

Medicine's Missing Resource: Geriatrics Faculty Needed to Prepare Doctors for Patient Care

Developing Researchers and Educators With Geriatrics Expertise Requires Strategic Recruitment and Programming

Academic medical centers found that success in developing a cadre of faculty trained in geriatrics depends on:

- *Recruitment into geriatrics and fellowship training.*
- *Protected time for advanced fellowship training and junior faculty and fellows to train, conduct research, and pioneer new models of care.*
- *Resources in the form of salary support, lab space, equipment, computers, research expertise, and access to patient populations.*
- *Mentorship and career development support from senior faculty to guide new academics through the promotion process at their medical schools.*
- *Recruitment and preparation of fellows for career development training opportunities in the years immediately after their fellowships.*
- *Leaders at the institutional and departmental levels who prepare the structures needed for recruitment, career development and mentoring of advanced fellows and junior faculty.*
- *Point persons at divisions with significant numbers of older patients who are trained in the geriatrics issues of their specialty.*

At academic medical centers in the United States, the demand for faculty with training in geriatrics—the physicians who teach students, residents, and fellows; who conduct research to advance knowledge about aging, health services and systems; and who pioneer new models of care for the elderly—consistently outstrips supply.

Relatively little infrastructure exists to support the careers of junior faculty and fellows in geriatrics. As a result, newly minted physicians who wish to pursue careers in teaching and research in geriatrics face formidable barriers and stiff competition from other disciplines, and many abandon academics for clinical practice. But without the necessary physician and research faculty, American medical education cannot fulfill its mission of preparing tomorrow's doctors for the practice challenges they will face. Yet many academic medical centers have training grants or other resources that can be used for geriatric enrichment with few changes in their current programming.

The JAHF Contribution



Since 1988, the John A. Hartford Foundation has awarded \$31.95 million throughout the United States for advanced fellowship training in geriatrics. The Centers of Excellence program provides academic medical centers with flexible funding to strengthen their capacity to support junior faculty and fellows in geriatrics and faculty members from other disciplines interested in geriatrics. The Centers use their grants, in different proportions depending on the local institutions' resources, to fund advanced geriatric training fellowships and support junior faculty working to establish themselves in independent academic careers. The program has trained over 200 advanced fellows in geriatrics and nearly 300 faculty members in geriatrics and other disciplines.

Developing junior faculty and fellows is a long-term investment.



Addressing the Shortage of Medical School Faculty Trained in Geriatrics

The shortage of geriatrics-trained faculty at U.S. medical schools exists at all levels: undergraduate medical education, residency training, and across the subspecialties of internal medicine and the medical and surgical specialties. Without the necessary physician and research faculty, American medical education cannot fulfill its mission of preparing tomorrow's doctors for the practice challenges they will face. Geriatrics-interested and qualified faculty members are needed to teach students, residents, and fellows about the health issues of older people, to conduct research to advance knowledge about aging and health services and systems, and to pioneer new models of care for the elderly.

Medical schools as a whole devote little infrastructure to support junior faculty and fellows in geriatrics in rising to the rank of associate professor. Some of this is due to the relatively low academic standing of geriatrics compared to other disciplines, but much of it is due to lack of attention from administrators to the need for geriatric faculty and the resulting lack of research time to develop academic careers in geriatric medicine.

For most disciplines, federal dollars and clinical revenues fund advanced training or initial board certification, the period when future independent researchers and teaching professors learn the skills they need to succeed. In geriatrics, federal dollars only support fellowships for one year. At the critical period of junior faculty and fellows' career development, when they need protected time, financial pressures force many to abandon academics in favor of clinical practice, which provides them a reliable source of income.

The John A. Hartford Foundation's Centers of Excellence program is one mechanism for providing academic medical centers with flexible matching funding to support the development of junior faculty and fellows at this critical career juncture. Schools receiving the funds can decide where to direct these resources, whether that be developing a cadre of clinician educators, laboratory or clinical researchers, or physicians pioneering new models of care. The program also allows schools to create training opportunities in geriatrics for faculty members from other disciplines, with the aim of spreading knowledge of geriatrics more broadly. Much more support is needed from society and from within academic medicine.

Lessons Learned

The 32 academic health centers that have received Centers of Excellence grants have had tremendous success in training junior faculty and fellows in geriatrics. Developing junior faculty and fellows is a long-term investment, requiring between three and six years. Those who are pursuing research need lab space, equipment, computers, research expertise such as data and statistical management support and, if conducting clinical research, access to patient populations. Other medical schools

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seeking to develop a cadre of geriatrics-trained faculty can learn from the lessons and experiences of the Centers of Excellence:

Provide Resources and Protected Time

- Junior faculty and fellows in geriatrics need salary support for protected time—away from clinical and administrative responsibilities—to conduct research, train to become clinician educators, and pioneer new models of care. This may include support for degree programs in clinical research skills or public health.
- Medical schools and academic health centers can better find resources for that support by matching the mission of the school and academic department to the capacity and expertise of the institution. For instance, schools that have research capacity are more likely to obtain funding for research training in geriatrics, and likewise for clinician educators in geriatrics.
- Some institutions blend advanced fellowships with instructor-level appointments, allowing junior faculty to do some clinical work to generate partial salary support while still focusing on research training.
- Regional collaboration with other academic medical centers may provide opportunities to pool advanced research and clinical training resources for fellowship training. Similarly, local foundations and individual donors often find support of pilot research awards or junior faculty to be compelling.

Structured Mentorship and Career Development Support Is Critical for the Transition to Junior Faculty

- Successful programs recognize that publication strategies, grant writing skills and proposal strategies are some of the most important skills that mentors can teach. Organized support for proposal development and writing is crucial, as is moral support for trainees during the periods when first proposals are not funded.
- Junior faculty and fellows need mentorship and support to develop a career in academic geriatrics. The senior faculty who serve as mentors need support from their institutional and departmental leadership as they provide opportunities for fellows to gain experiences and training.
- Mentors can help junior faculty and fellows build a career by inviting them to co-author articles, review chapters, and other publications.
- Academic medical centers can reward outstanding work by giving achievement awards or by nominating junior faculty and fellows for national awards.

Junior Faculty and Fellows Need Guidance as They Embark on Academic Career Paths

- Because academic careers are highly specific, junior faculty and advanced fellows need formal training in preparing for their careers and opportunities for promotion.
- A school must have experienced research and teaching faculty, or access to experienced faculty, in the topical areas and research methodologies in which fellows and faculty are working.



Relatively little infrastructure exists to support the careers of junior faculty and fellows in geriatrics. As a result, those interested in careers in teaching and research in geriatrics face formidable barriers and may feel forced to abandon academics for clinical practice.

- Faculty members who oversee the career development of junior faculty and fellows in geriatrics need to have solid clinical experience in geriatrics.
- Junior faculty and fellows who are interested in developing new models of care need grounding in health systems, economics, and reimbursement in order to succeed.
- As a complement to developing academic geriatricians, schools can develop education programs in geriatrics for junior faculty and fellows in other disciplines. This way, knowledge of geriatrics can be disseminated more broadly throughout the school. Faculty members who participate in such training remain a resource and advocate for geriatrics in their respective disciplines long after the training has ended.

Recruit Strategically

- Encourage interest in geriatrics early—beginning with medical school students and residents.
- Recruit junior faculty and fellows who are committed to the long-term effort that developing an academic career in geriatrics requires.
- Use pilot research awards to attract junior faculty in other areas of medicine to research on the geriatrics patients and syndromes in their discipline.
- Add examples of geriatric patients and issues into education programs, emphasizing patients with co-morbidities, polypharmacy issues, and geriatric syndromes.
- Locate teaching and research training in good geriatric clinical sites in order to introduce students, residents, fellows and junior faculty to older patients.

For More Information

Information about recruiting and training academic geriatricians in the basic and clinical sciences and to clinician educator careers is appearing more often in the peer-reviewed literature. For example:

“Faculty Development in Geriatrics for Clinician Educators: A Unique Model for Skill Acquisition and Faculty Development”
Levine S.A., Caruso L.B., et al.

Journal of the American Geriatrics Society, March 2005.

“Building Academic Geriatric Capacity: An Evaluation of the John A. Hartford Foundation Centers of Excellence Initiative.”
Reuben D.B., Lee M., et al.

Journal of the American Geriatrics Society, August 2004

“Strengthening the Fellowship Training Experience: Findings from a National Survey of Fellowship Trained Geriatricians 1990-1998”

Medina-Walpole, A., Barker, W.H., et al.

Journal of the American Geriatrics Society, April 2004.

www.americangeriatrics.org/adgap/

The Association of Directors of Geriatric Academic Programs (ADGAP) maintains a website with program information.

This pamphlet is available at the Web site of the John A. Hartford Foundation at www.jhartfound.org/IDEAS/medfaculty.

THE JOHN A. HARTFORD FOUNDATION 55 EAST 59TH STREET, NEW YORK, NY 10022 212 832-7788

