
Preface

Reasons for This Book

Over the last two decades, medical and surgical specialists have collaborated to bring together individual advances for geriatric populations within their specialties. This has resulted in a robust body of knowledge that now guides the standards of care for older people, the research agenda for the future, and the innovations in geriatric education among specialty trainees. This book is intended to fill the void of a single source of knowledge concerning these advances in specialty care.

Intended Audience

This book is designed to be a resource to the following major audiences:

- (a) Specialty clinicians caring for seniors.
- (b) Researchers with interest in the geriatric aspects of specialty fields. Chapters include description of the limits on knowledge and propose next research questions.
- (c) Academicians who create and deliver content on aging within the clinical graduate and postgraduate specialty training programs.
- (d) Geriatricians seeking in-depth knowledge of specialty care for older patients.
- (e) Members of the interprofessional teams that are so critical to clinical care and research within geriatrics, including nursing, social work, pharmacy, physical and occupational therapies, and others.
- (f) Policy makers seeking to understand the strength of evidence concerning quality care for older patients provided by specialists and their associates.

The Approach Used in Developing the Book

This text is divided into three parts: crosscutting issues, medical specialties, and surgical and related specialties.

Part I: The first part deals with the crosscutting issues and addresses concepts of critical importance to all specialist providers who conduct research for and about and who also care for older patients. These chapters are cross-referenced heavily throughout Parts II and III. This has reduced repetition within individual chapters on critical concepts such as frailty, assessment tools, delirium, dementia, pharmacology, perioperative care, etc., while allowing authors to describe in detail where these concepts fit specifically within that discipline and relevant related literature.

Parts II and III: The surgical (Part II) and medical (Part III) sections of the text are a series of chapters addressing the major selected surgical and medical disciplines; important related specialties (e.g., rehabilitation) are included in the surgical section.

The editors developed the table of contents reflecting the state of knowledge and then recruited specialty authors who are active in clinical care, teaching, and research in geriatrics. At least two editors and often all three reviewed each chapter and worked with the authors to ensure that the focus of the text was practical, timely, and clear so it could be a reliable resource in everyday practice.

Background

The editors acknowledge the work of many over two decades and in particular the inspiration of the late Drs. Dennis Jahnigen and T. Franklin Williams. Dr. Jahnigen initiated the geriatric surgical and related specialties movement in the 1990s, and Dr. Williams inspired much of the work to embed geriatric principles into the subspecialties of internal medicine. Both of these individuals were prominent geriatricians: Dr. Jahnigen was a past president of the American Geriatrics Society (AGS), and Dr. Williams was a past director of the National Institute on Aging. While Drs. Jahnigen and Williams initiated this work, the major developments that followed fell to their successors. The surgical and related specialty work was initiated within the AGS and was led by the late Dr. David Solomon and Dr. John Burton who was joined by Dr. Andrew Lee and others including Dr. Jane F. Potter, both of whom serve in leadership positions in the program. The work related to the development of geriatrics in the medical specialties was led by Drs. William Hazzard and Kevin High and became a program of the Association of Specialty Professors (ASP). The editors are grateful to Dr. High who participated fully as an editor in the early development of this book before other professional demands precluded his continuing involvement.

The strategy behind this collaborative effort was to recruit and nurture promising young faculty and trainees in the geriatric aspects of their specialty. This investment over the last two decades in medical and surgical specialists is a unique national success and has resulted in a robust body of knowledge related to specialty care of seniors.

Critical to the success of this effort was the AGS staff (including Janis Eisner succeeded by Marianna Drootin and Erin Obrusniak and others) and leadership (notably Nancy Lundebjerg, whose dedication and hard work have moved the inspiration of its founders into a growing focus within the American Geriatrics Society and in American medicine). None of this work would have been possible without the continuing encouragement and support of the John A. Hartford Foundation and its president until 2015, Corinne H. Rieder, EdD. The program director, Christopher Langston, and senior project officers (Laura Robbins, Donna Regenstrief, and Marcus Escobedo) of the John A. Hartford Foundation for the two programs (surgical and related specialties within the AGS and the medical specialties within the ASP) were full partners throughout the development and operation of these programs. Their dedication, vision, and commitment ensured success and inspired all involved in the projects. Collectively they formed a critical force behind the work that made this book possible. Within the AGS, the effort became known as the Geriatrics for Specialists Initiative (GSI). The GSI has evolved into an active group of physician specialists, geriatricians, and health professionals from other disciplines. The GSI fosters geriatric principles in education and research broadly in medical centers and within specialty societies and governing and regulatory bodies. The sustained effort within the AGS of the GSI has evolved into the Section for Enhancing Geriatric Understanding and Expertise Among Surgical and Medical Specialists (SEGUE). The leadership of SEGUE is now entirely specialists. This book is a natural succession of the work of the GSI and SEGUE within the AGS and the geriatrics program of the ASP. The career development programs, originally sponsored by the specialty organizations, were subsumed by the National Institute on Aging with the initiation of their program in 2011: Grants

for Early Medical and Surgical Specialists Transitioning to Aging Research (GEMSSTAR). Many of the chapters are written by the new cohort of geriatric specialty scholars and their mentors and trainees associated with the GSI/SEGUE program of the AGS and the geriatrics program of the ASP.

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