

# Geriatrics for Specialists: Increasing Aging Expertise in Surgical and Related Medical Specialties

## *Specialty Organizations, Medical Schools, Academic Medical Centers Can Introduce Geriatric Content*

*A number of strategies are available to leaders ready to make sure their graduates are ready for the patients they will treat:*

- **Expanding the Geriatrics Knowledge Base in Specialty Care**

*Leaders in the surgical and medical specialties can and should point fellows and junior faculty to research opportunities that increase the knowledge needed to guide specialists' care of older people.*

- **Encouraging Junior Faculty to Gain Geriatrics Expertise**

*With mentoring, specialty organizations and academic institutions can help younger faculty pursue geriatrics-related career development grants.*

- **Incorporating Geriatrics into Residency Education**

*Many tools exist for academic medical centers to add geriatrics content across the specialties in residency education.*

- **Encouraging Certifying Boards and Residency Review Committees to Include Geriatrics Content**

*Specialty organizations and medical schools can work with boards to integrate geriatrics into their exams and with Residency Review Committees to include geriatrics in the training requirements that they establish.*

- **Promoting Collaboration Across Specialties**

*Specialty organizations and academic medical centers can encourage and create opportunities for collaboration in research, training, and patient care.*

Surgeons and related medical specialists are increasingly required to address the unique needs of older adults. While people over the age of 65 now account for only 12% of the U.S. population, they undergo almost 40% of surgical procedures. Adults over 65 are twice as likely to require one of the 12 most common surgical procedures as those who are between 45 and 64. They are also more likely to suffer a wide range of post-operative complications, and often need guidance in making the transition to another facility or their home after surgery.

In the future, the provision of high quality, "geriatrically-sensitive" care will become an even more critical issue for surgeons and medical specialists. As baby boomers age, conservative estimates suggest that more than 78 million Americans will be 65 and older by 2050. Along with these trends, striking skill and technology improvements in everything from knee replacements to liver transplants are enlarging the proportion of older adults (particularly the very old) who are candidates for surgery and other interventions.

## The JAHF Contribution



Since 1992, the John A. Hartford Foundation has awarded \$12.4 million to a variety of projects to improve the care older patients receive, from admission to the hospital through rehabilitation, when they need surgery or specialty medicine. Leaders in anesthesiology, emergency medicine, general surgery, gynecology, ophthalmology, orthopaedic surgery, otolaryngology, physical medicine and rehabilitation, thoracic surgery, and urology have participated in the initiative. Among the projects, funding has supported the creation of the Dennis W. Jahnigen Career Development Scholars Awards Program and the Geriatrics Education for Specialty Residents program. These grants are part of \$57.8 million awarded to support faculty development in geriatric medicine.

*"We have a better understanding of what works and what doesn't when advocating for integrating geriatrics into education, research, and training in our disciplines."*

*Dr. Mark Orringer is shown with a post-surgical patient. He has challenged the Thoracic Surgery Directors Association, which is composed of the leaders of that specialty's training programs, to increase the extent to which geriatrics issues are addressed during their residents' training.*



Yet few specialists receive specific training in geriatric principles and practice during residency or through continuing education. A national and growing shortage of certified geriatricians means that the expertise needed to help surgeons and related medical specialists with older patients is often unavailable. Surgical and medical specialists, therefore, must provide comprehensive care for their older patients.

### Good Geriatric Care is a Shared Responsibility

By promoting geriatric knowledge among surgeons and related specialists, specialty organizations and schools of medicine can help improve outcomes among older patients undergoing surgical procedures.

Over the last ten years, the leaders of the Geriatrics-for-Specialists Initiative have focused on:

- expanding the geriatrics knowledge base in specialty care
- encouraging junior faculty to gain geriatrics expertise
- incorporating geriatrics into residency training
- encouraging certifying boards and residency review committees to include geriatrics content
- promoting collaboration across specialties

### Expanding the Geriatrics Knowledge Base

In 2004, the Geriatrics-for-Specialists Initiative published *New Frontiers in Geriatrics Research: An Agenda for Surgical and Related Medical Specialties* (available online at [www.americangeriatrics.org](http://www.americangeriatrics.org)). *New Frontiers* identifies specialty-specific and cross-cutting areas where further research is needed. It has already become an important resource for researchers, and project leaders plan to update it periodically. Each specialty organization has also endorsed and published a common statement on care standards for the older adults they treat.

Medical school deans, department chairs, and division chiefs are encouraged to alert faculty members and trainees to the information contained in *New Frontiers*. Educators are encouraged to direct emerging investigators toward research concerning the impact of geriatric syndromes on surgical outcomes. Faculty leaders can further stimulate research on aging with individual mentoring and work groups for younger investigators.

Specialty organizations and academic institutions can join together to inform the National Institutes of Health of opportunities to integrate geriatrics issues into their research

programs. These groups can encourage appropriate Institutes to devote research funding to geriatrics. For example, the National Heart, Lung, and Blood Institute could fund special data analyses of the “oldest old” in large cardiac trials.

### Encouraging Junior Faculty to Gain Geriatrics Expertise

Since 2002, the Hartford Foundation and the Atlantic Philanthropies have funded the Dennis W. Jahnigen Career Development Scholars Awards Program. These two-year grants currently provide \$200,000 (including an institutional match) to support young investigators. To date, 30 Scholars have been funded, and have produced an astonishing number of presentations and published papers. Several Scholars have gone on to compete successfully for National Institute on Aging funding to continue their research.

Medical schools can encourage an interest in careers in aging research among young investigators by promoting the Jahnigen Awards and by providing institutional support for trainees focused on the geriatrics aspects of individual specialties. National specialty organizations should seek funding for aging research and create opportunities to present aging research at national and regional meetings and in special series on aging in their journals.

### Incorporating Geriatrics into Residency Training

The Geriatrics Education for Specialty Residents program has provided 29 small two-year grants each to support specialty programs designed to establish a structured geriatrics curriculum for trainees. Programs have taken a variety of approaches, including bedside rounds focused on geriatrics issues, home visits, joint geriatrics/specialty clinics, and development of curricular tools such as pocket cards and case studies. Department chairs and division chiefs can work with their faculty to integrate geriatrics into the teaching of residents and medical students.

### Encouraging Certifying Boards and Residency Review Committees to Include Geriatrics Content

Since its inception, the project has urged specialty boards and residency review committees to incorporate geriatrics content into certifying and in-training exams and to include geriatrics as a content area in residency training guidelines. Anesthesiology, gynecology, physical medicine and rehabilitation, and urology have now incorporated geriatrics requirements into their residency guidelines, and the American Board of Surgery has appointed individuals with geriatrics expertise to its test-writing committee.

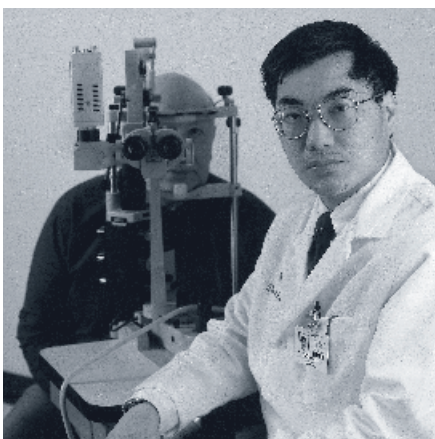
Medical schools are encouraged to incorporate geriatrics content into third-year required and fourth-year elective rotations in the surgical and related medical specialties. Residency training programs are also encouraged to ensure that trainees have adequate exposure to geriatrics, through provision of decision-making tools,



*Dr. Diane M. Hartmann (front), Associate Professor of Obstetrics and Gynecology, University of Rochester, is shown here overseeing then resident, Dr. Tracey Thomas-Doyle (rear), who is with an elderly patient. She is working with the Foundation project to enhance the geriatric content of surgical and medical specialties.*

*Educators are encouraged to direct emerging investigators toward research concerning the impact of geriatric syndromes on surgical outcomes.*

Dr. Andrew G. Lee is shown with a patient in the University of Iowa eye clinic. He is a member of the interdisciplinary leadership team of the Foundation project focused on increasing the geriatric content of surgical and medical specialties.



journal clubs, and other initiatives. Specialty organizations are encouraged to work with Boards to integrate geriatrics knowledge into their exams and with Residency Review Committees to include geriatrics in the training requirements that they establish.

## Change Through Collaboration

At the national level, project leaders from all ten specialties and geriatrics have established the AGS Section for Surgical and Related Medical Specialists, which is governed by a council of leaders appointed by participating specialty organizations. (The goal of these organizations is to ensure that the section is sustainable without outside grant funding.) Project leaders have successfully advocated for an increased focus on aging in their specialty organizations. Many of these organizations now have Aging Committees and have begun offering continuing education programs on the care of older adults, and the section's annual continuing education program routinely draws upward of 200 attendees.

"This approach should serve as a model for academic health centers and health systems seeking to promote increased attention to geriatrics by specialists," commented George Drach, MD, professor of urology at the University of Pennsylvania and the council's chair. "Over the years, the participating specialties have learned a great deal from each other. We have a better understanding of what works and what doesn't when advocating for integrating geriatrics into education, research, and training in our disciplines."

## For More Information

Medical school and specialty society leaders can easily find resources such as:

"New Frontiers in Geriatrics Research: An Agenda for Surgical and Related Medical Specialties"  
Solomon DH, LoCicero J 3rd, Rosenthal RA, eds.  
American Geriatrics Society, 2004  
Available at <http://www.frycomm.com/ags/rasp/>

[www.americangeriatrics.org](http://www.americangeriatrics.org) (see Geriatrics-for-Specialists button on left hand toolbar)

A resource for the latest information on programming of—and links to—the participating specialty organizations, plus calls for proposals for the Jahnigen Career Development Scholars Awards Program (issued annually) and the Geriatrics Education for Specialty Resident Program (issued bi-annually) are available. Another useful AGS resource is *Geriatrics at Your Fingertips* (available in print, PDA, and web versions), a comprehensive resource for clinicians who care for older patients.

"Geriatrics for Specialists in the Surgical and Related Medical Specialties: Implementation of Curricula and Training Experiences"  
Jane F. Potter, John R. Burton, et al.  
*Journal of the American Geriatrics Society*, March 2005

This pamphlet is available at the Web site of the John A. Hartford Foundation at [www.jhartfound.org/IDEAS/specialists](http://www.jhartfound.org/IDEAS/specialists).

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