Background
The University of Massachusetts Medical School (UMMS) has been a pioneer in the use of
Standardized Patients (SPs) in medical education with the establishment of its program in 1982.
Since its inception, the UMMS SP program has employed geriatric SPs as an integral component
of its workforce. The current geriatric SP contingent ranges in age from 60 to 84 years of age.
Of the current approximately 150 SPs in the UMMS program, 44, almost a third, are over 60
years old. Older SPs having retired from their primary career may theoretically have more free
time available, especially during daytime hours. However, they also frequently have multiple
competing interests and activities, and travel more frequently as do many American retirees.
Most UMMS SPs participate in the program not for financial gain but because of a strong desire
to assist with the training of future physicians and health care professionals. They also bring a
rich background from prior careers and “life experiences” to the job, many as former physicians,
nurses, college professors, journalists, bankers, schoolteachers and military personnel.

Challenges encountered more commonly with older SPs include:
1. visual and hearing impairment
2. physical findings not consistent with case materials
3. more frequent acute and ongoing chronic illnesses
4. difficulty with travel to training sites
5. inexperience and limited dexterity with use of computers
6. development of cognitive impairment which can adversely impact consistent
   portrayal of case material and accuracy on written and verbal evaluations of
   learner performance

Strategies that we have employed to counter these challenges include:
1. modification of format for case materials
2. modification of training protocols
3. modification of length of training sessions
4. provision of assistance with transportation
5. more frequent evaluation of older SP performance

As geriatric education occupies a more significant position in medical school curriculum the
need for robust geriatric standardized patient program will become important and presumptive
planning to address challenges is essential.

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