Outcomes from the first Stanford Geriatric Education Center Faculty Development Program (SGEC-FDP) Cohort: Experience of Infusing Ethnogeriatric Content into Health Care Professions Curricula

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Abstract
The Stanford Geriatric Education Center’s Faculty Development Program in Ethnogeriatrics (SGEC- FDP) was funded by a USDHHS, Bureau of Health Professions GEC grant (No. UB4HP19049). The intensive 12-month 160-Hour SGEC-FDPE provides an innovative hybrid experience using a train-the-trainer approach. The program focuses on ethnogeriatric teaching strategies, curriculum development, and addressing the needs of diverse older adults. Program assessment strategies are incorporated throughout the year using validated evaluation tools. The competitive application process, accepted an inaugural interprofessional cohort of six trainees from four disciplines: medicine, nursing, pharmacy, and social work. Each trainee represented a different academic or medical institution in the states of California, Louisiana, Maryland, New York, and Washington. In addition trainees worked with an SGEC core faculty mentor to develop a capstone project that incorporates ethnogeriatric principles and tools for health professions curricula, continuing education, and patient care strategies. During the 12-month program, the cohort implemented ethnogeriatric teaching strategies and activities at their respective institutions.

This poster presentation highlights innovations and specific SGEC tools incorporated at each institution. Examples of innovations include: incorporating an ethnogeriatric assessment (Cohort Analysis) into a social work gerontology course to increase family communication and awareness of health risks; developing culturally specific interpreter scenario’s to strengthen nursing students’ competence in communicating with culturally and linguistically diverse older adults; using a cultural self-assessment survey in a geriatric pharmacotherapy course to increase awareness of different health belief systems related to medication use; creating a continuing education program for registered nurses that highlights health literacy communication strategies for culturally diverse older adults; implementing a professional development session for pharmacy faculty and preceptors to improve communication strategies when working with low health literacy patients; developing culturally appropriate health information to increase awareness of depression in Vietnamese Americans.

After piloting the projects at each institution, the faculty reported positive outcomes related to feasibility of incorporating ethnogeriatric strategies and principles into their teaching. In addition, several reported changes in knowledge, attitudes and behaviors of participants toward diverse older adults after the SGEC-FDPE activities. The results of implementing the activities have not been fully evaluated at each institution, but based on the preliminary results the interventions have the potential to be used as a model for other institutions. Future research should focus on measuring the impact of these innovative methodologies on the curriculum, students, healthcare professionals and impact on the care of culturally diverse older adults.

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