

# AGS NEWS

NEWSLETTER OF THE AMERICAN GERIATRICS SOCIETY

2019  
Volume 50  
Number 2



## INSIDE

- 2 AGS 360°
- 3 Meet the New AGS President
- 4 From Our President
- 13 Views from #AGS19
- 14 Kudos to Our New AGS Fellows and Amazing Board/Committee Leaders
- 15 Introducing the 6th Edition of the *Geriatric Nursing Review Syllabus* and the *GNRS* Teaching Slides
- 16 Are You a Geriatrics Superhero? Now There's an Emoji for That!
- 17 New Online Curriculum Brings Us Closer to Proficiency in Geriatrics-Informed Care
- 18 Why I'm an AGS Member
- 19 Testing Driver Safety

## AT THE MOST-ATTENDED MEETING IN AGS HISTORY, AGS CELEBRATES GERIATRICS SUPERHEROES



For the past several AGS Annual Meetings, we've kicked off each year with a central question for members and attendees to respond to



on our graffiti wall, sponsored by the AGS Health in Aging Foundation. In 2019, we asked: "What makes you a geriatrics superhero?"

The question itself sparked some fun new ideas for AGS staff—including becoming one of only two medical specialty societies to develop our own branded emoji for smartphone use, all themed around superheroes and available at AmericanGeriatrics.org. It also led to thoughtful responses,

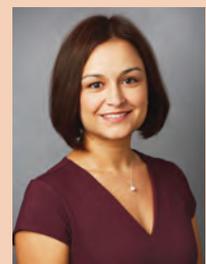
continued on page 5

## CONGRATULATIONS TO OUR 2019 AWARD RECIPIENTS

Annually, the AGS celebrates researchers, clinicians, educators, and trainees who have made outstanding contributions to the care of older people. Please join us in congratulating 2019's award recipients, who were honored at #AGS19.

### Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Who are Focused on the Care of Older Adults

The AGS and AGS Health in Aging Foundation conferred one of our newest honors on **Lauren Ferrante, MD, MHS**, a pulmonary and critical care physician with a unique commitment to researching better care for



continued on page 6

# AGS 360° WITH NANCY E. LUNDEBJERG, MPA



I promised exclusive scoops in these letters, and I'm a CEO of my word. You officially heard it first right here that #AGS19 was the most popular Annual Scientific Meeting in AGS history. We had 2,951 doctors, nurses, pharmacists, physician assistants, social workers, trainees, journalists, and advocates join us in Portland this year. It made me #AGSProud, not only because of how far clinical practice, public policy, and public and professional education have come as evidenced by our program but also because the things that make our community unique—the things I first noticed as a family caregiver—are still there...and still a motivating force.

I got wind of our record-breaking attendance shortly before leaving Portland, so naturally I spent the plane ride (and it's a long plane ride) working to capture what made #AGS19 such a draw. It's difficult to pin-point just one reason—which, really, is a great problem to have! But I think a lot of what I overheard at the meeting speaks for itself. So, without further ado, I present a special addition to AGS360°: *Overheard at #AGS19*.

- **“Flannel!”** Did you notice our staff were...easily identifiable this year? We had just as much fun embodying Portlandia as I think you all did pointing it out. A number of members got in on the fun by purchasing shirts at the #AGSDanceParty. The proceeds from those purchases will go directly toward funding more travel stipends for our trainees. Want to rep #AGS with your very own flannel shirt while supporting a good cause? Please feel free to call (212-308-1414) or email ([info.amger@americangeriatrics.org](mailto:info.amger@americangeriatrics.org)) us for info.
- **“Funded!”** Our flannel shirts weren't the only way we showed support for the next generation of geriatrics researchers, clinicians, and advocates. Thanks to your generous contributions to the AGS Health in Aging Foundation ([HealthinAging.org/donate](http://HealthinAging.org/donate)), we raised more than \$14,000 to support more than 60 trainees attending #AGS19. Our attendance record prior to Portland was 2,944 at Las Vegas in 2004—so it's definitely safe to say our trainee attendance was mission-critical to helping us surpass that prior record. Your support made that possible. Thank you!
- **“Forward!”** Suffice it to say, we're still #AGSProud of #AGS19, and we're #AGSOptimistic that 2020 will be another year for the record books. I heard a lot of members eager to keep the momentum going on the road from Portland to Long Beach, so don't forget all the ways we're here to help. Keep the conversations going on MyAGSOnline. Step up your social media game by tweeting about research, policy priorities, and what it takes to be a #geriatrics superhero. While our staff outfit for Long Beach may still be TBD (for now), one thing that isn't is the momentum that will keep geriatrics growing for years to come. ♦

Best,



**MYAGS  
ONLINE**

***Want more updates from Nancy  
and the AGS leadership team?***

**Check out the CEO Blog on  
[MyAGSOnline.AmericanGeriatrics.org](http://MyAGSOnline.AmericanGeriatrics.org)  
or go directly to  
[bit.ly/AGSCEOBlog](http://bit.ly/AGSCEOBlog)**

# MEET THE NEW AGS PRESIDENT

## SUNNY A. LINNEBUR, PHARM.D, FCCP, BCGP, BCPS

*This year, the AGS welcomes the second pharmacist to helm the Society since its founding. Dr. Sunny Linnebur is a Professor in the Department of Clinical Pharmacy at the University of Colorado (CU) Skaggs School of Pharmacy and Pharmaceutical Sciences. She also practices at the CU Hospital Seniors Clinic, which specializes in care for people 75-years-old and older. AGS News caught up with Dr. Linnebur before heading off to #AGS19 for an inside-scoop on her vision for the AGS in the year ahead.*

### **Q. What do you see as your mission as AGS President this year?**

**A.** My first mission is to ensure that we are fulfilling our obligations to members and to the public: to advance clinical practice, public policy, and public and professional education. I want to support the geriatrics workforce and engage as many health professionals in AGS initiatives as I can.

I also want to support the advocacy efforts we have in place. I've seen first-hand the effectiveness of our AGS leadership, staff, coalitions, and individual members as we continue to make strides building a more supportive environment for our profession and the older adults we serve.

Finally, I'd like to do all I can to increase member engagement with the AGS Health in Aging Foundation. The time, talent, and treasure we invest in our nonprofit really pays dividends, since it continues to improve the health, independence, and quality of life of all older people.

### **Q. What attracted you to geriatrics?**

**A.** Geriatrics caught my attention during my resident rotation through the Denver VA nursing home. My preceptor was passionate about taking care of older adults, and his passion inspired me. Later, during my second year of residency, I started working with the caring team of professionals at the CU Hospital Seniors Clinic. It was clear to me even then how needed geriatrics-trained health

care providers were, in Colorado and beyond. It was also inspiring to see how much our patients—and their families—appreciated our help managing complex, challenging drug regimens.

### **Q. How have you seen the field evolve over the years?**

**A.** Geriatrics is unique in that it's always welcomed a team approach to care, education, and research. That hasn't changed—and maybe that's what speaks loudest about where our profession has been, and where it has yet to go! Other specialties have looked to geriatrics teams as exemplars for providing high-quality, person-centered care that accounts for patient preferences, diversity, and social determinants.

As a clinician-educator, I appreciate how research within geriatrics has evolved along these same lines. More clinical studies now include perspectives from diverse health professionals and older adults. We've also seen an increase in research investigating outcomes important to patients and clinicians, which is a really positive shift for the care we all want and need as we age.

For example, the ASPREE, HYVET, and SPRINT studies have informed our understanding of risks and benefits of several treatment options common for older adults' concerns, and this is helping us think more strategically about care goals for patients as individuals.



As we continue to see new treatments come to market—treatments such as direct-oral anticoagulants for replacing warfarin, or new vaccines to prevent common illnesses—it's encouraging that so much research also is being dedicated to how those treatments can best intersect personal needs, expectations, and priorities.

At the end of the day, this growing body of evidence provides us with resources like the AGS Beers Criteria® to make evidence-based recommendations for the best care to keep our patients healthy, safe, and independent for as long as possible. With the number of approved prescriptions in the U.S. topping 1,500, and with thousands of supplements available for purchase without a prescription, drug therapy has become a major part of older people's lives—and groups like the AGS are helping to ensure all practitioners have access to the knowledge they need when it comes to helping older adults and caregivers weigh the benefits of different treatment options.

Another aspect of the field that has evolved over time is the promotion of many geriatrics-trained clinicians to

continued on page 16

## FROM OUR PRESIDENT

**SUNNY LINNEBUR, PHARM.D, FCCP, BCGP, BCPS**

So many of you have been my colleagues, peers, and mentors since the early days of my career. It's a real privilege to address you as the new President of the AGS—but, more importantly, to thank you for helping to propel our work (and professionals like me) to greater heights.

As many of you may know, I'm now the second pharmacist to lead the AGS. And when I talk about my work with stakeholders outside geriatrics, it's not uncommon to get questions about the "magic pill" we all need for aging. We in this community know that the "prescription" we need is broader but also so much simpler than any one pill. It's about prescribing a better *approach to care* for our health system. That approach is powered by collaboration, driven by how health changes with age, and focused on prioritizing what health means to us individually.

That prescription also takes a village—which is why communities like the AGS matter, not just to us but also to the older adults and caregivers we serve.

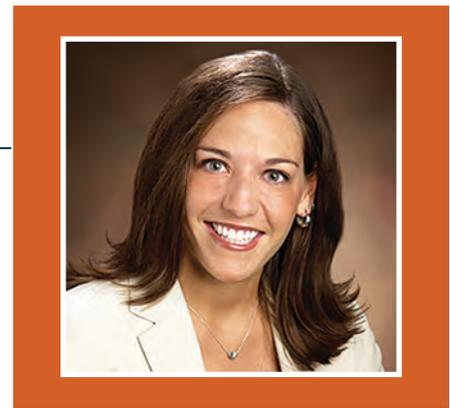
In prepping my schedule for #AGS19, I was really inspired by the depth and breadth of what our experts had to share this year. We presented some of the latest and greatest research impacting clinical care, but we also weren't afraid to turn a critical eye toward the broader landscape where that care takes place. Our marquee plenary sessions addressed everything from the intersection of neighborhood and social determinants of health to the influence of the Time's Up! movement on career development for women in our specialty.

Those advancements, and our passion for making them possible, aren't just about the data being presented. In a very real way, they're also embodied by the professionals who stand behind that data. Laura Mosqueda, MD, AGSF, for example, was recognized as our Henderson State-of-the-Art Lecturer for her pioneering work to prevent elder abuse in the U.S. Dr. Mosqueda is the first woman to lead the Keck School of Medicine at the University of Southern California since its founding in 1885. She also joins an impressive (and rapidly growing!) roster of geriatrics experts who are being tapped to lead departments, divisions, and health systems across the U.S.

Medicine and health care are waking to the reality that our world is changing as it ages—and we're now poised to help shape a brighter future, both because of what we know about care for older people and because we've always been so willing to share it with others.

My predecessor, Laurie Jacobs, MD, AGSF, is certainly a testament to that. As Chair and Professor in the Department of Internal Medicine at the new Hackensack Meridian School of Medicine at Seton Hall in New Jersey, Laurie embodies how medicine, geriatrics, and leadership in both are continuing to evolve. As a friend and colleague, she also represents the very best of how we share skills and experiences to empower future leaders like me.

I can't thank colleagues like Laurie and our outgoing Board Chair, Debra Saliba, MD, MPH, AGSF, enough for their support—and I'm sure many of you feel the same way. And that begs



a great question: What can and should we do with that passion and enthusiasm? If one thing marks my tenure as AGS President, it's this suggested response: *Get involved!*

- Advocate for better public policy.
- Promote geriatrics principles.
- Mentor new colleagues, and encourage them to see geriatrics as a rewarding professional home.

Even if those suggestions seem too daunting, then just start smaller: Volunteer for an AGS Committee or join a Special Interest Group. Share your questions and concerns with peers using MyAGSOnline. These may seem like small steps now, but they represent the care and attention we need to keep our field thriving. Ultimately, they're the seeds that will position a new generation of leaders—leaders representing the diversity of who we are in the truest sense of the term—to bring about the change we need for a world where health, safety, and independence are priorities for us all as we age. ♦

A handwritten signature in black ink that reads "Sunny A. Linnebur". The signature is written in a cursive, flowing style.

memories, and expressions of gratitude from those who left messages on the graffiti wall.

Reading those inspiring words, it's no surprise that caring for older adults provides some of the highest job satisfaction rates in health fields. The sense of gratitude, inter-connect- edness, and dedication reflected here are the same emotions that led the week at #AGS19.

At the Members Business Meeting, #AGS19 opened with remarks from Reena Karani, MD, MHPE, Annual Meeting Program Chair. We welcomed Sunny Linnebur, PharmD, FCCP, BCPS, BCGP, to the helm as our newly elected AGS President, while expressing our thanks to Laurie G. Jacobs, MD, AGSF, for a year of service to our geriatrics community. We wrapped up Thursday morning with a special thank you to our outgoing Board and Committee members, and recognized our 21 new AGS Fellows! These colleagues now join hundreds of others in taking on a special AGSF designation signifying their dedication to the AGS and geriatrics.

That sense of dedication also was sparked early in the hundreds of students, residents, and fellows-in-training who joined us at #AGS19 to present research, learn from seasoned experts, and connect with each other to share their passion for the care of older adults. Nearly 100 of these trainees were supported by travel stipends made possible through donations to the AGS Health in Aging Foundation ([HealthinAging.org/Donate](http://HealthinAging.org/Donate)). With more than 2,950 attendees at #AGS19 (our highest attendee rate in the history of AGS!), these trainees had a bumper crop of learning opportunities as exemplified by a packed program of more than 100 educational sessions and events.

New this year, a session on Aquifer Geriatrics—the AGS national online curriculum to achieve proficiency in geriatric competencies—gave

attendees a fresh look at innovative teaching methods and tools that can be used to help trainees integrate geriatrics principles into patient care. At the plenary paper session, Anthony V. Nguyen, BA; Timothy Santeler-Anderson, MD, MAS, MA; and Anthony Maltagliati, MS, delivered presentations on some of the latest and most highly sought-after research at #AGS19 shaping the future of care for older adults. The debate session, “Advanced Age is Not a Contraindication to the Use of Statins for Primary Prevention of Coronary Artery Disease,” also drew large crowds as Daniel E. Forman, MD and Michael W. Rich, MD, AGSF, presented the pros and cons of statins and other lipid-lowering agents in older adults based on the most recent evidence and clinical practice guidelines.

During the Henderson State-of-the-Art Lecture, 2019 Henderson Award Recipient Laura Mosqueda, MD, AGSF, discussed elder abuse identification, treatment, and prevention, noting the unique role geriatrics health professionals play in stopping elder abuse. Reflecting on the cyclical nature of abuse, Dr. Mosqueda told the audience that one of the best ways to prevent elder abuse is to prevent child abuse. Amy Kind, MD, PhD, recipient of the 2019 Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation, discussed the social determinants of health that often shape what it means to age. As the inaugural recipient of the Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Who are Focused on the Care of Older Adults, Lauren Ferrante, MD, MHS, paid tribute to Dr. Hurria with a presentation on predicting functional decline among older intensive care unit (ICU) survivors, building a bridge between geriatrics and critical care medicine.

In the much-anticipated Public Policy Lecture for 2019, leaders of the Women in Geriatrics Section addressed pay inequity and gender discrimination in the workplace. Presenting findings from a writing group collaboration with the Public Policy Committee, speakers Sunny Linnebur, PharmD, FCCP, BCGP, BCPS; Rebecca S. Boxer, MD; Mary T. Dierich, PhD, APRN, CNP; Anand D. Naik, MD; and Mary A. Norman, MD, described the challenges women in geriatrics face, identified biases and policies that lead to disadvantage, and discussed pathways to achieving gender equity in geriatrics, which will help everyone flourish in careers caring for older people.



Among other highlights at the AGS Annual Scientific Meeting were a host of networking sessions for special interest groups, mentor meet-ups, top-notch research poster sessions, and a member dance party (easily located by a sea of blue-plaid flannel shirts) to bring colleagues together from all corners of the country and the world. Although it's just a few short days out of the year, the AGS Annual Scientific Meeting is the rallying cry that brings together diverse voices and forms lasting connections to continue improving care as we age. We can't imagine a better way to celebrate our Geriatrics Superheroes—but we'll surely continue to do so on the road to Long Beach, CA, for #AGS20 (May 7-9, 2020)! ♦

older adults. An Assistant Professor of Medicine at the Yale School of Medicine in New Haven, CT, Dr. Ferrante received the inaugural Arti Hurria Memorial Award for Emerging Investigators in Internal Medicine Who are Focused on the Care of Older Adults. The award recognizes the accomplishments of junior and mid-career clinician-investigators in general internal medicine and its specialties. Dr. Ferrante's award-winning presentation, "Predictors of Functional Decline among Older Intensive Care Unit (ICU) Survivors," identified promising markers of poor functional recovery, which could help target older adults for interventions to improve function after ICU care.

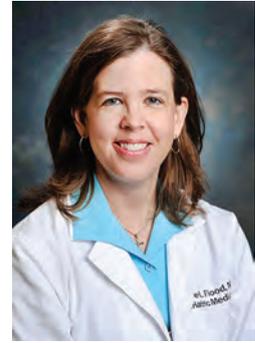
"The late Dr. Arti Hurria, the namesake for this award, built a bridge between other specialties and geriatrics," noted outgoing AGS President Laurie G. Jacobs, MD, AGSF. "Dr. Ferrante exemplifies what that connection can accomplish. Her research on function before and after being admitted to an ICU has helped us identify novel factors that can aid recovery, prevent disability, and perhaps even reduce deaths following serious hospitalization."

For Dr. Ferrante, the passion for finding solutions stems from a career built at the crossroads of geriatrics and critical care medicine, which addresses health concerns at the extreme of human disease, when patients are admitted to an ICU with life-threatening illness.

As more people benefit from increased longevity, those extremes—and care to address them—are becoming more common. In 2015, for example, older adults accounted for one in four admissions to the ICU, an experience that can complicate the ability to recover function and maintain health, safety, and independence. In Dr. Ferrante's research on display at #AGS19, she worked with colleagues at the Yale School of Medicine to evaluate what factors might help predict functional decline among older people discharged from the ICU. Looking at data on Medicare beneficiaries in the National Health and Aging Trends Study, Dr. Ferrante and her team observed that eight factors—including advanced age, exhaustion, a low level of activity, slowness, probable/possible dementia, and vision impairment—all were associated with a greater risk for persistent functional decline after an ICU stay. Her team hopes these predictors can lead to better tools for identifying particularly vulnerable patients at the time of discharge and assisting in their recovery.

## AGS Clinician of the Year

The AGS named **Kellie Flood, MD**, one of Alabama's premier geriatrics health professionals, its 2019 Clinician of the Year. An Associate Professor at the University of Alabama at Birmingham (UAB), as well as Associate Chief Medical and Quality Officer for Geriatrics and Care Transitions at UAB Hospital, Dr. Flood was honored at #AGS19.



A board-certified physician in internal medicine, geriatrics, and palliative care, Dr. Flood wears dual caps as a leading clinician and an influential educator in a state where both are in high demand. Dr. Flood launched and continues to serve on the inpatient geriatric consult service that currently performs more than 1,400 consultations annually. And while coordinating that volume of care is impressive in its own right, Dr. Flood is perhaps best known for "going above and beyond" for each of her patients as individuals.

"A frequent comment from the patients and families Dr. Flood sees is: 'I've never had someone care like that before,'" notes Katrina Booth, MD, Assistant Professor and a colleague of Dr. Flood at UAB. "Dr. Flood has been recognized locally as a 'Hospital Hero' by the Birmingham Regional Hospital Council, and it's certainly no surprise to see that same recognition nationally from a community of Dr. Flood's colleagues."

In addition to providing direct care to older adults at two UAB Hospital campuses, Dr. Flood also has worked tirelessly to expand the impact of geriatrics expertise and geriatrics leadership for thousands of older adults in Alabama and beyond. She launched and continues to co-lead with colleagues from nursing the UAB Geriatric Scholar Program, for example, which has trained more than 250 nurses, pharmacists, physician assistants, social workers, and other health professionals in core geriatrics principles. Projects orchestrated by these scholars helped UAB Hospital standardize assessments of cognition and function for older patients throughout the hospital. And as health systems across the country move toward using electronic health records more effectively, Dr. Flood and the entire geriatric interprofessional leadership team ensured UAB Hospital would be at the front of the pack with the incorporation of the ACE Tracker tool developed by one of her mentors, and fellow AGS member, Michael Malone, MD.

An AGS member since 2000, Dr. Flood graduated from the University of Texas Southwestern Medical School and completed her residency and geriatric fellowship at Washington University School of Medicine.

**SIGs**

**Looking to find like-minded colleagues in your area of interest?**

**Join one of AGS' 30+ Special Interest Groups and get inspired!**

**Learn more at [bit.ly/AGSSIGs](http://bit.ly/AGSSIGs).**

### David H. Solomon Memorial Public Service Award

The AGS was honored to recognize the late **Arti Hurria, MD**, a geriatrics oncologist who was one of our country's most passionate advocates for older adults with cancer, with the David H. Solomon Public Service Award this year.



Dr. Hurria, who tragically passed away in 2018, was committed to improving the geriatrics competence of all physicians and health professionals—like David H. Solomon, MD, namesake for this award. Dr. Hurria's husband, Thomas Lee, MD, accepted the award on her behalf at #AGS19.

Dr. Hurria joined the AGS in 2006 and championed some of the Society's most influential programs connecting other specialists to geriatrics principles, and to the rewards of caring for older adults. Dr. Hurria was Chair of the AGS Cancer and Aging Special Interest Group and the AGS Medical Specialties Section. At the time of her death, she was Principal Investigator for an AGS grant from the National Institute on Aging supporting a conference series for the Grants for Early Medical/Surgical Specialists' Transition to Aging Research (GEMSSTAR) program. This grant epitomized Dr. Hurria's interests, enthusiasm, and collaborative spirit.

Like the GEMSSTAR scholars and countless colleagues, collaborators, and trainees she supported, Dr. Hurria believed deeply in the need to infuse geriatrics into all specialties. She not only put that belief into action, but she also became a model for making it a priority in geriatrics, oncology, and beyond. Along with being a world-class researcher, she was an ardent champion for team-based, interprofessional care and for integrating geriatrics principles into education so that all patients and families could receive person-centered, high-quality care.

Before her passing, Dr. Hurria was the George Tsai Family Chair in Geriatric Oncology, the founding Director of the Center for Cancer and Aging and the Vice-Provost for Academic Affairs at City of Hope National Medical Center in Duarte, CA. With a focus on improving cancer treatments, daily functioning, and quality of life for older cancer patients, Dr. Hurria was honored with multiple awards across her career. She did her accelerated 7-year combined undergraduate and medical school training at Northwestern University in Chicago, completed her residency at Beth Israel Deaconess Medical Center in Boston, and pursued her fellowships in geriatrics at the Harvard Geriatrics Fellowship Program and her medical oncology fellowship at Memorial Sloan Kettering Cancer Center in New York. After joining Memorial as a faculty member, she transitioned to City of Hope.

She was a devoted mother to her daughter Serena, whom she adored.

### Dennis W. Jahnigen Award

The AGS announced that **Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP**, of the University of Maryland School of Pharmacy would be honored with the 2019 Dennis W. Jahnigen Award celebrating work to train health professionals in the care we all need as we age. A Professor of Pharmacy Practice and Science and Executive Director of the School of Pharmacy's Peter Lamy Center on Drug Therapy and Aging, Dr. Brandt has dedicated more than two decades to uncovering best practices in medication management for older people and to training fellow pharmacists, doctors, nurses, social workers, and other colleagues in the compassionate, team-based care we all need as we age.



In her various roles at the University of Maryland School of Pharmacy, where she also earned her Doctor of Pharmacy degree in 1997, Dr. Brandt has been instrumental in advancing interdisciplinary education for a range of students and colleagues. Dr. Brandt developed a geriatrics and palliative care pathway and an accredited geriatrics residency that will be celebrating its 20th year in 2020, for example. Sustained through a generous endowment, the residency program in particular offers pharmacists the opportunity for training outside traditional health facilities and in settings that may be key to supporting health and independence for older adults who prefer to remain at home or in the community.

In further support of Dr. Brandt's dedication to exemplary education, she also has been instrumental in securing funding for innovative programs benefitting older adults across Maryland. These include a Geriatrics Workforce Enhancement Program (GWEP) grant with Johns Hopkins University to expand the geriatric workforce, an educational grant to improve medication knowledge for providers working in assisted-living settings, and a medication use and safety training grant targeting caregivers and older adults.

An AGS member since 2010, Dr. Brandt has brought her wealth of knowledge and expertise to several high-priority AGS projects, having served as a panelist for updates to the AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults in 2012, 2015, and 2019. She has authored or co-authored more than 100 research publications and presentations and has supervised or advised hundreds of students—many of whom now lead geriatrics efforts at health facilities across the U.S.

## Edward Henderson Award & State-of-the-Art Lecturer

The AGS earlier this year announced that **Laura Mosqueda, MD, AGSF**, Dean of the Keck School of Medicine of USC, would deliver the prestigious Henderson State-of-the-Art Lecture at #AGS19. Her talk, “Disrupting the Silent Winter: Geriatrics Role in Stopping Elder Abuse,” examined geriatrics’ approach to elder abuse in clinical practice, research, and education, including how the field has advanced, ongoing challenges, future horizons, and the vital role of geriatrics health professionals.



Long recognized as an advocate for older adults, Dr. Mosqueda has testified before Congress and served as an expert for the White House and federal agencies on a host of social justice initiatives aimed at identifying, addressing, and preventing the abuse of older people. She directs the National Center on Elder Abuse, a federally funded program that focuses on improving the response to abuse, neglect, and financial exploitation in all forms. In 2003, she co-founded the first Elder Abuse Forensic Center in the United States, bringing together diverse stakeholders, including geriatricians, pharmacists, gero-psychologists, social workers, adult protective service providers, law enforcement officers, prosecutors, victim advocates, and others to evaluate and where appropriate intervene in complicated cases of suspected mistreatment.

Dr. Mosqueda, a Keck School alumna trained in family medicine and geriatrics, was appointed Dean of her alma mater in 2018. She now oversees more than 1,850 full-time faculty physicians and researchers who direct the education of nearly 2,000 medical and graduate students and 900 resident physicians annually. She brings to her work a deep appreciation for how changing demographics and increased longevity necessitate a deeper appreciation for the physical, financial, and social needs of older adults.

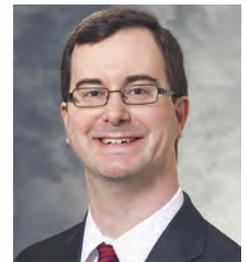
An AGS member since 1984, Dr. Mosqueda also has served as President of the Association of Directors of Geriatric Academic Programs (ADGAP) and has contributed to scores of presentations and research publications on elder abuse, geriatric medicine, and geriatric training across medical specialties.

Dr. Mosqueda rejoined the Keck School in 2015, first as Chair of Family Medicine and Associate Dean of Primary Care, and later as Interim Dean. Dr. Mosqueda previously worked at the University of California, Irvine School of Medicine for fourteen years. She is the first woman to lead the Keck School of Medicine since its founding in 1885.

## Jeffrey H. Silverstein Memorial Award for Emerging Investigators in the Surgical and Related Medical Specialties

Advancing care for older people across health specialties, the AGS and the AGS Health in Aging Foundation announced that **Courtney Balentine, MD, MPH**, of the University of Texas Southwestern and **Candace Yvonne Parker-Autry, MD**, of Wake Forest School of Medicine would receive this year’s Jeffrey H. Silverstein Memorial Award for Emerging Investigators in the Surgical and Related Medical Specialties. Presented at #AGS19, the award acknowledged Dr. Balentine and Dr. Parker-Autry for accelerating research at the intersection of geriatrics and other specialties.

An Assistant Professor of Surgery, Dr. Balentine specializes in minimizing disruptions to older patient’s lives and improving recovery and independence following operations to treat cancer. His #AGS19 presentation, “An Implementation Assessment of the Virtual Acute Care for Elders (ACE) Program,” is the first formal implementation evaluation of the Virtual ACE platform’s application in surgery. Developed to address the shortage of geriatric specialists across the U.S., Virtual ACE involves a combination of training for bedside nurses and building assessments, protocols, tracking systems, and standardized postoperative order sets to improve care for older individuals. Dr. Balentine and his colleagues conducted interviews with more than 30 physicians, nurses, hospital administrators, and other colleagues involved in implementing Virtual ACE in the surgical ward of a specialty hospital. Stakeholders indicated that Virtual ACE empowered nurses and other staff to identify patients at risk for difficult recovery, and also helped connect staff to tools for effectively addressing patient needs and communication between partners on the health care team. According to Dr. Balentine’s research, Virtual ACE represents a promising approach for reducing many of surgery’s serious consequences for older adults.



An Assistant Professor of Female Pelvic Medicine and Reconstructive Surgery, Dr. Parker-Autry also has built a broader home for geriatrics—in this instance at the intersection of two important fields: Urology and Gynecology.

In the work she presented at #AGS19, “Phenotyping Functional Impairment in Older Women with Urinary Incontinence,” Dr. Parker-Autry and her colleagues examined the connection between urinary incontinence,



physical performance, and the weakness associated with the loss of muscle (also known as sarcopenia) among older women. They uncovered that older women who had difficulty with mobility, poor balance, and weak leg muscles had more severe urinary incontinence compared to women without those difficulties. This data confirms that urinary incontinence and physical performance are intimately related. Therefore, consideration of physical performance, mobility, balance, and muscle strength of older women should be considered in the management of their urinary incontinence symptoms. The researchers now are deepening our understanding of this relationship by examining not only the benefit of conservative therapy for urinary incontinence that includes pelvic floor muscle exercises but also how effectively it decreases urinary incontinence symptoms in older women.

### Thomas and Catherine Yoshikawa Award and Lecture for Outstanding Scientific Achievement in Clinical Investigation

The AGS and AGS Health in Aging Foundation awarded **Amy Kind, MD, PhD**, one of few physicians in the U.S. with doctoral training in population health, the 2019 Thomas and Catherine Yoshikawa Award for Outstanding Scientific Achievement in Clinical Investigation. At #AGS19, Dr. Kind delivered a marquee presentation on the social determinants of health with an eye toward reorienting research, policy, and clinical practice to broader systemic factors that shape what it means to age.



*Amy Kind receives her award for Outstanding Scientific Achievement in Clinical Investigation from AGS President Sunny Linnebur.*

Trained in internal medicine at Massachusetts General Hospital, Harvard, and geriatric medicine at the University of Wisconsin (UW), Dr. Kind's clinical work caring for older adults prompted a deeper interest in population health science and the importance of improving health equity, the term for variations in the care and well-being across

different groups. Dr. Kind elected to pursue doctoral studies on the topic with the UW School of Medicine and Public Health, honing an even greater focus on population health when addressing memory disorders and Alzheimer's disease. Today, Dr. Kind leads an active research lab not only innovating the assessment of health disparities but also poised to translate those findings into improved care for communities still underserved by research and medicine.

Among her many accomplishments, Dr. Kind developed the "Neighborhood Atlas," a first-of-its-kind neighborhood map that breaks down socioeconomic factors for every neighborhood in the U.S., and Puerto Rico. Touted by the National Institutes of Health and profiled in the *New England Journal of Medicine* among other venues, the Atlas allows clinicians, public health professionals, and even city planners to assess socioeconomic status based on the complex interplay of income, education, employment, and housing quality. The Atlas also speaks to Dr. Kind's growing expertise in why these factors can, should, and must be studied hand-in-hand with innovations shaping medicine and care for America's growing older adult population.

In addition to her research duties at UW, Dr. Kind continues to serve older adults and caregivers, many in communities forming the backbone of her scholarship. Dr. Kind is Director of the Coordinated Transitional Care Program at the Geriatrics Research Education and Clinical Center (GRECC) in the William S. Middleton VA Hospital, Madison, WI, for example, where she also serves as Director of the Dementia and Cognitive Care Clinic and Attending Physician for the Geriatric Inpatient Consult Service.

### Health in Aging Foundation New Investigator Awards

The Health in Aging Foundation New Investigator Awards honor individuals whose original research reflects new insights in geriatrics and a commitment to the discipline's role in academia. This year, four outstanding colleagues were recognized for their work.

**Claire Ankuda, MD, MPH, MSc**, is an Assistant Professor at the Icahn School of Medicine at Mount Sinai with research interests in quality and care delivery for older adults with serious illness and functional disability. Dr. Ankuda explores ways that Medicare payment policies shape quality of life for older people. At the crossroads of clinical aging research and social policy, Dr. Ankuda was a Robert Wood Johnson Clinical Scholar at the University of Michigan prior to completing a palliative medicine fellowship at Mount Sinai. She has published more than 10 manuscripts in leading journals and has received funding



*New Investigator Awards were handed out to (from left): Carolyn Presley, Rasheeda Hall, Claire Ankuda, and Marlon Aliberti.*

and recognition from the National Palliative Care Research Center, the American Academy of Hospice and Palliative Medicine, and the Claude D. Pepper Older Americans Independence Center at Mount Sinai.

**Marlon Aliberti, MD, PhD**, is a geriatrician and clinical researcher at the University of São Paulo Medical School in Brazil. Dr. Aliberti's research focuses on creating and executing innovative models of geriatrics care for day hospitals, and also on developing and validating targeted geriatrics assessment to screen for syndromes in busy clinical services. Dr. Aliberti's work on both initiatives has been published in the *Journal of the American Geriatrics Society*, among other outlets. This past year, Dr. Aliberti was a visiting scholar at the University of California, San Francisco, where he worked toward strengthening knowledge and skills in epidemiology and biostatistics, and conducted research using the Health and Retirement Study to show that physical frailty is a strong predictor for developing dementia.

**Rasheeda Hall, MD, MBA, MHS**, is a clinical researcher with expertise in geriatric nephrology. An Assistant Professor of Medicine at Duke University, Dr. Hall's research involves developing interventions for older dialysis patients. As a liaison between the AGS and the American Society of Nephrology (ASN), Dr. Hall also plays an integral role in informing colleagues about the latest updates in geriatric nephrology research—both at home and as the 2019 Young Nephrologist Speaker Exchange Awardee of the European Renal Association-European Dialysis and Transplant Association (ERA-EDTA). Dr. Hall is a recipient of the Paul B. Beeson Emerging Leaders Career Development Award in Aging, a Grants for Early Medical/

Surgical Specialists' Transition to Aging Research Scholar, and the recipient of various research awards including the ASN-Harold Amos Medical Faculty Development Program Award.

**Carolyn Presley, MD, MHS**, a thoracic and geriatric oncologist specializing in the care of older adults with lung cancer, is an Assistant Professor in the Division of Medical Oncology at the Ohio State University (OSU) Comprehensive Cancer Center and the James Cancer Hospital and Solove Research Institute. Prior to starting OSU's Cancer and Aging Resiliency (CARE) Clinic for older adults with solid tumors, as well as the first embedded onco-palliative care clinic at OSU, Dr. Presley created and completed an ABIM-approved combined clinical fellowship program in hematology, oncology, and geriatrics at Yale University. She also received a Master in Health Sciences through the Yale Robert Wood Johnson Clinical Scholars Program. One of few multi-trained physician-investigators in geriatric oncology in the United States, Dr. Presley has dedicated her career to optimizing functional status while minimizing treatment burden for older adults with cancer.

### **Outstanding Mid-Career Clinician Educator of the Year Award**

The Outstanding Mid-Career Clinician Educator of the Year Award is given to a junior faculty member for impressive work in geriatrics education. The AGS is pleased this year to recognize **Colleen Christmas, MD, FACP**, for her efforts as a teacher, mentor, and leader at the Johns Hopkins University (JHU) School of Medicine. Among her varied accomplishments, Dr. Christmas served as the program director of the internal medicine residency at Johns Hopkins Bayview Medical Center where she helped to implement the Alike Initiative—an effort to teach all medical students and residents the importance of knowing patients as whole persons—and “Medicine for the Greater Good,” an initiative teaching the impact of social determinants of health and the role of the physician in advocacy to improve outcomes for the elderly and other vulnerable individuals. A Geriatrics Academic Career Award recipient, Dr. Christmas has mentored many students, residents, and geriatrics fellows and has led efforts to recruit more geriatrics health professionals into the fold, all with proven results—15% of the residents graduating from JHU Bayview, for example, have chosen careers in geriatrics during her tenure. She co-directed the Beacham Geriatrics CME course for a decade, and led the Reynolds-founded Geriatrics Mini-Fellowship to increase geriatrics training for practicing physicians. Dr. Christmas created and now directs the JHU Primary Care Leadership Track (PCLT) in

the medical school with the goal of increasing medical student interest in geriatrics and primary care.

### Scientist-in-Training Research Award

The Scientist-in-Training Research Award is presented to a pre-doctoral candidate with a promising career as a geriatrics scientist. For 2019, the AGS was pleased to present this award to **Minakshi Raj, MPH**, of the University of Michigan. Ms. Raj's PhD dissertation seeks to understand perspectives on geriatric care among older adults, informal caregivers, and providers, aiming to shape the design of policies and models of care that engage all these groups in the continuum of care and care needs. Supporting this work, one of Ms. Raj's most recent studies, "A Qualitative Comparison of Older Adults' and Informal Caregivers' Perspectives on Aging," reports findings from a thematic analysis of eight focus groups. In addition to this study, Ms. Raj has participated in various workshops, including the Rand Summer Institute, the Stanford Longevity Center's Workshop on Science-Industry Collaborations, and the National Institute on Aging's Collaborative Network on Achieving and Sustaining Behavior Change in Older Adults. She plans to continue her research at the intersection of sociology and organizational studies to inform medical education and practice, as well as health and social policies for older adults and caregivers.

### Clinical Student Research Award

The Clinical Student Research Award is presented to undergraduate students who have submitted exceptional research for presentation at the AGS Annual Scientific Meeting. **Smrithi Sukumar**, a medical student at the University of California, San Francisco (UCSF), is our 2019 Clinical Student Research Award recipient for her submission, "Apixaban concentrations in elderly NVAF patients:



AGS President Dr. Sunny Linnebur with Smrithi Sukumar, our 2019 Clinical Student Research Awardee.

Is less enough?" Ms. Sukumar's research examines plasma apixaban concentrations in relation to dosing during routine clinical care for older patients with nonvalvular atrial fibrillation (NVAF). Ms. Sukumar is a Medical Student Training in Aging Research scholar, and has experience in a variety of research fields. She is a founder and coordinator of the UCSF Geriatrics

Interest Group, and previously served as coordinator for UCSF Camp Cardiac, the Point of Care Ultrasound Elective, and the Society of Women in Medicine. She is currently the medical student representative for the UCSF Medical Alumni Association and the UCSF Indian Students Association.

### Edward Henderson Student Award

The Edward Henderson Student Award is presented to a student pursuing a career in geriatrics with demonstrated excellence contributing to the field. **Elizabeth Bloemen, MPH**, a fourth-year medical student at the University of Colorado School of Medicine, will be honored this year for her extensive work in clinical practice and research on the physical, sexual, and emotional mistreatment of older adults (also known as elder abuse). Prior to medical school, Ms. Bloemen worked as a research manager at Weill Cornell Medical College and with the New York City Elder Abuse Center (NYCEAC), where she designed and executed studies, collected data, and disseminated public education using social media. Part of this work included establishing a working relationship with Services and Advocacy for GLBT Elders (SAGE), leading qualitative research exploring mistreatment among LGBT older adults—research that was later presented at #AGS16 and recognized with a Presidential Poster Award. A Medical Student Training in Aging Research scholar, Ms. Bloemen has blended her extensive research contributions with professional experience to offer expertise as a presenter and consultant for nurse examiners and police departments engaged in elder abuse identification and prevention. When asked of her inspiration for these accomplishments, Ms. Bloemen notes: "The patients that I see bring so much joy and meaning to my life that I can think of no better life's work than to become a geriatrician."

### Outstanding Junior Research Manuscript Award

The AGS Outstanding Junior Research Manuscript Award is presented to a junior investigator for an outstanding peer-reviewed article on geriatrics. **Victoria Tang, MD, MAS**, has been honored this year for her work on "Functional Status and Survival After Breast Cancer Surgery in Nursing Home Residents," published in *JAMA Surgery*. Dr. Tang's study assessed overall survival and functional status after breast cancer surgery in female nursing home residents stratified by surgery type. Her team's conclusions indicate that one-year survivors had significant functional decline. Now the subject of high-profile news coverage by *USA Today*, the *New York Times*, and several other outlets, Dr. Tang's study sparked a larger conversation about the surgical decision-making process. Dr. Tang is an Assistant

Professor of Medicine in the Division of Geriatrics at the University of California, San Francisco.

### Outstanding Junior Clinician Educator of the Year Award

The AGS is pleased to present the 2019 Outstanding Junior Clinician Educator of the Year Award to **Skotti Church, MD**, Assistant Professor of Geriatrics and Program Director of Geriatric Medicine Fellowship at the University of Colorado School of Medicine. Dr. Church teaches geriatrics principles to medical students, residents, allied health professionals, and faculty colleagues in all care settings, including hospitals, outpatient clinics, skilled nursing facilities, and long-term care facilities. In addition to one-on-one and group teaching, Dr. Church leads the Educational Core of the Geriatric Research, Education and Clinical Center at the Denver VA, assists the University of Colorado Medical Student Geriatrics Interest Group, and works on grant-supported geriatrics training for physician assistants and advanced nurse practitioners. Under Dr. Church's direction, the University of Colorado's fellowship program has expanded, with repeated annual success in filling all fellowship slots. A dedicated mentor, Dr. Church is surrounded by learners with a geriatrics focus, as well as those who wish to pursue surgical or other medical specialties. She volunteers on several AGS initiatives, including working on committees and assisting resident volunteers in a national leadership setting.

### Outstanding Junior Investigator of the Year Award

Presented to junior investigators with a demonstrated focus on geriatrics research, the Outstanding Junior Investigator of the Year Award this year honors **Nancy Schoenborn, MD, MHS**, an Assistant Professor in the Division of Geriatrics/Gerontology at the Johns Hopkins University School of Medicine and a member of the Sidney Kimmel Comprehensive Cancer Center. Focused on enhancing patient-centered care for older adults with multiple chronic conditions and incorporating life expectancy into individualized preventive care decisions, Dr. Schoenborn has become a nationally-recognized expert in communicating sensitive

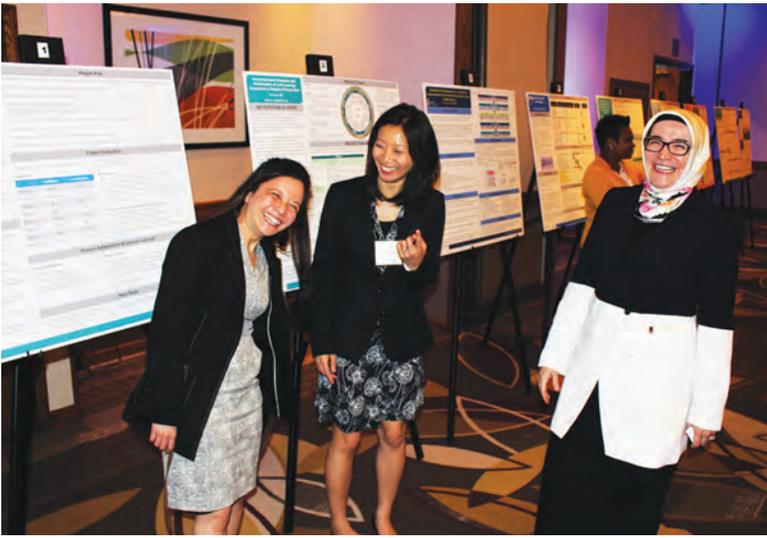
topics such as discontinuing routine cancer screening. Dr. Schoenborn developed and implemented an innovative curriculum teaching internal medicine residents to incorporate life expectancy into their care of older adults, which significantly improved resident knowledge and skill. She has received a number of awards in geriatrics and aging, including Grants for Early Medical/Surgical Specialists' Transition to Aging Research funding, the Paul Beeson Emerging Leaders Career Development Award in Aging, and the 2016 AGS New Investigator Award (which recognized Dr. Schoenborn's first-of-its-kind study exploring discussions on discontinuing routine cancer screening, highlighted as a *Journal of the American Geriatrics Society* "Top 10" article). Additionally, Dr. Schoenborn leads an AGS Special Interest Group connecting members to the Society of General Internal Medicine, thus cultivating collaborations across groups and empowering junior faculty and trainees to lead aging research.

### Choosing Wisely® Champion Award

The *Choosing Wisely®* Champions program helps expand the *Choosing Wisely®* campaign by highlighting stories of people whose leadership in choosing tests and treatments wisely has inspired others to promote high-quality, person-centered care. For the 2019 award, the AGS congratulates **Rebecca Dobert**, practice manager of the Baystate Medical Center Division of Geriatrics and Palliative Care and Project Manager for Baystate's Geriatrics Workforce Enhancement Program. A champion of age-friendly health systems, Ms. Dobert has led change to enhance screening for cognitive and functional impairment and markedly improved documentation of health care proxies and advance care planning in the inpatient and outpatient settings—all efforts that have led to recognition of Baystate as an exemplary age-friendly site by the Institute for Healthcare Improvement. With Ms. Dobert's support, the Baystate Acute Care for the Elderly unit interdisciplinary team has decreased use of antipsychotics, restraints, and sedatives, and shifted a greater focus toward improved prescribing methods and individualized dementia care. The AGS applauds Ms. Dobert for these efforts. ♦

VIEWS  
from #AGS19





# KUDOS TO OUR NEW AGS FELLOWS AND AMAZING BOARD/COMMITTEE LEADERS

At this year's Member Business Meeting, Laurie Jacobs, MD, AGSF, incoming Board Chair, and new AGS President Sunny Linnebur, PharmD, FCCP, BCPS, BCGP, honored the following outgoing Board and Committee members for their exceptional service.

## Thank You to Our Outgoing Board & Committee Members

We thank **Alan Lazaroff, MD**, for his work as an AGS Board Member. Dr. Lazaroff has practiced geriatrics since 1978. His professional activities have included creating and leading a single-specialty geriatrics group practice, founding a Program of All-Inclusive Care of the Elderly, and serving as its board chair for 19 years. Dr. Lazaroff has worked with other primary care doctors and payers to build a successful Medicare Advantage program, and he helped to lead Physician Health Partners' Pioneer ACO. And amidst all that work, Dr. Lazaroff still found time to help guide all our AGS endeavors, particularly those to shape a better policy environment. Many thanks, Dr. Lazaroff, for your tireless leadership!

We applaud **Kathryn (Kathy) I. Frank, RN, PhD, AGSF** for her six years of Board service as our delegate for the Council of State Affiliate Representatives (COSAR). Dr. Frank was instrumental in the development of the Indiana Geriatrics Society and is a member of the Honor Society of Nursing. She supported the development and implementation of the ACE (Acute Care for Elders), GRACE (Geriatric Resources for Assessment and Care of Elders), and OPTIMISTIC (Optimizing Patient Transfers, Impacting Medical Quality, and Improving Symptoms: Transforming Institutional Care) clinical programs at Indiana University Geriatrics, and serves as Co-Project Manager for the Indiana Geriatrics Workforce Enhancement Program (GWEP). Thank you, Dr. Frank, for your leadership representing your field and the state affiliates.

We also commend **Debra Saliba, MD, MPH, AGSF**, a past AGS President and Current Board Chair, as she brings her Board tenure to a close. The Anna and Harry Borun Endowed Chair in Geriatrics and Gerontology at UCLA; Director of the UCLA Jewish Home Borun Center for Gerontological Research; a Professor at the David Geffen School of Medicine at UCLA and the Los Angeles VA; and Senior Natural Scientist at RAND Health, Dr. Saliba has brought decades of experience to the AGS as a leading geriatrics researcher. To say our efforts have been all the more impactful thanks to Dr. Saliba's guiding hand would be a true understatement.

Our outgoing committee members also have given greatly of their time and talents. Our sincere thanks to:

- **Audrey Chun, MD; Carole Gardner, MD, AGSF**; and **Beata Skudlarska, MD, AGSF**, from the Clinical Practice and Models of Care Committee.
- **Jonathan Flacker, MD, AGSF; Shaida Talebreza, MD, FAAHPM, HMDC, AGSF**; and **Eric Widera, MD**, from the AGS/ADGAP Education Committee.
- **Alanna Dancis, MSN, CNP**, and **Caroline Vitale, MD, AGSF**, from the Ethics Committee.
- **Suzanne Fields, MD**, and **Paul Mulhausen, MD, MHS, FACP, AGSF**, from the Health Systems Innovation—Economics and Technology Committee.
- **Rosemary Laird, MD, MHSA, AGSF**, and **Paul Mulhausen, MD, MHS, FACP, AGSF**, from the Program Committee
- **Judy Beizer, PharmD, CGP, FASCP, AGSF; Mary Dierich, PhD, APRN, CNP; Michael Malone, MD; and Robert Palmer, MD, MPH**, from the Public Policy Committee.
- **Caroline Blaum, MD, MS, AGSF; Johannes Endeshaw, MD, MPH, FAASM, AGSF**; and **James Judge, MD**, from the Quality and Performance Measurement Committee.
- **Rebecca Boxer, MD**, and **Laura Hanson, MD, MPH**, from the Research Committee.

## Congrats to Our Outstanding Committee Service Awardees

Our Outstanding Committee Service Awardees are members who have made extraordinary contributions through our committees. Congratulations to:

- **Beata Skudlarska, MD, AGSF**, from the Clinical Practice and Models of Care Committee.
- **Maura Brennan, MD, AGSF, FACP, FAAHPM, HMDC**, from the AGS/ADGAP Education Committee.
- **Caroline Vitale, MD, AGSF**, from the Ethics Committee.
- **Joseph Nnodim, MD, PhD, FACP, AGSF**, and **Ella Bowman, MD, PhD, AGSF, FAAHPM, FACP**, from the Ethnogeriatrics Committee.
- **Caroline Blaum, MD, MS, AGSF**, and **Daniel Mendelson, MD, MS, FACP, CMD, AGSF**, from the Quality and Performance Measurement Committee.
- **Neela Patel, MD, MPH**, from the Health Systems Innovation—Economics and Technology Committee.
- **Kerry Hildreth, MD**, from the Public Education Committee.
- **Michael Malone, MD**, from the Public Policy Committee
- **Camille Vaughan, MD, MS, AGSF**, from the Research Committee.



### AGS Welcomes New Class of Fellows

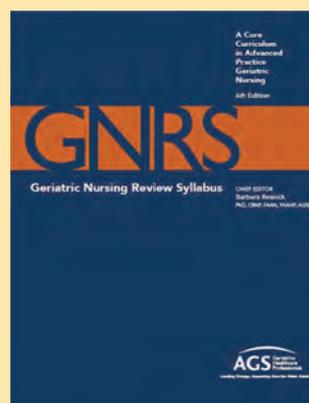
The AGS also honored 21 leading health professionals who joined the newest class of AGS Fellows—a select group of experts recognized for their deep commitment to the AGS and to advancing high-quality, person-centered care for us all as we age. They include:

- **Ana Tuya Fulton, MD, FACP, AGSF**
- **Sarah Hobgood, MD, AGSF**
- **Nasseer A. Masoodi, MD, MBA, FACP, CMD, CPE, AGSF**
- **David Sengstock, MD, MS, AGSF**
- **Clifford Milo Singer, MD, DFAPA, AGSF**
- **Rose Maria van Zuilen, PhD, AGSF**
- **Erika Zimmons, DO, MS, AGSF**
- **Elizabeth L. Cobbs, MD, FACP, AGSF**
- **William L. Lyons, MD, AGSF**
- **Nimat Alam, MD, AGSF**
- **Shelley Bhattacharya, DO, MPH, FAAFP, AGSF**
- **Bassem Elsayy, MD, CMD, FAACP, AGSF**
- **Terrie B. Ginsberg, DO, FACOI, AGSF**
- **Manfred Gogol, MD, AGSF**
- **Wael Hamade, MD, AGSF**
- **Nadia Mujahid, MD, AGSF**
- **Kalpana P. Padala, MD, MS, AGSF**
- **Thomas Reske, MD, AGSF**
- **Camile P. Vaughan, MD, MS, AGSF**
- **Aida B. Wen, MD, AGSF**
- **Lindsay A. Wilson, MD, AGSF**

## Introducing the 6th Edition of the Geriatric Nursing Review Syllabus (GNRS) and the GNRS Teaching Slides!

Newly updated in 2019, the *Geriatric Nursing Review Syllabus*—a concise, up-to-date, and comprehensive text developed by the AGS—features the expertise of more than 150 interdisciplinary authors, who are experts in the care of older adults. The text’s 67 chapters, extensive coverage of recent research, and 126 case-oriented self-assessment Q&As make the *GNRS* the authoritative source for all of the information you need on caring for older adults as an advanced practice nurse. The related *GNRS* Teaching Slides, which contain presentations for all topics addressed in *GNRS*, are the perfect teaching tool to complement this comprehensive text.

“The *GNRS* is critical to all nurses because it provides a comprehensive review of just about any medical, social, or policy-related issue you find related to the care of older adults across all settings,” said Barbara Resnick, PhD, CRNP, FAAN, FAANP, AGSF, Chief Editor of the *GNRS*. “It’s one of the best resources to have on your shelf for easy access in figuring out how to deal with clinical problems that you encounter with older adults.” ♦



Visit [GeriatricsCareOnline.org](https://www.GeriatricsCareOnline.org) today to order the *GNRS* and the *GNRS* Teaching Slides. Members of the AGS receive a special discount immediately at checkout!

# Are You a Geriatrics Superhero? Now There's an Emoji for That!



For the first time ever, the AGS has launched our very own geriatrics-branded emojis for your smartphone keyboard. We're now one of *just two* medical specialty societies with branded emoji all our own!

Learn more about accessing the emoji sticker pack below. Proceeds from your purchase benefit the AGS Health in Aging Foundation, which supports public and professional education for us all as we age.

## Apple Device User?

Visit the app store from your smart device and search "Geriatrics Emoji" or "AGS Stickers." Then, follow these 3 simple steps:

1. Click \$1.99 to confirm payment.
2. Open a new text message. Look for the grey shortcuts bar (below where you type a message but above your keyboard). Tap the icon with the AGS logo (you may need to swipe right on the shortcuts bar to find the sticker pack).
3. Tap a sticker with your finger to add it to a text message.

## Android Device User?

Visit the Google Play store from your smart device and search for "AGS Stickers." Then, follow these 3 easy steps.

1. Make sure you have the latest version of Gboard, Google's keyboard for Android.
2. Visit the Google Play Store and search for "AGS Stickers." Complete your purchase of the sticker pack.
3. When using Gboard to chat or type, tap the emoji button to share your geriatrics emoji. ♦

### New AGS President continued from page 3

leadership positions. Our immediate Past President, Dr. Laurie Jacobs, leads the Department of Internal Medicine at the Hackensack Meridian School of Medicine at Seton Hall, for example, and Dr. Laura Mosqueda was appointed Dean of the Keck School of Medicine of USC this past spring. We need to continue promoting what puts these

leaders—and geriatrics more broadly—at the forefront of how health and care can change for the better.

#### Q. What do you do to relax?

A. I love to run, golf, and spend time enjoying the Colorado outdoors. I also enjoy traveling with my family, exploring the U.S. and other countries. ♦

## AGS CoCare: Ortho™

TIME SAVING, COST SAVING, LIFE CHANGING

[ortho.agscocare.org](http://ortho.agscocare.org)

# WE NEED ALL HEALTH PROVIDERS TO BE PROFICIENT IN GERIATRICS-INFORMED CARE; NEW ONLINE CURRICULUM BRINGS US CLOSER

Among many breakthroughs that have made living longer possible, better health care—and more experts to make that care possible—loom large. Given that all of us are aging, we need more clinicians, researchers, and advocates to keep that momentum going. Ideally, for example, we'd already have more than 22,000 geriatricians in the U.S. (though at present less than 7,000 certified clinicians are practicing nationwide). With a limited number of geriatricians, how are we to train the next generation of clinicians to care for older people? A new tool from the AGS and Aquifer (the non-profit leader in developing clinical learning tools for health professions education) holds promise for bridging that gap. Aquifer Geriatrics (available at [Aquifer.org/Courses/Aquifer-Geriatrics/](http://Aquifer.org/Courses/Aquifer-Geriatrics/)), the AGS national online curriculum in geriatrics, is leveraging e-learning and geriatrics' thought-leadership to advance much-needed training to care for older adults.

"Almost every health professional in the U.S. will care for older patients at some point in their training or careers," explains Amit Shah, MD, Associate Dean for Faculty Affairs at the Mayo Clinic Alix School of Medicine, "yet learning about what makes that care unique has varied in duration and even content in the past, often due to a limited number of geriatrics educators at our health professions schools. Developed initially with funding from the Donald W. Reynolds Foundation, the cases that make up Aquifer Geriatrics provide up-to-date, evidence-based content in geriatrics education. They teach healthcare professionals how to appropriately care for older adults, and they make it easy to do so even if a geriatrician is not immediately available to teach some of the basics."

The idea behind Aquifer Geriatrics is simple: Learners at subscribing institutions have instantaneous access to each of 26 evidence-based, peer-reviewed cases addressing the fundamentals of caring for older adults. The Aquifer Geriatrics curriculum was developed by experts from the AGS and Association of Directors of Geriatrics Academic Programs (ADGAP) using the framework of the Association of American Medical Colleges (AAMC)/John A. Hartford Foundation Minimum Geriatrics Competencies for Graduating Medical Students. Cases meet the needs

of today's learner as they can be completed at their own pace, without being bound to a traditional "classroom." Subscriptions ensure that the course will be sustainable, providing consistent funding for operations such as content updates from a dedicated board of top educators, maintenance, and support.



**Rather than focusing on the myth of 'one right answer,' each of the cases teaches clinical reasoning and reflects the nuances of what it takes to do what geriatrics does best: Deliver high-quality, person-centered care with a focus on function and quality of life.**

— Mandi Sehgal, MD

"Each of the 26 cases delivers knowledge and skills, but also models a geriatrics health professional's approach to care," Mandi Sehgal, MD, Associate Professor of Geriatric Medicine at Florida Atlantic University Charles E. Schmidt College of Medicine, explains. "Rather than focusing on the myth of 'one right answer,' each of the cases teaches clinical reasoning and reflects the nuances of what it takes to do what geriatrics does best: Deliver high-quality, person-centered care with a focus on function and quality of life."

An article published recently in the *Journal of the American Geriatrics Society* (JAGS; DOI: 10.1111/jgs.15813) introduces the Aquifer Geriatrics curriculum and walks through several of its early successes, as well as strategies to help clinicians and institutions adopt the platform. In a related editorial also published in JAGS (DOI: 10.1111/jgs.15901), independent educational experts noted that the program holds promise for "helping to fill the gap that is left by the shortage of geriatrics educators" in preparing the field to "play the long game," thanks to innovative solutions to education.

Aquifer Geriatrics cases can be completed on smartphones, tablets, or computers, and can be used independently or by schools with curricular time available to students. The cases also are appropriate for a host of health professionals, from internal and family medicine residents to physician assistants, nurse practitioners, and geriatrics fellows. ♦

➔ For more information or to learn about subscription options, visit [Aquifer.org/Courses/Aquifer-Geriatrics/](http://Aquifer.org/Courses/Aquifer-Geriatrics/).

# WHY I'M AN AGS MEMBER

**MANDI SEHGAL, MD**

**M**y interest in geriatrics was inspired by my especially loving relationship with my maternal grandmother. I'd decided to become a doctor, and as I progressed through residency, my grandmother became ill and frail. I didn't live close to her, yet I could see how fragmented her care became. It was frustrating that I didn't have the tools to help her.

That sparked my realization that while I had great skill in being able to care for children and middle-aged adults, I didn't feel so confident caring for older people. I felt that specializing in geriatrics would give me the tools I needed. I discussed this with Dr. Ken Brummel-Smith, the chair of the department of geriatrics at my medical school, Florida State University. He encouraged me to pursue and apply for a geriatrics fellowship position.

I joined AGS as soon as I became a geriatrics fellow and I can say honestly that membership has enhanced every single aspect of my professional life. Just for starters, AGS gives me access to countless resources and to a community of people, all dedicated to making the lives of older adults better. And that makes me a better geriatrician.

For example, in addition to my "day job," I'm an AGS Teacher Section Chair and in that role, I communicate via MyAGSOnline through the Teacher Section community to engage other AGS educators. It's a fantastic tool for so many needs—it's a great way to find reviewers for your abstract, for example. And if you have a query, you can put it out to this large group of amazing people and are sure to get scores of helpful answers in return.

I take advantage of other MyAGSOnline communities as well, including the Women in Geriatrics

Section. It's so helpful for sharing experiences and best practices.

And then there's the AGS Annual Meeting. It's the perfect opportunity to learn from fantastic educators and researchers and reconnect with (and meet new) colleagues and friends. It's also a chance to renew my passion for geriatrics.



**I realize that very often, students only see older adults when they're sick and in the hospital. So, they're mostly seeing frail, sick older people—not those who are aging well.**

I think it's a privilege to teach others how to care for older adults. It's something that health care professionals think they know how to do, but when you show them the nuances, you see all these lightbulbs go off in their heads.

In my teaching work, I focus on making geriatrics personal. One way I accomplish this is by giving each student an index card. I ask them to write the name of an older adult who has meant the most to them—then we share their stories. I tell them that when they get distracted, they can bring their focus back to that person. "They're the reason you're sitting here," I remind them.

Another aspect of practicing geriatric medicine is understanding what healthy aging can look like. I realize that very often, students only see older adults when they're sick and in the hospital. So, they're mostly seeing frail, sick older people—not those who are aging well.



Working with a retirement community in our hospital's neighborhood, we arranged to bring med students there to have dinner with the residents every few weeks. It turned out to be a tremendous success—and it's hard to tell who has the most fun—the students or the residents! Seeing healthy older adults gives the students a whole new perspective on their work in geriatrics—it shows the range of experiences we have as we age, and illustrates the need for truly person-centered care. That's the greatest teaching point of all! ♦



## AGS COMMUNICATIONS TEAM

**Nancy Lundebjerg**  
CEO

**Elvy Ickowicz**  
Senior Vice President, Operations

**Dan Trucil**  
Associate Director, Communication

**Lauren Kopchik**  
Senior Membership Communication Coordinator

AGS News is published quarterly by the American Geriatrics Society. For more information or to become an AGS member, visit [AmericanGeriatrics.org](http://AmericanGeriatrics.org). Questions and comments about the newsletter should be directed to [info.amger@americangeriatrics.org](mailto:info.amger@americangeriatrics.org) or 212-308-1414.

@AmerGeriatrics

[Facebook.com/AmericanGeriatricsSociety](https://www.facebook.com/AmericanGeriatricsSociety)



## Testing Driver Safety

**When it comes to driving, there is no set age when people become less safe behind the wheel.** Safety depends on both physical and mental health, which vary widely from person to person. However, the following items can be considered as warning signs and suggest that you should get tested for your ability to drive safely:

- Getting lost in familiar areas
- Ignoring traffic signs and signals
- Becoming easily agitated or angered when driving
- Falling asleep or being unable to concentrate when driving
- Reacting too slowly to dangerous situations
- Forgetting or ignoring driving basics – when to yield right of way, for example
- Having trouble judging distances

Several tests and reviews can help determine how safe a driver an older adult may be.

### **If you feel that you are having difficulty driving safely, consider taking these actions:**

#### **Start with a good physical.**

Have your primary care healthcare provider examine you for changes that may affect your driving, including your fitness level.

#### **Have your vision checked.**

An optometrist or an ophthalmologist can evaluate your vision for problems that may reduce your ability to drive safely.

#### **Get a driving evaluation.**

An occupational therapist trained as a driving rehabilitation specialist can evaluate your driving to see how safe you are when driving, or if you could benefit from having your skills rehabilitated. Occupational therapists can thoroughly review your general skills and note areas that need improvement.



### Consider cognitive testing.

If you're concerned that you may be having memory problems, dementia, or other problems that affect your ability to think and make decisions, talk to your primary care provider. The provider can do some simple tests to assess your mental skills and determine whether you have the mental ability to drive safely.

### Check your state's rules.

Many states have laws that require testing or other requirements for older drivers. Also, check your driver's license to see when it's time for renewal. Learn more about specific state requirements [here](#):  
<https://www.ghsa.org/state-laws/issues/mature%20drivers>

### Know your medications.

Some medications can make you feel drowsy and less alert than usual, or can affect reaction time and other attention issues. Some prescriptions may warn against driving while taking the medication. Review your medications with your primary care provider or a pharmacist to see if your medication(s) could lead to unsafe driving.

### Resources

#### [Vision testing for older adults](https://www.aoa.org/patients-and-public/good-vision-throughout-life/adult-vision-19-to-40-years-of-age/adult-vision-over-60-years-of-age?ss=y)

<https://www.aoa.org/patients-and-public/good-vision-throughout-life/adult-vision-19-to-40-years-of-age/adult-vision-over-60-years-of-age?ss=y>

#### [Eye care for older adults](https://www.aao.org/eye-care-for-older-adults)

<https://www.aao.org/eye-care-for-older-adults>

#### [Safety: Older adult drivers](https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/)

[https://www.cdc.gov/motorvehiclesafety/older\\_adult\\_drivers/](https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/)

#### [Evaluations for older drivers](https://www.aota.org/about-occupational-therapy/professionals/rdp/articles/older-drivers.aspx)

<https://www.aota.org/about-occupational-therapy/professionals/rdp/articles/older-drivers.aspx>

#### [Dementia and driving](https://www.alz.org/help-support/caregiving/safety/dementia-driving)

<https://www.alz.org/help-support/caregiving/safety/dementia-driving>

#### [Self-Assessment test for older drivers](https://seniordriving.aaa.com/evaluate-your-driving-ability/)

<https://seniordriving.aaa.com/evaluate-your-driving-ability/>

#### [Organizations that provide testing and instruction for older drivers](https://one.nhtsa.gov/people/injury/olddrive/Driving%20Safely%20Aging%20Web/page8.html)

<https://one.nhtsa.gov/people/injury/olddrive/Driving%20Safely%20Aging%20Web/page8.html>

#### [Fitness-to-Drive Screening Measure Online](http://fitnesstodrive.phhp.ufl.edu/us/)

<http://fitnesstodrive.phhp.ufl.edu/us/>



40 FULTON STREET  
18TH FLOOR  
NEW YORK, NY 10038  
212.308.1414 TEL  
212.832.8646 FAX  
Info@healthinaging.org

**DISCLAIMER:** This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. April 2019

©2019 Health in Aging Foundation. All rights reserved. This material may not be reproduced, displayed, modified, or distributed without the express prior written permission of the copyright holder. For permission, contact [info@healthinaging.org](mailto:info@healthinaging.org).

