Strengthening the Fellowship Training Experience: Findings from a National Survey of Fellowship Trained Geriatricians 1990–1998

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Geriatric fellowship training has significantly advanced in the past 2 decades in number, organization, and accreditation of formal fellowship programs. A recent survey examined career decision-making, fellowship training, and current professional activities of fellowship trained geriatricians. This paper focuses upon further desired fellowship training identified by these individuals. The responses reflect skills relevant to four aspects of professional performance: administration, management, clinical geriatrics, research, and education.

More than half of the respondents documented the need for increased training in administration, including long-term care medical directorship and Medicare/managed care. Regarding clinical training, 66% recommended additional subspecialty training, particularly in psychiatry, neurology, rehabilitation, and hospice/palliative care. Seventeen percent identified a need for training in research methodology, grant writing, and mentorship. Some 6% indicated a need for further training in education, citing teaching skills and program/faculty development.

This article provides examples of opportunities to strengthen each of the four defined areas, including formal training in medical administration by the American Medical Director's Association, model strategies for incorporating subspecialties, hospice/palliative care, programs to pursue graduate level training in research at many universities, and faculty development programs such as those offered by Harvard and Stanford.

Accredited geriatric fellowship programs as well as fellows should recognize potential gaps in training, and make available opportunities to strengthen these areas critical to preparing for future careers in geriatric medicine.
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Geriatric fellowship programs have been in existence since the 1970s, and they have increased substantially in number to 120 accredited programs in 2002.[1] The American Geriatrics Society (AGS) Accreditation Council for Graduate Medical Education (ACGME) has established guidelines and requirements for fellowship training in geriatric medicine.[1–3] A geriatric fellowship provides a physician with training in a wide variety of experiences that are only peripherally covered in traditional internal medicine or family medicine residency programs. These include comprehensive geriatric assessment; interdisciplinary team approach to care; rehabilitation; hospice/palliative care; family and caregiver dynamics; psychosocial/legal issues; functional assessment; and the evaluation and treatment of geriatric syndromes such as falls, incontinence, dementia, and depression.[4,5] Additionally, geriatric fellows train in an array of clinical settings, including the acute hospital, long-term care, home care, day care, rehabilitation, and ambulatory care. This unique perspective allows fellows to understand the longitudinal nature of acute and chronic illnesses and their effect upon an older adult's life and functional status and on the healthcare delivery system.[5]

To gain insight into the evolving status of the field of geriatric medicine, a national survey of physicians who completed formal geriatric fellowships in the United States and Puerto Rico from 1990 to 1998 was recently conducted. This survey primarily consisted of a series of closed-ended questions addressing career decision-making, fellowship training experiences, current professional activities, and practice settings of these geriatricians.[6] The survey also included an open-ended question regarding further training experiences that geriatricians would have found valuable during fellowship to prepare them for their current career position. This paper addresses responses to this open-ended question and offers recommendations for advanced training pertinent to the following four distinct areas of career development: administration and management, clinical geriatrics, research, and education.[3]

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METHODS

A total of 107 accredited extant geriatric fellowship programs in 1999 were contacted to identify fellowship trainees from 1990 to 1998. A 39-item survey instrument was mailed to 787 eligible former trainees, of whom 490 (62%) responded. Further details of the methods and a full data analysis are contained in the original manuscript.[6]

Of the 490 survey respondents, 315 provided written answers to the following open-ended question: "In what areas, if any, would you like to have had further training experience during your fellowship to prepare you for your current position?"

RESULTS

Responses to the open-ended question, which varied widely in length, description, and detail, were divided into four general categories of career development: administration and management, clinical geriatrics, research, and education. Results are summarized in Table 1.

Administration and Management

One hundred sixty-six (53%) of the 315 respondents identified the need for increased training in administration and business management in multiple areas. Among the most frequently noted were further experience in long-term care management (20%) and medical directorship (12%). Also desired was further experience with billing, finances, and Medicare/managed care issues.

Table 1. Recommended Geriatric Fellowship Training Experiences

Fellowship Training Experience	Respondents n (%) (N = 315)
Administration and management	166 (53)
Management skills	62 (20)
Medical director of long-term care facility	38 (12)
Billing/financial issues	31 (10)
Medicare/managed care issues	23 (7)
Public policy	12 (4)
Clinical geriatrics	209 (66)
Subspecialty training	80 (25)
Hospice/palliative care	34 (11)
Rehabilitation	32 (10)
Geriatric syndromes	26 (8)
Outpatient geriatric medicine	16 (5)
Long-term care	12 (4)
Inpatient geriatric medicine	9 (3)
Research	53 (17)
Research methodology	24 (8)
Mentorship	13 (4)
Research experience	10 (3)
Grant writing	4 (1)
Advanced degrees	2 (<1)
Education	20 (6)
Teaching skills	10 (3)
Program development	5 (2)
Faculty development/leadership training	5 (2)

Clinical Geriatrics

Although all trainees had completed training in traditional adult disciplines of internal medicine or family medicine, 25% of respondents still requested more training in a variety of subspecialities. Those most commonly cited, in order of frequency, were psychiatry, neurology, dermatology, rheumatology, urology, orthopedics, podiatry, gynecology, cardiology, and endocrinology. Ten percent identified rehabilitation and 11% hospice/palliative care, two areas of training particularly relevant to geriatric practice. Respondents also desired further educational experiences in evaluating and treating geriatric syndromes (e.g., falls, incontinence, dementia, and depression).

Research

Fifty-three (17%) respondents identified a need for further training in research during fellowship. These included, in order of frequency, the need for formal coursework in research methodology, more-intense mentorship, further overall research experience, and grant-writing skills.

Education

Approximately 6% indicated a need for further training in education in terms of more experience in teaching skills, pedagogy, formal educational program development, and faculty development/leadership training.

DISCUSSION

Geriatric fellowship training has significantly advanced in the past 2 decades in number, organization, and accreditation of formal fellowship programs. This report, as part of a larger survey of geriatric career development activities,[6] documents fellowship training activities and identifies areas of further desired training among geriatricians who completed their fellowship training in the past decade. Although fellowship training mirrors the guidelines set forth by the AGS and ACGME, survey respondents identified multiple aspects that could be strengthened to prepare them for their future careers. These reflect skills and knowledge relevant to four areas of professional performance: administration and management, clinical geriatrics, research, and education. Based on these findings, this article offers recommendations and identifies existing opportunities in each of the four defined areas to further strengthen the fellowship training experience. These recommendations are based on review of the pertinent geriatric education literature, the guidelines for fellowship training from the AGS, program requirements from the ACGME, and personal experience/consensus of the authors. Some of the recommendations are best addressed as required components of current 1-year fellowship training programs, whereas others are best addressed via additional fellowship training years.[1,3]

Administration/Management

This survey highlights the need for further training in administration and management, particularly in the areas of nursing home administration/medical directorship, and billing/finance. These are relevant to most practicing geriatricians in academic and community settings, with

66% of survey respondents indicating in the original survey that they devoted up to 25% of their time to administrative responsibilities.[6]

Based on the ACGME requirements for geriatric medicine fellowship training, fellows are required as part of their long-term care experience to have exposure to the administrative aspects of long-term care and demonstrate knowledge of the administration, regulation, and financing of long-term care institutions. Additionally, each fellowship is required to include training on the economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment.[1] The authors recommend that fellowship program directors review the long-term care experience of their first-year fellows to assure that each fellow is involved in nursing home committee work (e.g., quality improvement, admissions, and pharmacy and therapeutics) and is given the opportunity to "shadow" faculty who serve as medical directors and administrators. The core administration and economic topics could be covered in conference or journal club format.

Advanced training in long-term care administration and certification in nursing home medical directorship is available through the American Medical Director's Association (AMDA).[7] AMDA offers a core curriculum on medical direction in three modules consisting of 35 hours in 18 topic areas central to medical directorship and administrative medicine. Practicing geriatricians serving as medical directors of nursing homes can also receive formal medical director certification through AMDA. Certification as a medical director requires indicators of competence in clinical medicine and medical direction/administrative medicine in long-term care. AMDA also offers training for family medicine and internal medicine residents and geriatric fellows via the AMDA Futures Program. This intense fully funded learning experience exposes residents and fellows to career opportunities in long-term care.[7]

Additionally, the AGS Guidelines for Fellowship Training in Geriatrics recommend several mechanisms to further develop administrative skills. These include instruction in healthcare finance and healthcare management applicable to a variety of settings (team building, performance and quality improvement, performance-based appraisals, budget preparation and implementation, and strategic plan development) and demonstration of competency using presentations and committee work.[2,3] Advanced fellowship training focusing on medical administration appears to be an emerging career pathway for geriatric fellows and may represent the best format for more formalized training in administration.

Clinical Geriatrics

In the original survey, the majority of professional time was devoted to patient care, with 66% of respondents spending more than half and 39% spending more than three-quarters of their time caring for patients.[6] Although the majority of survey respondents reported formal training in most clinical settings, these experiences varied in intensity and quality, with many identifying areas of further training needs, particularly in the subspecialties. Given the time constraints of 1 year of fellowship training, not all subspecialties relevant to geriatrics can realistically be included. Further development of collaborative efforts with subspecialty departments, particularly in the surgical subspecialties, is one area that program directors can consider targeting. The AGS and the John A. Hartford Foundation's initiative to incorporate geriatrics into the surgical subspecialties is a prime example of a program in which cross-education can occur.[8,9]

Fewer than half of original survey respondents received formal training in hospice and palliative care,[6] and many identified the need for further training. Clinical competence in hospice care, including pain management, symptom relief, comfort care, and end-of-life issues, is required of each fellow.[1] With new initiatives and an emerging focus of palliative care in geriatric medicine for undergraduate students and postgraduate training programs, formal experiences in hospice and palliative care should also be established in each geriatric fellowship program.[10,11] This may include forming relationships with community agencies that perform hospice services or enlisting the aid of faculty members certified in palliative care for teaching purposes.

Overall, review of existing experiences in each individual fellowship program to enrich and strengthen the training in the identified clinical areas is recommended to all program directors.

Research Training

First-year geriatric fellows are required to demonstrate competence in research methodologies related to geriatric medicine, including clinical epidemiology, decision analysis, and critical literature review.[1] In the original survey, only 11% spent more than half their time on research, with the majority performing no research at all. Furthermore, length of training, although not affecting clinical practice commitments of respondents, was strongly correlated with likelihood of participating in academic career development.[6]

Individuals wishing to pursue careers in academic geriatrics repeatedly identified the need for further research training. Academic research careers can best be accomplished with additional years of funded fellowship training. Research training requires funding for subsequent fellowship years, a sustained mentoring relationship with research faculty, additional formal coursework (study design, biostatistics, epidemiology, grant writing), and a significant time commitment. Such opportunities may be found at increasing numbers of academic medical centers that offer one of the following postgraduate programs emphasizing research training: Robert Wood Johnson Clinical Scholars,[12] National Institute of Health–supported Clinical Research Curriculum (K30) Awards,[13] and research-oriented Master of Public Health degrees.[14]

Education

Because the majority of original survey respondents hold academic appointments (69%) and participate in multidisciplinary teaching (78%),[6] the fostering of leadership and teaching skills should be included in fellowship training. The development of quality mentoring relationships is also essential to academic career development.[15,16]

Fellows need to be prepared for leadership positions in their communities, healthcare organizations, universities, and national organizations. The ACGME requires them to show clinical competence in communications skills with patients, families, professional colleagues, and community groups, including presenting case reports, literature searches, and research papers (when appropriate) to peers and lectures to lay audiences.[1] Early and active participation in the fellows' activities and opportunities at the annual meeting of the American Geriatrics Society is encouraged. The AGS Guidelines for Fellowship Training in Geriatrics recommend several mechanisms to further develop teaching skills, which may require a second year of fellowship training. These include participation in the planning and execution of continuing medical education activities; undergraduate and graduate curriculum development; lecture, poster, or research presentations of geriatric education materials at local or national meetings; and scholarly review of geriatric education or clinical teaching literature.[2,3] Formal faculty development training is available through a number of resources. Stanford University offers month-long "train the trainer" programs in clinical teaching, end-of-life care, and geriatrics in primary care.[17] The Harvard Macy Institute also offers faculty development programs for medical educators and for leaders in medical education.[18]

CONCLUSION

Geriatric fellowship training has advanced substantially in the past 2 decades, but there is still much work to be done at the national and program levels. Accredited geriatric fellowship programs must assure that their training incorporates the national training guidelines,[1–3] with particular attention to unmet emerging career needs in administration/management, clinical geriatrics, research, and education, as identified by this survey. The future of geriatric medicine relies on the training of geriatricians in multiple career pathways such as expert clinicians, clinician-educators, administrators, and investigators. Many of these career needs can be covered in the 1 year of fellowship training, but a second year of focused training may be the optimal way to establish professional competence and career development in these areas.

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