

Mentoring the Next Generation of Geriatric Psychiatrists



Tips for Inspiring, Encouraging, and Guiding Medical Students



7910 Woodmont Avenue
Suite 1050
Bethesda, MD 20814

phone: 301-654-7850
main@aagponline.org
www.AAGPonline.org

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8 Questions to Consider When Mentoring Medical Students About a Career in Geriatric Psychiatry

1. When and why did you decide to pursue a career in geriatric psychiatry?

2. What factors make a career in geriatric psychiatry unique and exciting?

– Geriatric psychiatry is on the cutting edge of the revolution in the biomedical sciences.

– Geriatric psychiatry offers rich opportunities for research in geriatric mood disorders, dementia, delirium, anxiety disorders, late-life psychotic disorders, and health services.

– Research approaches range from studying the implementation of psychosocial therapies to translational biomedical research studying genetic and biochemical factors associated with geriatric mood disorders.

– Geriatric psychiatry integrates psychiatry, medicine, and neurology in the care of the elderly because of comorbid issues.

– Working in geriatric psychiatry enhances overall skill in general psychiatry by sharpening abilities to evaluate mental status, strengthening skills in pharmacology, and expanding the medical and neurologic knowledge base.

– Geriatric psychiatry took the lead in the application of neuroscience, including brain imaging techniques, in understanding psychiatric and behavioral symptoms in psychiatric disorders.

– Geriatric psychiatry affords an opportunity to teach individuals from other medical disciplines, general psychiatry trainees, medical students, families, and the public.

– Geriatric psychiatry can impact public policy through research and advocacy on a local and national level.

3. What does the future hold?

The field will gain new understandings about the causes of and treatments for late-life psychiatric disorders such as depression and dementia. This may come about through research using developing technologies such as genetics and functional neuroimaging.

4. What are the characteristics that a geriatric psychiatrist should have?

One AAGP member's response: "Traits common to all good doctors: a sense of humor, patience, a willingness to listen and explore possibilities and not jump to conclusions. An interest in medicine, neurology, and psychiatry is helpful. An interest in working with families and systems of care is also helpful."

5. Are there any specific rotations/internships that you would recommend for medical students who are interested in geriatrics?

One AAGP member's response: "Spending time with a potential mentor who practices geriatric medicine or psychiatry would be very helpful. Evaluate patients in a variety of clinical settings: acute care hospital, geriatric psychiatry unit, community clinic, assisted living facility and, importantly, nursing home settings. Nursing homes can be wonderful places to work and this can be demonstrated through a medical school training experience with a mentor in geriatrics."

6. What are your greatest challenges as a geriatric psychiatrist?

7. How do you spend your time in a typical day?

8. What's the most rewarding aspect of working in geriatric psychiatry?



Despite the growing number of older Americans, geriatric psychiatry fellowship programs are experiencing an alarming decrease in fill rates (from 84% in 1999-2000 to 61% in 2001-2002; Lieff S, et al 2003). Now more than ever, exposure to geriatric psychiatry needs to begin at the medical school level in order to identify, nurture, and guide students along the career pipeline.

The American Association for Geriatric Psychiatry has created this brochure for clinical and academic geriatric psychiatrists interested in mentoring medical students. By fostering curiosity in the rich array of scientific, clinical, and educational issues inherent in caring for older patients with mental illness, mentors will inspire talented students to become the next generation of leaders in geriatric psychiatry.



Suggestions for Mentoring Activities For Those Affiliated With or Practicing Near a Medical School:



- a. Volunteer to interview medical school applicants so they have early exposure to the fact there is a field of geriatric psychiatry.
- b. Develop a clinician shadowing program. Volunteer to expose medical students to your clinical experiences with geriatric psychiatry patients in hospital, office, or long-term care settings.
- c. Volunteer to give a dynamic, neuroscience-based lecture to first- and second-year medical students to create early interest and dispel ageism stereotypes.
- d. Volunteer to lecture during the psychiatry clerkship for third-year medical students.
- e. Lobby the psychiatry residency director for more geriatric training within the program. If there is a geriatric fellowship in place, begin lobbying for medical students and/or residents to rotate through if they are not already doing so.
- f. Create a geriatric psychiatry elective for fourth-year medical students. Consider partnering with geriatric medicine if not enough psychiatric services are in place to justify a full rotation.
- g. Develop a Geriatric Psychiatry Grand Rounds series. Consider including presentations on geriatric psychiatry research conducted locally.



Goals of Mentoring Medical Students About Careers in Geriatric Psychiatry

1. **To share values.** Serving older individuals afflicted with mental illness is a unique privilege with which we are entrusted.
2. **To emphasize the scientific advances in geriatric psychiatry, such as:**
 - neuroimaging findings that precede the clinical diagnosis of Alzheimer's disease
 - developments in understanding new diagnostic entities such as mild cognitive impairment
 - new understanding of tau pathology and its role in the neurobiology of dementias
 - evidence-based psychotherapies in the treatment of geriatric mood disorders and the neurobiological features of geriatric depression that help predict response to treatment
3. **To offer various clinical opportunities including inpatient, outpatient, long-term-care consultation, and work with a multidisciplinary team.**
4. **To emphasize the importance of fellowship training and promote the fact that geriatric psychiatrists are able to choose from a large array of careers, including but not exclusively: researcher, clinical practitioner, clinician-educator, administrator, and health policymaker.**
5. **To develop an understanding of geriatric psychiatric care, including the special challenges of taking care of patients with concomitant medical and psychiatric illnesses, opportunities for working with patients' families, and issues facing patients, families, and physicians at the end of life. This will help foster the idea that working with our patients is rewarding for patients and families, and provides unique and satisfying challenges for the physician.**



Ideas for Medical Students to Explore the Breadth of Experiences in Geriatric Psychiatry

(Clinical, Research, Academic, Administrative)

1. Clinical experiences in different settings such as clinics, inpatient, hospital, nursing homes, home visits, etc.
2. Development of a research project.
3. Participation in local teaching activities.
4. Participation in curriculum development.
5. Participation and leadership in a geriatrics journal club.
6. Participation and leadership in a geriatrics interest group.
7. Participation and presentations at specialty and subspecialty meetings.

One AAGP Member's Experience:

Like other medical students, choosing a specialty was difficult for me. I really enjoyed my rotation in psychiatry; the patients were fascinating and the field seemed to be enjoying a rebirth of scientific interest from advances in genetics, molecular biology, and functional neuroimaging. Still, I had reservations. I really liked internal medicine, and didn't see myself becoming estranged from my stethoscope. So much of my training had been devoted to learning how to integrate historical, physical, and laboratory data in the service of differential diagnosis, and psychiatry seemed limited in this regard.

Further complicating my career decisions was a positive experience in my neurology clerkship. This was the result of the reverence instilled in me for the brain and its complexity, laid bare by pathology. I was torn between specialties.

My experience during a geriatric psychiatry elective helped me resolve my dilemma. In treating the elderly patient with psychiatric symptoms there are a broad array of requisite clinical skills, including neurological localization and medical differential diagnosis. My fellowship training confirmed that geriatric psychiatry is really a subspecialty of multiple disciplines—psychiatry, neurology, and medicine—and offers the intimacy of psychiatric treatment framed by an authentic medical model.

Developed by the AAGP Teaching and Training Committee

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