

The Exciting and Challenging Field of Geriatrics and Aging Research:

A Brief Overview

"Geriatrics is the most challenging and exciting area of patient care. The patients are the most complex and the most dependent on physicians' skills and wisdom for their well-being and persistence as independent people. The opportunities for research in geriatrics are essentially unlimited."

***David H. Solomon, MD
Professor Emeritus
UCLA School of Medicine***

Aging is a **multidisciplinary** field. This means that the study of aging combines or integrates information from several separate areas of study. Biology, sociology, and psychology are the "core" or basic areas, along with content from many other areas of study such as public policy, humanities, and economics.

Gerontology is the study of the aging processes and individuals as they grow from middle age through later life. It includes:

- The study of physical, mental, and social changes in older people as they age.
- The investigation of the changes in society resulting from our aging population.
- The application of this knowledge to policies and programs. As a result of the multidisciplinary focus of gerontology, professionals from diverse fields call themselves "**gerontologists.**"

Geriatrics is the study of health and disease in later life. It is a comprehensive, interdisciplinary team approach to the health care and well-being of older persons.

- Geriatrics focuses on different diagnostic and management strategies that are specific to older adults.
- Prevention, health maintenance, functional capacity, coordination of care, quality of life, and support for family and informal caregivers are important aspects of geriatric health care. Careful listening, encouragement, advocacy, patient educational goal setting, and value clarification are among the most valuable interventions health care providers can make in promoting health and well-being in older adults.

Geriatricians are allopathic or osteopathic physicians, board certified in family practice, internal medicine, or psychiatry, who have had additional training in the health care of older adults.

Primary care physicians may educate themselves further in geriatrics through continuing medical education courses, self-assessment programs, and review of medical journals and geriatrics textbooks.

Formally trained geriatricians acquire special knowledge and skills through completing a geriatrics fellowship program. Fellowships are available through departments of family practice and internal medicine, in osteopathic and alleopathic schools, and in psychiatry. Administration of fellowship programs is sometimes shared between departments.

A Certificate of Added Qualifications (CAQ) in Geriatric Medicine or Geriatric Psychiatry is offered through the certifying boards in family practice, internal medicine, osteopathic medicine, and psychiatry for physicians who have completed a fellowship program in geriatrics. The length of formal geriatrics training is linked to the individual's career goals in clinical care, teaching or research and can vary from one to four years.

As a medical student, you can begin learning more about geriatrics by taking courses, clinical clerkships and rotations in geriatrics while in medical school. Another good way to learn more about caring for older adults is to get involved in a Geriatrics Interest Group and share your knowledge and experiences with other students. Start an American Geriatrics Society student chapter at your school, if you don't already have one. Help bring in geriatrics experts as speakers at your school, plan service projects, and join the national AMSA Geriatrics Interest Group student listserv (additional information on AGS student chapters and the AMSA geriatrics interest group is included in this tool kit ... read on).

Some of this information was adapted from the Association for Gerontology in Higher Education and the American Geriatrics Society Student Section web sites.

What Your Peers Say About the Medical Student Geriatric Scholars Program and the Study of Geriatrics & Aging Research

In July 2001, AFAR held a focus group with medical students in the New York Metropolitan area who had participated or were participating in the Hartford/AFAR Medical Student Geriatric Scholars Program. As part of your introduction to the program, we thought you would be interested in some of their comments and observations about the program and the field of geriatrics and aging research, as summarized here.

1. Medical students today are multi-dimensional, often with significant interests and preparation in the arts and humanities. This background lends itself to the interdisciplinary, patient- and family-centered approach of geriatrics.
 2. Interest in geriatrics is often driven initially by experiences with grandparents or other older family members, and volunteer experiences working with older adults. It is this intense personal contact and the benefits trainees derive from getting to know older people that can make geriatrics an attractive discipline.
 3. Perceptions of geriatric medicine among first year medical students are generally limited. Most do not know that that older adults have unique medical and health needs that differ from the health concerns and problems of younger adults. Issues such as polypharmacy and differential diagnosis in older adults are more complex and present interesting clinical challenges.
 4. The orientation on improving and maintaining function for older adults and the "joys of winning small battles" associated with geriatrics contradicts the "cure" orientation that beginning medical students tend to associate with successful, hi-tech medicine.
 5. Conversely, the fact that geriatrics is not "black and white," and that it deals with complex, multiple problems, with few absolute cures and more focus on prevention and maintaining function and independence can present interesting challenges.
 6. Exploring geriatrics is a mechanism to explore an important aspect of internal medicine and family practice, as well as some subspecialties. The number of patient visits with older adults is increasing dramatically in all areas of medicine and all physicians need to be better informed about older adult health care.
 7. The humanity, generosity and commitment that geriatricians bring to their work is appealing and inspiring. Geriatricians make excellent clinical and research mentors.
- The clinical exposure the program offers to 1st year medical students provides them with a head-start in feeling more comfortable and confident in their clinical training.
 - The program also offers:

- *Prestige*: The competitive nature of the scholarship provides students with a good "credential," as does the possibility of publishing and presenting one's research.
- *Networking*: It's exciting to be able to go to a national meeting to present your research findings.
- *Collegiality*: Being part of the group of scholars is fun and stimulating. Many past scholars stay in touch with other program participants and with their research mentors.

What is Expected of You as a Medical Student Geriatrics Scholar: Program Participation and Reporting Requirements

To provide a more consistent experience for all students participating in the Medical Student Geriatric Scholars Program, whether you are traveling to a National Training Center or staying at your home institution, AFAR has developed guidelines for program directors, mentors, and students. The following outlines what is expected of you as a medical student scholar in relation to your program participation and reporting requirements.

Program Participation Requirements

1. Commit 8 to 12 weeks to conducting a research project under the supervision of your research mentor.
2. Attend all organized clinical and didactic program sessions.
3. Participate in an interview with the program director every two weeks, to discuss progress in your research project, your relationship with your mentor, and other possible program issues (for students attending National Training Centers).
4. Meet weekly with your research mentor to review your project timeline and other issues pertaining to your research project and program experiences.
5. Prepare a journal-style research paper (due within 3 months of completion of program). This should be submitted to your National Training Center program director or your home site sponsor, with a copy to AFAR.
6. Prepare an oral or poster presentation to present at the end of your program (for students attending National Training Centers – students remaining at their home institutions should work with their mentor to identify a venue for presentation of their research).
7. Present a poster at the medical student poster session and luncheon held during the AGS annual meeting in May of the year following your program.
8. Contact your home institution faculty sponsor after returning to your home institution at the completion of your program. Provide your home institution faculty sponsor with a copy of your research paper and other reporting requirements (see below).

Reporting Requirements to AFAR

Students will be required to submit the following items at the completion of their program. A portion of the scholarship award (\$500) will be withheld until these items are received by AFAR:

- Brief [program evaluation form](#) (due immediately upon completion of program – form is enclosed in the scholar's tool kit).
- Copy of journal-style paper (due within three months of completion of program – this paper is also to be provided to program training site director or home institution faculty sponsor, as noted above).

In an effort to evaluate the success of the Medical Student Geriatric Scholars Program, it is important for AFAR to track past program scholars over the course of their medical training. We ask you to assist AFAR in this effort by sending change of mailing and e-mail addresses to the AFAR office as needed.

How To Get The Most Out of Your Geriatric Scholars Program Experience

By Martin Evers, Mount Sinai School of Medicine

1. Contact your mentor in advance.

It is a good idea to contact your research mentor (if you are staying at your home institution) or the site director (if you are going to one of the National Training Centers) as soon as you know where you will be going for the program. If you are going to a National Training Program the site director will assist you in selecting a research mentor. Whether you are staying at your home institution or traveling to a National Training Center, there are many reasons for you to contact your research mentor in advance of your research project. Perhaps most important, your initiative alone will help to get your relationship off on the right foot. In practical terms, your mentor can give you any necessary information concerning tasks that may need to be completed before the start of your project, as well as advice about background reading relevant to your area of investigation. At this time you should also confirm your schedule for the research program including any time you may need to be away.

2. Do as much background reading as possible.

Medical school is busy, and your mentor will likely understand that the obligations of preclinical coursework and/or standardized exams (ie, the USMLE Step I) may place certain limits on the time available for background reading related to your summer research experience. However, to the extent that your schedule allows, it is in your best interest to do as much background reading as possible. Your research mentor is likely to give you a list of recommended reading and background reading in several areas will enhance your summer experience:

- **Project-specific subject matter.** Your summer research may involve an area of which you have no particular knowledge before you begin. This is not a bad thing – in fact, it's often the very best situation in terms of expanding your intellectual horizons and interests. Alternatively, your project may be an extension of previous endeavors in a field in which you have an established knowledge and interest. Whatever the case may be, reading up on the latest research and body of knowledge impacting your area of inquiry will greatly benefit you as you formulate, investigate, and answer your project hypotheses.
- **Research methodology.** Research methodology is the bridge between the questions you ask and the answers you seek. Competent methodology and practices are the difference between "good ideas" that aren't properly brought to life, and the type of rigorous scientific inquiry that leads to publication and presentation of results and a real contribution to medicine's fund of knowledge.
- **Statistics.** Achieving a "comfort level" with statistics now will enhance your current research experiences. A grounding in statistics will serve you throughout your medical career, as you evaluate clinical data and other research information.
- Please see the **suggested reading list** and **web sites of interest sections** for specific articles and texts related to the above topics, and for additional suggestions on preparatory and ongoing reading in clinical geriatrics and aging research.

3. Contact past AFAR scholars.

It is always helpful to talk with past AFAR scholars. These students can be a great source of information and advice about many aspects of your upcoming summer experience. AFAR staff will be happy to let you know of past AFAR scholars at your medical school, or to connect you with a past scholar from another institution. Give AFAR a call at 212-703-9977 or send an e-mail to grants@afar.org.

4. Take the opportunity to see geriatric patients and meet geriatrics health care providers.

Many of the program sites will have several opportunities for clinical exposure to older adult patients and geriatrics health care providers outside of the program's required clinical component (e.g., memory disorder clinics, home visits, hospice, inpatient units, consultative services, long term and subacute care). Explore these options as your time allows.

5. Have fun!

Your research project and the clinical and didactic programs that are part of your scholarship program will be educational, challenging, and intellectually stimulating. It will be a singular opportunity to explore an area of scientific inquiry in depth and to learn more about the clinical care of older adults. The experience is also a lot of fun – enjoy!

Tips on Working with Your Mentor

Your relationship with your research mentor is a key component of your scholars program experience. It will be a significant factor in your learning experience, in the outcomes of your research project, and in your enjoyment of the program.

As a mentor for the Medical Student Geriatric Scholars Program, your mentor is responsible to:

1. Design a research project for you that can be accomplished in 8-12 weeks (some final analyses may remain at completion of program).
2. Develop a timeline for project management, to ensure your completion of the project.
3. Contact you in advance of the program to discuss your research project. Send necessary project-specific materials to you in advance, so you can be prepared to engage in your project as soon as you start your program.
4. Have at least weekly meetings with you throughout the course of the program, and be available to you at other times.
5. Assist you with the preparation of a written, oral and/or poster presentation of your research.
6. Submit a report/evaluation of your performance and experiences.
7. Be available to you and your home institution faculty sponsor (if you are traveling to a National Training Center) after your return to your home institution, to assist with the completion of your research project, if needed.

The mentor/student relationship must be a two-way relationship in order to be most effective.

Therefore you, too, have certain responsibilities to help make the relationship most enjoyable and productive.

- **Introduce yourself and describe your background.** When first talking or meeting with your research mentor, be prepared to explain your previous experience in conducting research and what you hope to get out of your research experience.
- **Ask questions.** Remember that your mentor is an expert in his/her field but that you are just beginning in this area. Now is the time to ask the basic questions that you need to understand the project and the work you are becoming involved in. Ask your mentor to describe the projects being conducted in his/her lab and the specifics of the project you will be undertaking.
- **Meet regularly with your mentor.** Have your project timeline with you at each meeting and review this with your mentor to ensure that your project is on schedule. This gives you the motivation to make regular progress in your research, and it keeps your mentor aware of your work. Prepare for each meeting with your mentor and know in advance what you need to get out of the meeting. This includes preparing:

- A list of topics you want to discuss
- A summary of what you have done since your last meeting
- A list of any upcoming deadlines
- Notes from your previous meeting

- **Discuss the results of your work** at each meeting with your mentor. This will help your mentor identify potential obstacles in your research project early in the process. This can include anything you write about your research and experimental results. Work with your mentor in preparing oral and written presentations of your research.

- **Communicate clearly and concisely.** If you disagree with your mentor, state your objections clearly and calmly. If you feel something about your relationship is not working well, discuss this with your mentor. If possible, try to make suggestions on how your working relationship can be improved – what can you do and what can your mentor do to communicate more effectively and address any unmet needs or problems. If these is something you are uncomfortable discussing with your mentor directly, speak to your program site director, or contact the AFAR staff at 212-703-9977.

*Information adapted from the
Medical Student Geriatric Scholars Program Training Guidelines
and the Stanford University Graduate School Survival Kit web site*

Tips on Presenting Your Research

This information is based on PowerPoint presentations developed by Dr. Alison Moore, MD, MPH, Director of the Medical Student Geriatric Scholars Program, and LuAnn Wilkerson, Senior Assoc. Dean for Medical Education, UCLA School of Medicine.

References on Preparing Research Presentations

Garson A, Gutgesell HP, Pinsky WW, McNamara DG. The 10-minute talk: organization, slides, writing and delivery. *American Heart Journal* 1986 Jan;111(1):193-203.

Welch HG. Preparing manuscripts for submission to medical journals: the paper trail. *Effective Clinical Practice* 1999 May-Jun;2(3):131-137.

Tips on Preparing and Giving an Oral Research Presentation

Most scientific presentations are 10-15 minutes (often 10 minutes for presentation and 5 minutes for questions) and are based on a slide or PowerPoint presentation.

Preparing Your Talk:

- Know your audience in advance and prepare your material according to the audience level.
- Keep your presentation simple and well organized.
- Distill the information you want to convey to a single "story" supported by the most significant facts (3-4 main points).
- Review your slides and rehearse your talk until you know the material thoroughly and can speak with minimal or no notes.
- Practice your talk in front of your mentor and/or your peers. Refine your talk based on their feedback.
- Time your talk during rehearsals and make sure it does not run longer than the time allotted.

Giving Your Talk:

- Look at the audience frequently.
- Speak slowly, clearly and with enthusiasm.
- Vary your vocal tone, rate and volume to keep the audience engaged.
- Use a pointer only when absolutely necessary – it is distracting to the audience and can become a "crutch" for the speaker.
- If you don't know the answer to a question, say you don't know or that you will find out the answer. Invite people with questions to come up to the podium after your presentation, and get their e-mail addresses to send them an answer. If you say you will do this, be sure to follow through.

Preparing Your Slides:

- The average numbers of slides per presentation is one slide/minute. Tables and figures may take 2 minutes to discuss.
 - The cardinal rule for good slides is that they must be visible from a distance.

Therefore:

- Slides must contain large text and clear, simple graphics.
- Keep the information on each slide as brief as possible –
a maximum of nine lines of text per slide.
- Horizontal slides are easier to read than vertical.
- Slides are easiest to read if they have a dark blue background with white text.
- Avoid the "bells and whistles" available with PowerPoint – simple is best!

Here is a basic outline for a slide presentation:

- **Title slide:** include name of research project and your name and affiliation
- **Background** (1 – 2 slides):
 - Engage the audience and make them interested in the research topic
 - Point out controversies or deficits in previous research
 - Define terms here, if needed
- **Purpose** (1 slide):
 - State research question or hypothesis
- **Methods** (2-3 slides):
 - Include study sample/specimens/data set
 - Could also define specific terms here
 - Optional to include analysis methods here
- **Results** (3-4 slides):
 - Describe relevant characteristics of specimens/sample
 - Describe data
 - Use simple tables or figures to illustrate results
- **Conclusions** (1-2 slides):
 - Summary of results and implications
 - Optional to include slide describing limitations of research
 - May include slide on next research step
- **Acknowledgment** (1 slide – optional):
 - Acknowledge funders, mentors, collaborators

REMEMBER:

- **Plan and organize your presentation thoroughly**
- **Focus on one main research question**
- **Answer the question with 3-4 main points/facts**
- **Keep your visuals simple and visible**
- **Practice your talk frequently**
- **Convey enthusiasm to your audience**

GOOD LUCK AND HAVE FUN!!

Suggested Reading List

Many past scholars have said they benefitted from doing some preparatory reading in advance of their scholarship program, particularly those who had limited research experience in undergraduate school. You may want to review some of the articles in this bibliography prior to the start of your program, or during the program, if time permits. The content areas are selected to help you prepare for a more meaningful research experience. As busy medical students, you certainly will not have time to read all of the materials listed here. These are suggested readings from which you can select topics and articles that interest you most, or that you need more background in.

Your research mentor, geriatric scholars program director, geriatrics faculty members and other advisors may have other readings they will recommend for your specific program.

Introduction to Statistics

- Altman DG, Bland JM. Statistics notes. Units of analysis. *BMJ* 1997; 314(7098):1874.
- Greenhalgh T. How to read a paper. Statistics for the non-statistician. I: Different types of data need different statistical tests. *BMJ* 1997; 315(7104):364-6.
- Greenhalgh T. How to read a paper. Statistics for the non-statistician. II: "Significant" relations and their pitfalls. *BMJ* 1997; 315(7105):422-5.

(The above articles can be accessed on-line at

<file:///C:/Documents%20and%20Settings/rcatino.MEDICINE/Local%20Settings/Temporary%20Internet%20Files/OLK3/www.BMJ.com>)

Research Methodologies – Evidence-based Medicine

- <http://www.cche.net/usersguides/main.asp>

This web site (of the Centres for Health Evidence - CHE) contains a complete set of Users' Guides to Evidence-based Practice, originally published as a series in *the Journal of the American Medical Association (JAMA)*. The CHE continues to maintain the full text pre-publication version of this series on behalf of the Evidence-based Medicine Working Group with permission from the journal.

- *Designing Clinical Research*, Cummings, Steven and Hulley, Stephen, eds., William and Wilkins, 1988, Baltimore, MD.

This text provides a good overview of clinical, health services and clinical epidemiological research.

- Davidoff F, Haynes B, Sackett D et al. Evidence based medicine. *BMJ* 1995; 310(6987):1085-6.
- Haynes RB, Hayward RS, Lomas J. Bridges between health care research evidence and clinical practice. *J Am Med Inform Assoc* 1995; 2(6):342-50.
- Haynes RB, Sackett DL, Tugwell P. Problems in the handling of clinical and research evidence by medical practitioners. *Arch Intern Med* 1983; 143(10):1971-5.

- Sackett DL, Rosenberg WM, Gray JA et al. Evidence based medicine: what it is and what it isn't. *BMJ* 1996; 312(7023):71-2.
- Sackett DL, Wennberg JE. Choosing the best research design for each question. *BMJ* 1997; 315(7123):1636.
- Sackett DL, Haynes RB. The architecture of diagnostic research. *BMJ* 2002; 324(7336):539-41.

How to Access and Review Medical Literature

- Haynes RB, McKibbon KA, Fitzgerald D et al. How to keep up with the medical literature: I. Why try to keep up and how to get started. *Ann Intern Med* 1986; 105(1):149-53.
- Haynes RB, McKibbon KA, Fitzgerald D et al. How to keep up with the medical literature: II. Deciding which journals to read regularly. *Ann Intern Med* 1986; 105(2):309-12.
- Haynes RB, McKibbon KA, Fitzgerald D et al. How to keep up with the medical literature: III. Expanding the number of journals you read regularly. *Ann Intern Med* 1986; 105(3):474-8.
- Haynes RB, McKibbon KA, Fitzgerald D et al. How to keep up with the medical literature: V. Access by personal computer to the medical literature. *Ann Intern Med* 1986; 105(5):810-6.
- Haynes RB, McKibbon KA, Fitzgerald D et al. How to keep up with the medical literature: VI. How to store and retrieve articles worth keeping. *Ann Intern Med* 1986; 105(6):978-84.

Preparing Your Research for Presentation

- Garson A, Gutgesell HP, Pinsky WW, McNamara DG. The 10-minute talk. Organization, slides, writing and delivery. *American Heart Journal* 1986;193-203.
- Welch HG. Preparing manuscripts for submission to medical journals: the paper trail. *Effective Clinical Practice* 1999;2:131-137.

WEB SITES on Geriatrics and Aging Research

The following is not intended as an exhaustive list of web sites on geriatrics and aging research. These URLs can help you get started in your exploration of the vast amount of information now available on the Internet on older adult health, aging research, and research methodology.

Resources on Statistics

Resources on Teaching and Learning Statistics
<http://www.stat.ncsu.edu/stated/statedlinks.html>

American Statistical Association
<http://www.amstat.org/index.html>

ASA Section on Statistical Education
<http://www.stat.ncsu.edu/stated/homepage.html>

Online Analysis of Data: Using Forms and Perl Programs & Java
<http://glass.ed.asu.edu/stats/analysis/>

The Data Game: Learning Statistics
<http://cebe.cf.ac.uk/learning/habitat/HABITAT1/Data.html>

Federal Stats, links to federal statistics
<http://www.fedstats.gov/>

CTI Statistics, The On-line Statistics Resource Database
<http://www.stats.gla.ac.uk/cti/activities/resources/teach.html> (Click on Introduction to access)

Computer-based Learning Projects
http://www.stats.gla.ac.uk/cti/links_stats/cbl.html

Principles of Learning Statistics
http://www.dartmouth.edu/~chance/teaching_aids/books_articles/isi/section3_7.html

General Introduction to Statistics

StatCenter Sampler (University of Utah, Department of Psychology)
<http://www.psych.utah.edu/learn/statsampler.html#List>
Must register as guest for online access.

An Online Statistics Course at the University of Utah
<http://www.psych.utah.edu/stat/>

Learning Statistics with SPSS/win
<http://cc.yzu.edu/~eeusip/learning.htm>

UCLA GeroNet: Data and Statistics Sources
<http://www.geronet.med.ucla.edu/research/data.htm>

Resources on Clinical Geriatrics, Aging and Health

Clinical Geriatrics
<http://www.mmhc.com/cg/>
Back article archives <http://www.mmhc.com/cg/archives/>

Geriatrics at Your Fingertips
<http://www.geriatricsatyourfingertips.org/>

Administration on Aging Fact Sheets
<http://www.aoa.gov/press/fact/fact.asp>

American Association of Retired Persons (AARP)
<http://www.aarp.org/>

American Federation for Aging Research
<http://www.infoaging.org/>

American Geriatrics Society Foundation for Health in Aging
<http://www.healthinaging.org/>

American Medical Directors Association AMDA Resource Library
<http://www.amda.com/library/>

The GeroWeb Virtual Library on Aging
<http://geroserver.iog.wayne.edu/GeroWebd/GeroWeb.html>

SAGE-KE: Science of Aging Knowledge Environment Magazine
<http://sageke.sciencemag.org/> **Organizations Related to Aging and Health**

American Federation for Aging Research (AFAR)

<http://www.afar.org/>

70 West 40th Street

New York, NY 10018

(212) 703-9977

The Federation's main objective is to support basic and clinical biomedical research in the field of aging. AFAR grants are awarded to investigators based on competitive proposals. There are several medical student scholarship programs for research on aging. AFAR provides public information on advances in aging research through its web site <http://www.infoaging.org/>

American Geriatrics Society (AGS)

<http://www.americangeriatrics.org/>

The Empire State Building

350 Fifth Avenue, Suite 801

New York, NY 10118

(212) 308-1414

The AGS is the leading clinical society devoted to the care of older adults. The AGS promotes high quality, comprehensive and accessible care for America's older population through activities in patient care, research, professional and public education and public policy.

The AGS has numerous student chapters, and a special Student Section of their web site with general information on geriatrics, scholarship awards in geriatrics for medical students, and other information relevant to students interested in geriatrics.

American Medical Association (AMA)

<http://www.ama-assn.org/>

Department of Medical Student Services

515 North State Street

Chicago, IL 60610

(312) 464-5000

The Medical Student Section of the AMA allows students to influence AMA policy by participating in national, state, and local activities. There are a variety of councils, committees, panels, and task forces in which students may participate. Students receive a number of AMA publications, including a special Student Section newsletter.

American Medical Student Association (AMSA)

<http://www.amsa.org/>

1902 Association Drive

Reston, VA 20191

(703) 620-6600

AMSA is made up of 30,000 students with local chapters in 140 allopathic and osteopathic schools throughout the country. It is dedicated to the improvement of medical education, health care and health care delivery. Areas of interest are organized into action committees and interest groups on critical health issues.

The Geriatrics Interest Group maintains a web page on AMSA's website with information for students, including interviews with physicians specializing in geriatric care and student chapter project ideas. The interest group also coordinates a listserv which acts as a forum among medical students to exchange ideas and concerns regarding geriatric medicine and to share information relevant to geriatric practice.

Association for Gerontology in Higher Education (AGHE)

<http://www.aghe.org/>

1030 15th Street, NW, Suite 240
Washington, DC 20005-1503
(202) 289-9806

AGHE serves as an advocate for gerontology in higher education. Membership is comprised of over 300 institutions of higher education throughout the United States and Canada. The Association has various publications including a newsletter and a National Directory of Educational Programs in Gerontology.

American Society on Aging (ASA)

<http://www.asaging.org/>

833 Market Street, Suite 516
San Francisco, CA 94103
(415) 543-2617

ASA sponsors a wide array of educational activities across the country. Its constituency is largely composed of caregivers from a number of professional disciplines including nursing, social work, medicine, psychology, and gerontology. Special activities for students are sponsored.

Gerontological Society of America (GSA)

<http://www.geron.org/>

1411 K Street, NW, Suite 300
Washington, DC 20005
(202) 393-1411

Also one of the largest professional associations in the United States, the GSA has major interest sections for Biological Sciences, Social Research, Planning and Practice, Clinical Medicine and Behavioral and Social Science. GSA conducts a large annual meeting and supports a number of student activities.

The National Council on the Aging, Inc. (NCOA)

<http://www.ncoa.org/>

600 Maryland Avenue, SW
West Wing 100
Washington, DC 20024
(202) 479-1200

The Council sponsors a Geriatric Fellowship for Medical Students (GFMS) program. Fellowships are granted to undergraduates who submit successful proposals to carry out specific projects.

National Institute on Aging

www.nih.gov/nia

PO Box 8057
Gaithersburg, MD 20898-8057
(800) 222-2225

NIA is one of the 25 institutes and centers of the National Institutes of Health. In 1974, Congress granted authority to form the National Institute on Aging to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. Subsequent amendments to this legislation designated the NIA as the primary federal agency on Alzheimer's disease research.

National Student Research Forum (NSRF)
www2.utmb.edu/nsrf
Ashville Smith Building M-17, Station 1
University of Texas - Medical Branch
Galveston, TX 77555-1317
(409) 772-3762

The only national conclave for the presentation and evaluation of student research. The Forum is open to all graduate students, medical students, interns and residents. Papers may include research in the basic or clinical sciences, work that is completed or in progress, published or unpublished. The Forum attracts entrants from across the United States and Canada. Geriatrics was the Forum's emphasis for its 1985 session.

The American Geriatrics Society

Student Section and Chapters

(see www.americangeriatrics.org/education/geristudents for more information)

The American Geriatrics Society maintains a special student section of their web site with information on geriatrics as a career choice, scholarship and award opportunities in geriatrics, how to start an AGS student chapter at your medical school, and much more.

The AGS, AMSA Geriatrics Interest Group, and AFAR have a joint committee to expand and enhance web-based information on geriatrics for medical students.

Continue to check the AGS Student Section web site www.americangeriatrics.org/education/geristudents

and the [AMSA Geriatrics Interest Group](http://www.amsa.org/ger/geriatric) web site section

www.amsa.org/ger/geriatric.cfm

for more information.

American Medical Student Association

Geriatrics Interest Group

(see

<file:///C:/Documents%20and%20Settings/rcatino.MEDICINE/Local%20Settings/Temporary%20Internet%20Files/OLK3/www.amsa.org/ger/geriatric.cfm> for more information)

As future physicians who will be caring for an aging population, we all have an obligation to seek the expertise necessary to treat older patients with skill, sensitivity, and dignity. Almost every medical specialty will have an increasingly older patient base, thus if we are aware of the issues specific to the geriatric population and if we are trained to work with older patients, we will be better physicians.

"Geriatrics" is medical practice that addresses the complex needs of older patients and emphasizes maintaining functional independence even in the presence of chronic disease. It requires an interdisciplinary approach. We will work with other physicians, nurses, social workers, occupational therapists, family members, and others in order to provide comprehensive care for these patients with multiple needs.

Currently, there is a HUGE demand for geriatricians, both clinical and academic. Research efforts in geriatrics are increasing worldwide. Geriatrics is a dynamic field. Innovation is the key as we develop better ways to deliver long-term care and more effective treatment options for diseases such as Alzheimer's disease and osteoporosis.

The AMSA Geriatrics Interest Group exists as a forum among medical students to exchange ideas and concerns regarding geriatric medicine. One topic on which we will focus is the variety of career opportunities in geriatrics. We also seek to raise a general awareness of the many factors important when working with older adults.

Geriatrics is the future of medicine. We encourage you to start a geriatrics interest group at your school and use the listserve to share your ideas and concerns. Also, we would like to sponsor speakers and programming at regional and national conferences. If we can help with anything, please let us know, and join the listserve!

join-geriatric@lists.amsa.org