Dr. Chris Callahan, longtime SGIM member and contributor, headlined the Distinguished Professor of Geriatrics programming at the 2018 annual meeting. The annual Geriatrics Posters Walk and Talk on Thursday morning kicked off the events. Poster topics ranged from decision aids for mammography screening to implementation and evaluation of a program of co-management of geriatric trauma patients. Dr. Callahan offered participants advice on their research design, potential next steps, and how to make the most of their time attending the SGIM meeting. He continued as the featured discussant at the afternoon geriatrics oral abstract session. Abstract topics included the relationship between mild cognitive impairment and appropriate treatment of acute myocardial infarction, the association between polypharmacy and quality of life, the impact of peer-to-peer support and health utilization among older adults, and a mixed method study of older, urban-dwelling veterans’ use and non-use of VA care.

The following were the three highest-rated poster presentations in Geriatrics/Aging/End of Life at this year’s meeting, listed with their presenting authors:

1. Emotional and Sexual Abuse Are Associated with Aging-related Genitourinary Dysfunction Among Older Community-dwelling Women by Carolyn Gibson;

2. A National Survey of Older Americans about Overuse of Health Care Services by Jeffrey Kullgren; and

3. Functional Impairment of Older Adults Presenting to a VA Medical Center Emergency Department: Findings from the GERI-VET Program by Jill Huded.

The following was the highest rated Geriatrics/Aging/End of Life oral abstract presentation:

Associations between Polypharmacy, Symptom Burden, and Quality of Life in Patients with Advanced, Life-limiting Illness by Yael Schenker.

Dr. Callahan’s keynote lecture was the highlight of the program and was attended by more than 150 people. His involvement with SGIM stretches back to 1989 and he shared his extensive historical knowledge. Early on, geriatrics specialists worked to increase their numbers but the sheer volume of aging patients living well into their 80s, coupled with a dearth of trainees interested in specializing in geriatrics made it clear that new strategies were needed. SGIM members and others developed the approach of infusing geriatrics principles into the very fabric of medical care. He noted during the question and answer period that one inherent reason why we need to advocate for our older patients is that “when they become frail, they become hidden at the same time.”

In his 2017 publication, Dr. Callahan advised coalition building in three ways in order to increase the chances of improving health care of older adults: 1. Grassroots coalitions with patients and families; 2. Stronger relationships with CMS to strengthen our voice in healthcare policy; and 3. Building effective coalitions with local healthcare systems. Though these “marching orders” may seem daunting, they are key to establishing a sustainable, scalable, and valuable medical care culture.
that is able to identify and meet the needs of older adults. Dr. Callahan ended his talk with an inspiring quote from Albert Camus’ Myth of Sisyphus: “The struggle itself towards the heights is enough to fill a man’s heart. One must imagine Sisyphus happy.”

These important issues are what drive SGIM members who participate in the Geriatrics Interest Group and the newly formed Geriatrics Commission. We continued discussion of the following topics with Dr. Callahan after his talk:

1. What have been your favorite aspects of this year’s meeting? “I have probably attended more than 20 SGIM meetings. My favorite aspect of the meeting has always been reconnecting with colleagues from across the country. I think of the SGIM meeting as a place to recharge and reenergize. SGIM returns you to your home institution filled with new ideas for improving patient care.”

2. Can you expand on your thoughts on the existing generalist-geriatrician collaborations? “Generalists and geriatricians share many of the same challenges and opportunities. Both also face the difficult balance of remaining true to their overarching and broad principles of care while navigating in a world that perhaps overvalues the currency of ‘specialist.’ At a local level, I believe the two groups should increase their interactions and collaborations on areas of common interest. These collaborations wax and wane over the years and they require considerable energy by program leadership to help sustain. That said, any two faculty with an interest can help build these bridges- maybe it starts with a conversation over coffee.”

3. In what ways do you think these collaborations can be strengthened? “We strengthen collaborations by identifying and tackling common challenges that represent the important unmet needs of our patients. We need to work shoulder to shoulder on opportunities important to us and our stakeholders. Social interactions between these groups are great but they are strengthened by engaging in important work at the local level where teams of generalists and geriatricians can see that their hard work is producing dividends for patients.”

4. You spoke in your talk about the importance of volunteering. Can you expand on the rewards of volunteering for SGIM? “Volunteering at SGIM helps you look up from your grindstone and see how your work dovetails with the larger efforts of our larger community. Volunteering at SGIM expands your scope of responsibility and authority so that your efforts might reach a larger population of patients. Volunteering at SGIM provides you access to people who inspire you. Volunteering at SGIM helps you pay it forward for the many benefits you have received from the organization.”

5. What are some of the important areas in aging research that you think SGIM members can and should continue to pursue in the future, especially younger investigators looking for their niche? “I view choosing and pursuing an area of research as a discussion rather than a personal decision. Young investigators might imagine a Venn diagram with four circles: your passion, your institution’s priorities, your patient’s priorities, and a funding stream. Through discussion with your mentors and colleagues and stakeholders, you will identify the intersection of these four circles: there you will find your niche!”

6. Do you have any final words of wisdom for young generalists and geriatricians? “You build a career one step at a time, one brick at a time, and through perseverance. Perseverance and persistence are more powerful than most any other talent. All of the more senior people with whom you may come into contact followed this same journey—they all started somewhere. The best way to get started is to get started and keep moving forward.”

Note: Christopher M. Callahan, MD, MACP is the Cornelius and Yvonne Pettinga Professor of Aging Research at Indiana University. He is a scientist in the Regenstrief Institute, Inc. and is the founding Director of the Indiana University Center for Aging Research, now in its 21st year of operation. He received the Midcareer Research Mentorship Award from the Society of General Internal Medicine in 2006 and the Edward Henderson Award from the American Geriatrics Society in 2016. In 2017, he accepted the role of chief research and development officer at Eskenazi Health, one of America’s largest essential health care systems. He was selected as the Distinguished Professor in Geriatrics for the 2018 Society of General Internal Medicine meeting.

References
2. Williams BC, Weber V, Babbott continued on page 3
LEADERSHIP PROFILE (continued from page 2)

