Elder Abuse Education in Medical Residency and Geriatric Fellowship:
Curriculum Evaluation

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INTRODUCTION

- Elder abuse (EA) is a public health concern affecting 1 in 10 older adults (OA).
- Physicians are ideally positioned to identify and respond and most commonly are mandated reporters but report less than 2% of cases. Key barriers are lack of knowledge and inadequate training.
- It is critical to address the disproportionate divide between OA experiencing EA and the detection and reporting. Ethnogeriatric curricula structured into residency and fellowship training programs may help address the needs of our aging population.

METHODS

1. N = 39; Faculty = 4 (10.3%), Fellow = 6 (15.4%), Resident = 29 (74.4%).
2. Curriculum development was led by University of Southern California faculty, in collaboration with faculty at universities of California, Irvine, San Diego, and San Francisco. Modules address signs and risk factors of abuse, screening and assessment, barriers to disclosure, and mandated reporting requirements.
3. During pilot dissemination, training programs selected one of three adaptable curriculum plans (complete, abbreviated, and brief overview).
4. A retrospective pre-post Qualtrics survey assessed learner perception of training effectiveness in informing knowledge and attitudes regarding EA.
5. Data was analyzed with McNemar tests using R Statistical Software.

Elder abuse education in medical residency and fellowship effectively **improved knowledge and confidence** in screening, detection, reports, and intervention.

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RESULTS

- Curriculum exposure reduced lack of knowledge and understanding as a barrier by 45.7%.
- Training reduced lack of experience and exposure as a barrier by 28.6%.
- Curriculum exposure did not change lack of time as a barrier to reporting.

- Knowledge about mandatory reporting laws increased by 42.8% after curriculum.

	Before	After	P-Value*
Knew about mandatory reporting laws	17 (48.6%)	32 (91.4%)	0.00030
Factors that Limited Reporting Elder Abuse			
Lack of Knowledge/Understanding	19 (54.3%)	3 (8.6%)	0.00041
Lack of Experience/Exposure	28 (80%)	18 (51.4%)	0.00940
Lack of Time	9 (25.7%)	10 (28.6%)	1.00000
None	4 (11.4%)	12 (34.3%)	0.02700

*McNemar Test ($\alpha = 0.05$)

DISCUSSION

- These results show that this curriculum effectively addressed the goals of prevention, detection, and intervention by decreasing learners' knowledge- and exposure-based barriers to reporting.
- Although EA screening is currently not a mandate, addressing EA in clinical practice is critical. This curriculum and survey are useful tools to further improve delivery of geriatric primary care, direct effective EA education, prepare physicians for their future careers, and advance social justice.
- Further research is necessary to address learner concerns regarding lack of time as a barrier, and to evaluate whether curriculum training translates into practice implementation.

FINANCIAL DISCLOSURES

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