



GERIATRICS-FOR-SPECIALISTS INITIATIVE

CALL FOR PROPOSALS

GERIATRICS EDUCATION FOR SPECIALTY RESIDENTS (GSR)

July 1, 2009-June 30, 2011

Target Specialties:

Anesthesiology
Emergency Medicine
General Surgery
Gynecology
Ophthalmology

Orthopaedic Surgery
Otolaryngology
Physical Medicine and Rehabilitation
Thoracic Surgery
Urology

Application Timeline:

May 5, 2008-November 7, 2008:	Accepting optional GSR Mentoring Applications
March 4, 2009:	Deadline for receipt of completed GSR applications
June 2, 2008:	Announcement of the cohort of programs selected
July 1, 2009:	Start of the GSR program

Sponsored by:

THE AMERICAN GERIATRICS SOCIETY

The Empire State Building, 350 Fifth Avenue, Suite 801, New York City, NY 10118

Telephone: (212) 308-1414, Fax: (212) 832-8646, Website: <http://www.americangeriatrics.org>

Funded by:

THE JOHN A. HARTFORD FOUNDATION

CALL FOR PROPOSALS GERIATRICS FOR SPECIALTY RESIDENTS (GSR)

Program Overview

The American Geriatrics Society (AGS), through a program funded by The John A. Hartford Foundation entitled Geriatrics-for-Specialists Initiative (GSI), seeks proposals from surgical and related medical residency training programs to develop and implement educational initiatives focused on increasing resident's knowledge in the geriatric aspects of the specialty. The eligible specialties include: [anesthesiology](#), [emergency medicine](#), [general surgery](#), [gynecology](#), [ophthalmology](#), [orthopaedic surgery](#), [otolaryngology](#), [physical medicine and rehabilitation](#), [thoracic surgery](#) and [urology](#).

Designed to improve the amount and quality of geriatric education received by these residents, the Geriatrics for Specialty Residents (GSR) program is designed to provide support to develop or enrich geriatrics teaching in the residency program. Through support for specialty-specific initiatives, interested specialists must work in collaboration with the geriatrics program in their institution to develop, initiate and evaluate programs designed to increase the education for residents in the geriatrics aspect of their specialties.

Up to 15 two-year grants of \$20,000 per year (\$40,000 total over the two year program) will be awarded to institutions that demonstrate in their proposals the most promise for success. No funds are available for indirect costs.

An overview of the accomplishments of some of the past recipients of Geriatrics for Specialty Residents awardees is available: [Geriatrics for Residents in the Surgical and Medical Specialties: Implementation of Curricula and Training Experiences](#) (Potter JF, Burton JR, et al. Geriatrics for Residents in the Surgical and Medical Specialties: Implementation of Curricula and Training Experiences. J Am Geriatr Soc 2005; 53: 511-515.).

Why you should apply

In the past quarter-century, the average age and the age distribution of hospital patients in the United States have changed dramatically. In 1970, the average age of U.S. inpatients was 40.7 years, and 20% of all inpatients were aged 65 years or older. By 2002, the average inpatient age had risen to 52.1 years, and 38% of all inpatients were 65 or older. Moreover, data about the lengths of hospital stay show that the 38% of inpatients who were elderly stayed in the hospital longer, on average using in the aggregate 45% of the total days of care.¹ The rates of surgery by age group also reveal the dominance of the elderly surgical patient: in American hospitals for the twelve most common surgical procedures performed for each age group, elderly patients averaged 747 procedures per 100,000, a rate that is more than double that for patients aged 45 to 64 (338) and more than three times that for patients aged 15 to 44 (204). In summary, elderly patients constitute an ever-growing sector of all hospitalized patients, they use more days of care than younger inpatients, and they are far more likely than younger inpatients to undergo surgery.

One reason for their longer lengths of hospital stay is that elderly patients experience more potentially preventable perioperative problems and complications than younger patients. These common complications include acute renal failure, adverse drug events (incidence 10% to 15%), functional decline due to deconditioning and immobility (incidence 32%), dehydration (prevalence 7%), delirium (10% to 50% in postoperative patients), depression, falls (incidence 4 to 11 per 1000 patient days), urinary incontinence (prevalence 11% on admission and 23% on discharge), infection (especially lung, intestinal and urinary tract infections), protein-calorie malnutrition (prevalence as high as 61%), pressure ulcers (incidence 3%), and untreated or under treated pain syndromes.

To further dramatize these facts, by 2030, the proportion of the U.S. population that is aged 65 or older is expected to increase from 12.4% in 2000 to 19.6%, or about 1 in 5 Americans. The number of elderly Americans is expected to double during this 30-year period, from approximately 35 million to 71 million. The number of oldest-old Americans, those aged 80 years or older (the age group of patients in the United States with the highest hospitalization rate), will increase from 9.3 million in 2000 to 19.5 million in 2030. If life expectancy continues to increase at the same rate seen in the 1990s, the number of oldest-old people could balloon to 31.2 million by 2050. It is widely accepted that the old population on average requires three hospitalizations for medical and surgical conditions every year making this group the heaviest users by far of inpatient beds.

In recognition of this demographic shift, many Certification Boards and Residency Review Committees have added requirements that demonstrate a physician's knowledge of caring for older patients. It is probable that, ultimately, all Boards and RRCs, with the exception of pediatrics, will add similar requirements.

Whether or not your specialty Board or RRC has such requirements, chances are your residents will have a large number of older patients under their care. To help best prepare them for the future, we encourage you to participate in the *Geriatrics Education for Specialty Residents (GSR)* program. The GSR is offered by the American Geriatrics Society (AGS) through the John A. Hartford Foundation funded *Geriatrics-for-Specialists Initiative (GSI)*, a comprehensive initiative designed to improve the health care of older patients by enhancing specialists' knowledge of geriatrics.

iDeFrancis CJ, Hall MJ. 2002 National Hospital Discharge Survey. Adv Data 2004 (342): 1-2.

iiOwings MF, Kozak LJ. Ambulatory and Inpatient Procedures in the United States, 1996. National Center of Health Statistics. Vital Health Stat 1998; 13 (139).

iiiLoCicero J 3rd, Bierman AS, Coleman AL, et al. Cross-cutting issues. In: Solomon, DH, LoCicero J 3rd, Rosenthal RA, eds. New Frontiers in Geriatrics Research: An Agenda for Surgical and Related Medical Specialties. New York: American Geriatrics Society; 2004: 369-419.

ivPublic Health and Aging: Trends in Aging-United States and Worldwide. MMWR February 14, 2003; 52(6): 101-106.

Available Funding

Up to 15 two-year grants of \$20,000 per year will be awarded to institutions that demonstrate in their proposals the most promise for success. No funds will be provided in support of indirect costs.

Who Is Eligible

The GSR program is open to residency programs in the following specialties:

- Anesthesiology
- Emergency Medicine
- General Surgery
- Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Physical Medicine and Rehabilitation
- Thoracic Surgery
- Urology

The proposal should be submitted by a faculty member of the specialty department who will serve as the PI. A geriatrician partner must be identified as the CO-PI. For those institutions that do not have a geriatrician in the institution, the specialty PI may request a geriatrics mentor to participate as Co-PI (see mentor program below.)

Proposals must demonstrate strong support of the applicants by both the specialty department and the geriatrics department, where one exists.

Each specialty department may submit only one application. An institution may submit applications from more than one specialty.

Selection Criteria

Projects will be selected based on the following criteria:

1. The clarity of the goals and how the proposed initiative will achieve the goals.
2. The strength of support from both the Specialty and Geriatrics departments.
3. The evidence of commitment to education on the part of the PI and the CO-PI.
4. The likelihood of sustainability of the initiatives after the funding period

Optional Mentoring Program

To enhance the capacity of residency programs to effectively compete for a GSR program award, we offer an optional mentoring program. Mentors will be drawn from the pool of previously funded specialty P-Is and their partner geriatricians and will be available as follows:

- ♦ to consult with applicants from smaller programs as they develop their applications – offering guidance and feedback on the application.
- ♦ to advise programs once they have been funded on issues that may arise during development and implementation of their own programs

Candidates must meet all eligibility requirements of the GSR program in order to be considered for mentoring. Assignment of Mentors will be the decision of the Project Directors. For additional information on GSR mentor program or to apply for a mentor for a 2009-2011 application, please contact Rachael Edberg Silverman at redberg@americangeriatrics.org. All mentor requests should be submitted in writing to AGS and must be received by November 7, 2008, so that a competitive application may be prepared and submitted on schedule.

Instructions for Applicants

The proposal must contain a brief description of the existing residency training program in the specialty, what initiatives in training will be developed with this funding and how the training program as a whole will be impacted by the initiative. Evidence of strength of the proposal will increase the likelihood of funding.

The specialty PI and geriatrician co-PI faculty members should be identified (submit CV). The ways in which the key faculty member in the specialty and in geriatrics will interact with residents and with each other should be explicitly stated. A description of how you will evaluate the success of the project and how the initiative will be sustained after June 30, 2011, should be included.

Proposals must be limited to 5 single-spaced pages including the budget. In addition, each proposal must include letters of support of the proposed initiative from the department chair in the specialty and the division chief or department chair of the Geriatrician co-PI. Two-page curricula vitae of key individuals should be submitted.

Budget

The budget may include portions of salary for a specialist faculty member, a geriatrics faculty member or both, as well as costs for educational materials, guest lecturers, relevant travel, and attendance at geriatrics-related meetings. Other proposed budget items should be explicitly justified as contributory to the success of the initiative.

Geriatrics Education for Specialty Residents (GSR) 2009–2011 APPLICATION FORM

Applicant's Name:	Degree:
Title:	
Department:	
Institution:	
Address	
City:	State: Zip Code:
Phone:	Fax: Email:

Specialty:

- | | | |
|---|---|---|
| ☐ Anesthesiology | ☐ Ophthalmology | ☐ Thoracic Surgery |
| ☐ Emergency Medicine | ☐ Orthopaedic Surgery | ☐ Urology |
| ☐ General Surgery | ☐ Otolaryngology | |
| ☐ Gynecology | ☐ Physical Medicine and Rehabilitation | |

Co-PI Geriatrician's Name:	Degree:
Title:	
Department:	
Institution:	
Address	
City:	State: Zip Code:
Phone:	Fax: Email:

Application Deadline & Instructions for a Complete Application

Applications are due on March 3, 2009. The application packet consists of an original, four collated copies and one disk copy of the following:

1. [Completed application form](#)
2. Proposal limited to 5 single spaced pages using no smaller than 11 point font including the budget. Your proposal should be organized in the following format:
 - a. A brief description of the specialty training program including:
 1. The number of residents and years of training.
 2. The scope of the training (clinical vs. clinical plus research)
 3. The number and general qualifications of the faculty in the specialty
 - b. A brief description of the geriatrics department including:
 1. Presence of a Fellowship
 2. Number of faculty
 3. Presence of centers of excellence or other national programs

- c. A detailed description of the proposed initiative which should answer the following questions:
 1. What do you believe your residents could be doing better in their care of older persons, and why?
 2. What knowledge, skills and attitudes do you propose helping them attain to improve their care, and why?
 3. What specific methods (lectures, discussion seminars, simulations, on-line modules, etc.) do you propose using to achieve these objectives, and why?
 4. How will your project incorporate direct hands-on clinical experiences for residents?
 5. How will you know whether and when the residents have reached the objectives and with what level of competence?
 - d. A statement of how these educational initiatives will foster collaboration between the specialty department and the geriatrics department, division or section to support and sustain the program after the funding period is completed.
 - e. Budget and Justification (see below)
3. Letters demonstrating explicit support of the proposed initiative from:
 - a. The Department Chair in the Specialty
 - b. The leader of the Program in Geriatrics.
 4. Two page curriculum vitae of :
 - a. The PI
 - b. The Co-PI
 - c. Other key teaching or educational tool development personnel

Budget Guidelines

The budget may be used to provide support for

1. Salary support for key personnel.
2. Educational materials
3. Educational tool design and consultation
4. Guest lectures
5. Local meeting support
6. Travel / attendance at national educational meetings relevant to geriatrics
7. Other items related to the educational goals (each requires specific justification.)

Submit Proposals to:

Geriatrics for Specialty Residents (GSR)
 American Geriatrics Society
 The Empire State Building
 350 Fifth Avenue, Suite 801
 New York, NY 10118

Direct Inquiries to:

Rachael Edberg Silverman
 Manager, GSR Program
 Phone: (212) 308-1414
 Email: redberg@americangeriatrics.org

ABOUT THE AGS/JAHF PROJECT: GERIATRICS-FOR-SPECIALISTS

Under a multi-year grant from The John A. Hartford Foundation, the American Geriatrics Society (AGS) seeks to increase geriatrics expertise in surgical and related medical specialties. The broad objectives of the project are to:

- ◆ Improve the amount and quality of geriatrics education received by medical and surgical residents.
- ◆ Identify and support specialty faculty in promoting geriatric training and research within their own professional disciplines.

- ◆ Assist professional certifying bodies and professional societies in improving the ability of their constituencies to care for elderly patients.

ABOUT THE AMERICAN GERIATRICS SOCIETY

Founded in 1942, the American Geriatrics Society (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, including those who are chronically ill and disabled. The organization provides leadership to health care professionals, policy makers and the public by developing, implementing and advocating programs in patient care, research, professional and public education and public policy.

The American Geriatrics Society

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ABOUT THE JOHN A. HARTFORD FOUNDATION

Founded in 1929, The John A. Hartford Foundation is a committed champion of health care, training, research and service system innovations that will ensure the well-being and vitality of older adults. Its overall goal is to increase the nation's capacity to provide effective, affordable care to its rapidly increasing older population. Today, the Foundation is America's leading philanthropy with a sustained interest in aging and health.

Through its grantmaking, the John A. Hartford Foundation seeks specifically to:

- ◆ Enhance and expand the training of doctors, nurses, social workers and other health professionals who care for older adults, and
- ◆ Promote innovations in the integration and delivery of services for all older Americans.

Recognizing that its commitment alone is not sufficient to ensure the improvements it seeks, the John A. Hartford Foundation invites and encourages innovative partnerships with other foundations and funders, as well as public, non-profit and private groups dedicated to improving the health of older adults.

The John A. Hartford Foundation

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RFP for 2009-2011 *Geriatrics Education for Specialty Residents (GSR)*