



Special Issue Article

Advice on How to Choose a Geriatric Psychiatry Fellowship

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ABSTRACT

The population of older adults with mental health and substance use disorders in the United States is increasing at a significant rate. This growth creates a critical need for trained geriatric psychiatrists. Unfortunately, the number of psychiatrists choosing to receive subspecialty training in geriatric psychiatry has not kept pace with the growing needs of society. Many different methods for enhancing the recruitment of physicians interested in subspecialty training are being discussed nationally. One way to improve recruitment is to provide prospective residents a clear understanding of the process by which one may apply to and select a fellowship program. In this article, we discuss the process by which physicians interested in pursuing fellowship training in geriatric psychiatry can make an informed decision to apply to and choose programs that best fit their needs. (Am J Geriatr Psychiatry 2019; 27:687–694)

INTRODUCTION

The Institute of Medicine estimates that currently 5.6–8 million (one in five) older adults in the United States have one or more mental health and substance use disorders.¹ Given the projected increase

in the number of individuals aged 65 and older from 40.3 million in 2010 to 72.1 million by 2030, the need for trained healthcare professionals to care for older adults with mental health disorders is expected to increase significantly.¹ However, available evidence indicates that the nation's workforce remains poorly prepared to meet the healthcare needs of a rapidly growing and increasingly diverse older adult

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population with mental health and substance use disorders.¹

The first certification examination in geriatric psychiatry was administered by the American Board of Psychiatry and Neurology in 1991, but it was not until 1993 that the Accreditation Council for Graduate Medical Education (ACGME) approved geriatric psychiatry fellowship training requirements.² Currently, there are 60 ACGME accredited geriatric psychiatry fellowship programs in the United States, with a total of 60 active fellows in these programs.³ Despite the limited number of physicians entering geriatric psychiatry fellowship training, 3,465 certificates have been issued since the initial certification examination was administered in 1991, and a total of 2,255 certificates have been maintained as of December 31, 2017.⁴

The fill rate for geriatric psychiatry fellowship programs is low, at 40%, when compared with child and adolescent psychiatry (86%), psychosomatic medicine (72%), addiction psychiatry (70%), and forensic psychiatry (56%) fellowships.² Proposed reasons for this lack of interest include the stigma against mental health and substance use among older adults, limited early career support and mentorship, absence of clear financial incentives linked to additional training in the context of significant financial debt among medical students and residents, and a robust job market for any psychiatrist (general or subspecialty trained).^{1,2,5,6}

Strategies to enhance the recruitment of trainees in geriatric psychiatry include an exposure to the specialty early in medical careers, education of trainees on ageist biases, early identification and mentorship of trainees with interest in geriatric psychiatry, loan forgiveness programs for trainees in geriatric psychiatry, awards as incentives for training in geriatric psychiatry, and other forms of recognition.⁷

The goal of this article is to provide a general framework for physicians who are interested in pursuing fellowship training in geriatric psychiatry to make well-informed decisions when choosing the right program for their subspecialty training. By demystifying the process of application to and selection of programs, it is our hope that potential candidates will be more likely to pursue advanced training in geriatric psychiatry. Advice offered in this article is a synthesis of individual experiences and opinions of the authors as well as other former geriatric psychiatry fellows, fellowship

program directors, and leaders in the field of geriatric psychiatry.

FELLOWSHIP BASICS

Geriatric psychiatry fellowship programs are accredited by the ACGME, and the duration of fellowship programs is a mandatory 1 year (postgraduate year 5) after successful completion of an accredited psychiatry residency program. Some fellowship programs offer an optional second year of training. Fellows become proficient in the care of older adults with complex neuropsychiatric disorders that occur later in life, such as late-life depression and Alzheimer disease and other dementias with behavioral symptoms, as well as in the understanding of phase of life issues for older adults and the neurobiology and physiology of aging. Fellows usually rotate through a variety of settings, including geriatric psychiatry inpatient units and outpatient clinics, cognitive disorders assessment units, and long-term care facilities. The American Board of Psychiatry and Neurology offers geriatric psychiatry subspecialty board certification only for applicants who complete an ACGME-accredited fellowship program. Geriatric psychiatrists typically report high job satisfaction as well as satisfaction with their choice to pursue fellowship training.^{8,9}

SELECTING AN APPROPRIATE FELLOWSHIP PROGRAM

When evaluating fellowship programs, there are a few important points the applicant should carefully consider before making a final program selection. Important points of consideration may be grouped into six different categories, as demonstrated in [Figure 1](#). These categories are place (geographic location of the program), program (institutional merits), people (quality of the faculty, staff, and peers), process (getting the state license and appropriate visas), promise (support for career and future), and personal (family/spousal considerations). This article discusses each of these areas in detail.

Place

For many prospective geriatric psychiatry fellows, the geographic location of the fellowship program is an

FIGURE 1. Areas of consideration when applying to geriatric psychiatry fellowship programs.



important consideration.¹⁰ Since psychiatry residency programs use the National Residency Match Program,¹¹ soon-to-be fellows may currently reside in locations that are more or less suitable for them and their needs. Some psychiatry residents beginning fellowship training may have already established personal or professional ties and wish to remain in the location of their residency program, whereas others may wish to pursue fellowship training in a new location, either to become established elsewhere or to explore a new, exciting place for the fellowship year. Many graduating fellows ultimately choose to practice geriatric psychiatry in close proximity to their training.² In contrast to residency programs, geriatric psychiatry fellowships do not use a match, and since demand for fellows is high, many applicants have considerable leeway in choosing a program in a geographic location they prefer.

As of this writing, there are 60 ACGME-accredited geriatric psychiatry fellowships, which span only 31 states. Therefore, residents may find it necessary to leave their current location if electing to pursue fellowship training.¹² Of the 60 programs, 20 (33%) are located in the Northeast, 17 (28.3%) are located in the South, 14 (23.3%) are located in the Midwest, and 9 (15%) are located in the West (including one program in Hawaii).⁴ New York is the state with the greatest number of

fellowship programs, at 10 (17%).³ California is second, with four (7%) accredited programs, and Texas, Florida, and Michigan each have three (5%).¹²

Other geographic factors for prospective fellows to consider include cost of living (since fellows usually receive a postgraduate year 5 resident salary), size and type of housing typically available in the community, proximity to family and friends, job opportunities for a spouse, climate, and the availability of preferred cultural and leisure activities. In addition, different geographic locations may have different proportions of certain patient populations with which fellows wish to work, such as underserved minorities or socioeconomically disadvantaged groups. The volume of geriatric psychiatry patients also varies by region. By a margin of nearly 5 million individuals, the greatest number of Americans aged 65 years and older resides in the South, followed by the Midwest, West, and Northeast, although the West has the fastest growth in population of Americans 65 years and older.¹³

Program

As mentioned, in 2017–2018, there were 60 geriatric psychiatry fellowships in the United States.¹² A list of accredited geriatric psychiatry fellowship programs can be accessed through the ACGME.¹⁴ The American Association for Geriatric Psychiatry (AAGP) also has a list of fellowship programs accessible to interested applicants that includes links to websites and a description of each program.¹⁵

The first helpful delineation in understanding program structure is whether the fellowship is a 1-year program or longer. One-year fellowships have a heavy emphasis on clinical experience, and those that extend beyond 1 year typically have an additional emphasis on research, administrative experience, and teaching. Longer fellowships may be well suited to those fellows interested in pursuing an academic career.¹⁶ Other basic differences among programs to consider include size of the affiliated institution/department, reputation of the department or university, number of faculty board certified in geriatric psychiatry, whether there is a formalized division of geriatric psychiatry within the department, and whether clinical sites are localized to one hospital system or spread among several. Each individual applicant should explore programs of different sizes

or structures to see what best fits their needs and interests.

The ACGME requires that fellows in all programs have clinical experience in several areas, including geriatric psychiatry consultation (in an inpatient setting, outpatient setting, emergency setting, and chronic care facility), electroconvulsive therapy, geriatric psychopharmacology, individual and group psychotherapy, and a setting that provides the opportunity for longitudinal care. Programs are also required to provide the fellow with experience as part of an interdisciplinary team and with opportunities to interact with other support services (such as home healthcare, crisis intervention teams, etc.). A full description of common program requirements can be accessed through the ACGME.¹⁷ As program requirements can be met through different approaches and in different clinical settings, applicants should review this description prior to the interview process and discuss with program directors and faculty how clinical experiences at a program meet requirements, as one approach may be more favorable than another to a particular applicant.

Although all programs must meet these basic requirements for accreditation, it is helpful for applicants to consider other aspects that make the experience unique. For example, if an applicant has a particular clinical interest in neurology or palliative care, a program that offers a clinical rotation on such a service may be preferred. However, even if a program does not have a standard rotation on a particular service, many programs have elective opportunities within the fellowship curriculum, and it is worthwhile to discuss clinical interests with program directors before and during the interview process to determine what might be available.

Applicants should also consider nonclinical educational components offered by a fellowship program, regardless of length of fellowship.^{16,18} Didactic structure may vary among programs, and there are several questions applicants may want to pose to program directors during the interview process—for example, is there a formalized lecture series, case conference, journal club, or grand rounds? At what frequency do these take place? In what way do these didactic experiences augment the fellow's clinical experiences? What opportunities are there for teaching students, residents, and other trainees? How is career development fostered? Is the "focus" of this program to

produce clinicians or academicians? What are recent graduates of the program now doing? There is no "correct" answer to these questions, and applicants should consider how they feel these components would ideally fit into their fellowship experience when going into interviews.

People

In addition to clinical, research, administrative, and teaching opportunities offered by a fellowship, a large part of what attracts applicants to a particular program is the people with whom the fellow will be working. In the Promise section, we will discuss the importance of mentorship within a fellowship and more broadly through professional societies such as the AAGP. One specific consideration regarding the group with which the fellow will be working is whether the program has a single fellow or multiple fellows. Some applicants may prefer an individual experience, whereas others may prefer working with others. However, with less than half of available positions filled nationwide each year, this would suggest that even larger programs may not necessarily have more than one fellow in a given year.² The interaction of fellows with other trainees—such as geriatric medicine fellows and general psychiatry residents—may also influence an applicant's decision to apply to a particular program. A geriatric psychiatry fellowship that has only one fellow, for example, may still seem part of a community of fellows if the learning experiences overlap with those of the institution's geriatric medicine fellowship.

Applicants should also inquire about the geriatric psychiatry faculty involved with the program. Although a larger number of faculty may seem to indicate that there will be more learning opportunities, applicants should find out how many of those faculty are actively involved in the fellowship and in what capacity. The average fellowship has 5.7 geriatric psychiatry faculty.¹² However, what is more important than total number is in what capacity these faculty are involved in the training of the fellow. It may be that one or two faculty provide primary clinical supervision, whereas others may give only one or two lectures per year. Identifying faculty members who have a particular clinical, academic, or research interest may also influence an applicant's decision to apply to a particular program.

Beyond peers and faculty, other support staff may be key players in the day-to-day experience of a fellow, including nursing, social work, case management, and others. Talking to current fellows or recent graduates of a program about the way in which the fellow is integrated into teams may be helpful in understanding the particular culture of an institution. An example would be on an inpatient unit: does the fellow lead rounds, or does the attending or nursing staff? What support staff are available to the fellow for patient evaluation, implementation of care, and discharge planning? What are the expectations the support staff have of the fellow and vice versa? Meeting these individuals during an interview day is helpful in the applicant's decision-making process as well.

Process

The time to start researching fellowship programs is by the third year of residency, assuming the applicant will be entering fellowship immediately following residency graduation. Residency programs are required to offer 1 month of geriatric clinical experience as part of the general psychiatry curriculum, and these experiences often spark interest in geriatric psychiatry as a career.^{19,20} The way in which the 1-month geriatric requirement is met during residency varies widely among programs and may not even include a geriatric psychiatrist as an attending. As such, residents can learn more about geriatric psychiatry fellowships from additional resources. These resources may be local (residency faculty and recent graduates who have pursued fellowship training) or national, such as the AAGP Scholars Program. The Scholars Program is an educational program offered at the AAGP annual meeting for selected medical students and residents with the goal of encouraging trainees to pursue careers in geriatric psychiatry. The program offers myriad opportunities to learn more about the field of geriatric psychiatry and network with future mentors and geriatric psychiatry fellowship program directors, serving as another avenue to facilitate the process of deciding next steps in fellowship training.²¹ If attending the Scholars Program in the third year of residency, it is a good idea to have a list of fellowship program directors to meet at the AAGP annual meeting. After meeting program directors, interviews can occur in the months that follow. Some fellowships are currently filling a year in advance (at

the beginning of the resident's fourth year). Residents who begin the application process later are still very likely to get a fellowship position (given many programs do not fill all available spots), but these residents may be more limited in the programs that have available openings. Once the decision to embark on a geriatric psychiatry fellowship is made, the next step is applying to programs.

Unlike residency applications, which occur through the National Residency Match Program, geriatric psychiatry fellowship programs do not currently participate in the Match Program. This means that the process of applying is directly to individual programs and on a rolling basis (i.e., varying deadlines until the program fills). Although requirements may vary, there are some commonalities, which can make navigating this process more seamless. Fellowship programs require a completed application, which can be found either on the program's website or by contacting the designated individual (program director or program coordinator), current curriculum vitae, and usually two to three letters of recommendation. Applicants should ascertain each program's required documentation before applying and contact those individuals from whom letters of recommendation are being requested well in advance so that the application packet is as complete as possible.⁷ It is also advisable to submit applications to top programs of one's choice promptly and early in the academic year. Although there are more open fellowship spots than applicants, programs prefer to fill their positions as early as possible.

Another important consideration when selecting programs during the application process is licensure and visa requirements. International medical graduates should be sure to research each program's specific visa requirements and categories (some programs accept applications from individuals on J-1 visas, whereas others accept H-1B visas, etc.). Other factors such as clinical call requirements and availability of opportunities for moonlighting may also factor into the decision-making process, both from a clinical and financial standpoint. Visa status restrictions on moonlighting should be considered by international medical graduate applicants. When in doubt, contacting the fellowship program directly to professionally ask about their specific requirements is recommended.

After receiving interview offers, practical considerations such as planning travel and clinical coverage

for time away should ensue. This includes clarification of number of available interview days sanctioned by the applicant's residency program (or employer, in the case of applicants who are returning to fellowship from clinical practice) and approvals from the residency program director. As always, when embarking on interviews, maintaining professionalism in interactions with fellowship personnel is of utmost importance, as is following up with written communication to express appreciation to the fellowship program director and other individuals conducting interviews.

Applicants will often receive offers for positions at multiple institutions—even, in some cases, on the same day as the interview. Although this is a fortunate circumstance, it is also complicated, as candidates may have other interviews pending. Professional, honest, and open communication with the offering program about the need for additional time to interview, deliberate, or weigh other factors is reasonable and often appreciated by programs. Various additional factors can influence the decision to accept a fellowship position at another location, including permanent licensure requirements prior to beginning fellowship training and Drug Enforcement Administration licensure requirements. Obtaining these licenses may be time- and labor-intensive. Therefore, applicants are advised to consult the Federation of State Medical Boards (www.fsmb.org) and the Drug Enforcement Administration website (www.deadiversion.usdoj.gov), as well as the individual fellowship programs, for further clarification.

Promise

In this section of the article, we review the selection of fellowship programs based on their ability to provide the trainee with a bright and secure future in the field of geriatric psychiatry. Fellowship programs should ideally provide trainees with all the tools and skill sets needed to embark on a successful career in their chosen subspecialty.²² These include the provision for access to new and innovative clinical, academic, and research career opportunities; contacts with leaders in the field; involvement in professional societies; early access to leadership opportunities; and ongoing mentorship. Among these, involvement in professional societies and mentorship appears to have a special place in the development of successful careers.^{23–25} Involvement in national organizations like the AAGP

enables individual physicians to liaise with peers on a national level, become aware of best practices in their chosen field, get involved with seminal issues affecting the field, and be involved in advocacy for their medical specialty. Additionally, professional societies could provide the physician with opportunities to seek mentorship and guidance from national-level thought leaders in their profession—an opportunity that may not be available at their local institution.

The importance of mentorship during the fellowship program and its continuation into the individual's career cannot be understated.²⁶ Mentorship is a dynamic and bidirectional process that allows the professional and personal development of both the mentee and mentor. Mentorship provides multiple benefits, including the means to augment the performance and commitment of individuals to the field of learning, enhance learning prospects, and inspire multidisciplinary collaborations. Fellowship programs that foster the involvement of their trainees in national organizations and provide ongoing mentorship produce successful practitioners and thought leaders in the subspecialty.^{9,22} Programs that provide formal clinical research training/guidance and ongoing support for their research activities are more likely to produce subspecialists who aspire to have independent research careers.^{22,27}

When applicants review the strengths and weaknesses of fellowship programs, they should consider the track record each program has in investing in the future of trainees. Programs that nurture the careers of their trainees produce highly successful professionals who go on to become leaders in the field. Additionally, these programs often retain their trainees and build a strong faculty base who contribute to the clinical, educational, and research success of the program and institution.

Personal

In addition to the practical aspects and considerations listed in the preceding section on the process of applying for fellowships, personal factors (economic and social) may also play a prominent role. Common themes when considering fellowship training, as identified by a recent residency graduate survey, include geographic location, lifestyle (availability of free time), finances, and proximity to family.²⁸ These factors may also be strongly influenced by age.² Lifestyle factors

are particularly salient if the fellowship entails a move to a different location, and family input often weighs into this decision-making process. Family may influence career choices post-fellowship, although exploration of this topic has been limited in the field of geriatric psychiatry.^{29,30} Benefits such as health insurance (and interim coverage before beginning the fellowship) should be considered and explored with the fellowship program's graduate medical education office. Coverage for spouses and dependents is another consideration. Location-related factors such as housing (particularly if moving for a 1-year fellowship), distance and commute to clinical sites, public transportation, and traffic intensity and patterns, as well as proximity to other social, cultural, and spiritual outlets, are relevant to prospective fellows. Fellows who have spouses or dependents may need to consider child care, schools/education systems, and employment opportunities for spouses/partners. The latter could potentially influence both the choice of fellowship program and the decision to do a fellowship, given financial considerations, based on the primary income source and level of educational debt. Furthermore, spousal/partner geographic preferences and additional family support (i.e., proximity to other family members) also influence the decision to pursue a fellowship and, subsequently, the location of fellowships to which to apply.

CONCLUSION

Prior to applying for fellowship positions, applicants should gather all the necessary information regarding programs of interest to narrow down the choices for programs that best suit their needs. Applicants should then submit their applications to these

programs in a timely manner. Those who decide to apply later are likely to find available positions, but many highly sought programs tend to fill their available slots almost a year in advance, and thus there may not be positions open at their top-choice programs. It is also recommended to use a national organization like the AAGP to identify mentors, network with colleagues, including program directors, learn about successful fellowship programs, and enhance one's academic and professional visibility.^{9,25}

Although applicants do not submit an official "rank list," they should use the general themes of place, program, people, process, promise, and personal considerations as a general guide for identifying programs best suited to their needs. The final identification of programs to apply to (and, ultimately, the choice of program at which the applicant will accept a position) will depend on a composite of these themes that provides the greatest value to the individual. For example, applicants may choose to enroll in a program that is located in a place with a favorable climate or at a location in which they have immediate family residing in favor of a higher-ranking or more academically oriented program. A word of caution to applicants is to not consider fellowship training as a 1- or 2-year commitment, but as a life-long investment from which an individual physician can reap rich dividends.²²

In light of the need for fellowship-trained geriatric psychiatrists in the United States, it is our hope that the guidelines discussed in this article will demystify the process of application to and selection of geriatric psychiatry fellowship programs and thus encourage potentially interested candidates to apply. When fellows train at a program that meets their individual needs, the fellowship experience then serves as the basis for a fulfilling geriatric psychiatry career.

References

1. Institute of Medicine. The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? In: Eden J, Maslow K, Le M, eds. *The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?*, Washington, DC: National Academies Press, 2012
2. Juul D, Colenda CC, Lyness JM, et al: Subspecialty training and certification in geriatric psychiatry: a 25-year overview. *Am J Geriatr Psychiatry* 2017; 25:445-453
3. Accreditation Council for Graduate Medical Education: Number of accredited programs. (online). Available at: <https://apps.acgme.org/ads/Public/Reports/ReportRun?ReportId=3&CurrentYear=2017&AcademicYearId=2017>. Accessed August 13, 2018
4. American Board of Psychiatry and Neurology: 2017 Annual Report. (online). Available at: <https://www.abpn.com/about/facts-and-statistics/>. Accessed August 25, 2018
5. Medscape: Residents Salary & Debt Report 2018. (online). Available at: <https://www.medscape.com/slideshow/2018-residents-salary-debt-report-6010044#13>. Accessed August 25, 2018
6. Merritt Hawkins: 2017 Review of Physician and Advanced Practitioner Recruiting Incentives. (online). Available at: <https://www.merrithawkins.com/physician-and-advanced-practitioner-recruiting-incentives>

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- www.merrithawkins.com/uploadedFiles/MerrittHawkins/Pdf/2017_Physician_Incentive_Review_Merritt_Hawkins.pdf. Accessed August 25, 2018
7. Bragg EJ, Warshaw GA, Cheong J, et al: National survey of geriatric psychiatry fellowship programs: comparing findings in 2006/07 and 2001/02 from the American Geriatrics Society and Association of Directors of Geriatric Academic Programs' Geriatrics Workforce Policy Studies Center. *Am J Geriatr Psychiatry* 2012; 20:169-178
 8. Siu AL, Beck JC: Physician satisfaction with career choices in geriatrics. *Gerontologist* 1990; 30:529-534
 9. Yarns BC, Glass OM: Why trainees should consider a career in geriatric psychiatry: reflections from two AAGP trainee board members. *Am J Geriatr Psychiatry* 2017; 25:204-206
 10. Lief SJ, Clarke D: What factors contribute to senior psychiatry residents' interest in geriatric psychiatry? A Delphi study. *Can J Psychiatry* 2000; 45:912-916
 11. National Resident Match Program: Psychiatry Match. (online). Available at: <http://www.nrmp.org/fellowships/psychiatry-match>. Accessed September 16, 2018
 12. Department of Applications and Data Analysis, Accreditation Council for Graduate Medical Education. Accreditation Council of Graduate Medical Education (ACGME) Data Resource Book, Academic Year 2017-2018. Chicago: Accreditation Council for Graduate Medical Education, 2018
 13. U.S. Census Bureau: The Older Population: 2010. (online). Available at: <https://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>. Accessed October 30, 2018
 14. Accreditation Council of Graduate Medical Education: List of Programs by Specialty. (online). Available at: <https://apps.acgme.org/ads/public/reports/report/1>. Accessed October 30, 2018
 15. American Association for Geriatric Psychiatry: Fellowship Programs. (online). Available at: <https://www.aagponline.org/index.php?src=gendocs&ref=FellowshipPrograms&category=Main>. Accessed October 30, 2018
 16. Lief SJ, Warshaw GA, Bragg EJ, et al: Geriatric psychiatry fellowship programs in the United States: findings for the Association of Directors of Geriatric Academic Programs' longitudinal study of training and practice. *Am J Geriatr Psychiatry* 2003; 11:291-299
 17. Accreditation Council of Graduate Medical Education: ACGME Program Requirements for Graduate Medical Education in Geriatric Psychiatry. (online). Available at: https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/407_geriatric_psych_2017-07-01.pdf?ver=2017-05-03-161248-643. Accessed August 7, 2018
 18. Medina-Walpole A, Fonzi J, Katz PR: Academic career development in geriatric fellowship training. *J Am Geriatr Soc* 2007; 55:2061-2067
 19. Rej S, Laliberte V, Rapoport MJ, et al: What makes residents interested in geriatric psychiatry? A pan-Canadian online survey of psychiatry residents. *Am J Geriatr Psychiatry* 2015; 23:735-743
 20. Lief SJ, Tolomiczenko GS, Dunn LB: Effect of training and other influences on the development of career interest in geriatric psychiatry. *Am J Geriatr Psychiatry* 2003; 11(3):300-308
 21. Wilkins KW, Forester B, Conroy M, et al: The American Association for Geriatric Psychiatry's Scholars Program: a model program for recruitment into psychiatric subspecialties. *Acad Psychiatry* 2017; 41:688-692
 22. Lenze EJ: Scientific biography of a mid-career physician-scientist: getting by with help from my friends. *Am J Geriatr Psychiatry* 2018; 26:998-1004
 23. Worley L: The unique role of psychiatric organizations and societies in professional development. *Acad Psychiatry* 2007; 31:112-113
 24. Sewell DD: The American Association for Geriatric Psychiatry: my professional family. *Acad Psychiatry* 2007; 31:103-104
 25. Reynolds KW III: Career development in old-age psychiatry: opportunities through the American Association for Geriatric Psychiatry. *Acad Psychiatry* 2007; 31:105-106
 26. Burgess A, van Diggele C, Mellis C: Mentorship in the health professions: a review. *Clin Teach* 2018; 15:197-202
 27. Halpain MC, Jeste DV, Katz IR, et al: The first Summer Research Institute in geriatric psychiatry. *Am J Geriatr Psychiatry* 1997; 5:238-246
 28. Merritt Hawkins: 2015 Survey: Final-Year Medical Residents. (online). Available at: <https://www.merrithawkins.com/uploaded-Files/mhahresident2015surveyPDF.pdf>. Accessed August 13, 2018
 29. Sambunjak D, Straus SE, Marušić A: Mentoring in academic medicine: a systematic review. *JAMA* 2006; 296:1103-1115
 30. Leung K, Awani T, Chima C, et al: What can qualitative studies reveal about recruitment into psychiatry? *Acad Psychiatry* 2015; 39:286-292