



Geriatric Medicine and Training

# Approaches to Recruitment of Candidates to Advanced Fellowship Training and Faculty Positions in Academic Geriatrics



American Federation for  Aging Research

*The second in a series of publications on geriatric academic career development, based on the work of the John A. Hartford Foundation Centers of Excellence in Geriatric Medicine and Training*

# APPROACHES TO RECRUITMENT OF CANDIDATES TO ADVANCED FELLOWSHIP TRAINING AND FACULTY POSITIONS IN ACADEMIC GERIATRICS

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The CoE Network Resource Center Advisory Group provided valuable input on how to meet the charge of creating practical tools for geriatrics recruitment and career development for use by the CoEs and other geriatric academic programs.

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.

### **Manual Author**

Annette Medina-Walpole, MD  
University of Rochester Medical Center

### **CoE Network Resource Center Advisory Group**

Stephanie Studenski, MD, MPH, *Chairperson*  
University of Pittsburgh School of Medicine

Steven R. Counsell, MD  
Indiana University School of Medicine

F. Daniel Duffy, MD  
University of Oklahoma School of Community Medicine

Joseph G. Ouslander, MD  
Institute for Quality Aging, Boca Raton Community Hospital

Jane F. Potter, MD  
University of Nebraska Medical Center

Judith A. Salerno, MD  
Institute of Medicine

Rebecca A. Silliman, MD, PhD  
Boston Medical Center

George E. Taffet, MD  
Baylor College of Medicine

Mary E. Tinetti, MD  
Yale University School of Medicine

Gregg A. Warshaw, MD  
University of Cincinnati School of Medicine



**CoE Network Resource Center Project Team**

Odette van der Willik, AFAR Director of Grant Programs

Veronica Smith, AFAR Program Coordinator

Carol Goodwin, AFAR Special Projects Consultant

Gavin W. Hougham, PhD, Senior Program Officer, John A. Hartford Foundation

James O’Sullivan, MPH, Senior Program Officer, John A. Hartford Foundation (*former*)

**Editorial Assistance**

Toby H. Brener, EdD

Elizabeth C. Segal

**Current John A. Hartford Foundation Centers of Excellence in Geriatric Medicine and Training**

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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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# Geriatrics Is Your Future: A Regional Resident Recruitment Program

at Baylor College of Medicine



## SUMMARY

### Target Audience

Second- and third-year Internal Medicine and Family Practice residents from training programs in Louisiana, Oklahoma, and Texas

### Purpose

To expose participants to various topics in geriatrics and to encourage applications to geriatrics fellowships

### Program

A one-and-a-half day event, with a Friday evening dinner and a full-day program on Saturday

### History

The program has been held annually since 2000

### Operating Costs

\$8,000 to \$10,000 annually for travel and hotel, meeting space, catering, AV, some faculty expenses

### Outcomes

Baylor has recruited one fellow in each year of the program; other schools have also filled geriatrics fellowship training slots

### Available Materials

2007 Registration Form, Advertisement, and Agenda

### For More Information

George E. Taffet, MD  
Baylor College of Medicine  
(713) 798-2284  
[gtaffet@bcm.edu](mailto:gtaffet@bcm.edu)

## Program Overview

The “Geriatrics Is Your Future” (GIYF) program is designed to expose second- and third-year Internal Medicine (IM) and Family Practice (FP) residents from training programs in the Louisiana, Oklahoma, and Texas regions to various topics in geriatrics and to encourage applications to geriatrics fellowships.

GIYF was developed on the premise that there are significant numbers of potential Geriatric Medicine fellows among IM and FP residents who are unaware that a geriatrics fellowship training pathway exists. Many of the 30 Internal Medicine and 28 Family Practice residency training programs in the Louisiana, Oklahoma, and Texas region have only loose or no affiliations with an academic geriatric medicine fellowship program.

This program has been held annually since 2000 and is populated by second- and third-year Internal Medicine and Family Practice residents who self-identify or are identified by the residency program directors.

The number of residents participating has gradually increased each year, to more than 35. The number of geriatrics fellowships participating has been as high as seven. The GIYF meeting is held in conjunction with the Texas Geriatrics Society meeting so that there is exposure to “real-life” geriatricians, as well as a saving of money and time.

## Program Operations

The one-and-a-half day event begins with a Friday night dinner. On Saturday, six 45-minute clinical care updates on various topics (eg, delirium, falls, wound care, advance directives, pain management)



are taught primarily by junior faculty from Geriatric Medicine Fellowship programs in the region who are invited to participate. A luncheon with current geriatrics fellows from area programs provides an opportunity to answer residents' practical questions and concerns. (Faculty are not present, to allow for more candid discussion.) This forum can also be used to highlight potential academic careers for interested residents.

Time and effort are required to create or reinforce ties between Baylor's Center of Excellence (CoE) and the other Geriatric Medicine fellowship programs in the area to encourage participation. All participating programs are given an unparalleled opportunity to recruit in an enriched pool. In return, they are invited to contribute a speaker— either a current or previous-year fellow or another program spokesperson— and to send IM or FP residents who are interested in geriatrics from their home institutions.

To promote program participation, communication now includes "save the date" cards and e-mails to past program participants (who are great recruiters) and the residency program directors, and, if allowed, direct e-mails to the residents themselves.

Self-nomination is permitted, but nomination by the program directors is preferred. Applications are submitted by fax. Unless there are unusual circumstances, almost all applications are accepted.

Follow-up with participants is conducted by the individual programs to encourage application to their program.

### **Staffing Requirements**

The first GIYF program required almost the full-time services of the CoE administrative staff person as well as significant part-time effort from the Baylor College of Medicine CoE physician faculty to make all of the arrangements, place calls to Geriatric Medicine fellowship directors and IM and FP

residency directors, and take care of other logistical issues. In subsequent years, there has been a decrease in the time required from all staff.

### **Program Costs and Funding Sources**

The annual budget is approximately \$8,000-10,000 for 40 to 60 total participants (including faculty and fellows). It includes all travel and hotel expenses for the residents from the tri-state area, a hotel meeting space, catering, and AV costs.

Faculty expenses are paid by the faculty's institution, where possible, or by the CoE. The participating programs are also invited to contribute to the cost of GIYF, and are expected to pay for their own fellows and faculty. Any program that wants to participate but cannot provide funding has been welcome to attend. At least five regional programs (fellowship programs) have participated in all years.

### **Process and Outcomes Data**

All 58 residency programs in the tri-state region collaborate, with an average of 20 residents participating each year. In 2007, 31 residents attended. The program has fostered significant cooperation between the residency programs, resulting in an increase in the number that participate. When the program began, only programs in Texas participated. That has now expanded to include programs from Louisiana and Oklahoma.

Baylor has recruited one fellow in each year of the program. Other schools have also filled geriatrics fellowship training slots through this program. Many program participants reported that they did not realize there was an area of specialization in geriatrics with viable career options. Even those participants not interested in geriatrics fellowships report having a positive learning experience that will change the way they view and care for older adults.

## ***Implementation Lessons***

- Relationships need to be developed with residency program directors, many of whom have no link to the “Ivory Towers.” This tends to require more effort than originally anticipated and remains an ongoing task. Much improvement in the overall marketing of geriatrics is still needed.
- Substantial cost and time savings are realized by negotiating room and catering rates in conjunction with the Texas Geriatrics Society’s annual meeting. Efforts are made to get a pharmaceutical company representative to host the Friday night dinner. Support is acknowledged at the event.

## ***Available Materials***

### Tools/Resources

- 2007 Registration Form
- 2007 Advertisement
- 2007 Agenda

## ***For More Information***

George E. Taffet, MD  
Chief, Geriatrics Section  
Huffington Center on Aging  
Baylor College of Medicine  
One Baylor Plaza, M320  
Houston, TX 77030  
(713) 798-2284  
[gtaffet@bcm.edu](mailto:gtaffet@bcm.edu)

This document is part of a compilation of approaches to geriatrics recruitment, career development, and programmatic expansion, based on the work of the John A. Hartford Foundation "Centers of Excellence in Geriatric Medicine and Training." For more information, visit [www.afar.org/recruitment](http://www.afar.org/recruitment) or [www.jhartfound.org](http://www.jhartfound.org).



# Annual Resident Award Summit

at the Southeast Center of Excellence in Geriatric Medicine (Emory University and the University of Alabama at Birmingham Schools of Medicine)



## SUMMARY

### Target Audience

Selected Internal Medicine and Family Medicine residents

### Purpose

To increase knowledge of career opportunities in geriatrics and the likelihood of residents' pursuing additional geriatrics training, and recruit potential fellows into the Emory and UAB fellowship programs

### Program

Weekend of educational sessions, tours, and discussions

### History

125 residents have attended since the program began in 2004

### Operating Costs

Average of \$16,500 annually for resident and faculty travel expenses; materials; meeting space; food

### Outcomes

Between 2004 and 2006, 9 of 22 fellowship positions have been filled with participants from this program

### Available Materials

2007 Program Agenda and Participant Evaluations; 2006 Project Budget

### For More Information

Angela Rothrock Curtis, PhD  
University of Alabama at Birmingham  
(205) 975-6649  
[acurtis@uab.edu](mailto:acurtis@uab.edu)

## Program Overview

The Hartford Foundation Southeast Center of Excellence in Geriatric Medicine (SCEGM) is a collaborative CoE between the Emory University and University of Alabama at Birmingham (UAB) Schools of Medicine. Since 2004, the CoE has held an annual resident recruitment program entitled the "Resident Award Summit" to:

- recruit potential clinical or research fellows into the Emory and UAB training programs
- expose Internal Medicine and Family Medicine residents to various topics in geriatrics
- increase the residents' knowledge of career opportunities in geriatrics
- increase the likelihood of the residents pursuing additional training in geriatrics
- provide an overview of post-residency Geriatric Medicine fellowship opportunities at Emory and UAB.

This program is modeled on the successful "Geriatrics is Your Future" resident recruitment seminar developed by the Baylor College of Medicine CoE.

## Program Operations

Each spring, 99 Residency Program Directors in seven southeastern states are contacted via regular mail and e-mail and asked to nominate up to two of their most outstanding residents, at any level, who are interested in the care of older adults. Residents nominated to receive the SCEGM Resident Award are required to submit a personal statement describing why they should be chosen to attend the weekend event.

The SCEGM Leadership Committee selects approximately 35 residents to attend the program each year. Selection is based on the strength of the



Residency Program Director's recommendation and the resident's demonstrated interest in geriatrics. The invitees selected are contacted via regular mail and e-mail and congratulated on receiving the nomination and being chosen to receive the SCEGM Resident Award. Invitees are asked to sign a contract of attendance before travel arrangements are made by SCEGM staff and University travel agencies.

The one-and-a-half day weekend program includes an introductory "geropardy" session; breakout sessions on a variety of geriatrics clinical and care delivery topics; and plenary sessions on geriatric medicine career trajectories and post-residency geriatrics opportunities at Emory and UAB. Breakout sessions are in the form of didactic lectures and roundtable discussions.

All participants receive an award certificate at the conclusion of the program, together with a variety of take-home materials, including the American Geriatrics Society publication *Geriatrics at Your Fingertips*; a geriatric medicine textbook; handouts from the event's didactic sessions; and specific information about the various fellowship training programs.

### **Staffing Requirements**

Approximately 20 faculty members and 8 current and/or recent past fellows participate in the program to provide the didactic lectures, lead roundtable discussions, and interact with residents. The Geriatric Education Manager handles the program planning and implementation. Two administrative staff assist by creating a program-nominee database and helping with logistical arrangements.

### **Program Costs and Funding Sources**

Conference space, housing, and catering costs differ greatly by location. The budget generally depends on the location, but with fuel prices increasing, travel costs will increase. The total budget will be

approximately \$30,000 this coming year in Atlanta, though in the past it has averaged \$16,500. Costs are reduced by taking advantage of affordable local air travel and free conference space from UAB, and the cost for catering from UAB Hospital is about half that of using a hotel caterer.

Emory and UAB each contribute \$7,500 from the CoE grant. Any additional funds have been provided by the UAB Center for Aging. These funds cover all resident and faculty travel expenses, materials, meeting space, and food. The average cost of the program per resident is approximately \$518 in Birmingham and \$1,036 in Atlanta.

### **Process and Outcomes Data**

125 residents have attended the event since its inception in 2004. Six states were represented in 2007; 17 participants that year were in their second year of residency and 15 were in their third year.

Between 2004 and 2006, 9 of the 22 fellowship positions at Emory and UAB have been filled with participants from this program. Several other attendees have been interviewed, but were not offered positions.

### **Implementation Lessons**

- A group size of 30 to 35 residents allows for a more personal, cohesive environment, with more meaningful and participatory small- and large-group discussions and opportunities for relationship building.
- It is important to have both current and recent fellows attend, to interact with the residents and answer their questions.
- Include a variety of educational sessions (games, group lectures, didactic break-out sessions, and facility tours) so the focus isn't entirely on promotion of the fellowship program.

- Break-out sessions and social events provide important opportunities for more intimate interactions with peers and mentors.
- If possible, the event should be held in a location that requires minimal transportation between meeting venues. When the event is in Birmingham, the Saturday portion of the meeting is held in the University Hospital Conference Center, which is adjacent to the hotel where residents the stay and where the Friday evening program is held.

### ***Available Materials***

#### Tools/Resources

- 2007 Program Agenda
- 2007 Participant Evaluations
- 2006 Project Budget

### ***For More Information***

Angela Rothrock Curtis, PhD  
 Assistant Professor of Medicine and Geriatric  
 Education Manager  
 University of Alabama at Birmingham  
 CH19, Suite 218S  
 933 19th Street South  
 Birmingham, AL 35294-2041  
 (205) 975-6649  
[acurtis@uab.edu](mailto:acurtis@uab.edu)

This document is part of a compilation of approaches to geriatrics recruitment, career development, and programmatic expansion, based on the work of the John A. Hartford Foundation "Centers of Excellence in Geriatric Medicine and Training." For more information, visit [www.afar.org/recruitment](http://www.afar.org/recruitment) or [www.jhartfound.org](http://www.jhartfound.org).



# Using Resident Applications to Identify and Engage Geriatrics Trainees



at the University of Texas Health Science Center at San Antonio

## SUMMARY

### Target Audience

Incoming Internal Medicine and Family and Community Medicine residents who are undecided about an area of specialization

### Purpose

To attract residents into geriatrics fellowships

### Program

Outreach and mentoring opportunities through clinical rotations, didactic, and social experiences during residencies

### History

This recruitment approach began in 1998

### Operating Costs

Faculty time; social events

### Outcomes

This program has reached approximately 400 residents. Geriatrics fellows recruited through this approach have gone on to faculty positions at UTHSCSA and other institutions

### Available Materials

List of recruitment events; CoE website

### For More Information

Cynthia L. Alford, MD  
University of Texas Health Science Center at San Antonio  
(210) 358-3885  
[alford@uthscsa.edu](mailto:alford@uthscsa.edu)

## Program Overview

The goal of this approach is to attract residents into geriatrics fellowship training slots at the University of Texas Health Science Center at San Antonio through mentoring by a geriatrician. Research indicates that forming a personal relationship with a role model or mentor in a given field is an effective recruitment strategy.

Second-year Internal Medicine and Family and Community Medicine residents who are undecided about an area of specialization or who have already expressed an interest in geriatrics fellowships are invited to participate in the program, which began in 1998 under the San Antonio Hartford Foundation Center of Excellence in Geriatric Medicine and Training.

## Program Operations

Geriatrics faculty review all the annual applications, scores, and personal statements of trainees entering Family and Community Medicine (FCM) and Internal Medicine (IM) residencies. This includes 25 second-year IM residents and 12 second-year FCM residents (out of a total of 36 FCM residents who enter the program annually). They are triaged into three categories:

- residents who are unlikely to pursue geriatrics because they have already indicated another subspecialty interest
- residents who are undecided about a specialty
- residents who have already expressed an interest in geriatrics or an interest in an academic career in any field.



### *Family and Community Medicine*

During the first year, geriatrics faculty establish informal relationships with the targeted residents. They begin their three-year continuity training at long-term care facilities with an orientation during the month of training. About eight times a year, at an assigned long-term care facility, residents spend a half day with a geriatrician.

Residents are invited to various didactic activities and social events during their second year, such as a welcoming dinner, where they meet fellows, former fellows, and other residents interested in geriatrics. This exposes them to the geriatrics community at San Antonio and enables them to get to know geriatricians better. Geriatricians are “pitched” as a select group of individuals pursuing a unique and challenging discipline.

Residents are also invited to attend the [“Geriatrics is Your Future”](#) resident recruitment weekend at Baylor College of Medicine and to lunch with a geriatrician who has completed a fellowship. Former geriatrics fellows are the most credible and effective recruiters. During this year, residents are approached about applying for the fellowship and told what it involves.

Third-year residents complete a two-month rotation in geriatrics. One month is spent at an inpatient facility, and one month at a nursing home. During the third year, the application process is facilitated for those residents who have chosen a geriatric fellowship.

### *Internal Medicine*

The Extended Care Treatment Center at the VA hospital is one of the sites where second-year IM residents can be assigned for continuity training, and where they then receive mentoring. Assignment is based on an expressed interest in geriatrics. In addition, all second-year residents have a required rotation in geriatrics. These two clinical rotations give geriatricians a chance to serve as mentors and to form relationships with potential fellowship candidates.

### **Staffing Requirements**

There are no additional staffing requirements. Faculty and current and former fellows are asked to attend several social evenings each year to get to know the residents.

### **Program Costs and Funding Sources**

There are modest costs for social events, covered by the Hartford Foundation Centers of Excellence budget.

### **Process and Outcomes Data**

Since the start of the program nine years ago, 24 residents have been recruited: six former fellows are in academic slots at San Antonio; one is in an academic position at UAB; and two are associate faculty at the UT extension campus on the Texas-Mexico border.

During this time, the number and qualifications of fellowship program applicants has improved steadily.

### **Implementation Lessons**

- Recruitment efforts should not be targeted at interns. Interns indicated that attempts to get them to commit to geriatrics during this overwhelming first year added too much pressure and thus were counterproductive.
- Recruitment messages have to be personalized and should be tailored to each individual as much as possible. Messages must address concerns that prevent trainees from pursuing geriatrics, such as how to fund research training and how to pay off student loans. Having current or recent fellows address solutions to these issues is most effective.
- It is important to emphasize the breadth and variety of possible career paths in geriatrics and to communicate information about salaries and career satisfaction in the field.

## **Available Materials**

### Tools/Resources

- List of recruitment events

### Website

- UTHSCSA CoE website:  
[geriatrics.uthscsa.edu](http://geriatrics.uthscsa.edu)

## **For More Information**

Cynthia L. Alford, MD  
Associate Professor  
Department of Family and Community  
Medicine  
University of Texas Health Science Center  
7703 Floyd Curl Drive, Mail Code 7794  
San Antonio, Texas 78229-3900  
(210) 358-3885  
[alford@uthscsa.edu](mailto:alford@uthscsa.edu)

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# Scholarly Projects for First-Year Internal Medicine Residents

at the University of Rochester School of Medicine



## SUMMARY

### Target Audience

Internal Medicine residents

### Purpose

To provide opportunities to gain experience in medical scholarship and to generate interest in careers in academic medicine

### Program

A two-week program to give exposure to research or scholarly work in a chosen field

### History

This program was formally initiated in 2005, though residents could also elect to do research projects prior to that time

### Operating Costs

Faculty time for mentoring; travel expenses for residents to present their work at national professional meetings

### Outcomes

Several residents who participated in this program have been recruited to geriatrics fellowships and have then remained in the geriatrics division in academic positions

### Available Materials

Overview of research program; list of mentors; website; *Neurology* article on predictors of future publication record and academic rank for neurology residents

### For More Information

Annette Medina-Walpole, MD  
University of Rochester Medical Center  
(585) 383-0988, x262  
[annette\\_medinawalpole@urmc.rochester.edu](mailto:annette_medinawalpole@urmc.rochester.edu)

## Program Overview

Fostering academic development during residency training has been a successful means of recruiting academicians in other specialties. Early publications and scholarly work during residency may lay the foundation for future academic investigation and publications. According to a cohort study of neurology residents (see *Available Materials*), publishing before and during residency training were both associated with continued scholarly activity after residency.

To recruit residents to academic careers, each first-year Internal Medicine resident at the University of Rochester is required to undertake a project to gain experience in medical scholarship. Geriatrics faculty participate in this program in order to interest Internal Medicine residents in careers in academic geriatrics.

## Program Operations

Each first-year resident chooses a research mentor from among 80-plus faculty volunteers, and spends two weeks developing her or his chosen scholarly activity. This might include designing a research project to be carried out over the remainder of the residency, preparing a case report, or performing a critical topic review based on the medical literature. Additional research experience is offered as an elective option in the second and third year of residency training. Several geriatrician faculty participate as volunteer research mentors, including those with careers as both researchers and clinician-educators.

The list of mentors is organized by the Department of Medicine/Internal Medicine Residency program. Additional information is available to residents on the URM Internal Medicine Residency website (see *Available Materials*).



## **Staffing Requirements**

Over 80 volunteer faculty serve as mentors to the residents. Internal Medicine Residency Program Directors and administrative staff in the Department of Internal Medicine oversee the program.

## **Program Costs and Funding Sources**

The costs involved include faculty time to mentor and assist the residents in development and oversight of the scholarly project. All time is volunteered. Administrative costs are assumed by the Department of Internal Medicine.

In addition, if a resident's work is accepted for presentation at the American College of Physicians annual meeting, the travel expenses are covered by the Residency Program. If the resident's work is accepted for presentation at a subspecialty society national meeting, the travel expenses are covered by the sponsoring Division.

## **Process and Outcomes Data**

Four residents who have completed their scholarly project in geriatrics have been recruited to geriatrics fellowships and have then remained in the geriatrics division in academic positions.

Residents have completed the following projects:

- Literature review on Healthy Aging
- Community Outreach Project entitled "Culturally Sensitive Exercise and Health Education in Latin American Elders." This project instituted an exercise and education program in diabetes, physical activity, and diet for attendees of a Hispanic day program in Rochester.
- Review article on Pain in the Minority Older Adult, published in a peer-reviewed journal
- Research project entitled "Glycopyrrolate for Urinary Incontinence in the Cognitively Impaired Elderly Patient"

## **Implementation Lessons**

- It is important to introduce geriatrics as a research field to the residency program early on in training and to encourage interested residents to choose aging-related research projects.
- The web-based system has been very effective; some participants use it even before they arrive to start their residency.

## **Available Materials**

### Tools/Resources

- Overview of research program
- List of mentors

### Website

- The Internal Medicine Residency Research homepage, containing information on the research areas and application process: [www.urmc.rochester.edu/smd/gme/prospective/medicine/research\\_faculty/research\\_overview.cfm](http://www.urmc.rochester.edu/smd/gme/prospective/medicine/research_faculty/research_overview.cfm)

### Publications

- Dorsey, ER, Raphael, BA, Balcer, LJ, Galetta, SL  
Predictors of future publication record and academic rank in a cohort of neurology residents  
*Neurology* 2006;67:1335-1337

## **For More Information**

Annette Medina-Walpole, MD  
Associate Professor of Medicine  
University of Rochester Medical Center  
Medical Director, The Living Center  
The Highlands at Pittsford  
500 Hahnemann Trail  
Pittsford, NY 14534  
(585) 389-0988, x262  
[annette\\_medinawalpole@urmc.rochester.edu](mailto:annette_medinawalpole@urmc.rochester.edu)

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# Establishing an American Geriatrics Society Resident Chapter



## SUMMARY

### Target Audience

Physicians-in-training at the resident level

### Purpose

To stimulate interest in geriatrics among faculty and residents in disciplines concerned with the care of older adults and to enhance residents' awareness of career opportunities in geriatric medicine

### Program

American Geriatrics Society (AGS) Resident Chapters are involved in a variety of educational and mentoring activities to enhance geriatrics recruitment and training

### History

The AGS Resident Chapter network began in 2007

### Operating Costs

Faculty advisor(s) and administrative staff time; costs for educational programs, social events, and other chapter activities

### Outcomes

Since the chapters began in 2007, activities have included case-based geriatrics morning reports, geriatrics career night dinners, resident board review sessions, and journal clubs focused on geriatrics topics

### Available Materials

A Resident Chapter application; chapter guidelines; a list of current chapters and contacts—all available on the AGS website

### For More Information

Joe Douglas  
American Geriatrics Society  
(212) 308-1414  
[jdouglas@americangeriatrics.org](mailto:jdouglas@americangeriatrics.org)

## Program Overview

The American Geriatrics Society (AGS) Resident Chapter network was established to interest physicians-in-training in the field of geriatrics, enhance the visibility of geriatric medicine at the resident level, and provide educational programs on geriatric medicine. CoEs and other geriatrics programs are encouraged to develop an AGS Resident Chapter as a means to recruit trainees into geriatrics fellowships and academic careers.

The AGS Resident Chapter network began in 2007. Chapters are organized by medical school geriatrics programs under the leadership of a faculty advisor. The AGS website contains an updated list of current chapters (*see Available Materials*).

Resident Chapter goals are:

- to encourage interest in geriatrics among faculty and residents in the various disciplines concerned with the care of older adults
- to encourage curriculum developers to include geriatrics in the general curriculum as well as in elective course offerings and multidisciplinary programs
- to develop educational programs in geriatrics open to the medical school faculty as well as to local health care professionals
- to promote educational activities within community facilities, such as nursing homes and senior centers.

## Program Operations

To establish and maintain an AGS resident chapter, interested groups must fill out an application form, which is available on the AGS website (*see Available Materials*). The AGS Education Committee reviews applications upon receiving them.



Resident Chapters are expected to submit an annual report on their activities, membership, planned future goals, and the overall progress toward initial stated goals. The AGS provides progress report forms.

Resident Chapters are responsible for notifying the AGS of any change in faculty advisors or resident officers. This can be done annually, when the progress report is submitted.

### **Staffing Requirements**

A geriatrics department/division faculty member must be selected to serve as the Chapter advisor. This provides continuity to the Chapters. The advisor must be an AGS member (if the Chapter has more than one advisor, at least one must be a member).

### **Program Costs and Funding Sources**

Program costs are dependent upon the activities the Chapter undertakes, and can include: faculty advisor and administrative staff time, social events, educational materials, and visiting faculty and lecturers.

The AGS provides \$200 to each Resident Chapter annually for program support.

### **Process and Outcomes Data**

Current AGS Resident Chapters have developed a variety of activities, including case-based geriatrics morning reports; resident board review sessions; and journal clubs focused on geriatrics topics.

The Boston University Medical Center chapter hosted a geriatrics career night dinner at which approximately 20 Internal Medicine and Family Medicine residents, 3 Geriatrics fellows, and 10 faculty members from the section of Geriatrics came together to learn about geriatrics fellowship, research, and career opportunities. A similar event was held at the Tufts-New England Medical Center, attended by 11 residents and Internal Medicine faculty members.

### **Implementation Lessons**

- Residents are busy and hungry. Host dinners in the early evening so residents can attend them on their way home from work. Having the dinner at the institution, rather than at a restaurant, may increase attendance.
- It is helpful to get chief residents involved—they are in charge of morning reports and special intern conferences.

### **Available Materials**

#### Tools/Resources

- AGS Resident Chapter guidelines and application form:  
[www.americangeriatrics.org/education/residents/establishing\\_chapter.shtml](http://www.americangeriatrics.org/education/residents/establishing_chapter.shtml)
- List of current AGS Resident Chapters and contacts:  
[www.americangeriatrics.org/education/residents/current\\_resident\\_chapters.shtml](http://www.americangeriatrics.org/education/residents/current_resident_chapters.shtml)

### **For More Information**

Joe Douglas  
Coordinator for Professional Education and Special Projects  
American Geriatrics Society  
350 Fifth Avenue, Suite 801  
New York, NY 10118  
(212) 308-1414  
[jdouglas@americangeriatrics.org](mailto:jdouglas@americangeriatrics.org)

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# Collaborative Grant Review and Mentoring for Clinician-Researcher and Clinician-Educator Trainees



Geriatric Medicine and Training

at Emory University/University of Alabama at Birmingham  
Southeast Center of Excellence in Geriatric Medicine

## SUMMARY

### Target Audience

Senior fellows and junior faculty physicians

### Purpose

To advance the training of clinician-researchers or clinician-educators through a partnership between two geriatrics programs

### Program

Mentoring, advanced training in research and clinical education, and salary support for up to four scholars per year

### History

Started in 1998, to capitalize on synergies between the programs at Emory and UAB

### Operating Costs

Estimated at \$550,000 in 2008 for scholars' salaries and pilot projects; fellow recruitment; leadership and mentoring; administration; travel; conferences

### Outcomes

65 geriatric medicine fellows and 27 junior faculty scholars have participated

### Available Materials

Program overview; website

### For More Information

Carol Reis-Starr, PhD  
Emory University  
(404) 728-6570  
[creisst@emory.edu](mailto:creisst@emory.edu)

Peter Bosworth, MBA  
University of Alabama at Birmingham  
(205) 934-9261  
[PBosworth@aging.uab.edu](mailto:PBosworth@aging.uab.edu)

## Program Overview

Emory University and the University of Alabama at Birmingham (UAB) Schools of Medicine, which comprise the joint Southeast Center of Excellence in Geriatric Medicine, collaborate to provide a program of financial support and mentoring for the advanced training of senior fellows and junior faculty physician-scholars preparing for careers in geriatric medicine as clinician-researchers or clinician-educators.

The joint Center of Excellence (CoE) was developed to capitalize on the institutions' geographic proximity, mutual areas of research expertise, and other synergies that enhance the capabilities of both institutions to serve the educational and research needs of future academic geriatricians. The joint CoE seeks to foster interdisciplinary and interinstitutional research programs that offer trainees access to a broader range of mentoring, training, and research opportunities than each institution could provide individually.

The goals of the joint program are to:

- provide salary support that gives scholars protected time for research or for clinician-educator training
- provide rigorous training in grant writing, research, and advanced level clinical education
- provide mentoring, oversight, and evaluation of a pilot research project for the duration of the grant project (and beyond, if requested)

The CoE provides funding for the following activities:

- **Training Support Grants**— one year of salary support of up to \$50,000 plus benefits for senior



geriatric medicine fellows (PGY 5 and 6) and physician junior faculty, to ensure at least 50% protected time for scholars to obtain research training or to obtain advanced level training in clinical education.

- **Pilot Project Grants**— up to \$20,000 for scholars to conduct one-year pilot research projects that will yield preliminary data for scientific presentations, publications, and subsequent major grant proposals. Educational or quality improvement projects may be proposed by trainees pursuing careers as clinician-educators.
- **Combination Grant Program**— applicants for Training Support Grants may incorporate a pilot project into their application. Salary support for the trainee must be within the limits specified for Training Support Grants (50% FTE or \$50,000 plus benefits). The Pilot Project Grant limit of \$20,000 applies to the pilot project portion of the combination application. Expenses in this case are defined as everything except the trainee's salary and benefits.

### ***Program Operations***

Potential applicants are recruited through university-wide funding announcements, fellowship recruitment, and ongoing promotion at the joint CoE quarterly research seminars held alternately at UAB and Emory. A research advisor is provided at each site to assist the applicant with formulating the research questions and developing a proposal utilizing a standardized format and process. Applicants are encouraged to utilize potential mentors at both sites during this initial process, to provide a greater range of perspectives and mentoring. Up to four new scholars are accepted each year. Scholars with meritorious projects may be granted additional funding after the initial one-year period.

Applicants can request up to 50% of protected time by submitting a letter from their program director that provides assurance of protected time.

All proposals are reviewed by at least two selected reviewers from the alternate university and all members of the Joint CoE Steering Committee. Reviewer feedback is provided in a letter to each applicant and revised proposals are encouraged.

Once the research proposal is accepted, a joint mentoring committee is established for each scholar. Mentors are generally senior academic geriatricians or other faculty with a strong interest in aging who can provide professional development guidance. Each scholar selects a senior faculty member from Emory or UAB to serve as their primary mentor.

Quarterly progress reports to the Joint CoE Steering Committee are required of all scholars. Scholars are also expected to attend the joint CoE Quarterly Research Seminars and associated training (didactic and discussion groups) and social activities (joint scholar/mentor dinners prior to each quarterly session). The informal social interactions with senior faculty and potential mentors from both universities at the quarterly joint sessions provide a supportive environment for potential and current clinical fellows and scholars.

### ***Staffing Requirements***

The following personnel are needed:

- A Program Director and six faculty from Emory and UAB who sit on the Joint Steering Committee
- Partially funded (10-15% effort) Research Advisors
- Business Administrators at each site
- Curriculum/Evaluation Coordinators at each site

### ***Program Costs and Funding Sources***

The program is funded through the Hartford CoE grant, with matching funds from Emory and UAB. Estimated per year costs for the next cycle are: scholars' salary support and Pilot Projects: \$300,000–350,000; fellows



recruitment: \$35,000; leadership and mentors: \$100,000; administration: \$32,000; travel, conferences, etc.: \$83,000.

### **Process and Outcomes Data**

As of September 2008, the joint CoE has provided research opportunities and mentoring to over 65 geriatric medicine fellows and funding for 27 junior faculty scholars. To date, 20 of the junior faculty scholars are currently practicing in an academic setting and at least eight of these have developed their academic careers in geriatrics research.

Success is measured by career development, publications, presentations, intramural and extramural grants, and other related achievements of the Joint CoE scholars and other participants.

### **Implementation Lessons**

- The joint CoE discovered within the first two years of operation that a research advisor was needed to assist in the initial proposal development process for both potential clinician-educators and clinician-researchers. Partially supported (10% effort) research advisors for each site were recruited from within the faculty of each university. The advisors continue to provide oversight to the ongoing research process as part of the Joint CoE Steering Committee.
- The continued support and mentorship from all joint CoE faculty and mentors are imperative at the earliest points in a fellow's or junior faculty member's research and/or clinical educator development.
- A collaborative program between two universities can improve the quality of the training through effective planning, partnering, and frequent communication. The joint CoE stays in touch daily by e-mail, meets monthly by conference calls, and meets quarterly for joint training sessions at the Quarterly Research Seminars.

### **Available Materials**

#### Tools/Resources

- Overview of Joint CoE Training Programs, including details on the programs and application process

#### Website

- Joint CoE Homepage, which features an overview of the grant program, including proposal development process, review criteria and research areas  
<http://www.aging.uab.edu/SubChannel/Training/scegm.aspx>

### **For More Information**

Carol Reis-Starr, PhD  
Associate Director for Curriculum and Evaluation  
Southeast CoE in Geriatric Medicine  
Division of Geriatric Medicine and Gerontology  
Emory University  
1841 Clifton Rd #530  
Atlanta, GA 30329  
(404) 728-6570  
[creisst@emory.edu](mailto:creisst@emory.edu)

or

Peter Bosworth, MBA  
Associate Director for Administration  
Southeast CoE in Geriatric Medicine  
Division of Gerontology, Geriatrics, and Palliative Care  
University of Alabama at Birmingham  
201CH 19  
Birmingham, AL 35294-2041  
(205) 934-9261  
[PBosworth@aging.uab.edu](mailto:PBosworth@aging.uab.edu)

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# Junior Faculty Mentoring in Aging Research

at the Indiana University School of Medicine  
Center for Aging Research



## SUMMARY

### Target Audience

Junior faculty who devote 75% or more of their academic effort to aging research

### Purpose

To provide a structured research mentorship program that facilitates academic success

### Program

Research and professional development seminars; one-on-one mentoring

### History

The program began in 2005

### Operating Costs

Core faculty of 12 MD and PhD researchers; administrative staff time (up to 10%); 20-30% FTE for the mentored scientists

### Outcomes

Three mentored scientists have completed K-series awards and have moved on to R01-type funding; four new trainees are in various stages of preparation or review of K-series awards

### Available Materials

List of books used in professional development seminar; websites for the Center for Aging Research, Gero-informatics, and the Regenstrief Institute

### For More Information

Christopher M. Callahan  
Indiana University Center for Aging  
Research  
Regenstrief Institute, Inc.  
(317) 423-5600  
[ccallaha@iupui.edu](mailto:ccallaha@iupui.edu)

## Program Overview

Because geriatric medicine clinician-scientists are rare, the Indiana University Center of Excellence (CoE) makes every effort to ensure the long-term success of junior faculty members who have exhibited the passion and talent to pursue a career in aging research.

A successful academic research career is strongly dependent upon access to effective mentors. This structured research mentorship program aims to facilitate the academic success of junior faculty in aging research. Participation is limited to those who devote 75% or more of their academic effort to aging research. Each year, one new mentored clinician-scientist and one new PhD-scientist are selected, with a group of six to eight scientists active in the program at any given time.

While the program focuses on clinician-scientists (physicians, nurses, and other practitioners), the program also includes PhD faculty from multiple disciplines on a limited basis because interdisciplinary teams are the norm in aging research. A concerted effort is also made to improve the diversity of junior faculty researchers.

The program's four main objectives are:

- to increase the number and diversity of clinician-scientists in aging research at Indiana University
- to produce independent scientists who obtain R01-type funding as principle investigators
- to produce researchers who are collegial and who possess strong collaborative and teamwork skills
- to improve the career satisfaction and productivity of the senior faculty who serve as mentors.



Although the above objectives focus primarily on expanding Indiana's cadre of aging-related research scientists, these interests also serve the national need to increase the geriatric medicine knowledge base.

### ***Program Operations***

The mentoring program provides a highly individualized, hands-on research experience through one-on-one, face-to-face interactions with the mentor(s) and the practical design and conduct of a specific research project. This is the best mechanism to prepare the mentored scientists for an independent research career.

No two mentored scientists' experiences are the same because each individual enters the mentoring relationship with unique strengths and weaknesses. All mentored scientists require supervision and training in each of the following areas to some degree, but the amount of time in each area will vary:

- developing a realistic research agenda that is not fragmented or overly ambitious
- understanding research methodology (e.g., clinical trials) and biostatistics
- conducting research with human subjects
- preparing grant proposals
- strengthening basic writing skills
- time management
- developing interpersonal relationship skills.

### **Identifying Mentors**

The first step is identifying the primary mentor and the members of the mentoring team. The primary mentor assumes overall responsibility for the mentored scientists' success.

Typically, there is a second mentor who provides content expertise and a third mentor who represents either content or methodological expertise or who may be an advocate representing the mentee's under-represented peer group. Secondary mentors also play a third-party role to ensure that the primary mentor does not abuse their privileged role as primary mentor.

The assignment of mentors is an active process. It must be spelled out in the candidate's offer letter for faculty appointment. A successful match must also take into account the interests of the mentor. Junior scientists entering the program from other schools, centers, or disciplines must have a mentor from both Indiana University's CoE and the scientists' home program. They must also provide evidence that their program is supporting them through a 75% effort commitment to research for at least three years.

### **Mentoring Interactions and Roles**

While roles and relationships will vary among the mentored scientists, a mentoring relationship that is mutually beneficial and sustained over time will often require the following:

- **Supervision** of all phases of a research project: conception, literature reviews, design, human subjects, implementation, data analysis, manuscript preparation, and grant applications
- **Time and energy** dedicated to the mentored scientist's academic development
- **Access** to the local and national network of academic faculty, health advocates, and policymakers relevant to the mentored scientist's area of study
- **Feedback** on all aspects of the mentored scientist's career development in a timely and constructive fashion
- **Advocacy** with the mentored scientist's current and potential colleagues, supervisors, and other stakeholders to avoid overcommitment
- **Role modeling** for time management, organizational behavior, and family-career balance
- **Cheerleading** for risk taking, successes and failures, and managing interpersonal conflicts
- **Nurturing** a positive work environment and a creative esprit de corps
- **Attention** to communication skill development, including writing and oral presentations

- **Space** to allow the mentoring relationship to progress through developmental stages and to allow the mentee to eventually leave the umbrella of the mentor.

On a very practical level, mentors must also help the mentored scientists navigate the tenure and promotion process.

### Program Components

#### *Regular Meetings*

Each mentored scientist has both scheduled and unscheduled time with his or her mentor. Informal, unscheduled meetings to facilitate progress are encouraged. Scheduled access for each mentored scientist includes a monthly one-hour mentoring meeting with all mentors (full panel), a weekly one-hour group meeting with all of the mentored scientists (the Professional Development Seminar, described below), and a biweekly, 30-minute meeting with the primary mentor. The mentored scientist must send each mentor an e-mail with the action plan that results from each full-panel meeting and from any other substantive meeting. This serves as a historical record and a time management/goal setting exercise.

#### *Professional Development Seminar*

This weekly group meeting is organized by one of the senior mentors but is run by the mentored scientists. The topics focus on professional and leadership development, time management, and organizational behavior. Participants include both clinician-educators in the Scholarly Activity Clinic and clinician-educators in the research mentorship program.

The meetings are organized around a series of books. Each week, one of the participants leads a discussion on a book chapter. Two to four books can be covered in an academic year. This forum also allows for sharing best practices, problem solving, and tips among the mentored scientists; it helps them appreciate the worldview and challenges of their colleagues in other roles and/or disciplines. Books covered are listed in *Available Materials*.

#### *Research Specific Seminars*

Mentored scientists also participate in two weekly research conferences, referred to locally as works in progress. The first work-in-progress is limited to approximately 20 faculty researchers with a special interest in aging research. The second work-in-progress is sponsored by the Regenstrief Institute and includes about 40 faculty scientists with an interest in outcomes research.

During a one-hour work-in-progress session, an individual scientist reports the prospects, challenges, and early results of his or her ongoing or recently completed research project. The goal is a two-way interaction in which the presenter receives feedback and suggestions and the audience learns about new research approaches. Mentored scientists typically first present at the aging work-in-progress and receive initial feedback in this smaller forum. They then present to the larger audience at the Regenstrief Institute work-in-progress.

All mentored scientists are required to attend and to actively participate in national meetings such as the American Geriatrics Society annual scientific meeting.

#### Expectations for Mentored Scientists

Each mentored scientist is expected to develop explicit career goals, a timeline for projects and milestones, and a list of expected products, all of which are presented in a written document. The document is an important tool for reaching mutually agreed upon expectations and goals, and serves as a guidepost for the entire mentoring panel as well as for colleagues. It is often valuable as a mechanism for saying no to competing demands for time and energy.

Each of the mentored scientists is expected to participate in service to the University. The service opportunities are matched to the mentored scientists' research interests or their clinical laboratories. Examples include the Institutional Review Board (IRB), the pharmacy and therapeutics committee, the ethics committee, and liaison roles to other



programs. The appropriate timing and duration of this service varies among the mentored scientists.

### **Staffing Requirements**

The following personnel are needed:

- Successful senior faculty with an active program of supported research—three or more is ideal, but one is sufficient
- Masters-level data analysts to help support pilot projects and secondary analyses; FTE ranges from 0-30%, depending on the number and type of mentored scientists and their projects
- Staff with expertise in the practical navigation of the local research enterprise (e.g., IRB, sponsored research, budget administration, human resources).

### **Program Costs and Funding Sources**

The cost for each mentored scientist is at least \$20,000 per year in addition to any salary support that he or she may receive.

The program is funded by the National Institutes of Health through K-series awards to mentors or mentored scientists, the Indiana University Roybal Center, endowed chairs, and the Hartford CoE, with supplemental support from institutional matches.

### **Process and Outcomes Data**

The major outcome is the production, after three to five years, of an independent scientist who has strong research, collaborative, and interpersonal skills. Three mentored scientists have now completed or are nearing completion of their K-series awards and have moved on to R01-type funding.

Currently, four new trainees are in various stages of preparation or review of K-series awards.

The number of African-American and female trainees, as well as trainees from outside the School of Medicine, has increased.

Informal feedback from the participants is very important to continuous quality improvement, consistent with the ever-changing environment of clinical research.

### **Implementation Lessons**

- Clear expectations agreed upon at the outset in writing by all of the stakeholders greatly increase the chances of success.
- Most mentored scientists need three to five years of a structured mentorship program.
- Missing early milestones is an important predictor of missing late milestones, and is thus a significant predictor of failure in achieving goals.
- Underdeveloped writing skills are endemic among junior clinician-investigators.
- The mentoring relationship must be mutually beneficial to be successful.
- A structured mentoring program requires considerable human and financial resources on an annual basis for as long as the program exists.
- Conflicts are expected and are part of professional development.
- Leadership skills can be taught.
- The origins for this geriatrics mentoring program are the research training programs in General Internal Medicine and the Regenstrief Institute at the Indiana University School of Medicine

### **Available Materials**

#### Tools/Resources

- List of books used in the weekly Professional Development Seminar

#### Websites

The following websites include lists of publications and other information useful to aging research programs:

- Center for Aging Research:  
<http://iucar.iu.edu/>
- Gero-informatics:  
<http://iucar.iu.edu/gocar/>
- Regenstrief Institute:  
<http://iucar.iu.edu/center/regen.html>

***For More Information***

Christopher M. Callahan  
Indiana University Center for Aging Research  
Regenstrief Institute, Inc.  
HITS Building Suite 2000  
410 West 10th Street  
Indianapolis, IN 46202-3012  
(317) 423-5600  
[ccallaha@iupui.edu](mailto:ccallaha@iupui.edu)

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# Aging-Related Research Career Development Core for Junior Investigators

at the University of Michigan



## SUMMARY

### Target Audience

Junior faculty from schools in the health professions

### Purpose

To train junior faculty to become independent investigators in aging-related research and academic leaders in geriatrics and gerontology within their respective disciplines

### Program

Monthly scientific seminars; ongoing lectures, research presentations, and mentoring; an annual research retreat

### History

Research Career Development Core activities have been offered since 1989

### Operating Costs

Over 10 faculty from geriatrics and other divisions and departments serve as lecturers and mentors; administrative staff members provide about 0.2 FTE effort

### Outcomes

Participant evaluations of seminars and mentoring relationships

### Available Materials

List of Research Career Development Core seminar topics

### For More Information

James Jensen  
University of Michigan Health System  
(734) 615-0143  
[jejensen@umich.edu](mailto:jejensen@umich.edu)

## Program Overview

The Research Career Development Core aims to recruit, select, support, mentor, and train junior faculty to become independent investigators in aging-related research and academic leaders in geriatrics and gerontology within their respective disciplines.

A mock NIH study section held during the annual research retreat component of the Core is a unique educational experience. Junior faculty have the opportunity to evaluate their peers' research proposals and to have their proposals evaluated by top University of Michigan and visiting faculty experts. Both local trainees and trainees from around the country have participated. This unique program model has been reproduced at national conferences.

## Program Operations

The components of the program include:

- monthly scientific seminars held from September through April (see *Available Materials* for list of topics)
- periodic lectures by senior faculty on mentoring, funding, and subject recruitment, and presentations by junior faculty illustrating their research
- an annual retreat at the end of May, which includes a mock NIH study section for select local and national researchers, led by national experts from the University of Michigan and other institutions.



The Research Career Development Core seminars are held on the main medical campus and are open to junior faculty (and others with an interest in aging research) from all disciplines. A monthly e-mail is sent to a campus-wide group list, the Division's Aging Directory, as well as to specific Research Career Development Core participants, promoting the scientific seminars.

### **Staffing Requirements**

Over 10 faculty from geriatrics and other divisions and departments are involved with presenting the various seminar series. Existing administrative staff members provide approximately 0.2 FTE effort in support of these activities.

### **Program Costs and Funding Sources**

The cost related to the retreat is approximately \$10,000 per year. In addition, staff salaries are approximately \$12,000 per year (not including fringe benefits). Some faculty effort is also required to direct these activities. The program is part of the Claude D. Pepper Older Americans Independence Center at the University of Michigan, funded by the National Institute on Aging. The Pepper Center, the Hartford Foundation, the Department of Veterans Affairs, and various external grants also support research efforts for some of the junior faculty.

### **Process and Outcomes Data**

Satisfaction surveys are collected at the conclusion of each Annual Retreat to evaluate the program content, experience, and venue. Anonymous anecdotal comments are also encouraged on the survey. An informal mentorship evaluation program is also being formulated for those trainees who receive salary support.

### **Implementation Lessons**

- It is recommended that junior faculty have an opportunity to present their work in front of both their peers and their senior mentors.
- Careful review of proposals by senior mentors who have experience on study sections is particularly useful.
- Other career development seminars including topics such as research funding opportunities and mentorship are also useful.

### **Available Materials**

#### Tools/Resources

- List of Research Career Development Core seminar topics

### **For More Information**

James Jensen  
Administrator  
Research Career Development Core  
UM Older Americans Independence Center  
University of Michigan Health System  
300 North Ingalls Building  
Room 974, Box 2007  
Ann Arbor, MI 48109-2007  
(734) 615-0143  
[jejensen@umich.edu](mailto:jejensen@umich.edu)

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# One-Day Career Development Retreat for First-Year Medicine Subspecialty Fellows



at the University of California, San Francisco  
School of Medicine

## SUMMARY

### Target Audience

First-year medicine fellows in medical subspecialties, including geriatrics

### Purpose

To address professional needs and training requirements for academic career promotion that are not specialty-specific

### Program

Mandatory one-day, off-campus annual retreat for target audience

### History

The program began in 2002 and has been held annually for all subspecialty fellows in medicine

### Operating Costs

Time of Department of Medicine Chair and Director of Graduate Medical Education, 6-8 senior subspecialty faculty, and administrative support staff; meeting space; handouts; meals

### Outcomes

As of 2002, 90 fellows have participated in the retreat and rated the experience good to excellent on evaluations

### Available Materials

Article on retreat

### For More Information

Bree Johnston, MD, MPH  
University of California at San Francisco  
(415) 221-4810, x3983  
[bree.johnston@ucsf.edu](mailto:bree.johnston@ucsf.edu)

## Program Overview

A mandatory day-long retreat is held off-campus for all first-year fellows in the medical subspecialties, including geriatrics. The retreat fills an important void by addressing professional needs and training requirements common to all first-year subspecialty fellows. It also helps promote collegiality and cross-divisional collaboration. This serves to raise awareness about geriatrics among all medicine subspecialty fellows.

This annual retreat is intended to create a forum that bridges specialties and familiarizes fellows in the Department of Medicine with topics necessary for recruitment into academic careers that are not specialty-specific. These include:

- understanding the academic pathways and criteria for promotion
- obtaining research funding and salary support
- providing effective subspecialty consultations
- working collaboratively across divisions

## Program Operations

The retreat begins with an icebreaker activity. A variety of educational methods, including large- and small-group discussions and lectures, are used to address the core topics. The Chair of the Department of Medicine leads a discussion about the structure, funding, and promotion process of academic medicine departments. Breakout groups led by senior faculty from a variety of disciplines focus on strategies for funding and how to become successful clinician-educators, basic science researchers, and clinical researchers.



### **Staffing Requirements**

The following personnel are needed:

- Chair of the Department of Medicine (one hour)
- Director of Graduate Medical Education in the Department of Medicine (for retreat logistics planning)
- Six to eight senior faculty (one hour each)
- Minimal administrative support staff time

### **Program Costs and Funding Sources**

Faculty and administrative time, meeting space, handouts, and food, totaling approximately \$500. Most costs are indirect. Funded by the Department of Medicine.

### **Process and Outcomes Data**

As of 2002, 90 fellows have participated in the retreat and have rated the retreat with good to excellent scores on evaluations. The retreat continues to be refined based on the feedback received each year.

### **Implementation Lessons**

- Arrangements must be made with program directors well in advance because it is difficult to free fellows from clinical work.
- It helps to begin the retreat in the middle of the day so that fellows can complete necessary work before going off campus.

### **Available Materials**

#### Publications

- A Retreat for First-Year Medicine Fellows. Johnston, B, Fenton, C, Jain, S  
*Academic Medicine*, 2002

### **For More Information**

Bree Johnston, MD, MPH  
University of California at San Francisco  
4150 Clement Street  
San Francisco, CA 94121  
(415) 221-4810, x3983  
[bree.johnston@ucsf.edu](mailto:bree.johnston@ucsf.edu)

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# Fellows' One-Year Academic Career Development Course

at the University of Rochester Medical Center



## SUMMARY

### Target Audience

Fellows from geriatric medicine, dentistry, psychiatry, and other subspecialties

### Purpose

To prepare fellows as the next generation of academic clinician-teacher-scholar geriatrics leaders

### Program

A year-long, annual academic career development course consisting of reading assignments, class participation and presentations, and product development

### History

The course began in 2005

### Operating Costs

Faculty time; photocopying of teaching materials

### Outcomes

100% of the fellows reported that the course positively impacted their future career development; six of nine fellows chose academic careers

### Available Materials

List of course topics and projects; article with table of learning experiences, outcomes, audiences, and ACGME core competencies

### For More Information

Annette Medina-Walpole, MD  
University of Rochester Medical Center  
(585) 389-0988, x262  
[annette\\_medinawalpole@urmc.rochester.edu](mailto:annette_medinawalpole@urmc.rochester.edu)

## Program Overview

The University of Rochester Division of Geriatrics and Aging, in collaboration with the University of Rochester Warner Graduate School of Education and Human Development, conducts a year-long academic career development course that focuses on achieving excellence in teaching and career development. This course is designed to prepare fellows as the next generation of academic clinician-teacher-scholar geriatrics leaders.

The program is an innovative addition to current geriatrics fellowship training and enhances the development of all fellows as clinician-teacher-scholars while providing additional opportunities to integrate and assess the Accreditation Council for Graduate Medical Education (ACGME) core competencies.

Participants gain:

- the prerequisite knowledge and experience to successfully develop, implement, and evaluate various educational materials that target interdisciplinary trainees
- the teaching and leadership skills necessary to succeed as clinician-educators and leaders in academic geriatrics.

## Program Operations

The academic career development course is offered to fellows in geriatric medicine, dentistry, psychiatry, and other subspecialties at the University of Rochester. The year-long course meets twice a month for one hour and includes reading assignments, class participation and presentations, and product development.

12 University of Rochester faculty with expertise in each topic area participate in the course on an annual basis. They are not given any monetary or financial incentive to participate.



Several faculty members teach more than one session. The course director is also a University of Rochester faculty member who attends each class and teaches 30% of the classes. Classes consist of small-group didactic sessions typically beginning with a PowerPoint presentation, followed by an interactive feedback/discussion session. Some classes are case-based and all involve active participation and presentation/discussion.

The curriculum focuses on three areas:

**The Clinician:** Fellows are encouraged to identify a clinical niche and to use that niche throughout the year as an educational and research focus. The practicum experiences include ethnicity/diversity training (ethnogeriatrics) as well as training to improve communication with patients and families. This supplements the experiences of the traditional one-year clinical geriatrics fellowship.

**The Teacher:** Fellows gain experience in classroom teaching, podium presentations, poster sessions, small group facilitation, giving effective feedback, clinical reasoning, exam-question writing, and lay-audience teaching. To coordinate these teaching experiences with their clinical niche, each fellow chooses one geriatric syndrome or topic to focus on throughout the year. At the conclusion of the year, each fellow has a portfolio of developed educational materials (posters, lectures, cases) to share with the entire group.

**The Scholar:** Fellows gain experience in writing abstracts, giving poster presentations, academic curriculum vitae development, mentoring strategies, peer assessment and professional competence, preparing publishable articles, and literature reviews.

### **Staffing Requirements**

12 University of Rochester faculty with expertise in each topic area participate in the course on an annual basis. They are not given any monetary or financial incentive to participate. Several faculty members teach more than one session.

There is one course director, who is provided 5-10% time for the course.

Administrative support involves helping to develop the schedule of faculty participants, photocopying course materials, and sending e-mails to faculty and course participants.

### **Program Costs and Funding Sources**

The costs involved are faculty time and photocopying of teaching materials.

Funding for the course is currently provided by a Health Resources and Service Administration's Bureau of Health Professions grant to train physicians, dentists, and behavioral health professionals.

### **Process and Outcomes Data**

Fellows complete mid-year and end-of-year evaluations that assess their overall satisfaction with the course, the usefulness and impact of the course, and the efficacy of the teaching methods provided with respect to their future careers. The mean individual session Likert score was 4.0, with a range of 3.5-4.6. 100% of the fellows responded positively to several open-ended questions, including "How do you think this course will impact your future career?" Additionally, the majority of fellows choose to pursue academic careers upon completion of their fellowship.

Fellows' career paths are also monitored and tracked by intermittent mail and e-mail surveys for five years to determine intermediate and long-term outcomes of scholarly activity: professional activities, teaching venues, academic development, publications, and promotion. There is no current data available from this fellowship to compare career choice prior to and after the implementation of the Academic Career Development Course.

The new classes and materials created by the fellows have substantially increased the number of scholarly products within the curriculum. For example, fellows submitted

abstracts for poster presentations to the American Geriatrics Society, the American Dental Association, and the American Association for Geriatric Psychiatry. In collaboration with the nursing education department at Monroe Community Hospital, a core lecture series for certified nursing assistants was developed. The reviews from the series participants were extremely positive, with recent expansion of the series to include presentations at other local university-affiliated nursing homes.

All of the scholarly products were new additions to the fellowship curriculum, not required of former traditional geriatric medicine or interdisciplinary geriatric fellows in prior years of training. Fellows received both verbal and written feedback on their scholarly products, including their grand rounds and lay presentations, their mock poster sessions, and pre- and post-test evaluations of the communication sessions.

This course resonates well with the May 2006 *Fellowship Position Paper* from the American Geriatrics Society and the Association of Directors of Geriatric Academic Programs. Several options for further leadership training and projects were suggested as a result of it, as was a proposed education curriculum for additional years of fellowship training.

### **Implementation Lessons**

- This program has been extremely well received among participants. The challenge has been to recruit other subspecialty fellows to participate in it, in addition to the geriatrics fellows.
- Additionally, this course has provided an avenue to teach and evaluate the ACGME core competencies which are critical to a successful fellowship training experience.

### **Available Materials**

#### Tools/Resources

- Course topics for 2007-08
- Course projects for 2007-08

#### Publications

- Academic Career Development in Fellowship Training  
Medina-Walpole, A, Fonzi, J, Katz, PR  
*Journal of the American Geriatrics Society*  
2007;55(12):2061-7

### **For More Information**

Annette Medina-Walpole, MD  
Associate Professor of Medicine  
University of Rochester Medical Center  
Medical Director, The Living Center  
The Highlands at Pittsford  
500 Hahnemann Trail  
Pittsford, NY 14534  
585-389-0988, x262 (voicemail)  
585-383-9074 (fax)

[annette\\_medinawalpole@urmc.rochester.edu](mailto:annette_medinawalpole@urmc.rochester.edu)

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# Academic Faculty Scholars Program in Geriatrics for Non-Geriatricians

at Boston University Medical Center



## SUMMARY

### Target Audience

Non-geriatrician academic physicians selected for their potential to become effective teachers of geriatric medicine

### Purpose

To train academic faculty from various disciplines to teach geriatrics; fellows also participate to learn fundamental skills necessary for an academic career

### Program

Four to six faculty scholars participate in a year of structured educational experiences and develop a scholarly project

### History

The program has been the centerpiece of Boston University's Center of Excellence since 1998

### Operating Costs

Financial support for 10% of the faculty scholars' time; administration (35%); geriatrics faculty time (75 hours); non-geriatrics faculty honoraria; evaluation

### Outcomes

Through 2008, 54 faculty members have completed the program; scholars have assumed new clinical, research, and leadership roles in geriatrics

### Available Materials

Module schedules

### For More Information

Rebecca A. Silliman, MD, PhD  
Boston University Medical Center  
(617) 638-8383  
[rsillima@bu.edu](mailto:rsillima@bu.edu)

## Program Overview

Boston University Medical Center has developed a unique faculty scholarship program to address the shortage of geriatrics-oriented health care providers and faculty, and to train academic faculty from various disciplines to teach geriatrics.

The program recruits clinician-educators from subspecialties, such as general internal medicine, family medicine, medicine subspecialties, surgical subspecialties, emergency medicine, and physical medicine and rehabilitation.

The goals of the program are to:

- attract outstanding physicians who are not geriatricians to careers as geriatrics-oriented faculty
- provide clinician-educators with the clinical and scholarship skills necessary to become effective leaders, providers, and teachers of geriatric medicine
- help faculty acquire the credentials needed for promotion and retention.

## Program Operations

Four to six faculty scholars are accepted into the program each year. Recruitment methods include electronic distribution about the program to department chairs and section chiefs, personal contact and meetings by CoE directors, and alumni recruitment. Targeted faculty are those who have the necessary clinical and scholarship skills to become effective teachers of geriatric medicine.

The year-long program is divided into two parts: For nine months, participants spend one half day a week in structured educational experiences. Scholarly skills for clinician-educators are taught



in four modules designed specifically for the training of future faculty in geriatrics-related activities. These include Geriatrics Content, Clinical Teaching, Evidence-Based Medicine, and Health Care Systems. Scholars are also assigned a geriatrics advisor to oversee and help them develop a clinical, educational, administrative, or research project during the year.

The remaining three months of the year are devoted to developing the scholarly project and to precepted clinical visits with Geriatrics Section faculty members.

Geriatric Medicine, Oncology, Psychiatry, and Dentistry fellows also participate in the four modules in conjunction with the faculty scholars. This structured experience complements the fellows' clinical training and equips them with the fundamental skills necessary for an academic career.

### **Staffing Requirements**

The program is supported by two administrative staff (35% total time), the director and two codirectors (30% total time), and 16 faculty members from geriatrics and other relevant disciplines.

### **Program Costs and Funding Sources**

Each scholar receives financial support for 10% of his or her time, supported in part by the Hartford Foundation CoE grant and other sources, such as the Donald W. Reynolds Foundation, and in part by scholars' academic/clinical units.

### **Process and Outcomes Data**

Through 2008, 54 faculty members have completed the program. Each module session is evaluated and, in addition, faculty scholars complete pre- and post-program evaluations of their knowledge and skills in each topic. The evaluative results from the first nine years of the program indicate that the program is effective in improving scholars' clinical and teaching skills in relation to older adults.

Scholars also have assumed new clinical, research, and leadership roles in geriatrics.

### **Implementation Lessons**

- Sustained funding is required to provide such a training program.
- A critical mass of graduates and a track record helps to build momentum and create a continued source of trainees.
- A diverse group of faculty scholars by discipline coupled with fellow participation makes a rich learning environment.
- Although the components of the program sound quite disparate, together they create a composite curriculum that all trainees value.
- A robust evaluation strategy facilitates continued improvement.

### **Available Materials**

#### Tools/Resources

- Schedules for each of the four modules

#### Publications

- Faculty development in geriatrics for clinician-educators: A unique model for skills acquisition and academic achievement  
Levine, SA, Caruso, LB, Vanderschmidt, H, Silliman, RA, Barry, PP  
*Journal of the American Geriatrics Society*  
2005;53(3):516-21

### **For More Information**

Rebecca A. Silliman, MD, PhD  
Chief, Geriatrics Section  
Boston University Medical Center  
88 E. Newton Street, Robinson 2  
Boston, MA 02118  
(617) 638-8383  
[rsillima@bu.edu](mailto:rsillima@bu.edu)

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# Geriatrics Excellence in Teaching Series for Faculty and Fellows

at Duke University School of Medicine



## SUMMARY

### Target Audience

Geriatrics faculty and fellows

### Purpose

To enhance skills in teaching, curriculum development, and educational scholarship

### Program

Ten monthly, one-hour seminars using discussions, case review, role play, readings, and writing assignments

### History

The program has been held annually since 2005

### Operating Costs

Program director and faculty time; light refreshments; teaching materials

### Outcomes

All respondents agreed that the series provided them with resources that they have been able to use in their teaching practices; 88% were more confident in designing educational programs as well as in teaching medical learners

### Available Materials

Article with list of seminar topics; website with slides, handouts, and references

### For More Information

Sandro O. Pinheiro, PhD  
Mitchell T. Heflin, MD  
Duke University School of Medicine  
(919) 660-7563  
[sandro.pinheiro@duke.edu](mailto:sandro.pinheiro@duke.edu)  
[hefli001@mc.duke.edu](mailto:hefli001@mc.duke.edu)

## Program Overview

In 2005 the Duke University Division of Geriatrics and Aging Center established a year-long Geriatrics Excellence in Teaching Series (GETS) to help geriatrics faculty and fellows develop as clinician-educators. The program, which is also open to other health professionals at the Duke Aging Center, focuses on developing skills in teaching, curriculum development, and educational scholarship that are essential for succeeding in careers in geriatric academic medicine.

The program provides an innovative approach to training clinician-educators through a variety of active learning strategies that:

- expose participants to innovative, adult learning-centered approaches for enhancing learning and instruction in medical education
- provide a conceptual space for faculty and fellows to discuss contemporary issues in academic medicine.

## Program Operations

The year-long program consists of ten one-hour sessions covering a variety of topics in medical education. The sessions occur monthly during the existing Geriatrics Grand Rounds program slot. Attendance ranges from 15 to 20 participants per session.

A PhD-level educator serves as the program director. Sessions are facilitated by the program director and one or two invited faculty or fellows from the Division of Geriatrics and Aging Center. Invited facilitators are identified based on their expertise in a given topic area or by their expressed desire to learn more about the topic to be covered; there is no financial incentive or compensation for



their participation. The program director works closely with the cofacilitators in developing and implementing the sessions.

Topics for the series are determined by the program director, based on a review of the faculty development literature and contemporary issues in academic medicine, and on the results of an annual needs assessment conducted with faculty and fellows. All sessions are taught using active learning strategies (including small- and large-group discussion, video review, case discussion, role play, readings, and writing assignments) to foster learners' participation. Sessions usually start with a discussion of participants' perceived challenges in the topic area being considered. This information provides facilitators with an understanding of the needs of the group and helps them to focus the seminar on the participants' interests. There is limited use of PowerPoint slides; sessions are interactive and focus on participants' challenges and on constructing new knowledge.

Participants gain the skills to develop their academic careers; they learn how to improve their teaching practices and to develop effective educational programs and educational scholarship.

Cofacilitators have the opportunity to be mentored by a PhD educator to develop and implement educational programs, and to collaborate with peers in the development of educational activities.

### **Staffing Requirements**

The following personnel are needed:

- Program director (5%) (Funded by the Reynolds grant)
- Invited faculty or fellows to teach the sessions— faculty are encouraged to participate; some volunteer to teach.
- Administrative staff (for preparation of handouts, course promotion, etc.)

### **Program Costs and Funding Sources**

The costs involved are: the program director's time; fellows/faculty time to plan, cofacilitate, and attend the sessions; light refreshments; and photocopying of teaching materials. Each one-hour session costs approximately \$60, excluding faculty time.

The program is supported by a grant from the Donald W. Reynolds Foundation Aging and Quality of Life Program, but will be incorporated into the regular budget once the Reynolds grant expires.

### **Process and Outcomes Data**

Participants assess each program session via a feedback form. They are asked to rate the quality of the session, usefulness of the content, and adequacy of interactive opportunities for questions and discussion. Participants also describe how they will apply what they learned in the session to their teaching practices.

An end-of-program survey is conducted to assess participants' satisfaction with the program and to determine the impact of the series on their roles as educators. The survey asks participants to rate:

- the overall benefit of the series
- the utility of concepts and tools offered for their teaching practices
- whether or not they have used knowledge and skills taught in the program
- the degree to which the series helped them improve their confidence as educators/teachers.

The survey also asks participants to identify the session they found most beneficial, to name topics they would recommend for future sessions, and to provide general constructive feedback for improving the program.

All respondents agreed or strongly agreed that the program provided them with resources (concepts and tools) that they will be able to use in their teaching practices.

All also reported to have used knowledge and skills learned in the series in their teaching practices.

88% agreed or strongly agreed that, as a result of their participation in this series, they were more confident in designing educational programs as well as teaching medical learners; 100% agreed that they would recommend the series to other faculty and fellows.

Some specific comments from participants regarding skills learned that were particularly helpful to them as teachers/educators include noting the importance of:

- Focusing on teaching as an important goal and a valuable skill that can be learned and practiced
- Principles of adult learning theory such as establishing the learner 'need to know': "The distinction between pedagogy and andragogy will help me design curricula and talks in the future"
- Matching instructional strategies and evaluation methods to learning objectives
- Providing feedback to learners
- Soliciting feedback for both the portfolio and self-development as a teacher
- Remembering to set learners' goals at the beginning of encounter and then give specific feedback on these goals.

For more details on program outcomes, please see *Available Materials*.

### **Implementation Lessons**

- A needs assessment of participants determined the topics deemed most relevant to participants daily lives as clinician-educators.
- Sessions were designed to be interactive and to promote skill development through actual practice of a variety of strategies.
- Open discussion time during sessions proved essential for allowing all attendees an opportunity to identify shared challenges and propose effective solutions.

- The program was offered in a time slot customarily reserved for a very traditional didactic Grand Rounds. This time proved convenient for both faculty and fellows.
- Participation of clinician-educators as coteachers was a particular strength of the program, as clinician-educators were able to practice planning and implementing educational skills sessions with a professional educator. Drawing on the existing expertise of the group, this collaboration among faculty positively impacted the quality of the GETS and the experience of faculty and learners alike.

### **Available Materials**

#### Publications

- The Geriatrics Excellence in Teaching Series: An Integrated Educational Skills Curriculum for Faculty and Fellows Development  
Pinheiro, S, Heflin, M  
*Journal of the American Geriatrics Society*, 2008;(56)4:750 - 756

#### Website

- Slides, handouts, and references are available at <http://careinaging.duke.edu>

### **For More Information**

Sandro O. Pinheiro, PhD  
Mitchell T. Heflin, MD  
Duke University School of Medicine  
DUMC 3003 – 3502 Blue Zone  
Durham, NC 27705  
(919) 660-7563  
[sandro.pinheiro@duke.edu](mailto:sandro.pinheiro@duke.edu)  
[hefli001@mc.duke.edu](mailto:hefli001@mc.duke.edu)

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# Faculty Enrichment and Educational Development Program

at the Indiana University School of Medicine



## SUMMARY

### Target Audience

All faculty at the School of Medicine

### Purpose

To provide an opportunity for the faculty to improve their teaching skills in a collegial and fun environment

### Program

A quarterly workshop series on key topics in clinical teaching

### History

The series began in 2003; there have been approximately 20 workshops to date

### Operating Costs

Photocopying, nametags, facility fees, dinner (\$500-800); faculty time (donated)

### Outcomes

Each workshop is attended by 35-70 faculty members and has received consistently high ratings from the participants

### Available Materials

Workshop invitations, featuring topics and speakers; information on promoting small-group discussions

### For More Information

Lia Logio, MD  
Indiana University School of Medicine  
(317) 630-6906  
[llogio@iupui.edu](mailto:llogio@iupui.edu)

## Program Overview

The Faculty Enrichment and Educational Development (FEED) program was established in 2003 to address faculty development in education and teaching skills. The FEED series of quarterly workshops aims to help faculty understand the language of the Accreditation Council for Graduate Medical Education (ACGME) core competencies and to demystify some of the concepts embedded within this new paradigm. In addition, it provides a forum for like-minded faculty to network socially and professionally, which is often difficult to do at the current pace of clinical work on an academic campus.

The FEED series is based on a similar program that was developed and implemented in the school's pediatrics department.

## Program Operations

The FEED series is a quarterly two-hour evening workshop series for faculty in the school of medicine. The series "feeds" people dinner, as well as a new skill to enhance their teaching and/or academic life. Each workshop includes a buffet dinner and a mini-lecture, followed by a small-group activity. Lecturers are primarily from the internal medicine department, though faculty from other departments are encouraged to participate.

With a very large and decentralized campus, it is important to provide an opportunity for people to gather and see each other. Academic medicine has created many competing demands on people's time and it was felt that faculty would benefit from having an interactive and fun networking opportunity, to keep them engaged and excited about the teaching mission.



Since 2003, 15 workshops have been held, focusing on topics such as:

- professionalism
- keys to mentoring
- giving effective feedback
- the power of death and dying for teaching humanism in medicine
- the physician as patient
- difficult conversations.

Approximately 80-90% of the speakers have been internal medicine faculty members, but many efforts have been made to include members from all departments, and to make the offerings interdepartmental and collaborative so that everyone can get something from them.

The two-hour workshop is generally scheduled with 25 minutes for registration and dinner, 25 minutes for a mini-lecture and introduction to the topic, and 50 minutes for a small-group activity in which participants share experiences and work on an assigned task. The last 20 minutes is reserved for a large group wrap-up and evaluations.

There was originally a FEED Design Group that met in the fall of every year to identify key needs for the faculty and individuals who might have something to contribute on a specific topic. The coordinator then set the dates for the workshops, reserved the rooms, and invited the speakers. In recent years, the newly-created Office of Faculty Affairs and Professional Development, a dean's level office, has contributed to designing the FEED series. Some of the topics are chosen based on the needs assessment portion of the evaluation form for each workshop.

A Save the Date announcement is generally distributed in November. The first workshop of the next calendar year is held in February, followed by workshops in April, August, and October. Past participants receive the Save the Date announcement and are encouraged to bring a friend to the workshops. There is also an announcement about FEED in

SCOPE, the School of Medicine's online weekly newsletter.

Faculty can receive CME credit for participating in these events, and presenters and facilitators in certain departments can get Educational Relative Value (ERVU) credit, a system that the department uses to explicitly recognize faculty teaching that involves medical students, residents, and fellows.

### **Staffing Requirements**

A faculty member coordinates invitations, room reservations, RSVPs, nametags, evaluations, and CME application and maintenance (5-10% FTE). Workshop leaders are faculty who contribute their time.

### **Program Costs and Funding Sources**

Program costs are minimal (\$500-800), based on attendance numbers. This includes photocopying materials, nametags, facility fees, and dinner. Faculty time is donated.

This is now a school-wide activity, so the Office of Faculty Affairs and Professional Development provides support for it.

### **Process and Outcomes Data**

Each workshop is attended by 35-70 faculty members and has received consistently high ratings from the participants. Programs are adjusted based on feedback year to year.

The workshops help foster cross-divisional cooperation and help create cohesion in the department.

### **Implementation Lessons**

- It is important to assess the talent within the faculty to identify partners to help deliver the workshops.
- Titles matter— work to create a title that asks a question or intrigues the faculty member. This may require some marketing skills.

- It helps to have very engaging, entertaining speakers to start, especially those who have many contacts that will draw a crowd.
- The time during dinner should be separate from the workshop in order to foster collaboration and collegiality among the faculty.
- The small-group activities are critical— get the faculty to share their own experiences and stories, which are the best lessons.
- Be creative with the small-group time— i.e., use Wicked Questions, World Cafés, hands-on demonstrations, and role plays.

### ***Available Materials***

#### Tools/Resources

- Program invitations, featuring topics and speakers
- Overview and example of Wicked Questions

#### Website

- The World Café website:  
<http://www.theworldcafe.com/>

### ***For More Information***

Lia Logio, MD  
 Assistant Dean for Faculty Affairs and  
 Professional Development  
 Indiana University School of Medicine  
 WD OPW M200  
 1001 W. 10th Street  
 Indianapolis, IN 46202  
 (317) 630-6906  
[llogio@iupui.edu](mailto:llogio@iupui.edu)

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# Year-Long Master Clinician-Educator Program in Geriatrics

at Mount Sinai School of Medicine



## SUMMARY

### Target Audience

Geriatrics fellows, chief residents, and junior faculty

### Purpose

To produce expert geriatrics clinician-educators within geriatric medicine as well as within other disciplines

### Program

An annual, year-long program combining classroom sessions, experiential learning opportunities, and application-based work and workshops

### History

The program began in 2005

### Operating Costs

Time from three geriatrics faculty and a part-time administrative assistant; fellows' salaries (covered as part of the educational experience); food, books, and office expenses (covered by the Department of Geriatrics)

### Outcomes

44 scholars have graduated from the program since 2005

### Available Materials

Precourse survey; articles and books used throughout the program

### For More Information

Helen Fernandez, MD  
Mount Sinai School of Medicine  
(212) 241-5561  
[Helen.Fernandez@mssm.edu](mailto:Helen.Fernandez@mssm.edu)

## Program Overview

In order to assure the highest quality of teaching in geriatrics among physician-training programs across the country, clinician-educators must possess significant pedagogic skills and a mastery of relevant content. The goal of the annual Master Clinician-Educator Program in Geriatrics is to produce expert geriatrics educators within geriatric medicine as well as within other disciplines.

In 2005, its pilot year, the program was offered exclusively to fellows enrolled in Mount Sinai's geriatrics fellowship program. Starting in the 2005-06 academic year, the program was expanded to include selected Mount Sinai nongeriatrician chief residents and/or junior faculty in addition to geriatrics fellows.

The Master Clinician-Educator Program focuses on fundamental teaching principles, clinical teaching in sites specific to geriatrics, education research skills, and evaluation/assessment techniques that address issues fundamental to the care of older adults.

The specific learning objectives are for participants to:

- become familiar with classic teaching principles
- become aware of venue-specific skills necessary for teaching geriatrics
- acquire skills in curricular development
- design learner- and topic-specific curricula in geriatrics content
- communicate his/her curricular design effectively

Upon satisfactory completion of the program, scholars receive a Certificate in Geriatrics Medical Education from the Department of Geriatrics.



## **Program Operations**

The Master Clinician-Educator Program is offered during the second year of the geriatrics fellowship, during the final year of chief resident training, or over a one-year period for selected junior faculty from other disciplines. Up to four geriatrics fellows and three junior faculty or chief residents are enrolled in the program annually. Chief residents or junior faculty are chosen by a competitive application process that favors those planning to relocate and practice academic medicine at another institution within the next three to five years. To encourage those who are not geriatrics fellows to participate, the Department of Geriatrics provides mentorship to enable trainees to develop expertise and visibility as geriatrics-oriented educators within their disciplines.

The program consists of a weekly two-hour seminar. Additional hours of independent study and scholarly work are expected between sessions. Seminars include didactic sessions, experiential learning opportunities, other classroom sessions, and application-based work and workshops. The workshops consist of work in progress reports on goals, objectives, curricula, and evaluations based on the scholars' own work. Scholars are also able to watch others teach in the medical school and reflect on the process and content of that teaching. Four sessions result in educational tools produced by the scholars that can be added to their portfolio of portable, ready-to-use geriatrics training materials.

Program trainees also teach in different clinical arenas where they are observed and receive feedback from faculty. Because of the interdisciplinary nature of the Clinician-Educator Program, all scholars learn how to work with a variety of other specialists in order to integrate geriatrics curriculum, content, and teaching throughout institutions and across the continuum of care.

Participants are also required to complete a scholarly project and a publication timeline during their training year. They also develop a mentored career plan to enable them to become faculty who promote and teach geriatrics at other institutions.

## **Staffing Requirements**

Three geriatrics faculty members (one at 20% and two at 10%) and one part-time administrative assistant who serves as program coordinator (at 20%) are needed to staff the program.

## **Program Costs and Funding Sources**

The total annual budget of approximately \$150,600 covers staffing costs, fellows' salaries, food, books, and office expenses.

The program development was funded by the Donald W. Reynolds Foundation via its Consortium for Faculty Development to Advance Geriatric Education (FD~AGE) grants; its ongoing operation is supplemented by funds from the John A. Hartford Foundation Center of Excellence and the Brookdale Department of Geriatrics and Adult Development.

## **Process and Outcomes Data**

44 Scholars have graduated from the program since 2005.

Pre- and post-survey program evaluations are conducted. Prior to the course, 85% of the scholars wanted a career in academics, 5% stated they had experience with curricular development, and 1% reported that they had formal training. After the course was completed, 85% of the scholars felt more comfortable in starting curricular projects.

10% of the participants have presented their work at national meetings and are currently working on their manuscripts. 32% of the scholars are faculty members in geriatrics/palliative care at Mount Sinai, 59% are in geriatrics/palliative care or geriatrics/internal medicine at other institutions, and 9% are faculty in other subspecialties with geriatrics interest.

### **Implementation Lessons**

- This is a developmental process for the scholars, which requires a time commitment from them to work outside the classroom, as well as a time commitment from the teaching faculty to hold individual mentoring meetings.
- An evaluator should be part of the development team.

### **Available Materials**

#### Tools/Resources

- Precourse survey

#### Publications (These resources are provided to participants)

- *Learning in Adulthood*  
Merriam, SB, Caffarella, RS  
Jossey-Bass. San Francisco 1999
- *Curriculum Development for Medical Education*  
Kern, DE  
The John Hopkins Press. Baltimore 1998
- *ABC of Teaching and Learning*  
Kern DE, Thomas PA, Howard DM, et al  
BMJ series: 2003;326

### **For More Information**

Helen Fernandez, MD  
Mount Sinai School of Medicine  
Brookdale Department of Geriatrics and Adult Development  
10th Floor, Annenberg Building  
One Gustave L. Levy Place  
Box 1070  
New York, NY 10029-6574  
(212) 241-5561  
[Helen.Fernandez@mssm.edu](mailto:Helen.Fernandez@mssm.edu)

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# Innovative Teaching Program for Clinician-Educators

at the University of Chicago



## SUMMARY

### Target Audience

Clinician-educator (CE) junior faculty and fellows in geriatrics

### Purpose

To help develop clinician-educators with expertise in focused scholarly areas and assist with their promotion

### Program

Protected time for geriatrics CE junior faculty and fellows to develop geriatrics teaching expertise focused on a clinical niche

### History

The program began in 2000

### Operating Costs

At least one protected day per week for CE faculty to devote to career development

### Outcomes

All three junior faculty trained through this program have been successfully promoted to the Associate Professor level; nine fellows have received promotion to the Assistant Professor level

### Available Materials

Website of the Curriculum for the Hospitalized Aging Medical Patient (CHAMP)

### For More Information

William Dale, MD, PhD  
Stacie Levine, MD  
University of Chicago  
(773) 834-0508  
[wdale@medicine.bsd.uchicago.edu](mailto:wdale@medicine.bsd.uchicago.edu)  
(773) 834-8130  
[slevine@medicine.bsd.uchicago.edu](mailto:slevine@medicine.bsd.uchicago.edu)

## Program Overview

The Innovative Teaching Program is a dedicated approach to developing geriatrics clinician-educator fellows and junior faculty who are recognized locally— and eventually nationally— for their expertise in a specific area of clinical geriatrics and related academic and teaching endeavors.

Clinician-educator trainees select a specific clinical area or 'niche' on which to focus their teaching pursuits, similar to an area of concentration for clinician-researchers. Through this approach, clinician-educator fellows and junior faculty become the "go to" people for clinical expertise and innovative teaching in their defined areas. With this expertise, they help take the lead on developing new lectures, courses, and electives in their topic area.

## Program Operations

Shortly after their arrival at the institution, each clinician-educator trainee meets with the Geriatrics Section Chief to develop a strategic career plan. An annual overview of faculty interests enables trainees to select an area of clinical focus and to identify mentors with expertise in that area. Areas of focus have included palliative care, geriatric oncology, dementia, pain management, polypharmacy, ethnogeriatrics, systems of care, and specific geriatric care settings such as long-term care

The strategic career plan forms the basis of the clinician-educator trainees applying for funding and presenting at meetings in their chosen area of expertise. Trainees are urged to keep complete records of courses they teach, lectures they give, and presentations they make, to build a record of accomplishment around their content area of choice.



To provide them with sufficient time to develop their teaching skills as well as expertise in their clinical niche, the Department of Medicine reduces the clinical time required of geriatrics clinician-educator trainees. This provides more time for clinician-educator faculty to teach geriatrics and serve as mentors to medical students and residents.

Mentees identify mentors through discussions with the Section Chief and the Fellowship Director, as well as at a transitions gathering at the beginning of the academic year. Mentors meet with mentees at least quarterly.

### ***Staffing Requirements***

There are no special staffing requirements necessary for the program. Geriatrics faculty are able to organize their interactions with the clinician-educator trainees through their identified area of interest. Faculty and staff from other areas, such as medical education, are engaged to advise on and assist with the educational programs that are being created by the geriatrics clinician-educators.

### ***Program Costs and Funding Sources***

The clinician-educator program is supported by the Hartford Center of Excellence, both through salary support for faculty within the section and through support for specific meritorious pilot grant funding awarded to faculty members. Clinician-educator trainees (junior faculty and fellows) are mentored by senior faculty who are at the Associate Professor and Professor levels. The Department of Medicine supports faculty time through a faculty funding agreement recognizing their efforts.

Further support for clinician-educator fellows and junior faculty came from the Reynolds Foundation Aging and Quality of Life Program Award, which supports the University's Care of the Hospitalized Aging Medical Patient (CHAMP) education program. This award was granted in recognition of both the strategic alliances with faculty and staff across the Department of Medicine and the identified

areas of expertise and targeted career development for clinician-educators. Five clinician-educator junior faculty have secured Geriatric Academic Career Awards (GACAs) as well.

### ***Process and Outcomes Data***

The program is designed to assist fellows and junior faculty in meeting the criteria for promotion as clinician-educators. Currently, three out of three junior faculty participants have been successfully promoted to the Associate Professor level (one at the University of Chicago, and two at other academic medical institutions). One is now Chief of General Medicine and Geriatrics at another university. Nine former fellows have been promoted to the Assistant Professor level.

Through the innovative teaching approach to training clinician-educators, new, formal teaching efforts in geriatrics now exist in multiple specialty areas, such as geriatric-oncology, palliative care, and urology. Medical students and residents also benefit from teaching efforts and many receive regular mentoring from geriatrics faculty on educational research projects.

Each participant is expected to write up their experiences for presentation at national meetings and for publication.

### ***Implementation Lessons***

- Engaging institutional stakeholders within the medical school early on helped to quickly: 1) identify faculty members as local experts who could serve as mentors for the clinician-educator fellows and junior faculty, and 2) identify and met the geriatrics educational needs of the medical school and residency programs. These stakeholders included the Dean for Medical Education, Associate Dean for Medical School Education (former Vice-Chair of the Department of Medicine), Assistant Dean for Curricular Innovation, and the Clinical Skills Course Director.

- The involvement of the above stakeholders also enabled geriatrics fellows and junior faculty interested in medical education to focus on career development in that area. For example, one faculty member received national recognition for the development of clinical training through his Observed Structured Teaching Exercise (OSTE) program.

### ***Available Materials***

#### Website

- Curriculum for Hospitalized Aging Medical Patient (CHAMP)  
<http://www.champ.bsd.uchicago.edu>.

### ***For More Information***

William Dale, MD, PhD  
Interim Chief of Geriatrics  
University of Chicago  
Department of Medicine, MC 6098  
5841 South Maryland Avenue  
Chicago, IL 60637  
(773) 834-0508  
[wdale@medicine.bsd.uchicago.edu](mailto:wdale@medicine.bsd.uchicago.edu)

or

Stacie Levine, MD  
Fellowship Director  
University of Chicago  
Department of Medicine, MC 6098  
5841 South Maryland Ave  
Chicago, IL 60637  
(773) 834-8130  
[slevine@medicine.bsd.uchicago.edu](mailto:slevine@medicine.bsd.uchicago.edu)

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# Knowledge and Skills in Cultural Competence and Minority Health Issues



Geriatric Medicine and Training

at the University of Pennsylvania School of Medicine

## SUMMARY

### Target Audience

Fellows in geriatric medicine and other disciplines

### Purpose

To prepare fellows from various disciplines to provide high quality health care to older adults of all ethnic groups, and to understand the principles of community participatory research

### Program

Five sessions over the course of the academic year that include a community tour, interactive sessions with community participants, and lectures

### History

This program began in July 2005

### Operating Costs

Partial salary support for the course director and coordinator (5% FTE); \$200 for community guide/narrator

### Outcomes

Over the past four years, eight fellows per year have attended all sessions

### Available Materials

Introduction to Ethnogeriatrics questionnaire; list of cross-cultural references

### For More Information

Jerry C. Johnson, MD  
University of Pennsylvania  
(215) 898-1548  
[jjohnso@mail.med.upenn.edu](mailto:jjohnso@mail.med.upenn.edu)

## Program Overview

There is overwhelming evidence of racial and ethnic disparities in health status and health care in the U.S. Excess deaths, morbidity, and disability are prevalent among minority elders. While socioeconomic factors are the most powerful determinant of health care and health status, racial and ethnic disparities are independent risk factors.

Cross-cultural issues are a significant factor in minority health care. Culture profoundly influences the presentation of symptoms, physicians' diagnostic and treatment decisions, and patients' receptivity to recommendations. Education in these issues is an important aspect of physician training.

New models of conducting research are also needed. In addition to individual factors in health, patients are embedded within a system comprised of various interpersonal, socio-cultural, institutional, and community-level structures (the social ecological model). A public health model of research places more emphasis on: diversity in samples; use of treatment that involves mixed (rather than "pure") modalities; assessing outcomes of importance to stakeholders; and collaboration with members of the community (individuals, organizations, and policymakers).

The Knowledge and Skills in Cultural Competence and Minority Health Issues program is intended for geriatrics fellows as well as fellows from other disciplines. The program goals are to:

- prepare fellows in geriatrics and other disciplines to provide high quality care to older persons of all ethnic groups
- ensure that course participants understand the principles of community participatory research.



### **Program Operations**

The program consists of two parts, one focused on community health and one on community research. Seven or eight fellows from medicine, psychiatry, and oral medicine participate. Five community health sessions last from one-and-a-half to three hours.

- A guided van tour through the local community provides historical background and positive views of the community's assets and strengths. Stops at a multipurpose senior center, an assisted living facility, and a federally qualified health clinic allow direct interaction with program sponsors.
- An introduction to the concepts of culture.
- Videos, panels, and vignettes to discuss language, health literacy, spirituality, and alternative medicine.

Training in community participatory research comprises two sessions:

- an overview lecture with reading materials
- attendance at four conferences on subjects such as identifying research topics, interpreting data, and disseminating research information. Academicians and community members attend the conferences.

### **Staffing Requirements**

- Geriatrics faculty director (5% FTE)
- Course coordinator (5% FTE)
- Community guide to narrate the van tour
- Volunteers from each of the community groups who meet with fellows at each of the sites visited.

### **Program Costs and Funding Sources**

Faculty director and course coordinator receive 5% FTE salary support.

Compensation for the community guide/narrator is \$200. Other community participants donate their time.

Funds derive from program project research grants focused on community health and health disparities.

### **Process and Outcomes Data**

Seven to eight fellows have attended all sessions over the past four years and have given high ratings to all sessions. Fellows complete evaluations after each quarter and at the end of the year. One new fellow each year has elected to undertake a research project on a minority health topic.

### **Implementation Lessons**

- As a target audience, fellows are highly receptive to cross-cultural education—in contrast to medical students, who are more sensitive about the perception that doctors could be biased in any manner.
- The interactive sessions are better received than lectures; the community tour is particularly enjoyed by the course participants.
- Long-standing contacts and trust between one faculty member and several community organizations facilitate the community participation in the sessions.

### **Available Materials**

#### Tools/Resources

- Introduction to Ethnogeriatrics survey
- List of Cross-Cultural References

### **For More Information**

Jerry C. Johnson, MD  
Chief of the Division of Geriatric Medicine  
University of Pennsylvania  
Ralston-Penn Center  
Room 208  
3615 Chestnut Street  
Philadelphia, PA 19104-2676  
(215) 662-4413  
[jcjohnso@med.upenn.edu](mailto:jcjohnso@med.upenn.edu)

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# One-Year Course in Research Methods and Design for Geriatrics Fellows and Junior Faculty

at Weill Medical College of Cornell University



## SUMMARY

### Target Audience

First- and second-year geriatrics fellows, as well as interested junior faculty from the Division of Geriatrics and Gerontology

### Purpose

To provide the core research methods and design skills necessary for success as a clinician-investigator or clinician-educator

### Program

A year-long course of weekly one-hour lectures on research methodology with discussion of research papers based on the lecture topics; mandatory for geriatrics fellows

### History

The course was first offered in 2005-06 and was implemented for the second time in 2007-08

### Operating Costs

Course director and two faculty members (total 5-7.5% FTE)

### Outcomes

The course has been enthusiastically reviewed by the first two cohorts of fellows/junior faculty participants

### Available Materials

Course Syllabus

### For More Information

Cary Reid, MD, PhD  
Weill Medical College of Cornell University  
(212) 746-1729  
[mcr2004@med.cornell.edu](mailto:mcr2004@med.cornell.edu)

## Program Overview

This year-long course aims to teach first- and second-year geriatrics fellows, as well as interested junior faculty, core research methods and design skills. The course covers topics such as clinical epidemiology, research architecture, biostatistics, health services research, and qualitative methods, and provides training in data entry, analysis, and programming. Given the shortage of geriatrics clinician-investigators and clinician-educators, it is particularly important that geriatrics fellows receive a firm grounding in fundamental research skills to help ensure their success in academic geriatrics.

The course is mandatory for first- and second-year geriatrics fellows.

## Program Operations

The course meets for one hour each week. Students are required to read journal articles that address points covered in weekly didactic lectures and are then asked questions about the articles that reinforce key concepts covered in each class. In 2009 the course will be offered to interested faculty and fellows throughout the Weill Cornell institution.

## Staffing Requirements

Three core faculty teach the classes, including the Hartford Centers of Excellence Director. An administrative assistant distributes reading assignments and discussion questions to attendees on a weekly basis.

### **Program Costs and Funding Sources**

Each session requires about 2.5 hours of preparation time; between the course director and the two faculty who participate, the total amount of effort over the course of the year is 5-7.5%. The administrative assistant requires approximately 1% FTE.

The seminar was developed and implemented under the Hartford Centers of Excellence grant.

### **Process and Outcomes Data**

Participants are surveyed at the completion of the course regarding their likes/dislikes and what they would like to see changed in the future. The course was enthusiastically evaluated by the first cohort of fellows/junior faculty. Participants felt that the course was instrumental in helping them to conduct original research, strengthened and consolidated their understanding of biostatistics (particularly multivariable analysis), and helped them to develop and implement better age-relevant research questions/hypotheses. Many reported that the course helped to lay the foundation for further research training. Sections on research design and multivariable statistics were judged to be particularly important topics, and well presented.

Plans are underway to survey course graduates to determine how they have made use of the materials in their current positions.

### **Implementation Lessons**

- Offering the course every other year is necessary as the division has two first- and two second-year fellows (two receive the course in their first year of training and two in their second year).
- Information covered has had to be somewhat general, given the diverse backgrounds of the learners. For example, some have had biostatistics and methodology courses, while others have not.

- The course is now offered to research assistants employed through the Division of Geriatrics, to help improve the overall quality and quantity of divisional research products.
- One goal for the future is to have additional faculty from both within and outside of the Geriatrics Division teach sections of the course, as a way to introduce these faculty members to ongoing research activities within the Division, thus promoting interdisciplinary research activities.

### **Available Materials**

#### Tools/Resources

- Course Syllabus

### **For More Information**

Cary Reid, MD, PhD  
Associate Professor of Medicine  
Division of Geriatrics and Gerontology  
Weill Medical College of Cornell University  
525 East 68th Street, Box 39  
New York, NY 10065  
(212) 746-1729  
[mcr2004@med.cornell.edu](mailto:mcr2004@med.cornell.edu)

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# Grant Writing Seminar for Geriatrics Fellows and Junior Faculty

at Weill Medical College of Cornell University



## SUMMARY

### Target Audience

All geriatrics fellows as well as interested junior faculty in geriatrics

### Purpose

To enhance academic career development of clinical investigators in geriatrics by providing participants with the skills necessary for successful grant writing and reviewing

### Program

A 14-week seminar with lectures and hands-on grant writing experience

### History

The seminar was first implemented in the 2006-07 academic year and will be given again in 2008-09

### Operating Costs

2-3% FTE for the course director; minimal time for the administrative staff

### Outcomes

Six fellows participated in 2006; two graduates of the seminar applied for and received GACA awards

### Available Materials

Course Syllabus

### For More Information

Cary Reid, MD, PhD  
Weill Medical College of Cornell University  
(212) 746-1729  
[mcr2004@med.cornell.edu](mailto:mcr2004@med.cornell.edu)

## Program Overview

This 14-week seminar covers core topics in effective grant writing, including organization, formatting of hypotheses, presentation of preliminary data, organization of research design/methods, and tips on resubmission of NIH grants. Participants gain hands-on experience by writing an actual grant during the last half of the course.

All geriatrics fellows participate in the course, either in their first or second year of training, as do interested junior faculty in geriatrics.

The seminar was initially implemented in the 2006-07 academic year and will be given again in 2008-09. The course is designed to enhance the academic career development of clinical investigators in geriatrics.

## Program Operations

The 14-week seminar is comprised of weekly one-hour classes. Didactic materials include Otto A. Yang's *Guide to Effective Grant Writing* as well as previously submitted grants by diverse investigators. Homework is assigned weekly to promote skills acquisition in both grant writing and reviewing. Attendees are assigned several grants to read each week and then have to answer questions about the grants.

Participants gain important reviewing skills by critically evaluating the specific aim, background and significance, preliminary results, and research design and methods sections of the grants.



### **Staffing Requirements**

Currently one faculty member (the Center of Excellence Director) teaches all of the sessions. Administrative staff distribute weekly reminders regarding reading and other homework assignments.

### **Program Costs and Funding Sources**

The course director requires 2-3% FTE for weekly preparation and reviewing grants. The administrative assistant spends minimal time circulating materials.

The Hartford Center of Excellence grant fully supports this initiative.

### **Process and Outcomes Data**

The course has been implemented once. Four fellows (two first- and two second-year) and three junior faculty (all instructors) attended the seminar. Two graduates of the seminar applied for and received Geriatrics Academic Career Awards (GACA). Both reported that the seminar was critically important in helping them to write compelling proposals. In addition, one graduate judged that the course enabled her to prepare a highly competitive (and ultimately funded) pilot grant application at her current institution.

Course attendees were surveyed about their likes/dislikes and suggested areas for improvement. The course was uniformly felt to be extremely helpful in terms of preparing participants for a career in academic geriatric medicine. The format of using actual grants with questions was also uniformly judged to be positive. The only suggested change was to extend the number of sessions to allow more time for participants to work on their own grants.

### **Implementation Lessons**

- The course is offered every other year because the division has a two-year fellowship program. There were six participants in the first round (four fellows and two junior faculty). This was a manageable course size when reviewing/critiquing fellows' grants.
- Offering the class in institutions with larger numbers of fellows would obviously increase the course director's workload and could result in less effective group interaction.
- This course will be made available to nondivisional fellows/faculty in the near future, which could help to broadly showcase the rapidly growing expertise housed within the Geriatrics Division, as well as to foster new interdisciplinary initiatives between Divisional and non-Divisional faculty and fellows.

### **Available Materials**

#### Tools/Resources

- Course Syllabus

#### References

- *Guide to Effective Grant Writing: How to Write a Successful NIH Grant*  
Yang, Otto A.  
Springer, 2005.

### **For More Information**

Cary Reid, MD, PhD  
Associate Professor of Medicine  
Division of Geriatrics and Gerontology  
Weill Medical College of Cornell University  
525 East 68th Street, Box 39  
New York, NY 10065  
(212) 746-1729  
[mcr2004@med.cornell.edu](mailto:mcr2004@med.cornell.edu)

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# Advanced Aging Research Training Seminar Series

at Harvard Medical School



## SUMMARY

### Target Audience

Postdoctoral research trainees supported by Division of Gerontology training grants or programs

### Purpose

To provide practical research training to postdoctoral research trainees conducting aging-related research

### Program

Monthly 90-minute seminars held between September and July that address various practical research topics with a focus on aging

### History

Thirty-one trainees have completed the program since it began in 2004

### Operating Costs

Participants' time, supported by their research training grants; faculty time (part of ongoing teaching responsibilities); administrative support, space, and equipment (provided by the medical center)

### Outcomes

88% of participants have rated the overall program as a valuable educational experience; eight out of nine T32 postdoctoral trainees, two of whom are MDs, have remained involved in geriatrics

### Available Materials

Seminar topics for 2006-07 and 2007-08; seminar evaluation forms and data

### For More Information

Lewis Lipsitz, MD  
Harvard Medical School  
(617) 363-8319  
[lipsitz@hrca.harvard.edu](mailto:lipsitz@hrca.harvard.edu)

## Program Overview

The Advanced Aging Research Training Seminar Series was created in 2004 as a way to bring together postdoctoral research trainees who are supported by Division of Gerontology training grants or programs. Their research interests span biological, physiological, and patient-oriented clinical research. These trainees include the T32 Translational Research Training Program awardees, research fellows in the Geriatric Medicine Fellowship Program, and those with Hartford Center of Excellence research training and faculty development positions.

Two common themes unite these trainees. First, they all have chosen to focus on aging research in their respective fields. Second, while they all have some research experience, they are still transitioning into independent investigators.

The main objectives of this program are to:

- provide practical research training to postdoctoral research trainees conducting aging-related research
- provide a venue for cross-fertilization of ideas among junior investigators conducting aging-related research in various disciplines.

## Program Operations

Each year, 10 to 14 trainees participate in the seminar series. In 2007-08, approximately six MDs and six PhDs were trainees. The 90-minute seminar sessions are held monthly between September and July, and address various practical research topics with a focus on aging. The format encourages small-group teaching methods with as much direct involvement of participants as possible. Some sessions are led entirely by the trainees.



The first session is devoted to a short slide presentation by each participant, to introduce their projects and goals for the year. The last session is devoted to a formal scientific abstract presentation by each participant and is also attended by senior research faculty and the trainees' mentors. The roster of topics repeats every second year after revisions are made according to the participants' feedback.

Because of the diversity of the participants' research interests as well as their levels of training, a concerted effort is made to provide a curriculum that includes perspectives pertinent to all participants. This is accomplished by including:

- topics that are generic to all levels and disciplines (e.g., qualities to seek in a mentor)
- faculty representation from both the clinical and basic sciences (e.g., regarding manuscript preparation)
- some sessions that are specifically designed to teach participants about the disciplines with which they are not familiar (e.g., "Basic Science for Dummies").

### **Staffing Requirements**

The seminar series program has two codirectors, both of whom are geriatricians and clinical researchers, members of the T32 steering committee, and Associate Professors of Medicine at Harvard Medical School.

One codirector is also a senior scientist at the Hebrew SeniorLife Institute for Aging Research and Associate Director for Research Training for the Geriatric Medicine Fellowship Program in the Division of Gerontology. This codirector's effort is supported by the geriatrics fellowship program.

The second codirector is Director of Research in the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center. His effort is funded through his roles as codirector of cores supporting research training in two program project grants—the Research Nursing Home through

Hebrew SeniorLife, and the Massachusetts Alzheimer's Disease Research Center. Trainees involved in both of these program projects have sent participants to the Advanced Aging Research Training Seminar Series program.

Additional teaching faculty are drawn from the senior research faculty in the Division of Gerontology, particularly those who serve as mentors to the participants in the various training programs.

A small administrative effort (i.e., communication, room assignment, audiovisual equipment), provided by Hebrew SeniorLife and the Beth Israel Deaconess Division of Gerontology, is required to organize the seminars.

### **Program Costs and Funding Sources**

The participants' time is supported by their research training grants (NIH Training Grant T32, geriatric fellowship program, Hartford Center of Excellence). Seminar facilitators consider their participation to be part of their commitment to teaching, and are not specifically compensated for their involvement. Administrative support, space, and equipment are provided by the medical center.

### **Process and Outcomes Data**

A formal evaluation process has been in place since the inception of the program.

Based on quantitative and qualitative evaluations, 88% of participants to date have rated the overall program as a valuable educational experience. Other features of the program have been similarly well rated, with somewhat more variation in the rating of the program content. Collated responses to the ratings of the individual seminar sessions from the 2005-06 and 2006-07 academic years also demonstrated very high levels of satisfaction.

Attendees sign in and complete an anonymous session-specific evaluation form at the end of each seminar. Data from these evaluations are used to track attendance, provide constructive feedback to the leaders of the seminar, and decide whether to retain each session as part of the next biannual curriculum.

A formal written evaluation of the overall program is also conducted at the end of the academic year. These evaluations are used to determine whether the overall program achieves the stated objectives. Evaluations are reviewed by the program codirectors and appropriate changes are made based on the feedback of participants.

Ongoing tracking of past participants helps determine their involvement in the field of geriatrics. All trainees from the T32, OAIC, and Hartford and Geriatric fellowships are tracked. Here is a sampling from the tracking of past postdoctoral trainees on the T32:

- Director of Clinical Neuropsychology, VA Boston Healthcare System;
- Assistant Professor, Department of Psychiatry, Boston University School of Medicine; Adjunct Instructor of Psychology, Harvard Medical School
- Research Affiliate, Massachusetts Institute of Technology; Chief Science Officer, Moma Therapeutics (cell-based therapy for peripheral artery disease; wound healing)
- Instructor in Psychiatry
- Hebrew SeniorLife, Institute for Aging Research, Brigham and Women's Hospital, Harvard Medical School
- Research Fellow in Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School
- Assistant Professor of Medicine, Brown University; Active Staff Physician, Memorial Hospital of Rhode Island
- Senior Project Engineer, Stryker Development
- Research Fellow in Medicine, Beth Israel Deaconess Medical Center, Hebrew SeniorLife, Harvard Medical School

- Research Fellow in Medicine, Beth Israel Deaconess Medical Center, Hebrew SeniorLife, Harvard Medical School (ended his support on the T32 in August 2008).
- Research Fellow in Pathology, Harvard Medical School (will be ending his support on the T32 in October 2008).

### **Implementation Lessons**

- When a candidate is accepted into the program, it is made clear to the leaders of the participating training programs that attendance at the seminar sessions is a required component of the training experience. Along with the schedule for the year, a welcome letter, signed by the program codirectors and the training program director, is sent out over the summer, reiterating expectations of attendance and participation. Mentors are also informed of the seminar series schedule and are asked to release their trainees from any laboratory or clinical responsibilities during the sessions.
- Sessions are held at the end of the day (4:00-5:30pm) to minimize conflicts with other responsibilities, including formal classroom instruction.
- Faculty who conduct aging-related research are essential to the success of the program. Fortunately, many of the participating faculty members are also mentors for the seminar series participants, so they derive direct benefit from teaching the seminars.
- The every-other-year curriculum schedule minimizes the teaching burden for most participating faculty. Also, their time is considered part of the 50 hour/year noncompensated teaching commitment required of all Harvard Medical School faculty members. In general, there has been excellent faculty participation.

## **Available Materials**

### Tools/Resources

- Seminar series topics for the 2006-07 academic year
- Seminar series topics for the 2007-08 academic year
- Seminar series evaluation forms and data

## **For More Information**

Lewis Lipsitz, MD  
Vice President for Medical Affairs  
Harvard Medical School  
Hebrew Rehabilitation Center  
1200 Centre Street  
Boston, MA 02131-1097  
(617) 363-8319  
[lipsitz@hrca.harvard.edu](mailto:lipsitz@hrca.harvard.edu)

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# Clinical Investigator Training Enhancement Program

at the Indiana University School of Medicine



## SUMMARY

### Target Audience

Fellows, junior faculty and other health care professional trainees committed to a career in clinical research

### Purpose

To prepare health care professionals for careers in clinical research

### Program

Two years of coursework and clinical research leading to a Master of Science in Clinical Research

### History

The program began in 2000

### Operating Costs

Salary support for program participants' time commitment, provided by their department; time for administrative activity

### Outcomes

The program is too new to have data on the number of trainees who go on to achieve R01s

### Available Materials

Program website, containing program description, curriculum, and application

### For More Information

Christopher M. Callahan, MD  
Indiana University Center for Aging Research  
(317) 423-5592  
[ccallaha@iupui.edu](mailto:ccallaha@iupui.edu)

## Program Overview

The purpose of the Clinical Investigator Training Enhancement (CITE) program is to prepare health care professionals for a career in clinical research and to teach the skills necessary to compete successfully for grant funding, conduct and analyze research findings, and publish work in scientific journals. A cadre of clinician-scientists committed to and trained in patient-centered research is essential to complement the numerous advances emanating from the basic biomedical and laboratory sciences.

The program serves as an excellent local resource for advancing careers in academic geriatrics.

Most participants already have a doctoral degree (MD, PhD, DNS, DDS, or DPT) or are in training for one. Potential applicants include:

- fellows or other health care professional trainees who have substantial protected time for clinical research
- junior faculty who have career awards or support from their division or department head for participation in the program
- other faculty who have focused previously on basic research or other academic activities but are now committed to pursuing a career in clinical research.

## Program Operations

The program includes two main components:

- a two-year formal clinical research curriculum, at the end of which participants receive a Master of Science in Clinical Research degree
- a clinical research project conducted under the mentorship of a faculty scientist whose discipline or area of clinical investigation corresponds to the research interests and career aims of the student.



This is an integrated program in which the formal curriculum complements and parallels the ongoing clinical research that is relevant to each enrollee's career. This differs from a sequential program in which individuals focus predominantly on formal coursework for several years, deferring actual research until they have attained their degree.

The rationale for the integrated approach is two-fold. First, the coursework is most meaningful when applied to research in which the enrollee is engaged and hopes to continue following program completion. Second, success in clinical research requires not only formal training, but also several primary outcomes, particularly publications and grants.

Program participants meet at least once a month with their primary mentor, and five times during the two-year program with their Advisory Committee, at approximately four-month intervals.

In addition to the work for the MS degree, program graduates complete a grant proposal for funding as well as one or more manuscripts for publication. The combination of a degree and research output substantially enhances the likelihood of a participant's sustained success as a clinical investigator following program completion. Because the program involves both coursework and ongoing clinical research, a 70% time allocation for a two-year period is strongly recommended.

### **Staffing Requirements**

The following personnel are needed:

- A primary mentor who chairs the trainee's Advisory Committee and forwards an evaluation report to the Program Director following each Advisory Committee meeting.

- The Program Director, who meets individually with each program trainee twice a year to discuss his or her progress and needs, as well as to solicit feedback.
- An Advisory Committee consisting of the primary mentor and other relevant faculty scientists for each enrollee. The Committee oversees the trainee's progress, provides guidance and necessary support, evaluates the completion and quality of research, and offers ongoing career advice.

### **Program Costs and Funding Sources**

The major cost of the program is the time commitment of the program participants (a recommended 70% time allocation for two years) for the completion of the full program; typically, this requires support by the head of the division, department, or research unit in which the trainees reside. Many program participants have salary or stipend support funded by a fellowship, training grant, or junior faculty career award. Others arrange for the necessary protected time with their supervisor, with the express purpose and intent of building the research capacity and productivity of their division or department. Participants receive no salary support from the CITE program.

There is no salary support from the CITE program for mentoring activities. Time for administrative activities depends on the number of trainees and the trainees' projects.

Program funding is through a National Institutes of Health K-30 grant.

### **Process and Outcomes Data**

The program is too new to have any outcomes data on the number of trainees who go on to achieve R01s. Because this is a general program, there is also no data specific to geriatrics or aging-related research.

## **Implementation Lessons**

- Because its goal is to support advanced training in clinical research, the program is an excellent local resource for advancing careers in academic geriatrics. Other Hartford Centers of Excellence and geriatrics programs may have access to similar research enhancement programs on campus, and trainees should be encouraged to participate in them.
- Hands-on experience with a specific research project is a major aspect of the CITE program; the geriatric message and methods are best introduced through this practical experience.
- This program provides a strong foundation of training for fellows and junior faculty with only minimum prior training in clinical research methods and design.
- It is very important to pair participants interested in aging and geriatrics with mentors who have experience and interest in aging research.

## **Available Materials**

### Website

- Contents include program description, curriculum, and application  
<http://www.regenstrief.org/training/cite>

## **For More Information**

Christopher M. Callahan, MD  
Professor of Medicine and Director  
Indiana University Center for Aging Research  
Regenstrief Health Center, 6th floor  
1050 Wishard Boulevard  
Indianapolis, IN 46202-2859  
(317) 423-5592  
[ccallaha@iupui.edu](mailto:ccallaha@iupui.edu)

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# Scholarly Activities Clinic for Clinician-Educator Junior Faculty in Geriatrics

at the Indiana University School of Medicine



## SUMMARY

### Target Audience

Geriatrics clinician-educator junior faculty

### Purpose

To advance scholarly achievement and promotion for junior faculty

### Program

Mentoring, orientation seminars, and clinic sessions held during the first four months of the academic year

### History

The program was established in 2005

### Operating Costs

Support for 5% dedicated time for junior faculty participants and for senior faculty mentors, 10% time for data management support

### Outcomes

Two junior faculty have submitted and drafted papers

### Available Materials

Topics for the seven orientation seminars

### For More Information

Steven R. Counsell, MD  
Indiana University School of Medicine  
(317) 630-7007  
[scounsel@iupui.edu](mailto:scounsel@iupui.edu)

## Program Overview

The Indiana University School of Medicine developed the Scholarly Activities Clinic in 2005 to support self-motivated clinician-educator junior faculty in geriatrics who want to pursue scholarly activities leading to first-authored publications in peer-reviewed journals. Participation in scholarly activities leading to publication is a goal of many geriatrics clinician-educators who also strive to achieve excellence in either clinical service and/or teaching. It is also required for academic promotion.

During a retreat dedicated to discussion of scholarly activities and promotion for clinician-educators, faculty geriatricians in the Hartford Center of Excellence identified several key barriers to the success of junior clinician-educators in pursuing scholarly activities:

- overall time constraints
- frequent interruptions related to clinical service responsibilities
- inadequate knowledge and skills in scientific writing
- the need for mentorship by a senior faculty clinician-researcher.

The program objectives are to have each junior faculty participant submit an abstract for presentation at the American Geriatrics Society (AGS) annual meeting, and then have a first-authored paper either submitted, under review, or accepted for publication by a peer-reviewed journal by the end of the academic year.



## **Program Operations**

Scholarly Activities Clinic participants are assigned a clinician-research mentor (Medical Director), attend required small-group orientation seminars covering topics pertaining to scientific writing, and have regularly scheduled half-day clinic sessions that are held in the Center for Aging Research. Prearranged pager coverage helps avoid interruptions and insures availability of their mentor for consultation.

The Medical Director facilitates participants' skill development and efforts in writing and publishing, with the goal of identifying a project that has a projected 95% to 100% chance of being accepted in a journal if the program participant and the Medical Director follow through on expectations.

One or more Medical Directors facilitate the seven one-hour orientation seminars conducted during the first four months of the academic year. These seminars take place before or after scheduled clinic time. The only excused absences are for illness, vacation, or attendance at a CME conference.

Two half-day or four-hour clinic sessions dedicated to writing are scheduled in advance for each program participant and are included on the weekly Geriatrics Clinical Schedule. These sessions are held in a reserved space in the Center for Aging Research when the assigned Medical Director can be generally available to the participating junior faculty for questions and/or discussion. The program participants are expected to be present in the clinic area during these designated time periods, just as if they were in a clinic with scheduled patient visits. Clinical and pager coverage are prearranged for the program participants as if they were on vacation or attending a Continuing Medical Education conference. Similarly, if a program participant has a planned absence, this will be communicated, just as a vacation/conference request is made for any absence from a clinical patient care session (including notifying the Medical Director).

At the end of December and in June, each program participant provides a brief Productivity Report to the Center of Excellence leadership. Each respective Medical Director is expected to review and contribute to these Productivity Reports and to notify the Center of Excellence leadership at the earliest indication that the program participant is consistently not meeting agreed upon Scholarly Activity Clinic productivity targets. (This is similar to the steps a clinical Medical Director would take in the event that a clinic attending was falling behind on expected visits.)

## **Staffing Requirements**

Scholarly Activity Clinic Orientation Seminars and mentorship of two to four junior faculty require senior faculty clinician-researcher time (total 5% FTE effort). In addition, approximately 10% FTE effort for data management is needed, depending on the specific projects undertaken.

## **Program Costs and Funding Sources**

Program costs include support for 5% dedicated time (two half-day Scholarly Activities Clinic sessions a month) for each participating junior faculty clinician-educator as well as the faculty time and data management support noted above.

Potential funding sources include the Hartford Center of Excellence grant or matching funds, Geriatrics Academic Career Awards, endowed chair support, faculty development funds, and discretionary monies.

## **Process and Outcomes Data**

In the first year, two junior faculty clinician-educators participated, and both submitted an abstract and subsequently presented it at the AGS annual meeting. One of the participants successfully submitted a paper to a peer-reviewed journal, and the second participant completed a draft of a paper by the end of the academic year.

## ***Implementation Lessons***

- In the first year of the program implementation, it became apparent that it was important for the participants to spend their designated research and writing time in the Center for Aging Research due to the inherent distractions of attempting this work in their own offices.
- Providing participants with pager coverage is also essential to productive time in the program and achieving the program objectives.

## ***Available Materials***

### Tools/Resources

- Topics for the seven one-hour orientation seminars

## ***For More Information***

Steven R. Counsell, MD  
Mary Elizabeth Mitchell Professor and  
Director, IU Geriatrics  
Indiana University School of Medicine  
1001 West 10th Street, WOP-M200  
Indianapolis, IN 46202  
(317) 630-7007  
[scounsel@iupui.edu](mailto:scounsel@iupui.edu)

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# Interdisciplinary Academic Advancement Seminar for Junior Faculty Interested in Aging Research



Geriatric Medicine and Training

at the David Geffen School of Medicine at the University of California, Los Angeles

## SUMMARY

### Target Audience

Junior faculty from various disciplines who are interested in aging research

### Purpose

To help participants develop the skills necessary to succeed as academicians in the health professions and to become effective mentors for students and fellows

### Program

Bimonthly seminars that focus on presentation skills, grant preparation, mentoring, management skills, and other aspects of academic life

### History

The program has been ongoing since 2000

### Operating Costs

Faculty time to teach bimonthly seminars; one hour/week of administrative staff time

### Outcomes

Over 40 junior faculty have participated, with high rates of obtaining independent funding and being promoted

### Available Materials

Cumulative Listing of Seminar Topics

### For More Information

Alison A. Moore, MD, MPH  
David Geffen School of Medicine at UCLA  
(310) 825-8253  
[aamoore@mednet.ucla.edu](mailto:aamoore@mednet.ucla.edu)

## Program Overview

The Academic Advancement Seminar was created to support the academic career development of junior faculty from various disciplines who are interested in aging research. The goal is to offer seminars that will help provide participants with progressive skills and prepare them for independence in research as well as academic leadership. The program is a forum for junior faculty from various disciplines to collaborate in and promote their aging-related research. The program also emphasizes skills for mentoring students and fellows.

## Program Operations

Faculty from the UCLA Multicampus Program in Geriatric Medicine and Gerontology teach the one-hour, bimonthly seminars that focus on:

- oral and written presentation skills
- grant and manuscript preparation and administration
- management skills for leading a research program
- the ability to mentor the next cohort of trainees.

Trainees may bring sections of their research proposals, manuscripts, or new study ideas for the group to review and discuss. Alternatively, a topic such as "How to Communicate with the Media" may be presented by a guest speaker or by one of the junior or senior faculty members. Relevant resources are distributed to the trainees at the seminars. Information on funding opportunities and seminars of interest to researchers in aging are also distributed via a listserv.



Approximately 18-20 sessions are held every year. Course participation is mandatory, and attendance records are kept for trainees supported by research training grants. Other potential seminar participants who have expressed an interest in aging or have received aging research grants are identified at the start of each academic year by current and former trainees. In addition, throughout the year senior faculty identify and invite junior faculty with an interest in aging to participate. The seminar is enriched by involving participants from a variety of disciplines and by welcoming new participants, and thus new perspectives, throughout the year.

### **Staffing Requirements**

Each seminar is moderated by a senior faculty member from the Multicampus Program in Geriatrics and Gerontology. Usually two or three senior faculty attend each session. A staff member assists by maintaining a listserv of attendees and a schedule of meetings and topics to be presented, and by copying and distributing materials as needed.

### **Program Costs and Funding Sources**

Senior faculty time to teach the one-hour seminars is included as part of their ongoing teaching responsibilities. In addition, approximately one hour a week is required of a Division of Geriatrics administrative staff member.

### **Process and Outcomes Data**

41 junior faculty have participated in the seminar series since its inception. The program began in 2000 with 10 faculty members in geriatrics and has expanded so that in 2007-08 it included 31 faculty members in geriatrics, psychiatry, neurology, general internal medicine, endocrinology, oncology, rheumatology, emergency medicine, family medicine, public health, nursing, urology, and general surgery. Both formal and informal evaluations have been

extremely positive and have guided modifications from year to year. In addition, many of the early participants have been promoted, and funded as principal investigators.

Each year, the program has attracted trainees from new disciplines who are interested in issues of aging, which has helped to promote interdisciplinary collaboration within the institution.

The seminar has been a model for other institutions, such as the University of Texas Medical Branch Pepper Center.

### **Implementation Lessons**

- Collaborations with programs for researchers in aging are helpful in identifying trainees, as is word-of-mouth among current and former trainees.
- Offering the seminars at the beginning of the day increases attendance of trainees who come from off-campus sites.

### **Available Materials**

#### Tools/Resources

- Cumulative Listing of Seminar Topics

### **For More Information**

Alison A. Moore, MD, MPH  
Associate Professor of Medicine  
Division of Geriatric Medicine  
David Geffen School of Medicine at UCLA  
10945 Le Conte Avenue, Suite 2339  
Los Angeles, CA 90095  
(310) 825-8253  
[aamoore@mednet.ucla.edu](mailto:aamoore@mednet.ucla.edu)

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# Portfolio Structure for Fellows and Faculty in the Academic Geriatrics Research Track



at the University of Pittsburgh School of Medicine

## SUMMARY

### Target Audience

Fellows and junior faculty from various health professions who are pursuing an academic geriatrics research track

### Purpose

To create a portfolio of an individualized, structured career plan that will enable junior investigators to implement, evaluate, and document their career goals and achievements

### Program

Trainees develop and maintain a structured career plan, which is reviewed by mentors and program staff every six months

### History

The structured portfolio began in 2003

### Operating Costs

Program coordinator (~5% FTE);  
administrative coordinator (~5% FTE)

### Outcomes

15 trainees have participated since 2003; success is measured through fellow and junior faculty publications and grants, and through trainee satisfaction

### Available Materials

Clinical Research Appraisal Inventory;  
Research Portfolio Outline; Trainee Evaluation Form

### For More Information

Stephanie Studenski, MD, MPH  
University of Pittsburgh Medical Center  
(412) 692-2360  
[StudenskiS@dom.pitt.edu](mailto:StudenskiS@dom.pitt.edu)

## Program Overview

This activity provides a structure for fellows and junior faculty who are pursuing academic geriatrics research careers to plan, implement, and evaluate their career goals, with the advice of mentors and a program coordinator.

Given the short supply of researchers in various aging-related fields, this activity aims to ensure the academic success of health professional trainees who are pursuing careers as researchers in these fields. Because these junior investigators need to have a diverse skill set and knowledge base, the structured portfolio was created to help trainees break out of the traditional mindset in which research careers start with a PhD, followed by years spent in a lab under one mentor, learning a predetermined set of skills.

Trainees develop a clear career and research plan that is an individualized roadmap to what they want to learn, and who and what will help them achieve success along the way. As they progress through their career, trainees add evidence— including abstracts and papers, and feedback from their biannual progress report— that goals are being met and progress is being made. These and other materials can subsequently assist each trainee in job searches, applying for research grants, and receiving academic promotions.

## Program Operations

Trainees undergo an initial assessment of their research competencies using a format developed at the University of Wisconsin (see Clinical Research Appraisal Inventory in *Available Materials*). Trainees then follow a defined format for establishing and monitoring career goals, tracking mentor meetings, and reporting their progress.



The trainee sets his or her own goals and markers of success, with advice from a panel of program leaders and mentors from various health professions and divisions.

Every six months, the trainee presents his or her progress to the panel. During this session, the panel and trainee analyze the trainee's progress, and the trainee is able to give feedback on the panel's and department's roles in advancing her or his career plan. Goals and plans are then modified as needed.

The portfolio structure is completely up to the trainee. Most trainees prefer to use a three-hole binder, but some have opted to use a digital format. The portfolio is mandatory only for the first year of full-time research, but many trainees maintain their portfolios long after the required period.

### **Staffing Requirements**

A faculty member of the division of geriatrics serves as the program coordinator, and an administrative coordinator's time is needed for sending out reminders for submission of biannual progress reports, scheduling portfolio review meetings, etc.

### **Program Costs and Funding Sources**

The program coordinator and administrative coordinator require approximately 5% FTE each. The mentors' time is a part of their teaching responsibilities.

The program is funded by the Hartford Center of Excellence, the Pepper Center, and a National Institutes of Health T32 research training grant.

### **Process and Outcomes Data**

Since 2003, 15 trainees have maintained their portfolio as part of the mandatory research training program, but many— including one alumnus who is now an Associate Professor— continue to utilize the structure throughout their careers.

### **Implementation Lessons**

- One of the values of the portfolio approach is that everyone involved— trainees, teachers, mentors— agrees on the trainee's goals and plans for meeting them.
- This shared plan facilitates collaboration between the entire team and helps to ensure that the trainees' educational, research, and career objectives are met.

### **Available Materials**

#### Tools/Resources

- Clinical Research Appraisal Inventory
- Research Portfolio Outline
- Trainee Evaluation Form

### **For More Information**

Stephanie Studenski, MD, MPH  
Professor, Department of Medicine  
Division of Geriatric Medicine  
University of Pittsburgh School of Medicine  
3471 Fifth Avenue  
Kaufmann Medical Building, Suite 500  
Pittsburgh, PA 15213  
(412) 692-2360  
[StudenskiS@dom.pitt.edu](mailto:StudenskiS@dom.pitt.edu)

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To view appendices for each program, please see these links:

**Introduction to Academic Geriatrics Recruitment and Career Development**

[www.geriatricsrecruitment.org/ManualTwo/Introduction](http://www.geriatricsrecruitment.org/ManualTwo/Introduction)

**Pre-Fellowship Decision Recruitment Strategies Expose Residents to Geriatrics Fellowship and Career Opportunities**

Geriatrics Is Your Future: A Regional Resident Recruitment Program at Baylor College of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualOne/GIYFResidentRecruit">www.geriatricsrecruitment.org/ManualOne/GIYFResidentRecruit</a>
Annual Resident Award Summit at the Southeast Center of Excellence in Geriatric Medicine (Emory University and the University of Alabama at Birmingham Schools of Medicine)	<a href="http://www.geriatricsrecruitment.org/ManualOne/ResidentAwardSummit">www.geriatricsrecruitment.org/ManualOne/ResidentAwardSummit</a>
Using Resident Applications to Identify and Engage Geriatrics Trainees at the University of Texas Health Science Center at San Antonio	<a href="http://www.geriatricsrecruitment.org/ManualOne/RecruitResToGeriFellow">www.geriatricsrecruitment.org/ManualOne/RecruitResToGeriFellow</a>

**Support Resident Research and Scholarly Projects in Geriatrics**

Scholarly Projects for First-Year Internal Medicine Residents at the University of Rochester School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/1YIMResScholarlyProjects">www.geriatricsrecruitment.org/ManualTwo/1YIMResScholarlyProjects</a>
Establishing an American Geriatrics Society Resident Chapter	<a href="http://www.geriatricsrecruitment.org/ManualTwo/AGSResChapter">www.geriatricsrecruitment.org/ManualTwo/AGSResChapter</a>

**Post-Fellowship Decision Recruitment Strategies - Provide Faculty and Peer Mentoring on Academic Careers**

Collaborative Grant Review and Mentoring for Clinician-Researcher and Clinician-Educator Trainees at the Southeast Center of Excellence in Geriatric Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/GrantReviewMentoring">www.geriatricsrecruitment.org/ManualTwo/GrantReviewMentoring</a>
Junior Faculty Mentoring in Aging Research at the Indiana University School of Medicine Center for Aging Research	<a href="http://www.geriatricsrecruitment.org/ManualTwo/JrFacMentoring">www.geriatricsrecruitment.org/ManualTwo/JrFacMentoring</a>
Aging-Related Research Career Development Core for Junior Investigators at the University of Michigan	<a href="http://www.geriatricsrecruitment.org/ManualTwo/JrInvResearchCareer">www.geriatricsrecruitment.org/ManualTwo/JrInvResearchCareer</a>

**Implement Programs that Promote Academic Career Preparedness**

One-Day Career Development Retreat for First-Year Medicine Subspecialty Fellows at the University of California, San Francisco School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/1YFellowsRetreat">www.geriatricsrecruitment.org/ManualTwo/1YFellowsRetreat</a>
Fellows' One-Year Academic Career Development Course at the University of Rochester Medical Center	<a href="http://www.geriatricsrecruitment.org/ManualTwo/FellowsAcadGeriCareerDev">www.geriatricsrecruitment.org/ManualTwo/FellowsAcadGeriCareerDev</a>

**Approaches to Advancing Clinician-Educator Careers**

Academic Faculty Scholars Program in Geriatrics for Non-Geriatricians at Boston University	<a href="http://www.geriatricsrecruitment.org/ManualTwo/NonGeriFacultyScholars">www.geriatricsrecruitment.org/ManualTwo/NonGeriFacultyScholars</a>
Geriatrics Excellence in Teaching Series for Faculty and Fellows at Duke University School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/GeriExcellenceInTeaching">www.geriatricsrecruitment.org/ManualTwo/GeriExcellenceInTeaching</a>
Faculty Enrichment and Educational Development Program at the Indiana University School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/FacEnrichEduDevel">www.geriatricsrecruitment.org/ManualTwo/FacEnrichEduDevel</a>
Year-Long Master Clinician-Educator Program in Geriatrics at Mount Sinai School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/YearMasterClinEducator">www.geriatricsrecruitment.org/ManualTwo/YearMasterClinEducator</a>
Area of Concentration for Clinician-Educators at the University of Chicago	<a href="http://www.geriatricsrecruitment.org/ManualTwo/ClinEducatorConcentration">www.geriatricsrecruitment.org/ManualTwo/ClinEducatorConcentration</a>
Knowledge and Skills in Cultural Competence and Minority Health Issues at the University of Pennsylvania	<a href="http://www.geriatricsrecruitment.org/ManualTwo/MinorityHealth">www.geriatricsrecruitment.org/ManualTwo/MinorityHealth</a>

**Approaches to Advancing Research Careers**

One-Year Course in Research Methods and Design for Geriatrics Fellows and Junior Faculty at Weill Medical College of Cornell University	<a href="http://www.geriatricsrecruitment.org/ManualTwo/YearResearchMethodsDesign">www.geriatricsrecruitment.org/ManualTwo/YearResearchMethodsDesign</a>
Grant Writing Seminar for Geriatrics Fellows and Junior Faculty at Weill Medical College of Cornell University	<a href="http://www.geriatricsrecruitment.org/ManualTwo/FellJrFacGrantWriting">www.geriatricsrecruitment.org/ManualTwo/FellJrFacGrantWriting</a>
Advanced Aging Research Training Seminar Series at Harvard Medical School	<a href="http://www.geriatricsrecruitment.org/ManualTwo/AgingResearchTraining">www.geriatricsrecruitment.org/ManualTwo/AgingResearchTraining</a>
Clinical Investigator Training Enhancement Program at the Indiana University School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/ClinInvTrainingEnhancement">www.geriatricsrecruitment.org/ManualTwo/ClinInvTrainingEnhancement</a>
Scholarly Activities Clinic for Clinician-Educator Junior Faculty in Geriatrics at the Indiana University School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/JrFacScholarlyActivities">www.geriatricsrecruitment.org/ManualTwo/JrFacScholarlyActivities</a>
Interdisciplinary Academic Advancement Seminar for Junior Faculty Interested in Aging Research at the David Geffen School of Medicine at the University of California, Los Angeles	<a href="http://www.geriatricsrecruitment.org/ManualTwo/AcadAdvancement">www.geriatricsrecruitment.org/ManualTwo/AcadAdvancement</a>
Portfolio Structure for Fellows and Junior Faculty in the Academic Geriatrics Research Track at the University of Pittsburgh School of Medicine	<a href="http://www.geriatricsrecruitment.org/ManualTwo/FellJrFacAcadResearchPortfolio">www.geriatricsrecruitment.org/ManualTwo/FellJrFacAcadResearchPortfolio</a>

**American Federation for  Aging Research**

55 West 39<sup>th</sup> Street, 16<sup>th</sup> Floor  
New York, NY 10018  
(212) 703-9977  
[info@geriatricsrecruitment.org](mailto:info@geriatricsrecruitment.org)

[www.afar.org/recruitment](http://www.afar.org/recruitment)  
[www.geriatricsrecruitment.org](http://www.geriatricsrecruitment.org)