

## Acknowledgments

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As the primary author of this manual, Dr. Annette Medina-Walpole made considerable contributions to researching and compiling the CoE recruitment and training approaches described here, and to developing the introduction on geriatrics recruitment and career development.

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## Preface

This manual, *Recruitment to Advanced Fellowship Training and Faculty Positions in Academic Geriatrics*, contains descriptions of successful approaches implemented at various John A. Hartford Foundation Centers of Excellence (CoEs) in Geriatric Medicine and Training to recruit, develop, and retain academic geriatricians. It is one of three manuals in a series that will be completed by the end of 2008.

The impetus for creating this manual was the recognition that there were no formal mechanisms among the Hartford CoEs to share their expertise with colleagues throughout the CoE network. With a grant from the Hartford Foundation, the American Federation for Aging Research (AFAR) established the Hartford CoE Network Resource Center (NRC) to collect and disseminate successful approaches to geriatrics recruitment and career development.

In 2006 the CoE Network Resource Center conducted an *Inventory of CoE Geriatrics Career Development Initiatives*. The project team also reviewed recent literature on recruitment and academic program development in geriatrics and related disciplines, and conducted interviews with CoE faculty. From this work, a comprehensive list of recruitment and career development strategies was compiled, and then distributed to the CoE directors in November 2006.

After reviewing these strategies, the CoE directors identified three key issues as the highest priorities in supporting the CoEs' efforts to enhance the development of academic geriatricians:

- The recruitment of premedical and medical students and residents to careers in geriatric medicine
- The recruitment of candidates to advanced fellowship training and faculty positions in academic geriatrics
- The management of programmatic growth and development in academic geriatrics.

The CoE directors felt that having a manual for each of the above topics would greatly aid their efforts. The resulting manuals contain descriptions of successful approaches to geriatrics recruitment and career development identified by the CoEs through the *Inventory*. Specific tools (brochures, curricula, evaluation forms, etc.), websites, published articles about these approaches, and a contact person for implementation advice supplement each program description.

The manuals are available at [www.geriatricsrecruitment.org](http://www.geriatricsrecruitment.org) in an interactive online format with links to referenced articles and websites, and as downloadable .pdf files.

The manuals were created for the faculty and staff of Hartford CoEs and other geriatric academic programs, to support efforts to enhance geriatrics recruitment and training within their institutions. The approaches described in these manuals can be used as models for new program development and as examples for medical school administrators and potential funders of how other institutions have met the vital need for recruiting and training academic geriatricians.



# An Introduction to Academic Geriatrics Recruitment and Career Development

There is a national imperative to train physicians both as clinical geriatricians and as academic leaders in geriatrics. Career development strategies are not well-formalized in the curriculum of geriatric fellowship programs. This poses a challenge for training new generations of academic geriatricians, given the specific set of skills that fellows need to master during the one year of fellowship training currently required by the Accreditation Council for Graduate Medical Education (ACGME).

## Career Development

There is a clear need for individuals to remain at academic centers after completion of their geriatrics fellowships and to provide local leadership as well as program and curriculum development for colleagues and trainees at all levels. Additional years of fellowship training have been significantly linked to academic productivity in the future careers of fellowship-trained geriatricians. Yet the traditional clinical fellowship training does not provide the opportunity to develop the skills necessary to successfully pursue an academic career. Currently, most geriatric medicine fellows have limited opportunities for funding or do not choose to pursue a second year of fellowship. The challenges thus become:

- integrating academic development skills into the current one-year clinical fellowship
- recruiting fellows to additional years of advanced training in preparation for academic careers
- providing the funding to enable them to do so.<sup>1</sup>

In a 2002 national survey, fellowship-trained geriatricians identified four major areas of professional performance in which they needed additional skills and/or knowledge to better prepare them for their future careers: administration and management, clinical geriatrics, research, and education.<sup>2,3</sup> Many of these training needs can be covered in one year of fellowship training, but the optimal way to establish professional competence and career development in these areas may be through a second year of training. The American Geriatrics Society (AGS) and the Association of Directors of Geriatric Academic Programs (ADGAP) addressed this in a 2006 Fellowship Position Paper<sup>4</sup> which advocates the creation of training tracks for a second year of fellowship focused on administration, research, or education. Many of the approaches that have been culled from the CoE network and are included in this manual offer examples of how individual schools have addressed these training needs.

Appropriate mentorship is also vital to the success of an academician.<sup>5</sup> The same 2002 survey of fellowship-trained geriatricians found that a specific role model or mentor influenced the career decision of almost half of all respondents (48%).<sup>2</sup> Hence, the field must assure the availability of exemplary faculty role models of successful clinician-educators and research scientists. This requires continued faculty development and adequate support for faculty who serve in such mentorship roles. The CoEs provide mentoring to both fellows and faculty interested in pursuing academic careers; some of these mentoring approaches are highlighted in this manual.



## Recruitment Challenges and Approaches

Recruitment to academic geriatrics traditionally has not been an easy task for several reasons. First, there is a declining interest in the primary care disciplines, which are the source of trainees who enter geriatrics fellowships. Second, there are difficulties with funding academic faculty, especially with regard to clinician-educators, who are dependent on clinical income yet still provide the majority of geriatrics education without support. Third, teaching and research opportunities rank low on the list of reasons for choosing a career in geriatric medicine. 42% of geriatricians who completed the 2002 national fellowship survey said “societal needs for more physicians to care for the elderly” influenced their choice. Only 11% cited academic and teaching opportunities, and only 13% cited research opportunities as an important career factor.<sup>2</sup>

The dearth of academic geriatricians has been well documented, most recently by the Institute of Medicine Committee on the Future Health Care Workforce for Older Americans.<sup>6</sup> There are a relatively limited number of fellowship graduates each year compared to other subspecialties. Of the 139 geriatric medicine fellowship programs nationally, there were only 287 fellows for 2006-07, with only 34 fellows beyond the first year.<sup>7</sup> As a result, there has been a national emphasis recently on strategies to improve recruitment to geriatrics. In September 2006 the AGS led a brainstorming session to define geriatrics recruitment strategies, as part of the annual Donald W. Reynolds Foundation grantee meeting.<sup>8</sup> Participants included faculty from 35 medical schools and representatives of the Donald W. Reynolds and John A. Hartford Foundations.

The participants identified recruitment strategies and ranked their importance, impact, and level of difficulty regarding implementation. Strategies having **high impact and ease of implementation** included:

- early mentoring of students
- resident initiatives
- retraining of physicians (through changing/flexible fellowship rules) so practicing physicians could train as geriatricians more easily
- better marketing of geriatrics as a field.

Those ranked as having **high impact but difficulty of implementation** included:

- improved reimbursement for geriatrician services
- improved pay for geriatricians
- loan forgiveness programs
- increased research funding
- required geriatrics clerkship in the third year of medical school.

Specific strategies that would impact recruitment into academic geriatrics included:

- early mentoring
- resident initiatives
- funding for second-year fellows

- increased research funding
- increased departmental funding to teach nongeriatricians.

Many of the ideas listed at this seminal meeting are described, in the context of local resources and academic cultures, in the approaches to recruitment described in this manual. Together, these ideas\* offer a rich variety of strategies for recruiting individuals into careers in academic geriatrics, and for sustaining individuals' involvement in academic geriatrics through ongoing training and career development.

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\* Some CoEs have also developed strategies and programs to recruit medical students and residents into the field of geriatrics, which are described in a companion document, *Approaches to Recruiting Premedical and Medical Students and Residents to Careers in Geriatric Medicine*.

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