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An interprofessionally developed geriatric oncology curriculum for hematology–oncology fellows

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ABSTRACT

Objective: Because the cancer population is aging, interprofessional education incorporating geriatric principles is essential to providing adequate training for oncology fellows. We report the targeted needs assessment, content, and evaluation tools for our geriatric oncology curriculum at MD Anderson Cancer Center.

Methods: A team comprising a geriatrician, a medical oncologist, an oncology PharmD, an oncology advanced nurse practitioner, and two oncology chief fellows developed the geriatric oncology curriculum. First, a general needs assessment was conducted by reviewing the literature and medical societies' publications and by consulting experts. A targeted needs assessment was then conducted by reviewing the fellows' evaluations of the geriatric oncology rotation and by interviewing fellows and recently graduated oncology faculty.

Results: Geriatric assessment, pharmacology, and psychosocial knowledge skills were the three identified areas of educational need. Curriculum objectives and an evaluation checklist were developed to evaluate learners in the three identified areas. The checklist content was validated by consulting experts in the field. Online materials, including a curriculum, a geriatric pharmacology job aid, and pharmacology cases, were also developed and delivered as part of the curriculum.

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Conclusion: An interprofessional team approach was a successful method for identifying areas of learners' educational needs, which in turn helped us develop an integrated geriatric oncology curriculum. The curriculum is currently being piloted and evaluated.

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1. Introduction

Cancer is more prevalent among older people, with more than 50% of cancer diagnoses and deaths seen in patients older than 65 years; about 20% of patients with cancer are aged 80 years or older.¹ The incidence of cancer in the United States will increase in coming decades, primarily due to the increasing population of older persons; thus, more geriatric oncology training will be needed.²

An Oncology Geriatric Education Retreat, held under the auspices of the John A. Hartford Foundation and the American Geriatrics Society in San Juan, Puerto Rico, in 1997, emphasized this need for developing geriatric oncology curriculum content in various areas including geriatric clinical pharmacology, geriatric assessment, common geriatric syndromes, and symptom management and supportive care.³ Some organizations have responded to this need by emphasizing the importance of geriatric oncology training. The American Society of Clinical Oncology (ASCO) has included geriatric oncology as part of the “core curriculum” proposed for general hematology/oncology fellowship programs.⁴ ASCO has also added online modules on the treatment of elderly patients with cancer to their ASCO University educational website.⁵ The Accreditation Council for Graduate Medical Education (ACGME) guidelines for hematology/oncology fellowship programs, issued in 2007 and updated in 2012, also emphasized the need to include geriatric oncology training in these programs' curricula.⁶

Many needs assessment surveys have been conducted to assess the need for an integrated geriatric oncology curriculum and to determine the areas that need to be covered in such a curriculum. A survey administered to Hematology–Oncology Program directors during the 2008 ASCO annual meeting in Chicago showed that only 32% of training programs had a formal curriculum that covered topics in geriatric oncology; 82% of the respondents, however, indicated that they would be willing to use a geriatric oncology curriculum, if available, as part of their training program curriculum.⁷ Another important study conducted by Moy et

al.⁸ addressed this issue in 2013. In that study, the authors asked geriatric oncology experts about the highest priority issues that need to be addressed by ASCO and other societies with respect to the geriatric oncology missions of education, research, and patient care. On the basis of the results from these interviews, the authors developed a new survey that they gave to 117 members of the International Society of Geriatric Oncology. The results showed that in the area of education, the highest priority perceived was the integration of geriatric oncology knowledge into the educational programs of trainees and clinicians.⁸ More recently, a survey of oncology fellows conducted by Maggiore et al.⁹ in 2014 showed that the fellows perceived a lack of formal geriatric oncology training, variability in confidence in managing older patients with cancer, and a desire to participate in geriatric oncology-based clinics.

We conducted a literature search for integrated geriatric curricula with different specialties and found that although many non-oncology integrated geriatric curricula were published.^{10–15} very few integrated geriatric oncology fellowship curricula have been published to date.¹⁶

The geriatric oncology rotation at MD Anderson Cancer Center was an ideal rotation in which to develop an integrated geriatric oncology curriculum for fellows as this rotation started in 2010, and was thus very new and not yet formalized. We here report the needs assessment, content, and learners' assessment tools for our new integrated, interprofessionally developed geriatric oncology curriculum at MD Anderson Cancer Center.

2. Methods

An interprofessional team comprising a geriatrician, a medical oncologist, an oncology PharmD, an oncology advanced nurse practitioner, and two oncology chief fellows was formed. A general needs assessment was conducted by reviewing the literature and medical societies' publications. Two expert leaders in the field of geriatric oncology were also consulted. A targeted

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