many would recommend additional focused clinical training to graduating fellows, assuming practical concerns were addressed beforehand.

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## Results

- Response rate: 40.12% of program directors
- 98.36% teach elder mistreatment using presentations (54.21%) for 2-5 hours (55.00%) over fellowship year
- Lack of time, and personnel and material resources were most cited teaching barriers
- Most strongly agreed that education in this topic was valuable for patients (93.22%), fellows (93.33%), public health (89.83%), patient outcomes (71.76%)
- 52.54% of program directors would recommend an ECAM fellowship to their fellows
- Focus groups expressed pros and cons about ECAM fellowship, including:
  - High excitement and interest in topic and training field
  - Concerns about fellowship recruitment, compensation, and job availability after graduation

## Conclusions

- This study aimed to explore Geriatric Medicine fellowship approaches to teaching elder mistreatment to fellows and to gauge program director interest in an ECAM fellowship.
- Weakness:
  - Selection bias of survey and focus group participants may have skewed results towards program directors with greater engagement and teaching in their programs, and/or to those more interested in elder mistreatment
- Strengths:
  - High response rate (40%) from participants all over USA
- Geriatric Medicine fellowships are teaching about elder mistreatment with didactics
- Limited didactics duration and lack of clinical exposure highlights ongoing need for an ECAM fellowship
- Practical concerns (e.g., recruitment, compensation, job availability) must be addressed first
- Concise, practical, and clinically-focused opportunities are needed to address this pervasive problem of aging

## References

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