

In this Issue:

- I. Training the Next Generation of Geriatricians
Interview with Dr. Robert Roush**

- II. Support the 2008 Caring for an Aging America Act**

- III. Free Student Membership in American Geriatrics Society**

- IV. Upcoming Conferences**
 - A. Alzheimer's Association, International Conference on Alzheimer's Disease 2008.**

 - B. The 62nd Gerontological Society of America (GSA) Annual Scientific Meeting. "Resilience in an Aging Society: Risks and Opportunities"**

 - C. American Society on Aging 2008 Conferences on Aging**
 - 1. West Coast Conference on Aging
 - 2. East Coast Conference on Aging

 - D. 2009 AMSA National Convention**

- V. Meet your Newsletter Coordinator**

- VI. Contact Information**



I. Training the Next Generation of Geriatricians



Jeremy Berger, Dr. Robert Roush, and Shivi Agrawal at the 2008 AMSA Conference in Houston, Texas

Interview with Dr. Robert Roush

By: Jeremy Berger & Katie Levine

This month we feature an interview with Dr. Robert Roush, Director of the Texas Consortium of Geriatric Education Centers (TCGEC) headquartered at the Huffington Center on Aging at Baylor College of Medicine. Dr. Roush mentors Geriatric Fellows on becoming better teachers, conducts research on personal response systems, and promotes the use of the Internet as a means to improve health care for older people. I spoke with Dr. Roush about the field of geriatrics and how we can meet the needs of frail, low income elders.

How did you become involved in the field of geriatrics?

I finished my doctorate in 1969 which then lead into a post doctoral fellowship in Washington DC. It was here that I learned about post doctoral fellowships in Medical Education, and took a job at the University of Southern California (USC). I fell in love with medical education and all its aspects and continued to live there and build a family. I then made a career move to Texas where I was given the opportunity to be the Director of the new Center of Allied Health Professions programs, in which they would be training physicians and nursing assistants. In 1985 the federal government started giving grants in geriatric education to schools of allied health, most of which were associated with medical schools. The installment of these grants moved my interest even more towards geriatric education. My education in health care paved the way for my interest in geriatrics.

When did your interest in the elderly begin? What experiences did you have before graduate school?

I attribute a large part of my initial interest in geriatrics to my 91 year old grandfather. Growing up I was often told that every old person is a page of history, and thinking of my grandfather as a part of history intrigued me. My positive outlook on growing older can be ascribed to the fact that my grandfather was very healthy till the last few days of his life. I wasn't exposed to any frail elders in nursing homes, only to my grandfather who was in great shape and rode a bicycle everyday till he was 85. If more young physicians and health professionals were exposed to healthy active elders as opposed to only those they see in acute care settings who are sick, it would help develop a greater interest in the field of geriatrics.

You teach physicians-in-training at the Baylor College of Medicine. In your experience, what are the characteristics that a geriatrician should have?

In order to be a good geriatrician it comes down to two things; one you have to like old people and enjoy their company and secondly you have to enjoy the challenge of diagnosing patients with comorbid conditions and find joy in being able to better their quality of life. Unfortunately the same characteristics it takes to be a geriatrician are the same things that push people away from it. It is a lot harder than adult patient care of a younger adult and it is often not easy to treat comorbid conditions.

The medical school curriculum at Baylor features a geriatric track. This sounds like a fantastic opportunity for students. Our AMSA Geriatrics Interest Group advocates for infusing geriatrics curriculum into medical education. Can you tell us more about the program? (How it got started, what is your role, how effective has it been, what is your vision for the program)

At Baylor, the original Program in Aging (PIA) was inspired by the Geriatric Educational Management (GEM) Units at the VA Hospitals. This directly led to the geriatric track at Baylor and was a collaborative effort started primarily as a result of Dr. Robert Luchi, the founding director of the Huffington Center on Aging, and his successor George Taffet, who is the chief in the section on geriatrics. The TCGEC was also an important asset along with the financial support of John A Hartford foundation grant. They wanted to assess how they could infuse more geriatrics into the medical school curriculum, and thus far have been successful. There is a big need to look at what we can do now to make sure there are programs in place for the future aging wave that will be here in 30 years. Because there was such a large interest at Baylor to enhance this geriatric track and make it successful many efforts went into finding grants to continue to fund the program.

Statistically, only 3.5% of US medical students take electives in geriatrics, which is not a very high number. One of the goals of the geriatric track is to increase that statistic to at least 10%. At Baylor, they have individually reached 12% because of the focus and dedication they have put into the program by using their faculty. In order to keep their faculty participating they have GACA Programs. The Geriatric Academic Career Award (GACA) aims to allow faculty members to free up some of their time, usually spent with patients to generate income, to enhance the geriatric curriculum. If there were more types of programs similar to this it would allow the educators to spend more time on the curriculum and would produce better geriatric programs in Medical Schools.

Currently at Baylor, there are 5 or 6 students on the geriatric track, which may not seem like a big number but in the grand scheme of things is very effective. These students take all 4 years of the geriatric electives and hopefully at least half will apply for geriatric fellowships.

One of your interests is the Arts in Aging Calendar. What drew you to this? What is your philosophy on the role of art and medicine?

This program was started through a field of gerontology called Late Life Creativity. There have been some really good studies that show people involved in the arts, whether it's painting, sculpting, writing, singing, acting, ect seem to have a higher quality of life. This doesn't mean that people who don't don't have a high quality of life, just that there has been a trend. Studies have also showed that elders are more driven to be creative in their later years of life. It seems that that there is a diminution in the onset of dementia, and even Alzheimer's disease, when involved with the arts which seems to slow the progression of these diseases.

Dr. Roush got involved with this program after reading a book called *Beyond the Tunnel: The Arts and Aging in America*, by Joan Hart. Ms. Hart took reprints of artwork to local nursing homes in NY and worked with older people showing them great works of art and found that they would come alive. They took that interest and started publishing a calendar that features paintings done by seniors that are at least 70 years of age. In the future, Dr. Roush hopes to further extend this interest into one day creating a museum of all different works of art, as sort of a legacy of these seniors. Dr. Roush really looks forward to seeing this program grow and will be the next chair of the Gerontological Society of America's Humanities and the Arts committee, in which they will foster this type of creative work.

Elders are a very vulnerable population that need a high quality care and good advocates. This is a factor that drew me to medicine and geriatrics. This is especially true in times of emergency and crisis situations. What drew you to work in this area and what do you think every physician-in-training should know?

An important question we need to ask and find an answer to is; Why do we become frail? As you become older you experience the loss of your reserve capacity which means that our cells stop dividing. Now, although this isn't the sole reason we age it certainly is a factor. As you lose this capacity your organ systems become more susceptible to all types of stresses, at this point frailty has set in. By strengthening the musculoskeletal it is possible to try and prevent these stresses. These factors of frailty lay the ground work for what we need to research and study. It is important to pay attention to these issues not to extend life expectancy but to increase the active life expectancy, which is the real goal.

What all physicians should know is that every person responds to frailty, and stresses caused by it, differently. In times of crisis situations, elders need a higher quality of care, such as the hurricanes of 2005 or any other type of natural disasters. Because we are unaware of when these disasters are going to occur, we need to be aware of where the frailest elders are and what their special needs are. We need to know that the first physicians to reach these elders know what to do first during disaster. It has been shown that older people react differently to the different stresses, and although this area is not well understood it is still important.

In your experiences from your program at Baylor, what do you suggest be done to expose medical students to healthy aging?

One thing would be to interview elders in their home environment as opposed to in a nursing home or in the hospital. This allows you to see them as real people instead of just patients. A famous study that was done titled *The 92 Street Y*, that was associated with the Mt. Sinai Hospital. They sent all of their residents and geriatric fellows over to the YMCA to play Bocce Ball with the old men. They played with the men for two weeks before they told them that they were medical students and doctors. It was then that they started asking them about their age related issues, once they got to know them as people.

The things that people regularly do, if older people are still doing them, those are the things that younger medical students need to see. Many elders will continue to do these everyday day tasks till the end of their life and that's our goal, to continue helping people do the things they've always done and enjoy doing for as long as they possibly can. That is the definition of active life expectancy. It has been shown that people who have a positive outlook on aging, have a 7.5 year increase on their life expectancy. If we can succeed in exposing healthy aging to the younger generations we can help prevent people from becoming afraid of the inevitable process of aging.

Dr. Roush, thank you for your time today. Do you have any final thoughts about how we can address the shortage of geriatricians for elders?

Yes, this is a problem that needs to be addressed. In the year 2029, the 37 million elder adults in the world will have doubled to 78 million which is when all the baby boomers will have attained the age of 65. There are a small number of geriatric doctors today, about 9100, which have had some type of geriatric training. Currently there are only 285 geriatric fellows in training in the US. At the way the replacement rate is going for geriatric doctors retiring and incoming, in the year 2029 we will still only have close to 9,100 geriatricians in practice despite the drastic increase in elder adults. In order to slightly address this problem we need to make sure that practicing physicians are trained efficiently to be able to see elder patients and know when to refer them to a geriatrician. Also, with the implementation of more loan forgiveness programs are what we are going to need to induce more people to go into geriatrics.

For more information, you can contact Dr. Robert Roush at the Texas Consortium of Geriatric Education Centers, rroush@bcm.tmc.edu.

The Texas Consortium of Geriatric Education Centers (TCGEC) is one of four federally funded geriatric education centers (GEC) which are among the 47 GEC's in the United States. The purpose of these centers is to expose young future practitioners to the world of aging and why we need to know about the care of older people. The TCGEC also seeks to help health professions faculty members put more into the curriculum of undergraduate and graduate health programs. And thirdly, the TCGEC provides continuing education to practicing physicians who previously have had little geriatric training.

II. Support the Caring for An Aging America Act of 2008 (S.2708)

As Dr. Roush said earlier... “The same characteristics it takes to be a geriatrician are the same things that push people away from it”... Well, the time has come to change that and draw more student doctors towards the in need area of geriatrics. THE TIME IS NOW!!!! Those of you who were able to attend the 2007 AMSA Conference in Houston, Texas may remember us mentioning the start of a petition for the Support the Caring for an Aging America Act of 2008 (S.2708). As a geriatric interest group we are the first line of support to help make this bill become a reality.

What we've done so far...

The AMSA Geriatrics Interest Group campaign to support the Caring for an Aging America Act of 2008 (S.2708) has started off with a bang! At the American Geriatrics Society Student Poster Session and Luncheon we signed up 118 health professionals comprised of students and working health care professionals in the following fields:

<u>Students</u>	<u>Working Professionals</u>
<ul style="list-style-type: none">• Medicine• Physical Therapy• Nursing• Neurology	<ul style="list-style-type: none">• Medicine• Aging Research• Physical therapy

So far the petition has over 200 signatures from people in all aspects of health care. This just shows how much in need we are in for geriatricians. Be the next one to sign the petition!!

Purpose

To attract and retain physicians dedicated to providing quality care to the growing population of older Americans by providing loan forgiveness and career advancement opportunities.

We Need Your Help!

The United States is facing an immediate and growing crisis in providing care for our aging population, which is projected to almost double from 37 million today to nearly 72 million by 2030. Health care providers with the necessary training to give older Americans the best possible care are in critically short supply. There is an urgent need to prepare physicians to better serve the increasing numbers of older adults. There is also a need to provide more incentives to attract and retain top practitioners into the field of geriatric care, which remains among the least well-compensated specialties.

To view and sign the petition click here:

<http://www.ipetitions.com/petition/SupportOurElders/>

To view the signatures collected click here:

<http://www.ipetitions.com/petition/SupportOurElders/signatures.html>

III. Free Student Membership in American Geriatrics Society

The American Geriatrics Society (AGS) would like to invite all AMSA members to take advantage of AGS's free student membership. Benefits of AGS's free student membership include full web access to the Journal of the American Geriatrics Society, an AGS e-newsletter, list serve announcements, access to the Members Only website MyAGS, and discounts on AGS products and publications. Student members also receive a free download of the PDA-version of Geriatrics at Your Fingertips, a geriatrics resource that other members pay for.

To sign up, please visit <http://www.americangeriatrics.org/education/geristudents/>

IV. Upcoming Conferences

A. Alzheimer's Association, International Conference on Alzheimer's Disease 2008.

Where: McCormick Place, Chicago, Illinois.

When: July 26-31, 2008.

As a part of the Alzheimer's Association research program, this international conference serves as a catalyst for generating new knowledge about dementia and fostering a vital, collegial research community. This meeting will bring together more than 5,000 researchers, physicians and care providers from 60 countries – the largest group of international leaders in Alzheimer research and care ever convened

For more information, visit http://www.alz.org/icad/premiere_conference.asp

**B. The 62nd Gerontological Society of America (GSA) Annual Scientific Meeting.
"Resilience in an Aging Society: Risks and Opportunities"**

Where: Gaylord National Resort & Convention Center. National Harbor, MD.

When: November 21-25

The GSA Annual Scientific Meeting features more than 400 sessions. Experts in the field of aging present at symposia, paper sessions, poster sessions, and roundtable sessions. The theme of the 2008 Annual Scientific Meeting is "Resilience in an Aging Society: Risks and Opportunities." Resilience is an inclusive concept that spans generations, takes a life-course perspective, and embraces comparative international perspectives. In the broadest sense, resilience is about maintaining positive adaptation in the face of adversity. Resilience may be a dynamic process influencing the ability to deal with and learn from experiences or use social support to enhance coping. Society, communities, families, environment, and policy can play a critical role in promoting resilience.

For more information, visit <http://www.agingconference.com/>

C. American Society on Aging 2008 Conferences on Aging

Take advantage of this opportunity to attend a session at no charge by serving as a session monitor at the 2008 East and West Coast Conferences on Aging.

1. West Coast Conference on Aging

September 2-5, 2008. Hilton San Francisco. San Francisco, CA.

http://www.asaging.org/asav2/COA08/west_students.cfm

2. East Coast Conference on Aging:

September 22-25, 2008. Hilton Philadelphia City Avenue. Philadelphia, PA.

http://www.asaging.org/asav2/COA08/east_students.cfm

For more information, visit <http://www.asaging.org/asav2/COA08/index.cfm>

D. Mark your calendars for the 2009 AMSA National Convention! See you there!!!

Where: Washington, D.C. Hyatt Regency Crystal City

When: March 11-15, 2009

For more information, visit <http://www.amsa.org/conv/>

V. Meet your Newsletter Coordinator



Hello all GIG readers,

My name is Katie Levine and I am your new editor for the Geriatric Interest Group on Geriatrics. I just recently graduated from Nova Southeastern University in Davie, Fl. I am in the process of applying to medical school with hopes of pursuing Geriatrics as a career. I have a strong interest in geriatrics and I am excited to be a part of this Interest Group. Feel free to send me an email anytime with ideas and/or comments about the Newsletter. I look forward to hearing from all of you!

Sincerely,
Katie

VI. Contact Information



Shivi Agrawal

Geriatrics National Coordinator
sa.shiviagrwal@gmail.com



Jeremy Berger

Action Team/ Pre-Med Coordinator
jberger123@comcast.net



Katie Levine

Newsletter Coordinator
KathrynRLevine@gmail.com

Visit our website: www.amsa.org/ger