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A New Companion to the AGS Beers Criteria®

OFFERS SAFER ALTERNATIVES FOR OLDER ADULTS

The American Geriatrics Society (AGS) has just released a new clinical resource to help healthcare professionals deliver safer, more individualized care for older adults. [Alternative Treatments to Selected Medications in the 2023 American Geriatrics Society Beers Criteria®](#) offers evidence-based alternative treatment options—including both non-pharmacologic and pharmacologic treatments—for medications that may not be appropriate for older adults.

At its core, the AGS Beers Criteria® aims to support person-centered care by highlighting medications that may cause more harm than good in older patients. But while the criteria helps clinicians recognize medications to avoid or use with caution, the new Alternatives List answers the next question: *What can I use instead?*

"With the AGS Beers Criteria®, we help clinicians recognize medications that are potentially inappropriate for use in older adults," said Michael Steinman, MD, AGSF, AGS Beers Criteria® Co-Chair and Co-Chair of the panel that developed the AGS Alternatives List. "Now, with the updated Alternatives List, we're taking the next step—offering evidence-based suggestions for what non-pharmacologic and pharmacologic treatments clinicians might use instead."

"We really took a step back and asked, 'Where are clinicians likely to run into challenges with the Beers Criteria®—and where would having clear alternatives be most helpful?'" added Todd P. Semla, MS, PharmD, Co-Chair of the Alternative List Panel and AGS Beers Criteria®. "The expert panel focused on the medications that we thought would be most

NEW AND UPDATED RESOURCES

The AGS regularly publishes new resources and content updates on [GeriatricsCareOnline.org](#) to ensure that all healthcare professionals have the latest up-to-date guidance and information to help them care for older adults. 2025 has been a blockbuster year for new publications and updates at the AGS. Below are just a few highlights of major releases so far this year.

AGS products published in 2025 include:

■ **The Geriatrics Review Syllabus: A Core Curriculum in Geriatric Medicine, 12th Edition (GRS12)** is a comprehensive reference containing the latest developments in the field of geriatric medicine. The twelfth edition of the *Geriatrics Review Syllabus* is comprised of 74



I am writing this column on the anniversary of the day that President Lyndon Johnson (LBJ) signed the Medicare and Medicaid Act into law (July 30, 1965). One of the back-stories to the passage of the bill is that once it passed Congress, LBJ loaded up two planes with dignitaries and headed to Independence, Missouri so he could sign the legislation with former President Harry Truman at his side, as he considered Truman to be the real father of Medicare. After signing the bill, he enrolled Truman as the first Medicare beneficiary. If you are interested in learning more about the history of how the Medicare program came to be, see the 2017 column from Bill Moyer, [“LBJ Launches Medicare: ‘You Can’t Treat Grandma This Way’”](#).

Also this week, I spent time with an attorney doing some estate planning. Among the things we discussed was the idea that a Living Will would provide sufficient guidance to whomever I’ve entrusted with decision-making should I be incapacitated. The conversation reminded me of a couple of blog posts that I wrote in 2015 on the Health in Aging Foundation blog, entitled [“Making Healthcare Decisions for Me, Part 1”](#) and [“Making Healthcare Decisions for Me, Part 2”](#). Of course, I sent them to my attorney who specializes in estates (ever the educator) but the blogs were a good reminder for me as well as I update all my documents.

I am honored to be the first author on a paper “Geriatricians leading innovation: Collaborating to enhance care as we age” that we submitted to *JAGS* at the end of July. My co-authors (Peter

Abadir, Helen Fernandez, Eric Widera, Megan Young) and I all believe that geriatric medicine has had an outsized impact on healthcare for older adults since it first emerged on the scene in the early 20th century. We set out to write a short history of that impact which exemplifies the approach that geriatricians take to the work that they do – team-based, collaborative, and always with a focus on what matters to the older person. In our article, we outline a few opportunities to build on the foundations that have been laid out of the many that exist for young people choosing a career in geriatrics. If that isn’t enough to pique your interest, we also report out the data from the first ten years of Geriatric Medicine participating in the National Resident Matching Program (NRMP).

As I write this, AGS staff, consultants, and members of our Payment Subcommittee are currently reviewing the nearly 2,000-page 2026 Medicare Physician Fee Schedule Proposed Rule, which can be found [here](#). A few of the topline proposals include—as required by statute—two separate conversion factors, one for qualifying alternative payment model (APM) participants (QPs) and another for physicians and practitioners who are not QPs; updates to the practice expense methodology to better reflect current clinical practice, specifically for practitioners in office-based settings; updates to telehealth services under the fee schedule; and a proposal to create optional add-on codes for Advanced Primary Care Management (APCM) services that would facilitate providing complementary behavioral

health integration (BHI) or psychiatric Collaborative Care Model (CoCM) services. Additionally, AGS is very pleased to see that CMS has proposed to extend the application of the visit complexity add-on code (G2211) to home and residence evaluation and management (E/M) visits – a change that AGS has strongly advocated for since G2211 was created. As we have previously [written](#), the principles that resulted in the appropriate recognition of the additional work and other resources related to a longitudinal care relationship in primary care or in the care of a patient with a serious or complex condition are identical whether the care is in the office or the home of the patient. Our team is currently developing the Society’s comments, due in mid-September, to address issues of importance to geriatrics healthcare professionals and the older adults our members care for. A final rule will be issued in early November with finalized for 2026 policies implemented on January 1.

July also brought us the news that Terry Fulmer is stepping down from her role as President of the John A. Hartford Foundation in September, see the announcement [here](#). Terry was the first nursing leader to serve on the Board of the American Geriatrics Society and the Society honored her in 2004 with the Dennis W. Jahnigen Memorial Award for her leadership in training students in geriatrics and significant contributions to the progress

of geriatrics education in health professions schools. Many of us will chronicle her professional accomplishments and impact on the field of geriatrics so I won't attempt to do that here. Rather, I want to reflect on how she touched me very early in my career when I was a wee small staffer starting at AGS with this idea that I could be a part of improving care of older adults. I am so appreciative of Terry's willingness to share her knowledge and expertise with me in those early days. Ever gracious and always with a smile at the ready, Terry doesn't just provide advice - rather she commits to helping you to succeed and flourish. One of her greatest legacies will be the people whose lives she has touched -- geriatrics health professionals whose careers she has nurtured and the older adults who are benefiting from the Age-Friendly Health Systems movement. I have heard through the grapevine that her next adventure involves serving as faculty for a system that is working to become age-friendly and I can't wait for this next leg of her journey.

A huge thank you to our members who have been calling and writing to their members of Congress about issues important to older adults and to the geriatrics health professionals who care for them. As we reported in *Last Week in Washington*, your calls are having an impact and we appreciate that you are taking the time to educate your elected officials. You can keep up your advocacy by visiting the [AGS Health in Aging Advocacy Center](#), which will walk you through making calls – from finding your members of Congress to the phone numbers you should call to sample talking points.

As always, thanks for all that you do on behalf of older adults --



Congratulations to the Oregon Geriatrics Society

The 2025 AGS State Affiliate Achievement Awardee

Each year the AGS State Affiliate Achievement Award is given to a state affiliate that has shown success in one of five areas: membership recruitment/retention; innovative educational programming in geriatrics; public outreach; advocacy; or affiliate growth. This year, we congratulate the Oregon Geriatrics Society (OGS) as the recipient of the 2025 AGS State Affiliate Achievement Award.

Through more than a decade of dedication, OGS has developed a comprehensive, accessible, and sustainable model for advocacy that empowers clinicians at all stages of their careers. From their Annual Conference's Health & Public Policy Updates—offered since 2008—to informal advocacy discussions, detailed member reports, and growing participation in Advocacy Day, OGS continues to engage and inspire its members to take action. Their efforts have built strong relationships with key partners, including the Oregon Medical Association, Oregon Chapter of the American College of Physicians, Oregon Health Care Association, and Oregon Gerontological Association. These collaborations have strengthened their impact at the local and state levels.

What sets this initiative apart is its clear message: advocacy doesn't have to be intimidating. OGS has made it easy for members to get involved, share their voice, and

become active participants in shaping policies that support high-quality care for older adults. Their upcoming launch of an online Advocacy Toolkit—featuring resources like a legislator lookup tool, sample letters, and bill trackers—will further equip members to make their voices heard.

We commend OGS for their leadership, vision, and outstanding work in bringing advocacy into everyday geriatrics practice. Their efforts not only benefit their local community, but also serve as a model for other State Affiliates looking to grow their own local advocacy programs. Congratulations again to the entire OGS team on this well-deserved recognition!

The AGS State Affiliate program was launched in 1991 and has increased the visibility of geriatrics medicine throughout the country. The 24 AGS State Affiliates offer professional education, networking, and advocacy at the local and state levels.

Learn more about the Oregon Geriatrics Society at <https://oregongeriatricsociety.org/>.

To learn more about AGS State Affiliates and whether there is a local affiliate in your state, please go to <https://www.americangeriatrics.org/about-us/state-affiliates>.

FROM OUR PRESIDENT

PAUL MULHAUSEN, MD, MHS, FACP, AGSF



As I reflect on the current state of healthcare in the U.S.—with its ongoing changes and uncertainties—I find myself looking for steady ground amid the shifting landscape. It's not always easy, but moments of clarity and purpose still shine through. That light, that joy, and that source of steady motivation? It's you. It's my colleagues, friends, and family. It's the members of the AGS community who remain deeply committed to building a healthcare system equipped and able to provide care for us all as we age. Together, we work to ensure that all of us receive the quality of care we deserve as we age, personalized to our needs and what matters to us.

In this moment, I'm finding strength in this community—and choosing to listen, to learn, to share, and to stay involved. I hope you'll do the same. Find what sparks a light in you and hold onto it. Because that's how we move forward: together, with purpose, and with hope.

When I first got involved with the AGS I knew that I wanted to do more than just attend AGS meetings, but I wasn't quite sure how or where to begin. Knowing that I had to start somewhere, I introduced myself, asked questions, and reached out to colleagues I admired. That simple act of stepping forward led me on my path to years of meaningful engagement. I've been fortunate to work alongside some incredible people and contribute to initiatives that have helped shape the future of our field for the better—and it all started with conversations and an interest in getting involved.

That's why I'm so proud of the work AGS is doing today to help early-career professionals find their way in and I am excited to see these efforts highlighted in this issue of the newsletter.

One of our most exciting programs is the AGS/ADGAP Leadership and Life Skills Curriculum. This year-long course program is free for AGS Fellows-in-Training (FIT) members and early career professional members and is easy to access. It's full of advice and guidance I wish I'd had when I was just getting started and a great way for early career professionals and FITs to build their national networks. For a more in-depth look at what this program entails, check out the feature on pg. 10. Personally, I was delighted to see Dr. Maki Nakazato's piece on pg. 9. I hope all of our FIT and early career professional members take advantage of this opportunity.

I am a big fan of our AGS Online Mentoring Program and, like the Leadership and Life Skills program, find myself wishing I had access to this resource when I was starting on a

career in geriatrics. While I was fortunate to find my own way to some great mentors who helped guide me on my path, the AGS Mentor Matching Program makes con-

necting so much easier for members. Available 24/7, the mentoring program helps you to identify a mentor based on your goals, needs, and preferences. Launched in 2020, the AGS Virtual Mentor Match program serves the needs

of mentees while making it as easy as possible for mentors to participate as well. The program was developed with flexibility in mind, allowing for mentors and mentees to specify the type of mentor relationship they wish to have (whether a one-time consultation, a longitudinal relationship, or something in between) as well as the ability to opt into and out of the program as needs arise. Be sure to be on the lookout for the release of a new and improved online mentoring platform this fall. You can read more about it on pg. 8.



Whether you're just beginning your journey with AGS or have been part of this community for years, there's always an opportunity to connect, to learn, and to lead.

In addition to mentorship and leadership development, the AGS offers a wide array of resources to help all members stay connected and feel supported throughout their careers. One I use every day is MyAGSOnline—our online community where members from all over can ask questions, share ideas, and connect. It's become a go-to space for me to find guidance, learn from others, and grow professionally.

Whether you're just beginning your journey with AGS or have been part of this community for years, there's always an opportunity to connect, to learn, and to lead. For those just starting out: take that first step—introduce yourself, ask questions, explore the resources available to you. Enroll in the AGS/ADGAP Leadership and Life Skills Curriculum. Sign up for the AGS Mentorship Program. These resources are here to help you grow, find your voice, and shape your path. And for those further along in your careers: make space for the next generation. Share your story, offer your support, and say yes when someone asks you to mentor. A simple conversation can spark a career—and light the way forward.

Because the more of us who step up, reach out, and lift each other up, the more light we create. And in challenging times, these connections are how we grow individually and as a community—and how we continue to build the bright future that all of us deserve.

chapters and includes 360 case-oriented, multiple-choice questions with answers, critiques, and references providing an effective, valuable self-assessment and study tool. Those who successfully pass the self-assessment portion of the *GRS12* can earn up to 115 AMA PRA Category 1 Credit(s)[™] and 115 ABIM Maintenance of Certification (MOC) points. Also included with the *GRS12* is the GRS Mobile App, the GRS Flashcard App and a Bonus Pack of an additional 75 case-oriented self-assessment questions.

■ **The GRS Teaching Slides** have been updated to reflect the up-to-date *GRS12* content. Suitable for faculty, fellows, residents, and students, these include presentations on 74 topics germane to geriatrics that may be used as stand-alone lectures or to complement the lecturer's personal teaching materials. Each set of slides includes case studies for group discussion and detailed notes.

■ **The eighth edition of the *Geriatric Nursing Review Syllabus***, based on the *GRS12* and adapted for advanced practice geriatric nurses, provides nurse practitioners, students, and faculty with information on diagnosis, management, and prevention of all major health problems commonly encountered when caring for older adults. The *GNRS8* is available in an all-digital format.

■ **The AGS Geriatrics Evaluation and Management (GEMS) Tools** have been fully updated for 2025. GEMS provides clinical templates which follow a History & Physical (H&P) format on 22 topics that are meant to provide guidance to clinicians and trainees who are caring for older adults. Digital access through GeriatricsCareOnline includes downloadable printer-friendly PDFs on a range of topics including Screening and Prevention, Diabetes, Palliative Symptom Management, and many more. Remember that AGS members get complimentary access to this digital edition as part of their member benefits.

A GEMS app is also available for purchase for your mobile devices!

■ **The 2025 edition of *Geriatrics at Your Fingertips*[®] (GAYF)** includes new sections on cardiac amyloidosis, cerebral amyloid angiopathy, disease-modifying treatments for Alzheimer disease, suicide, seborrheic keratosis, male hypogonadism, lower GI bleeding, and skin maceration. *GAYF* is available in print, online, and as a mobile app.

Remember that in addition to a free subscription to *GAYF* Digital edition, AGS members also get exclusive discount pricing on the *GAYF* Print edition – so be sure to order yours today! Bulk discounted pricing and institutional licenses for department and organizations are also available.

■ **The AGS Beers Criteria[®] for Potentially Inappropriate Medications for Older Adults Mobile App** has recently been updated to include **Alternative Treatments to Selected Medications**, a new clinical resource designed to help healthcare professionals identify safer, more appropriate treatment options for older adults. The Alternatives List has been published in the *Journal of the American Geriatrics Society* as an open-access special article.

Be sure to visit GeriatricsCareOnline.org to learn more about these new educational and clinical resources. You can also explore the following additional offerings:

■ **The Assisted Living Nursing Syllabus (ALNS)** is a digital resource from the American Geriatrics Society designed for clinical staff in assisted living settings. *ALNS* offers practical guidance on leadership, management, and clinical care.

■ **The Cultural Navigator** is a free digital reference designed to help healthcare professionals provide culturally competent care for diverse older adult populations. It encourages reflection on how factors like race, ethnicity, religion, immigration status, and health literacy can shape a patient's views on health and influence the provider-patient relationship. Access this online at GeriatricsCareOnline.org or through the AGS's free *iGeriatrics* app, where other tools such as the Geriatrics 5Ms Quick Guide, Quick Guide to Diabetes Management, Quick Guide to Common Immunizations, GeriPsych Consult, Cognitive Screening Toolkit, and Management of Atrial Fibrillation are also available for you to take on the go. ♦

Find these new and updated resources on
GeriatricsCareOnline.org

YOUR EXPERTISE MATTERS: SERVE ON AN AGS BOARD OR COMMITTEE

NOMINATIONS FOR THE AGS BOARD DUE MONDAY, OCTOBER 6TH

The AGS Board provides fiduciary oversight for the Society and works collaboratively with the CEO and staff to advance AGS priorities. The Board is responsible for setting the strategic direction for the society, responding to emerging issues, interpreting the organization's mission to the public, and establishing and maintaining programs relevant to the Society's strategic vision. AGS Board members typically will serve on one of the two standing Board Committees (Investment and Audit) and serve as a liaison to one of the AGS Standing Committees which meet twice a year. Other roles that AGS Board members may be asked to fulfill include: (1) serving as spokesperson for the American Geriatrics Society; (2) serving as an expert liaison to external groups in areas where their interest, expertise, and/or experience are a fit with the request from the external group; and (3) serving on ad hoc committees/work groups of the Board that align with their interests and expertise. Candidates for the AGS Board typically will have a record of service to the Society and a strong commitment to the AGS mission and vision for the future.

AGS is currently seeking nominees to stand for election to the Board by the AGS membership with a preference for geriatrics health professionals from all disciplines. Nominations to serve as an AGS Board member are open through Monday, October 6th. Learn more about the nominations process at www.americangeriatrics.org/about-us/leadership-and-staff/board-directors.

Applications to Serve on an AGS Committee due January 5, 2026

Committee service is an opportunity to strengthen and grow your national network, work on projects that you are passionate about, learn new leadership skills, and so much more. Our committee members are leading writing groups, developing tool kits, improving payment for geriatrics health professionals, and participating in efforts to improve diversity in the research that is presented at the AGS Annual Scientific meeting. Committees meet virtually twice a year (March/April and September/October). Learn more about our Committees and how to apply at <https://www.americangeriatrics.org/about-us/leadership-and-staff/committees>. Ready to apply? Log into MyAGSONline and

apply before January 5, 2026. Applicants for committees are asked to rank committees in terms of preference and so here is a quick snapshot of the work that our Committees do:

AGS/ADGAP Education

■ Current committee projects include overseeing and engaging trainees, leading faculty development projects, and collaborating with the Teachers Section, ADGAP Fellowship Directors Group, and other AGS Committees.

Clinical Practice & Models of Care

■ CPMC members review guidelines and clinical documents from other organizations, serve as expert responders in quarterly webinars on new research in geriatrics models of care, and work with the AGS Research Committee to review Case Series & Case Studies abstracts for the AGS Annual Scientific Meeting.

Ethics

■ Currently developing a statement on advanced directives and feeding tubes in patients with dementia and recently updated the AGS position statement on Unrepresented Older Adults.

Ethnogeriatrics

■ This committee has recently worked on the development of the Geriatrics Cultural Navigator and have recently launched E-LeNS in partnership with the Ethics Committee, a quarterly digital newsletter designed to provide AGS members with the latest news, resources, and insights on ethnogeriatrics across research, education, and clinical practice. The members of this Committee serve as liaisons to the other committees where they provide important perspectives on our efforts to ensure that all the Society's programs and products reflect attention to diversity, equity, and inclusion.

Health Systems Innovation & Tech

■ Reviews emerging technologies of interest to geriatrics health professionals as well as older adults' access to technology. The committee recently published an AGS position statement on telehealth policy for older adults in *JAGS* and is currently developing a position statement on the use of Generative AI in caring for older adults.

Public Education

■ Works to keep the public education resources on HealthinAging.org up-to-date; the committee is currently working on the review and update of the HealthinAging.org's A-Z Section.

Public Policy

■ Oversees the Society's public policy efforts. To learn more about what we have been up to in 2025, please visit: <https://bit.ly/4laUure>.

Quality & Performance Measurement

■ The QPMC reviews quality measures and initiatives proposed for use in CMS programs and other organizations and members are often nominated to serve on technical expert panels, workgroups, and committees convened by the National Quality Forum, Battelle's Partnership for Quality Measurement, and other CMS contractors (e.g., Mathematica, Acumen).

Research

■ Oversees the abstract submission and selection process for the AGS Annual Scientific meeting and makes recommendations to our Awards Committee for some of our key awards. This committee also participates in activities focused on highlighting geriatrics research, increasing diversity in research presented at the AGS Annual Meeting, and requests for comment from NIA and other agencies that support research.

Learn more about our Board and Committees and how to apply at <https://www.americangeriatrics.org/about-us/leadership-and-staff/committees>. If you have questions on the Board Nominations or Committee Applications process, contact Mary Jordan Samuel (mjsamuel@americangeriatrics.org). ♦

ALTERNATIVE TREATMENTS continued from page 1

helpful to provide alternatives for—making sure we hadn't missed anything important and that our selections truly reflected the needs of those caring for older adults.”

To develop the new AGS Beers Criteria® Alternatives List, AGS convened an interdisciplinary work group of experts across a variety of clinical syndromes and disease areas. The result is a curated list of common evidence-based alternatives that are often safer and equally or more effective than the potentially inappropriate medications they can replace. The list also includes additional resources for more in-depth recommendations and links to patient guides and other resources for help in implementing the alternative strategies into clinical practice.

ACCESSIBLE AND PRACTICAL

The Alternatives List was created with busy clinicians in mind. Rather than being organized by medication, it's laid out by clinical condition. This makes it easy to quickly see which medications might pose concerns, and explore possibly better treatment options at the point of care. Like with the AGS Beers Criteria®, this tool is not meant to replace clinical judgment. Rather, it supports informed conversations between clinicians, patients, and caregivers about the safest and most effective treatment plans based on individual needs and goals.

The AGS Beers Criteria® Alternatives list is available in *JAGS*, on GeriatricsCareOnline and through the AGS Beers Criteria® Mobile App for quick and easy access on the go. ♦

APPLY FOR A FELLOWSHIP TODAY WITH AGS!

APPLICATIONS ARE DUE BY NOVEMBER 15

AGS Fellow Status (AGSF) is awarded to AGS members who have demonstrated a professional commitment to geriatrics, contributed to the progress of geriatrics care, and are active participants in the Society's activities. Their dedication and long standing commitment to AGS is recognized by this mark of distinction.

Visit bit.ly/AGS-Fellowship to learn more about eligibility requirements and apply today!

INTRODUCING THE NEW

AGS/ADGAP MENTOR MATCH

A MORE ENGAGING MENTORSHIP EXPERIENCE

The AGS is thrilled to announce the launch of the newly upgraded AGS/ADGAP Mentor Match Online Program. Mentorship plays a vital role in professional growth and development, especially in the field of geriatrics, where shared experiences, ideas, and collaboration are often driving forces behind advancements in patient care.

This revitalized AGS virtual mentorship platform has been thoughtfully redesigned to reflect the importance of mentorship within our community to create a more seamless and streamlined process to help make those impactful, long-lasting connections across geriatrics. Whether you are an experienced geriatrician looking to share your experience, a mid-career professional exploring new opportunities, or a trainee just beginning to navigate your career, the new Mentor Match platform offers an easy and effective way to engage and support one another.

What's New?

Smarter Matching for More Meaningful Connections.

One of the most impactful enhancements to the platform is Mentor Match's weighted matching system that will suggest matches based on a percentage compatibility score. This score considers preferences, career goals, areas of expertise, and other important factors to help mentees find mentors whose experiences and interests closely align with their own goals.

The intuitive new mentor directory layout makes it easier than ever to review the list of available mentors with filters, visual match indicators, and organized profiles.

A Full-Service Mentorship Workspace

Once a match is made, each mentorship pair enters a private, interactive mentorship workspace, designed to support meaningful, goal-driven mentorship.

Through that workspace, each mentorship pair can:

- **Schedule Meetings:** Set up check-ins with ease using integrated calendar tools.
- **Message & Share Resources/Files:** Stay connected and share helpful resources in one place.
- **Set Goals & Tasks:** Define objectives together and monitor progress with shared tasks.
- **Track Progress:** Review your mentorship timeline to reflect on key milestones and provide feedback.

Ready to Get Matched?

Participating in the AGS/ADGAP Mentor Match program is simple:

1. Log in to mentorship.americangeriatrics.org with your AGS account.
2. Enroll as a mentee, mentor, or both and specify your mentorship goals and communication preferences.
3. Browse your suggested matches and send a mentorship request.
4. Once your mentor request is accepted, access your mentorship workspace and begin your mentorship journey!



Or scan this code
to get started!

Benefiting Mentors & Mentees

Mentees:

- Build your network and gain new perspective
- Customize your mentorship based on your goals and situation
- Get the support and advice you need
- Feel confident as you navigate your career

Mentors:

- Develop your leadership and teaching skills
- Gain new perspectives and discover new ideas
- Experience the fulfillment of contributing to a mentee's professional development

MEMBER PROFILE

Maki Nakazato, MD

Tell us about your career journey and how you became interested in geriatrics?

I can't remember any one specific moment when I chose geriatrics—it's always felt natural. I think it started with my grandparents in Japan, who I visited every year. My maternal grandmother ran a little coffee shop where neighbors would gather to chat. It was less about the coffee and more about the community. I spent a lot of time there as a child, surrounded by older adults who welcomed me and made me feel at home. Those visits made a lasting impression that stay with me even to this day, they gave me a deep sense of comfort and connection with older adults.

After college, I didn't go straight to medical school. I worked outside of clinical medicine and volunteered at a hospice, where most of the patients were older adults. I was a bedside companion, sitting with patients and keeping them company. That experience really shaped my desire to pursue geriatrics and palliative care. It also helped me understand how to connect with people as a person—not just as a future doctor.

In medical school and residency, I confirmed my interest through geriatrics rotations that included home visits and time in skilled nursing facilities. I initially planned to focus on palliative medicine, but during my geriatrics fellowship at Stanford, I fell in love with the field—especially the interdisciplinary approach working alongside nurses and social workers in our VA clinic. While completing my palliative care fellowship, I realized I missed the continuity of care and relationships in outpatient geriatrics. That's where I've found my passion, and it's what I'm doing now at UCSF.

What is your favorite part of working with older adults?

My favorite part is hearing their stories—learning about their lives, what matters most to them, and how they think about the time they have. During residency, I found the most meaningful moments often came during goals-of-care conversations. They were

challenging but incredibly rewarding. It was in those conversations that I got to know patients as people and meet their families.

With a background in philosophy, I appreciate how geriatrics allows me to reflect on life and death in a deeply personal way. Stories about working at the Hershey's factory or marrying a high school sweetheart remind me of the humanity behind every chart—and that's what keeps me going.

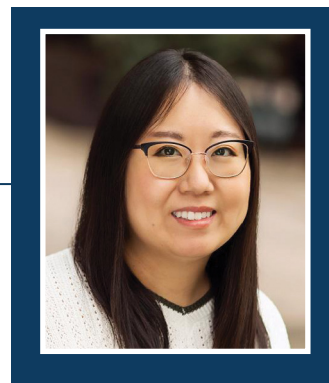
What are you most proud of in your career?

I'm proud to have made it to this point—becoming a doctor was a dream I've had since I was a kid, and it feels really special to have made that a reality. I'm the first in my family to become a physician, and I've been lucky to have found incredible mentors and support along the way. I just finished my palliative care fellowship last year and started at UCSF eight months ago, so I'm still early in my career, but I'm proud to be a geriatrician and excited to keep growing in this field.

What are you working on now?

I'm still getting settled at UCSF and learning the rhythms of outpatient geriatrics. I currently work in two clinics: one focused on primary care for older adults and the other at the Osher Center for Integrative Health, where I provide integrative geriatric consultative care. I recently led my first virtual group visit for Age Self-Care, an 8–10-week program on aging well developed by Dr. Louise Aronson. I'll also be beginning a year-long fellowship in integrative medicine to deepen my knowledge in areas like acupuncture and mindfulness—practices I hope to weave into my care for older adults.

I recently completed the AGS/ADGAP Leadership & Life Skills Curriculum, and it ended up being one of the most valuable things I've done. The timing couldn't have been better. I was navigating unexpected changes to my schedule at work, and the sessions on communication and negotiation gave me tools I could use immediately. The online program covered essential topics



like giving feedback, understanding different learning styles, and leading a team—skills I know I'll need more and more as I progress into teaching and leadership roles. The combination of concise, well-designed asynchronous content and fun, discussion-based live sessions made it easy to stay engaged. I especially enjoyed the small group discussions, where I even connected with colleagues I hadn't worked with before. It gave me both a toolbox and a sense of community, and I know I'll continue to build on what I've learned.

Piece of advice to share with someone who is considering a career in geriatrics or just starting out?

Follow your passion—even if it leads you down a less common path like geriatrics. If you're considering fellowship, take time to find a program that truly fits your unique needs and goals. A great fellowship can be such a wonderful experience, and it's a special time to learn, grow, and discover the kind of clinician you want to be.

Your favorite AGS memory?

One of my favorite AGS memories is attending the AGS 2023 Annual Scientific Meeting in Long Beach. It was near the end of my geriatrics fellowship and felt like such a celebratory moment. The conference was incredibly well organized, not just for networking but also for updating clinical skills and knowledge. I recently completed the On-Demand version of this year's meeting and found it just as valuable—it offered practical takeaways and reminders that help guide my day-to-day practice. I really appreciate how AGS creates opportunities for both reflection and connection. Not every professional society creates such a well-organized, enriching experience—with resources that truly support us in practice—and it's something I deeply appreciate.

AGS/ADGAP LEADERSHIP & LIFE SKILLS CURRICULUM

EMPOWERING GERIATRICS' EMERGING LEADERS

The AGS/ADGAP Leadership & Life Skills Curriculum (LLSC) is back for another year, offering a unique opportunity for AGS Fellows-in-Training (FIT) and Early Career Professional members to develop and enhance skills that are essential for success throughout their career. Designed to be flexible and easy to fit into busy schedules, the free virtual program will run from August 2025 – July 2026. Registration for the 2025-2026 program is free, exclusively for AGS FIT and Early Career Professionals, and will close on September 26, 2025.

The AGS/ADGAP Leadership & Life Skills Curriculum has been empowering early-career geriatrics professionals for several years now. Since its launch in 2021, the program has welcomed approximately 300 participants—spanning fellows-in-training and young faculty in many different disciplines. Helen Fernandez, MD, MPH, whose vision has shaped the program from the start, serves as the course director. She has led its evolution with energy and insight, “This work is about preparing early career health professionals to meet the challenges of an aging population. It’s incredibly rewarding to see how these programs inspire fellows and other young professionals to take on leadership roles and improve care at all levels.”

Greg Pawlson, MD; Lynn Flint, MD; and Mary Amory, MBA

who were co-developers of the original program, helped to ensure the inclusion of a broad range of practical leadership, life and career related knowledge and skills for fellows and early career health professionals.

The AGS/ADGAP Leadership & Life Skills Curriculum is structured around a series of online modules that include online presentation slides, audio companions, reflection exercises, and suggested readings. Interactive workshops, led by the curriculum authors and advisors, focus on select module topics. These sessions use case studies, small group exercises, and discussions to reinforce key content. Throughout their time in the program, participants also have access to an online community where they can continue the conversation and ask questions, network, and connect with colleagues and faculty. Topics include emotional intelligence, goal setting, burnout prevention, effective communication, adult learning principles, and negotiation strategies. Those who successfully complete the program requirements are eligible for a certificate of completion.

What sets this program apart is its holistic approach: leadership is viewed not just as a set of administrative skills and talents but as a lifelong skill set grounded in self-awareness, empathy, and adaptability. Past participants have




This course has helped me to shape my own leadership, communication, and feedback style that I will continue to carry forward in my practice. I have especially appreciated the self-reflection exercises, particularly the modules on emotional intelligence that have helped me understand what kind of leader I am, and what leadership really means.

 Sara Shu, D.O. | Mayo Clinic | Rochester, MN




During our mindfulness workshop, I joked that I’m always newly surprised to feel calmer after a breathing exercise. I rarely initiate such tools on my own and tend to start off distracted—thinking about emails or unfinished notes—and reluctantly close my eyes. And yet, by the end of the exercise, I do feel calmer. Amazing! It must be magic!

 Reema Navalurkar, MD
Geriatric Medicine Fellow | University of Washington



This course reminded me that emotional intelligence is not about suppressing our emotions, but rather about recognizing them, regulating them, and using that awareness to guide our interactions thoughtfully. It has been a meaningful part of my professional growth, helping me stay grounded and empathetic—especially in moments of vulnerability.

 Hatice Caliskan, MD
Geriatrics Fellow (2024-2025) | Baystate Medical Center



I want to thank all the organizers for this wonderful curriculum and for the learning it has provided. I have noticed small but meaningful changes in my encounters with patients and colleagues alike. I hope to continue applying the lessons I have learned in this course throughout my career.

 Nihan Farooq, MD
Geriatrics Fellow PGY-4 | Baylor College of Medicine



In geriatrics, emotionally complex conversations are common. A key takeaway from the course for me was that the ability to flex communication styles—guided by curiosity, respect, and intentional listening—can be the bridge to deeper understanding and trust.

 Victoria Nguyen, DO, MS
Geriatric Fellow | Beth Israel Deaconess Medical Center

praised the curriculum for helping them navigate career transitions, build confidence, and find joy and meaning in their work amid the demands of academic and clinical life. Be sure to check out our Member Profile feature on pg. 9 to read how Dr. Maki Nakazato's participation in the AGS/ADGAP Leadership & Life Skills Curriculum couldn't have come at a better time in her career.

The deadline for registration for this year's program is September 26, 2025. The AGS/ADGAP LLSC participants will have access to the Online Educational Modules and the Online Community through July 1, 2026. For more information and to register for the LLSC, please visit <https://leadershipskills.agscocare.org/>. For additional questions about the AGS/ADGAP Leadership & Life Skills Curriculum, please contact Deena Sandos at dsandos@americangeriatrics.org. ♦



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*Currently available for AGS geriatrician members only