

ADVANCES IN GERIATRICS



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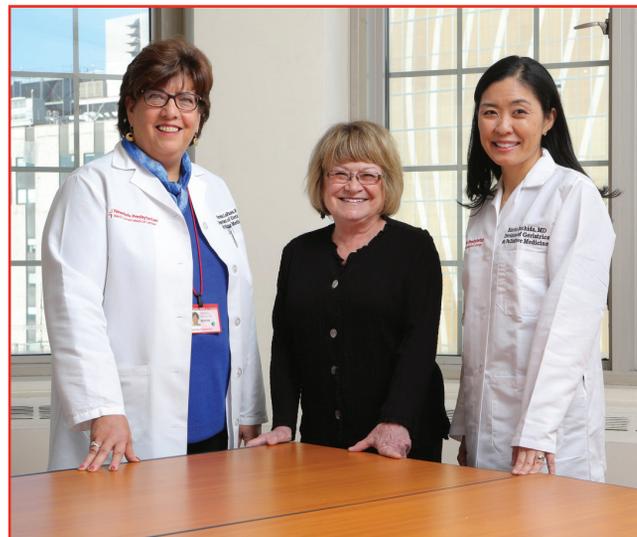
‘Geriatizing’ Medicine: Medical Education Addresses an Aging Population

The issues of an aging population are sure to play a central role in the practice of any physician today. However, early clinical exposure to geriatric medicine and palliative care is often lacking in medical education. To address this, as well as to foster an interest in geriatric medicine, NewYork-Presbyterian provides robust and innovative training programs for medical students and residents designed to enrich their experience in aging-related research and geriatrics.

The Summer Scholars in Aging Research Program at Weill Cornell Medicine encourages medical students to consider a career in academic geriatrics. Each summer, students – typically those just completing their first year – enter the eight- to 12-week program that includes aging-related research, didactics, and clinical experiences in geriatrics under the mentorship of experts in the field.

The student scholars are selected and supported through several sources: the Medical Student Training in Aging Research (MSTAR) program, administered by the American Federation for Aging Research (AFAR) and funded by the National Institute on Aging and other organizations; the Henry Adelman Fund for Medical Student Education in Geriatrics, which was developed by friends of the Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell to honor the memory of Henry Adelman, father of **Ronald D. Adelman, MD**, Co-Chief of the Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell; the Howard Olian Medical Student Summer Endowment Fund in Geriatrics funded by The Olian Foundation, Inc.; the Mark S. Lachs, MD, MPH, Medical Student Summer Endowment Fund in Geriatrics funded by Carol and Roger Einiger; and the Eleonore Wolf Halpin Summer Scholar in Aging Endowment funded by Carl F.W. Wolf, MD.

“Our geriatrics faculty and leadership are sincerely committed to medical education; it is a huge part of our mission,” says **Veronica M. LoFaso, MD, MS**, Director of Geriatric Medical Education at NewYork-Presbyterian/Weill Cornell, and Co-Director of the Summer Scholars Program. The program dates back



Dr. Veronica M. LoFaso, Dr. Carol F. Capello, and Dr. Karin E. Ouchida

to 2001, when the Division received a grant from the Donald W. Reynolds Foundation that allowed them to increase student exposure to geriatrics in a meaningful way. “One of the arms of the grant was education, and we directed funds to the education of our medical students in geriatrics,” says Dr. LoFaso.

“Everywhere you look there’s an aging population in the spectrum of medicine. Aging affects every discipline,” says **Carol F. Capello, PhD**, Associate Professor of Geriatric Education in Medicine, Weill Cornell Medicine, and Co-Director of the Summer Scholars Program. “Some medical students who complete the program go on to become geriatricians. We also know that not all of the students will choose this path. What is important is that they gain a greater understanding of geriatric medicine.”

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NewYork-Presbyterian Geriatrics ranks #7 in the nation.

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Up to eight to 12 medical students are selected each year. The students work closely with a mentor to develop a project in basic, clinical, or health services research relevant to the care of older adults. They also have clinical experiences on NewYork-Presbyterian/Weill Cornell's ACE (Acute Care for the Elderly) Unit, with geriatrics and palliative care hospital consults, and at the Wright Center on Aging, an ambulatory care setting. In addition, they visit long-term care facilities and accompany a geriatrics nurse practitioner on home visits.

Students attend group didactic sessions on topics that include communicating with older patients, palliative medicine, and elder abuse, as well as participate in a journal club. At the conclusion of the program, they give a formal scientific presentation to faculty, peers, and AFAR program officers, prepare and present a poster, and draft a journal-style research paper on their project. Most students have presented their posters at the American Geriatrics Society annual meeting and at the annual Weill Cornell Medicine Student Research Day.

"The program provides an amazing opportunity for a student to learn how to conceive a project, design it intelligently, deal with the IRB, and then conduct ethical research," says Dr. LoFaso. "Students who go into academic medicine – geriatrics or otherwise – will absolutely need these skills."

"We try to make the curriculum interesting," says Dr. Capello. "We've had a number of students over the years do their research in ophthalmology, for example, and some have become ophthalmologists who are especially attuned to the needs of older adults."

"We make an effort to give students broad clinical exposure to older adults," adds Dr. LoFaso. "While the Summer Scholars Program is essentially focused on research, we feel strongly that students are also there to become gero-friendly practitioners when they leave medical school."

"The aging population affects our entire society and will only continue to do so in the coming years. This is something that all practitioners are going to be dealing with. The more exposure we get in our training will only benefit us as professionals."

– Dr. Kaylan Christianer

Maybe the experience will light a fire under one of them, maybe not. But at least they'll know what geriatrics is about and if they are so inclined to join us and do a fellowship one day that would be great. Our mission is to make sure they are sensitive to the needs of older adults when they go on in their careers."

Kaylan Christianer, MD, entered medicine thinking that she would pursue primary care because she wanted to establish continuity of care and long-term relationships with her patients. Now a third-year resident in internal medicine at NewYork-Presbyterian/Columbia, Dr. Christianer is planning to specialize in geriatrics with an emphasis on palliative care.

"The Summer Scholars Program was the single-most important experience that I had going through my medical training," says



Dr. Kaylan Christianer



Dr. Daniel Shalev

Dr. Christianer, who received her MD at Weill Cornell. "It opened my eyes to all of the different aspects of geriatrics that I hadn't had any idea of before, and I found that I have a particular interest in older adults."

Dr. Christianer's research project focused on the disparities in symptom burden in patients with end-stage renal disease on hemodialysis, the results of which were published in the *Journal of Palliative Medicine*. In gathering her research, Dr. Christianer talked with frail, elderly patients as they received their dialysis. "I started with very little understanding of the issues they experience," she says. "We would talk about their symptoms, their lives, and how dialysis is affecting them. In addition to the physical symptoms, we found high rates of depression and anxiety in the patients we surveyed, probably because they were spending so much time and energy on treatments. Dialysis changes their entire life. To see that as a student in an academic way influenced how I would interpret the rest of my medical training."

Dr. Christianer plans to continue clinical research and is particularly interested in advanced care planning. "We need to talk to patients up front about what they want. I think in the medical profession that's something we neglect to do," she says. "As a resident I've seen countless times the consequences involved in having frail 90-year-old patients in our Intensive Care Unit. You have to question whether or not the patient and their family would have wanted that if they had conversations with their provider ahead of time."

Daniel Shalev, MD, a PGY-2 psychiatry resident at NewYork-Presbyterian/Columbia, completed the program at Weill Cornell as an Adelman Scholar. "I feel very strongly that both geriatrics and palliative care are applicable to every field of medicine," he says. "It's clear that a large proportion of our patients will be in the geriatric population going forward and, more specifically, will require end-of-life care. It's a huge trend in medicine now as more and more people later in life have chronic illnesses with high symptom burdens."

In the Summer Scholars Program, Dr. Shalev joined physicians who have gone on to pursue careers in ophthalmology, emergency medicine, and neurosurgery. "Our class was varied, and without question, everyone took away valuable lessons on doctoring, research, and scholarship that will benefit their patients and the institutions they align with in the future," he says.

Dr. Shalev's research project focused on outcomes of individuals enrolled in hospice and their experiences with end-of-life care. "The experience allowed me to develop research skills that I'm still using," says Dr. Shalev. "But, more than that, it affirmed for me that I wanted to take care of patients at end of life."

By his third year of medical school, Dr. Shalev had chosen psychiatry in which to specialize. "The geriatricians and palliative care physicians who mentored me helped me realize that my interests in geriatrics and end-of-life care were not constrained by specialty," he says. "As I worked clinically in the field of palliative medicine I saw that there was a lot of psychiatry involved, helping people to understand and accept what's happened to them in order to make good decisions that reflect their values rather than their fear or denial, and guiding pharmacologic interventions for symptoms, including pain, anxiety, or depression."

After residency, Dr. Shalev plans to pursue advanced training in end-of-life care. "My hope is to practice at the intersection of psychiatry, hospice, and palliative medicine, which, of course, will include geriatrics," he says. "There is a growing interest in helping people to better live the last portion of their lives. Medicine can enrich the lives of people who are suffering from terminal illness, or the very elderly who are not able to have the quality of life they want. And there has been more emphasis on the humanistic side of medicine with our generation of medical trainees. I'm very encouraged by that."

A Robust Geriatrics Experience for Residents

NewYork-Presbyterian residents and fellows learn quickly that older patients often confront a host of complex medical and psychosocial issues. **Karin E. Ouchida, MD**, Program Director, Geriatrics Medicine Fellowship at NewYork-Presbyterian/Weill Cornell, and **Sonal Mehta, MD**, Associate Program Director, both play primary roles in exposing internal medicine residents to geriatrics. The Weill Cornell internal medicine residents all complete a required four-week rotation during their second year. The training includes three weeks on Weill Cornell's inpatient ACE (Acute Care for the Elderly) Unit and one week in a variety of outpatient settings.

"I'm focused on getting residents to think about their patients outside of the hospital and outpatient setting," says Dr. Ouchida. "In the outpatient practice, residents have at least 14 active issues to cover. They often feel like they never quite make it to the bottom of the list. We show them how to figure out what's going on in the patient's life – where there might be depression, anxiety, family concerns, and environmental and physical mobility problems."

During the rotation, each resident discusses one of their patients at an interdisciplinary division meeting of attending physicians, fellows, nurses, and social workers. "It's like an informal group consult," says Dr. Ouchida. "The group asks a lot of questions. Our philosophy is to keep pushing. Why isn't the patient taking their



Dr. Sonal Mehta

medications or keeping appointments? What else is going on in their life?

"Geriatricians tend to be very good at identifying issues and understanding how community-based services work," continues Dr. Ouchida. "It's one thing to identify a patient's problem, but you also need to know how to get to a social worker, get meals delivered, or get a podiatrist to come to the patient's home."

Home visits are particularly insightful, notes Dr. Ouchida. "The residents get to know their patients on a different level. We've had residents who found that a patient was dehydrated. So the residents went to the local store to pick up Gatorade and water. Another resident pair found that their patient had a hand fracture and brought him to Urgent Care.

They may even find out that there is a

hoarding problem that needs to be addressed before the patient loses their medications in the clutter. Other times residents have been pleasantly surprised with home visits. They'll actually meet the patient's family, their cat, and see that the refrigerator is well-stocked with healthy food and that the home is nicely kept."

Dr. Mehta completed a fellowship in geriatric medicine at Weill Cornell in 2008 and subsequently joined the faculty. "My interest is in the overlap between geriatric and palliative medicine, caring for older adults with chronic diseases and managing symptoms not just at the end of their lives, but throughout their journey," says Dr. Mehta, who supervises geriatric and palliative care education for medical residents. Some 40 hours of protected time with the residents are devoted to role-playing and discussions on communications skills for residents in the hospital setting, prognosticating and transitioning a patient to hospice care, overseeing pain management, and reflecting on death and dying in the hospital.

"When residents spend time on the palliative care consult service they may be getting their first experience in end-of-life care or caring for very sick, complicated patients and their first exposure to difficult conversations about death and dying and care transitions," says Dr. Mehta. "They see how the team comes together with different disciplines to address those important needs. Our educational curriculum is not just about slide presentations, but actually involves practicing skill sets. Regardless of what field the residents choose – cardiology, oncology – they are all going to need this basic foundation in palliative medicine because it transcends all specialties."

For More Information

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Preparing Young Doctors to Care for Older Adults

The Division of Geriatric Medicine and Aging at NewYork-Presbyterian/Columbia University Medical Center, under the direction of noted educator **Evelyn C. Granieri, MD, MPH, MEd**, provides mentoring and instruction in evidence-based and interdisciplinary care for older adults throughout the continuum. “I believe we have to change our view of the progression of life,” says Dr. Granieri. “We try and teach our young doctors that we must recognize as physicians and healthcare clinicians what it is that people really want in life. We have to be forward thinking in terms of finding out what our patients’ goals are at this last phase of life, how we can help them achieve them, and then guide them



Dr. Evelyn C. Granieri

when those goals can no longer be met.”

Based at NewYork-Presbyterian/The Allen Hospital, the Division sponsors a rotation in geriatric medicine for all internal medicine PGY-1 residents, along with house staff from other departments. Affiliated with sites of multilevel, institutional care, the program focuses on frail older adults and integrates aspects of geriatric medicine, along with those of supportive care and end-of-life issues. The Division also sponsors a

month-long rotation in geriatric medicine for clinicians and trainees from other countries. “We provide our international clinicians with generalist training, offering them broad exposure to all facets of geriatric medicine in both community and hospital settings,” says Dr. Granieri.

During the 12th Annual Congress of the European Union Geriatric Medicine Society held in early October in Lisbon, Portugal, Dr. Granieri had the opportunity to spend time with some of the medical residents from Portugal who had previously completed a geriatric rotation at Columbia under her stewardship. Dr. Granieri is now working with physician educators in Lisbon to develop a curriculum in aging for trainees there. “The goal is to enable medical residents in primary care to be prepared to address the needs of the growing aging population in Portugal and to build new programs for the elderly in the communities where these physicians will practice,” says Dr. Granieri.

