

## ABSTRACT

Gregg A. Warshaw, MD, Elizabeth Bragg, PhD, RN, Ruth Shaul, MSN, RN, and Christopher J. Lindsell, PhD. Academic Geriatric Programs in United States Allopathic and Osteopathic Medical Schools – A National Study from the Association of Directors of Geriatric Academic Programs' Longitudinal Study of Training and Practice in Geriatric Medicine. JAMA. 2002;288:2313-2319.

**CONTEXT:** By 2030, 20% of the US population will be older than 65 years compared with 12.4% in 2000. The development of geriatric medicine research and training programs to prepare for this increasing number of older individuals is largely dependent on the successful establishment of academic geriatric medicine programs in medical schools.

**OBJECTIVE:** To assess the structure, resources, and activities of academic geriatric medicine programs in US allopathic and osteopathic schools of medicine.

**DESIGN, SETTING, AND PARTICIPANTS:** Survey distributed to the academic geriatric medicine leaders of the 144 US allopathic and osteopathic medical schools in March 2001.

**MAIN OUTCOME MEASURES:** Organizational structure, program information, curriculum, budgetary issues, and characteristics of academic geriatric medicine leaders.

**RESULTS:** A total of 121 program directors (84%) responded. Most schools (87%) had an identifiable academic geriatric program structure, with 67% established after 1984. The greatest proportion of faculty and staff time (40%) was spent in clinical practice, followed by research and scholarship (12%), residency and fellowship education (10% each), and medical student education (7.8%). Clinical practice accounted for the greatest portion (27%) of revenue, and 25.7% of the programs had total annual budgets of less than \$250,000, while 11% had budgets of greater than \$5 million. The largest obstacles to achieving the goals of an academic geriatric medicine program were a lack of research faculty and fellows and poor clinical reimbursement.

**CONCLUSIONS:** Most US medical schools have an identifiable academic geriatric medicine program; most have been established within the last 15 years. Resources are needed to train faculty for roles as teachers and researchers and to develop medical school geriatric programs of the size and scope equivalent to other academic disciplines.

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