



Adding frailty to the curriculum – how do teachers understand frailty and approach teaching this topic?

R McCormack, C Kennedy, F Muir. Postgraduate Medicine, School of Medicine, University of Dundee. Contact: 110001647@dundee.ac.uk (R McCormack)

Background

With an aging population, there is inevitability that the number of people living with frailty will rise (1). Patients living with frailty are more likely to experience poorer outcomes including higher rates of falls; delirium; prolonged hospital admissions and mortality (1,2). Medical students as future doctors are inevitably going to interact with this patient group in their studies and care for these patients across their career. There is growing recognition by medical educators that medical students must be adequately prepared to meet the needs of this population group through in-depth understanding of and exposure to this patient group. The British Geriatric Society recommend that frailty should have a standalone focus within all individual UK medical school curricula and the GMC mandates that all UK medical school curricula should include frailty (5).

At a Scottish medical school, frailty does not feature as a core, spiral theme in the current curriculum format. Recognising that change to the curriculum was needed to better meet the needs of patients living with frailty, and to meet the recommendations of the national bodies above, the medical school elected to explore how frailty could be added to the curriculum as part of wider curriculum redesign processes.

A literature review carried out to inform this research project, and the wider local curriculum redesign process, demonstrated that:

- There was a lack of consensus or understanding on how frailty was defined in existing curricula for medical students and doctors
- Limited evidence was available on how frailty teaching for various curricula reviewed was approached and even less information was available on how effective this teaching was

Noting the above, further research was justified to inform the local curriculum design process, and frailty education more widely, to better understand teacher's perceptions of frailty and explore how teachers as 'experts' felt teaching on frailty should be approached.

Aim and Research Questions

The overall aim of this research was to explore how teachers within a Scottish Medical School currently define or perceive frailty and approach their teaching of this subject to inform curriculum redesign within the medical school, and education on frailty more widely.

Informed by identifying gaps in the existing literature in this field of research through carrying out a literature review and discussions with the wider group in the medical school involved in curriculum redesign, the following research questions were proposed:

1. How do teachers and perceive 'frailty' within healthcare?
2. How should teaching of frailty within the undergraduate medical curriculum be approached?

Methods

A qualitative research approach was used. Semi-structured interviews were conducted via Teams. Transcriptions of interviews were generated by the principal researcher. Data were analysed using thematic analysis to generate key themes.

To be included in the study, participants were required to meet the following criteria:

- Essential: Currently deliver teaching on geriatric medicine or frailty to medical students at the Scottish Medical School in which this research was taking place
- Desirable
 - Work clinically with patients who live with some degree of frailty, ideally within geriatric medicine in a community or hospital setting
 - Be aware of the content of the medical school curriculum at the Scottish medical school in which this research was taking place

Results

Eleven interviews were conducted, with participants working across a range of specialties including geriatrics, surgery, GP, palliative care, general medicine and emergency medicine. Key themes that emerged included frailty – definitions and perceptions; why frailty needed to be added to the curriculum and how teaching on frailty should be approached.

There was a lack of consensus on how frailty was defined and perceived. Common words and phrases that were used by participants are visually represented in Figure 1.

Participants agreed frailty needed to be formally added to the curriculum as an overarching theme in the existing spiral curriculum. Generally, it was felt current students were underprepared to meet the needs of patients living with frailty with the curriculum's current format, with multiple participants providing examples of where they had come across students in the later stages of their degree who had no or limited understanding of frailty despite encountering patients living with frailty during their studies.

All participants agreed that frailty is a difficult, complex concept to teach. Participants generally suggested that teaching on frailty should be multi-modal, with the most recommended teaching methods to apply being case-based discussions, simulation and bedside teaching. Where teaching was delivered was highlighted as an important consideration, with some participants emphasizing that community settings of care/nursing homes are currently under-utilised for teaching. Participants agreed the onus to teach on frailty should not lie with geriatricians but should be a shared responsibility across multiple specialties and roles across the MDT.

References

1. HIS. (2024). Ageing and Frailty: Draft standards for the care of older people. https://www.healthcareimprovementscotland.scot/wp-content/uploads/2024/04/AGEING_FRAILTY_DRAFT_STAND_APPROVED_2024.pdf (Accessed: March 5th 2025)
2. Clegg, A., Bates, C., Young, J., Ryan, R., Nichols, L., Teale, E. A., Mohammed, M. A., Parry, J., Marshall, T. (2016). Development and validation of an electronic frailty index using routine primary care electronic health record data. *Age and Aging* 45(3), pp. 353 – 360. <https://doi.org/10.1093/ageing/afv001>
3. BGS. (2014). Fit for Frailty Part 1. https://www.bgs.org.uk/sites/default/files/content/resources/files/2018-05-23/fff_full.pdf (Accessed: March 5th 2025)
4. Pearson, G. M. E., Winter, R., Blundell, A., Masud, T., Gough, J., Gordon, A. L., Henderson, E. J. (2023). Updating the British Geriatrics Society recommended undergraduate curriculum in geriatric medicine: a curriculum mapping and nominal group technique study. *Age and Aging* 52(2), 1 – 8. <https://doi.org/10.1093/ageing/afac325>
5. General Medical Council. (2018). Outcomes for Graduates. https://www.gmc-uk.org/-/media/documents/outcomes-for-graduates-2020_pdf-84622587.pdf (Accessed: March 5th 2025)



Figure 1: Word Cloud of common words or phrases used to describe frailty by research participants

Conclusion and Future

Aligning with existing evidence, a shared definition or understanding on the concept of frailty was not demonstrated. All participants agreed that frailty is a difficult concept to teach, with current teaching being delivered on an opportunistic basis. To better prepare students to look after patients living with frailty, medical curricula locally and nationally must look to add frailty as an overarching, formal theme. Applying a range of teaching methods in different settings was proposed as the best way to approach teaching on this topic. This innovative research provides new insights from experts in their field on how frailty is defined and how teaching this topic should be approached, informing local curriculum redesign processes and potentially other curricula beyond this.