

Ready for the Aging Population? A Student Perspective Needs Assessment of Geriatric Education Among Graduating Physician Assistant Students

Kelsey Henriquez, MPAS, PA-C; Jonathon Leja, MD

ABSTRACT

Introduction: Physician assistants/associates (PAs) play a key role in caring for the aging adult population, but PA education in geriatrics is highly variable. We performed a student-perspective needs assessment to better understand the geriatrics curriculum in the University of Wisconsin School of Medicine and Public Health Master of Physician Assistant Studies program prior to curricular redesign.

Methods: We conducted a cross-sectional survey of graduating PA students to assess their opinions on a 2-week preclinical geriatrics module. Using 5-point Likert-scale questions, students rated the module's overall value, applicability, and their confidence in key geriatric knowledge and skills. Responses were analyzed using descriptive statistics.

Results: All 60 students completed the survey; 73% provided a positive rating (mean, 3.87/5). Relevance to future careers had the highest mean (4.27). Confidence in specific geriatric skills varied: students reported feeling most confident in primary care for older adults (mean 4.10) and eliciting patient priorities (mean 4.02). They felt least confident in applying the 4Ms (What Matters, Medication, Mentation, and Mobility) Framework (mean, 2.52), which was not included in the curriculum. Although dementia care and geriatric pharmacology had mean scores above 3, they were the most frequently selected topics for additional education (78% and 67%, respectively). No significant differences were observed across cohorts.

Conclusions: Student opinion on the preclinical geriatric curriculum was positive overall. While topics such as older adult primary care and eliciting patient priorities appear to be strengths, opportunities for curricular enhancement include incorporating the 4Ms Framework and strengthening instruction in dementia care and geriatric pharmacology. These learner-centered insights will help inform curricular redesign and support broader efforts to evaluate and enhance geriatrics education in PA programs locally and nationally.

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Author affiliations: University of Wisconsin (UW) School of Medicine and Public Health Master of Physician Assistant Studies Program, Madison, Wisconsin (Henriquez); Division of Geriatrics and Gerontology, Department of Medicine, UW School of Medicine and Public Health, Madison, Wisconsin (Leja).

Corresponding author: Kelsey Henriquez, MPAS, PA-C, University of Wisconsin School of Medicine and Public Health; 750 Highland Ave, Madison, WI 53705; email kelsey.henriquez@wisc.edu; ORCID ID 0000-0002-8682-278X

INTRODUCTION

Physician assistants/associates (PAs) are seeing increasing numbers of older adult patients as the population ages.¹ This demographic shift—driven largely by Baby Boomers reaching age 65 by 2030—has long been anticipated by clinicians and educators. At the same time, the health care workforce faces a growing shortage to care for older adults. PAs have long been identified as playing an important role in meeting the health care needs of this population in Wisconsin and beyond, given their emphasis on generalist training and collaborative practice.²⁻⁶

Based on 2023 data from the National Commission on Certification of Physician Assistants (NCCPA), an estimated 943 certified PAs nationwide reported geriatrics as their principal clinical practice area, accounting for approximately 0.7% of the certified PA workforce. In Wisconsin, 1.1% of PAs identified their primary specialty as geriatrics or geriatric medicine.^{1,7} Of PAs nationally who practice specifically in geriatrics, 2.9% have completed dedicated postgraduate training in this

specialty, compared with 5.7% of all certified PAs—across all specialties—having completed some form of dedicated postgraduate training. From 2019 to 2023, although the absolute number of PAs practicing in geriatrics increased, the proportion entering the field declined slightly, reflecting stagnant growth relative to the overall PA workforce. It is important to note that while fewer than 1% of PAs in the United States indicate geriatrics as their primary practice area, the vast majority—over 90%—provide care

to older adults in their practice.¹ This trend is expected to intensify as the US population continues to age.

With such a large percentage of PAs seeing geriatric patients, strong educational curricula in geriatric medicine for all PAs are essential. The Accreditation Standards for Physician Assistant Education mandates that PA programs deliver didactic instruction spanning the entire lifespan, with specific inclusion of older adults, and that supervised clinical practice experiences provide students with direct exposure to the care of older patients.⁸ The way in which PA programs meet this compliance requirement is varied and difficult to study given the lack of available data, particularly regarding didactic curricula. Similarly, little is known about how PA programs incorporate standards that align with the American Geriatrics Society (AGS) minimum competencies for graduating medical students.⁹

Regarding PA clinical curriculum, according to the Physician Assistant Education Association (PAEA) 2018 Clinical Curriculum Report, PA programs reported that, on average, 25% of clinical exposure for their most recent graduates involved older adult patients (> 60 years old). The mean minimum contact time with geriatric patients is 159 hours. Of 223 programs, 23 require a geriatrics rotation.¹⁰ At the University of Wisconsin School of Medicine and Public Health (UW SMPH) Master of Physician Assistant Studies program, the geriatrics curriculum includes a 2-week module during the didactic year, comprising 19 hours of lectures, 1 hour of active learning, and 3 hours of case-based review. This module is supported by faculty from a large Division of Geriatric Medicine. Didactic instruction is followed by a clinical-year goal of logging at least 150 geriatric patient encounters, but a geriatric medicine rotation is not required.

In light of the increasing need for PAs to have strong training to care for the aging population, we initiated a first step toward curricular redesign at our institution by performing a needs assessment driven by student perspectives. The most recent broad-level needs assessment in PA geriatric curriculum was published more than 20 years ago—in 2003—and was assessed from the perspective of PA program directors, practicing PAs, and geriatricians.¹¹ In more recent literature, needs assessments have focused on targeted skills or knowledge within geriatric medicine.¹² Thus, we identified an opportunity for an updated, broad needs assessment. To our knowledge, this is one of the first learner-centered needs assessments of its kind in PA education and may serve as a foundation for curricular updates that better prepare graduates to care for older adults and help ensure alignment with updated best practices and educational standards published by the AGS.⁹

The needs assessment aimed to explore graduating PA student perspectives on the strengths and gaps in their geriatrics didactic education. These insights were informed by their clinical experiences and anticipation of entering practice, rather than

by surveying students shortly after completion of the didactic geriatric module. Surveying this group also allowed comparison of student opinions with AGS graduating medical student competencies and provided a rarely described but essential perspective for curricular reform.⁹ Graduating students offer a valuable viewpoint, having completed both didactic and clinical training and preparing to enter clinical practice.¹³ Capturing their insights at this transitional point is critical for informing curricular improvements. By surveying graduating PA students at our institution, we aimed to leverage their experiences to guide future curriculum redesign.

METHODS

We conducted a cross-sectional survey of 60 clinical-year students in the UW SMPH PA program. Students in the sample represented all available curricular tracks: full-time at the main campus in Madison, full-time at the Platteville and Wausau distant campuses, and part-time asynchronous distance education. Full-time students complete didactic training in 1 year, and part-time students in 2 years. All students, regardless of curricular track, complete their clinical education on a full-time basis over 12 months after didactic training.

All clinical-year students are required to complete 4 core rotations (family medicine, internal medicine, emergency medicine, surgery) and 1 elective rotation. All students return to campus for an end-of-rotation testing week after each rotation, including a summative evaluation week after the 4 core rotations. Survey participants were approached during the summative evaluation week, prior to their elective rotation approximately 2 months before graduation. This timing allowed us to survey students with the greatest exposure to both didactic and clinical training. The setting and timing were selected to maximize survey participation, as this was a mandatory in-person curricular session. All participants were in good academic standing and had completed the standard didactic sequence, including the geriatrics module.

The survey was administered via the Qualtrics platform (Qualtrics, LLC) and included 22 questions beginning with demographic data collection. The bulk of the survey consisted of 5-point Likert-scale questions, with response options ranging from strongly disagree (1) to strongly agree (5). Questions were written based on the Kirkpatrick Model Framework to assess student reactions, perceived knowledge and skills acquisition, and application in clinical settings.^{14,15} Finally, students selected from a list of 19 core geriatric medicine topics those for which they desired more instruction. Survey content was informed by the existing curriculum and AGS competencies.⁹ The survey was designed collaboratively by both authors and reviewed for appropriateness by PA program curricular staff. Participation was voluntary and did not affect academic standing. Informed consent was provided, and the study was deemed exempt from institutional review board oversight.

Table 1. Graduating Physician Assistant Student Demographics, N=60

Characteristics	N (%)
Age (years) Range, 20 – 41	Mean, 23.8; SD, 3.5
Gender	
Female	49 (82)
Male	11 (18)
Nonbinary/other	0
Race	
White	54 (90)
Asian	2 (3)
American Indian or Alaska Native	4 (7)
Ethnicity	
Not Hispanic or Latino	59 (98)
Hispanic or Latino	1 (2)
State of residence	
Wisconsin	41 (68)
Minnesota	9 (15)
Illinois	2 (3)
Michigan	4 (7)
Other	4 (7)
From a Health Professions Shortage Area	
No	39 (65)
Yes	21 (35)
Cohorts by campus location	
Madison main campus full-time track	36 (60.0)
Platteville and Wausau distant campuses full-time track	12 (20.0)
Asynchronous part-time distance education track	12 (20.0)

Descriptive statistics and frequencies were used to characterize participant demographics, Likert responses, and student-selected topics from the list of 19 core topics. To assess differences in Likert responses among student cohorts at different instructional sites, a Kruskal-Wallis test was conducted for each question. This nonparametric test was chosen because of its appropriateness for ordinal data with smaller cohort sample sizes. *P* values <.05 were considered statistically significant. Statistical analysis was performed using Python version 3.12 (Python Software Foundation) with OpenAI's GPT-4 (OpenAI) used only to guide data organization and analysis under direct author oversight.

RESULTS

All 60 graduating PA students invited to complete the survey did so. Table 1 shows participants' demographic information, and Table 2 shows participants' career plans and prior experience related to geriatric medicine. The average time to complete the survey was 6.8 minutes (range, 2.8–48.4 minutes).

The majority of responses to Likert questions assessing reaction to the curriculum and its applicability to clinical settings were positive, with at least 60% of students reporting agree (4) or strongly agree (5). We considered agree (4) and strongly agree (5) as positive responses and disagree (2) and strongly disagree (1) as negative responses. Figure 1 displays the frequency of all student

Table 2. Graduating Physician Assistant Student Geriatric Career Plans and Prior Experience, N=60

Career Plans and Prior Experience	N (%)
Plans to enter primary care	
Yes	27 (45.0)
No	21 (35.0)
Unknown	12 (20.0)
Prior clinical experience in geriatrics	
Yes	48 (80.0)
No	12 (20.0)
Personal/family experience in geriatrics	
Yes	44 (73.3)
No	16 (26.7)

Table 3. Frequencies of Student-Selected Topics for Additional Education in Geriatrics

Topic	% Who Selected Topic
Geriatric pharmacology	78.3
Dementia diagnosis and treatment	66.7
Decision-making capacity evaluation	56.7
Urinary incontinence evaluation and management	56.7
Delirium diagnosis and treatment	53.3
Palliative care	53.3
BPSD and agitation management	50.0
Normal aging physiology	50.0
Advance care planning	46.7
Geriatric depression	43.3
Osteoporosis evaluation and management	43.3
Fall evaluation and management	41.7
Pressure injury evaluation and management	40.0
Geriatric nutrition	38.3
Frailty diagnosis and management	25.0
Transitions between care settings	20.0
Prognostication skills	13.3
Eliciting patient priorities and values	13.3
Levels of care settings	11.7

Abbreviation: BPSD, Behavioral and Psychologic Symptoms of Dementia.

responses to these questions. Means were above 3, with medians of 4 for all items, indicating generally positive views of the module's value and applicability. "Envisioning use of the module content in future career" had the highest mean (4.27), while "module teaching appropriate content" had the lowest mean (3.78). When comparing responses among the 3 student cohorts, there were no statistically significant differences in median scores using the Kruskal-Wallis test (*P*>.36).

Likert questions assessing student confidence in specific geriatric clinical skills yielded more mixed responses. Figure 2 displays the frequency of all student responses to these questions. Four of 8 skills (primary care, hospital care, mobility, and patient priorities) had greater than 50% positive responses (means, 3.83–4.10). Notably, 1 skill—applying the 4Ms (What Matters,

Medication, Mentation, and Mobility) Framework—had more than 40% negative responses (mean, 2.52). This was the only skill with a mean less than 3. Means for dementia care, assessing capacity, and appropriate prescribing ranged from 3.00 to 3.50. Again, the Kruskal-Wallis test indicated no statistically significant differences in median responses among the 3 cohorts ($P > .39$).

When selecting core content topics for which students desired more education (Table 3), the majority chose geriatric pharmacology (78%) and dementia diagnosis and treatment (67%). Decision-making capacity evaluation, urinary incontinence evaluation and management, delirium diagnosis and treatment, and palliative care were selected by 50% to 60% of students. Behavioral and psychological symptoms of dementia/agitation management and normal aging physiology were selected by half the sample. Fewer than 25% selected frailty evaluation and management, transitions in care settings, prognostication, eliciting patient values, and levels of care settings. Table 3 displays the full frequency of selections for all 19 topics.

DISCUSSION

We sought to better understand the perspectives of students graduating from our PA program on the dedicated geriatric curriculum during their preclinical education. Students had an overwhelmingly positive initial reaction to the curriculum, with most appreciating its value. When assessing opinions related to clinical applicability and future use, the majority also responded positively, suggesting they connected the content to their clinical-year experiences and anticipated career goals. Although we did not collect data on actual use of this knowledge during clinical rotations or in future practice, student perception of its relevance is encouraging. As mentioned previously, PAs across all specialties increasingly care for older adults and encounter geriatric syndromes; thus, early recognition of the curriculum's value by graduating students is noteworthy. It was also encouraging to see that students across all cohorts—including those in the part-time asynchronous track—reported similar experiences.

Figure 1. Graduating Physician Assistant Student Opinions on Value and Applicability of Didactic Geriatric Medicine Curriculum

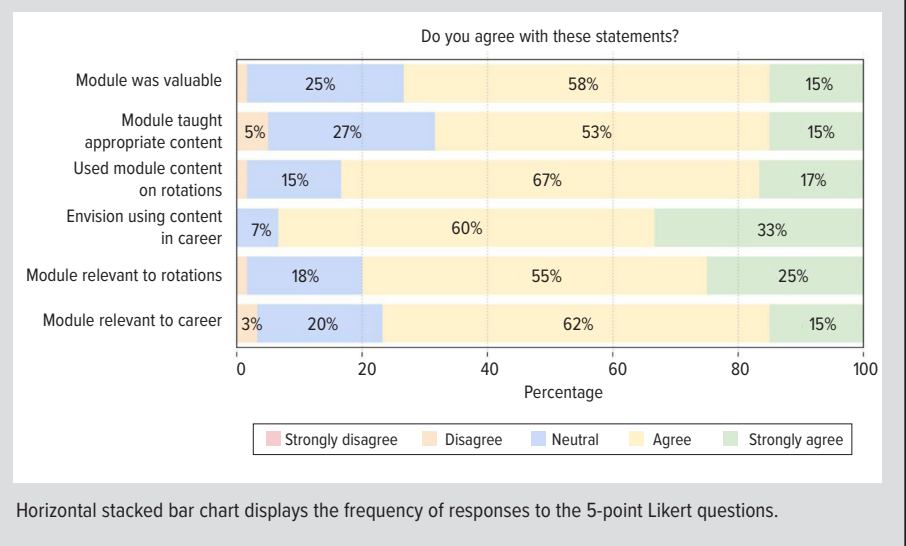
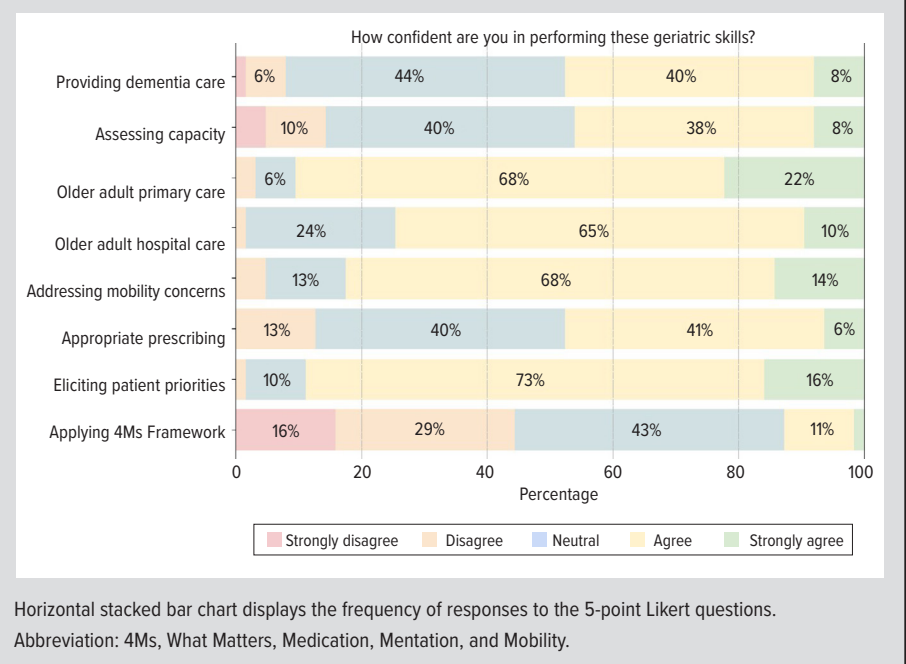


Figure 2. Graduating Physician Assistant Student Responses About Confidence in Using Core Geriatric Knowledge and Skills



Student perspectives on specific curriculum topics revealed several insights pointing to perceived strengths, weaknesses, and opportunities for change. Topics such as older adult primary and hospital care, evaluating mobility concerns, and eliciting patient priorities were clear strengths, with most students reporting comfort employing these skills. Interestingly, eliciting patient priorities was among the least frequently selected topics for additional education, suggesting it is already well taught and may represent an area where instruction could be streamlined.

In contrast, students indicated a desire for more education in dementia care, appropriate prescribing, and assessing decisional

capacity—despite these areas having mean ratings above 3. These topics may therefore be important targets for curricular enhancement.

Although the curriculum already devotes substantial time to dementia care and prescribing, future redesign efforts may benefit from incorporating more active learning strategies or updated approaches to content delivery and engagement. Assessing decisional capacity is not formally addressed in the current curriculum, making it notable that its mean score was comparable to other topics currently taught.

The study did not capture the variable, unstructured geriatric learning that occurs during clinical rotations. Assessing decisional capacity may be encountered informally during these experiences without explicit instruction. The strong negative response to applying the 4Ms Framework is unsurprising, as it is not currently part of the curriculum.¹⁵ This finding also supports the survey's validity. The 4Ms is an evidence-based framework increasingly relevant in clinical practice, particularly since the Centers for Medicare and Medicaid Services recently adopted it as a quality metric for health systems.¹⁶

Students infrequently selected frailty, prognostication, care transitions, or levels of care for additional education, though it is unclear whether this reflects sufficient coverage or lower perceived value. Through continued collaboration between the PA program and the Division of Geriatrics and Gerontology, curricular redesign will prioritize areas most in need of enhancement based on these findings.

Though our survey design limits the depth of conclusions that can be drawn in connection to curricular change, it provides a valuable starting point for incorporating student perspectives. Strengths include the collaborative and multidisciplinary approach to survey development, guided by the Kirkpatrick Framework and national graduating medical student standards.^{9,14} However, cognitive interviewing of students was not conducted during survey design. The 100% response rate and time spent completing the survey likely reflect the availability of class time for participation and contribute to confidence that the perspectives captured are representative of the graduating cohort.

When considering curricular improvement in geriatric medicine for PA students, the lack of national comparative data is a challenge. Limited information currently exists that allows comparison or reporting across PA programs nationwide. Given the increasing need for providers in all specialties to have a strong foundation in geriatric care, it would be beneficial for standard PA program reporting tools, such as the PAEA curriculum reports, to incorporate geriatric-specific content. Additionally, the current Accreditation Review Commission on Education for the Physician Assistant standards are broad and lack specificity in geriatric medicine. These systems-level limitations complicate curricular change and necessitate reliance on local institutional data to guide redesign.

CONCLUSIONS

PAs are increasingly filling essential care gaps for older adults and therefore require a modern, guideline-based foundation to care for this vulnerable and complex population. This cross-sectional survey provides the perspectives of students graduating from the UW SMPH PA program on geriatric medicine education within an institution that benefits from strong partnership with a large Division of Geriatric Medicine and a dedicated 2-week preclinical curriculum. Published needs assessments for PA education in geriatrics over the past 20 years are sparse. This study is among the first to center on learner perspectives—an increasingly important consideration when planning curricular change.

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