It was my 2012 summer semester at UCF when I was originally introduced to the research arena. I participated in the Summer Research Academy, where I was exposed to the numerous opportunities available at UCF, as well as provided an in depth explanation to the research process. It was this experience that sparked my interest and gave me the tools to pursue my own endeavors in research. I knew I wanted to work with one of my professors and it was only a matter of time before I realized just who that would be. Dr. Sikorska had been my medical sociology professor in the Fall of 2010. Her class in my opinion, was expertly traditional in the sense that she did not rely on supplemental material more than her own ability to profess. Our class was encouraged to engage her and our discussions were always substantive. When I approached her with my interests in working together on a research project, she happily obliged.

We began our meetings with brainstorming ways to approach a topic Dr. Sikorska had been interested in studying for a while. It involved the presence, or lack thereof, of palliative care education in US medical schools. Once our GSA abstract was accepted, collaboratively we worked on compiling data from the Accreditation Council of Graduate Medical Education’s (ACGME) website, carefully reviewing whether or not the 141 US medical schools, as listed by AAMC, had a key focus on geriatric palliative medicine/care. The results outlined that in total, 64 (45%) schools offered ACGME accredited fellowships in Hospice and Palliative Medicine, and 88 (62%)schools offered fellowships in Geriatric Medicine. Of the 64 schools that offered Hospice and Palliative Medicine fellowship, 46 (72%)covered geriatric aspects of palliative care, compared to 57 (65%) schools that offered Geriatric Medicine fellowships. The most common type of training in geriatric palliative care were lectures and rotations in long -term care settings (e.g., nursing homes).

Our overall conclusion was that there is a lack of graduate education in palliative medicine and that a minute number of physicians are trained in this specialty. This fact in relation to treatment of nonmalignant illnesses that are the major causes of death among older people is staggering and begs the question, why aren’t our schools focusing more on this crucial field of medicine? I would like to explore this topic more in depth and plan to investigate the potential causality for the lack of specialized training in palliative care.