

# Do Interest Groups Cultivate Interest? Trajectories of Geriatric Interest Group Members



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## ABSTRACT

### Background

Minimal exposure, misconceptions, and lack of interest have historically driven the shortage of health-care providers for older adults. This study aimed to determine how medical students' participation in the National Geriatrics Interest Group (NGIG) and local Geriatrics Interest Groups (GIGs) shapes their career development in the care of older adults.

### Methods

An electronic survey consisting of quantitative and qualitative metrics to assess the influence of Interest Groups was distributed to all current and past members of local GIGs at Canadian universities since 2017, as well as current and past executives of the NGIG since 2011. Descriptive statistics and thematic analysis were performed.

### Results

Thirty-one responses (27.7% response rate) were collected from medical students (13), residents (16), and physicians (2). 79% of resident respondents indicated they will likely have a geriatrics-focused medical practice. 45% of respondents indicated GIG/NGIG involvement facilitated the establishment of strong mentorship. Several themes emerged on how GIG/NGIG promoted interest in geriatrics: faculty mentorship, networking, dispelling stigma, and career advancement.

### Conclusion

The positive associations with the development of geriatrics-focused careers and mentorship compel ongoing support for these organizations as a strategy to increase the number of physicians in geriatrics-related practices.

**Key words:** medical students, mentorship, interest group, medical education, geriatrics

## INTRODUCTION

A decade ago, Canada faced a critical shortage of geriatricians, one which was not expected to improve in the near future given the low numbers of physicians entering geriatric medicine as a specialty.<sup>(1)</sup> In 2018, there were 304 physicians trained in Geriatric Medicine and 204 geriatric psychiatrists<sup>(2)</sup> for Canada's 6,355,401 adults age 65 and older.<sup>(3)</sup> Family physicians with additional training in Care of the Elderly further comprise a significant component of the medical workforce providing health care to older adults. Interest groups, in part, capitalize on early clinical exposure and faculty role-modelling, which has consistently served as a critical factor in influencing student career aspirations.<sup>(4-6)</sup> However, the lack of trainee-centred perspectives in the literature poses a significant gap in our understanding of the factors at play that drive medical students towards—or away from—careers in the care of older adults.

In 2010, a national student-driven Canadian effort to amalgamate interest in geriatrics led to the creation of a National Geriatrics Interest Group (NGIG)—a centralized organization facilitated by students for students, with the goal of creating Canada-wide education and advocacy initiatives in the field of geriatrics.<sup>(7)</sup> For students across the country, NGIG promotes interest in geriatrics, disseminates opportunities and information, offers financial and administrative support for the 14 local Canadian Geriatric Interest Group (GIG) (which are geographically distributed across Canadian medical schools), and establishes networking opportunities for its constituents. Although Canadian medical schools are predominantly situated in urban centres, many have satellite campuses in rural/suburban areas. The medical school's GIGs thus follow the same distribution, with participation targeted to all enrolled students. Most recently in 2014, medical students at Memorial University in Newfoundland established Canada's 14th geriatric interest group, and this ongoing expansion of interest

in older adult health may signal at least an awareness of the need for increased training across both urban and rural/remote areas. Additionally, GIGs function as student divisions affiliated with the Canadian Geriatric Society (CGS) and the Canadian Academy of Geriatric Psychiatry (CAGP).

However, despite the resources devoted to these initiatives, the impact of student-run GIGs and NGIG on shaping perspectives of geriatrics and interest in the field has not yet been explored.

## METHODS

### Participants

Between September and November 2018, an electronic survey was sent to current and past GIG (n=52) and NGIG (n=60) members. Eligibility was defined as involvement within the NGIG or a local GIG as an “executive member” for a minimum of one year, and sampling was based on available contact information. Executive member was defined broadly as any student with a leadership role on a local GIG or NGIG (e.g., section chair, vice president, communications coordinator). A complete list of NGIG executives since 2011 was made available to one of the investigators (Tricia Woo) and was used to contact potential respondents. For local GIG members, the contacts of current-year participants were only amassed by NGIG starting in 2017, which comprised our study’s sample size. We thereafter relied on snowball sampling to extend the distribution of the survey to past GIG members not captured in our records to ensure sufficient participation.<sup>(8)</sup>

### Data Collection

The survey consisted of quantitative and qualitative free-text questions aimed at assessing the influence of the learners’ involvement with GIG/NGIG on their interests and plans to pursue specialties in older adult care (see Table 1). Questions were pre-tested with three executive members to ensure clarity.<sup>(8)</sup> Demographic data characterized respondents’ degree of involvement with GIG/NGIG, outcome data characterized either interest in or chosen field of practice (depending on level of training), and qualitative free text responses explored features of the interest groups that promoted stimulation and engagement. No identifying data, aside from medical school attended, were collected.

### Study Setting

The study was conducted by past executive members of the NGIG (A. Cuperfain and A. Perrella) who both have extensive experience in student-club operations and qualitative methodology. The study was approved by the University of Toronto Research Ethics Board (REB #35713). The institution had no relationship to the pan-Canadian survey.

### Analysis

Simple descriptive statistics were used to interpret the quantitative survey data. Qualitative data were analyzed independently by two study investigators (A. Cuperfain and

A. Perrella). They first immersed themselves in the data by reading and re-reading the responses. Responses were coded line-by-line, using the highlighting function in Microsoft Word, to identify key concepts, and then select quotations were copied into a spreadsheet. This thematic analysis was performed independently, after which the two investigators co-developed the initial themes. Both coders felt that data saturation was achieved after the first 15 responses, although this was not used to limit further participant recruitment. The themes and accompanying quotes were reviewed by a third researcher (A. Canfield) to resolve discrepancies. Member-checking was conducted by reviewing findings with faculty supervisors (T. Woo and C. Wong, both academic geriatricians with extensive involvement in GIGs and trainee supervision), as well as current NGIG executive members, to gauge the representativeness of the themes.

## RESULTS

Results from the demographic data can be found in Table 2. Quantitative data revealed that 18/31 (58%) participants on GIGs went on to assume NGIG roles, with 6/31 (19%) holding more than one NGIG role during medical school. Regarding career direction, 11/14 (79%) resident-participants stated that they would likely have geriatrics-focused practices, and 14/31 (45%) participants expressed establishing strong mentorship through GIG/NGIG involvement. Of note, 8 of 31 respondents did not complete the free-response sections. Their data were only included in the demographic quantitative metrics.

Several themes emerged from the narrative data collection that speak to the benefits of GIG involvement amongst participants: 1) faculty mentorship, 2) networking, 3) dispelling stigma, and 4) career advancement.

### Faculty Mentorship

Participants felt that interest group events allowed them to acquire faculty mentors, which provided an opportunity to “talk through career issues” (#8) and “discuss research/collaboration opportunities” (#19) in geriatrics.

It has allowed me to meet other mentors, gain more information about a career in geriatrics. (#4)

[My mentor’s] interest in the field was inspiring. I have seen my classmates asking to do a clinical exposure with her through the GIG events. (#5)

### Networking

Positive interactions between fellow students and residents reinforced the strong community of practice within older adult care, as participants began to develop a network of future colleagues and collaborators.

Participation in NGIG/GIG helped reaffirm my positive perspective of geriatric medicine, specifically by connecting me with like-minded and passionate medical students and residents. (#6)

PERRELLA: DO INTEREST GROUPS CULTIVATE INTEREST?

TABLE 1.  
Questions asked in the questionnaire (divided by medical student, resident, and fellows and staff)

<i>Demographic Data</i>	
Medical school attended/attending	[free text response]
Prior/Current NGIG role(s) (if applicable)	[free text response]
Prior/Current GIG role(s) (if applicable)	[free text response]
Number of years involved with GIG and/or NGIG	[Less than 1, 1-2, 2-3, 3-4, 4+]
<i>For Medical Students</i>	
Do you plan on practicing in geriatrics, care of the elderly, or geriatric psychiatry?	[Definitely yes, Probably yes, Might or might not, Probably not, Definitely not]
If you had to choose today, what specialty and/or subspecialty would you train in?	[free text response]
<i>For Residents</i>	
Current Residency program (e.g. Internal Medicine, General Surgery, Family Medicine, etc.)	[free text response]
Current subspecialty program (if applicable)	[free text response]
Do you plan to have a geriatric-focused practice?	[Definitely yes, Probably yes, Might or might not, Probably not, Definitely not]
<i>For Fellows and Staff</i>	
In what program did you complete your Residency training (e.g., Internal Medicine, General Surgery, Family Medicine, etc.)?	[free text response]
Did you complete (or are currently completing) any extra training following residency (e.g., fellowship, graduate degree)? If so, please describe:	[free text response]
Are you currently working in the field of geriatrics?	[Yes, No]
<i>For All</i>	
To what extent has participation in NGIG or GIG roles shaped your perspective of geriatric medicine?	[free text response]
Do you feel your participation on the GIG or NGIG influenced your career choice(s)? If so, how?	[free text response]
Have you established a connection with any mentors involved in the field of geriatrics through your participation in GIG or NGIG?	[Yes, No]
If you answered yes to the previous question, how has this mentorship contributed to your professional development?	[free text response]
Did any opportunities (research, volunteer, work) open up to you as a result of your involvement in GIG or NGIG?	[free text response]
If comfortable, please share your most memorable or transformative moment during your time with GIG or NGIG:	[free text response]

Conferences and social events seemed to be the primary mediums through which these interactions formed.

Attending the Canadian Geriatric Society conferences was very memorable and valuable. Being surrounded by medical students, residents, and geriatricians from across Canada who share a passion for high quality care was amazing. (#24)

Meeting at the conference was always the best part. (#8)

**Dispelling Stigma**

Some respondents (9 of 31) expressed a longstanding interest in geriatrics prior to their GIG involvement. Nonetheless, involvement in GIG/NGIG aided many students in altering their perspectives and preconceptions of older adult medicine.

Having the opportunity to meet with residents and staff through NGIG/GIG and talking with them about why they

are passionate about geriatrics helped me to see through the stigma that is often attached to geriatrics. (#30)

Many openly admitted to holding prejudices regarding what this field of work entailed, and further described how the experiences and knowledge they gained “was especially helpful as a pre-clerkship student” (#30) and prompted them “to implement elder-friendly management plans” (#11) in their clinical work.

Expanding on a previous theme, ‘networking’ was viewed as quintessential in dispelling negative preconceptions.

I had the prejudice that is shared by many people, that geriatric medicine is mundane. However, I realized through networking that there are passionate young physicians who are practicing geriatric medicine and that it is its own specialty with its unique knowledge. (#5)

TABLE 2.  
Summary of participant data and number of respondents

<i>Medical School Attended</i>	
University of British Columbia	1
University of Calgary	2
University of Saskatchewan	2
University of Manitoba	2
Western University	2
University of Toronto	7
McMaster University	6
Queens University	4
University of Ottawa	4
Did not disclose	1
<i>NGIG Role</i>	
Co-chair	7
VP External	4
VP Conference	1
VP Publications	3
VP Communications	1
VP Finance	3
VP Media	1
VP Research	1
VP Geri Psych	1
No NGIG role held	7
Did not disclose	2
<i>Number of Years Involved with GIG/NGIG</i>	
1 year	2
2 years	11
3 years	9
4 years	8
Did not disclose	1
<i>Participants</i>	
Medical students	13
Residents	14
Family medicine	3
Internal medicine	8
Psychiatry	3
Fellows	2
Family medicine, Care of the elderly	1
Staff	
Family medicine, Care of the elderly	2
General psychiatry	1
	1

**Career Advancement**

Finally, participants used their interest group involvement and connections as springboards for their careers—from medical student to resident. Ten of 31 participants made specific reference to research opportunities and publications through their involvement.

It encouraged me to do a geriatrics elective during 4th year of medical school as well as do a geriatrics block during 1st year of residency. (#30)

It provided me with opportunities for projects, research, and also an opportunity to ask questions about what careers in various specialties with a focus on seniors care would look like. (#24)

**DISCUSSION**

National and local GIGs are student-run, faculty-supported groups that aim to serve as learning communities for medical students, and viewed in this context, may assist in conceptualizing what merits are offered to its members in their geriatric career advancement.<sup>(6)</sup> We presented these findings in the context of a “call to arms” in the *Canadian Geriatrics Journal* over five years ago. We noted the critical shortage of geriatric-trained Canadian physicians and the concern that, at the time, there appeared to be no prospect of improvement.<sup>(9)</sup>

Evidently, change is slow, but our work supports the notion that recruiting trainees towards geriatrics is promoted by early formative experiences. Based on our findings, GIG events should focus on contributing to the themes identified as most beneficial to participants. Networking, mentorship, opportunities for career advancement, and dispelling stigma are prominent features of effective interest group outcomes expressed by participants, and these can provide a framework for envisioning current and future interest group initiatives. Indeed, GIG activities can be clustered based on these themes (Figure 1). A full list of NGIG/GIG events can also be found in Table 3.

In 2010, only four Canadian medical schools had established Geriatric Interest Groups. A decade later, with more than 600 participants involved in over 50 annual Canadian-wide events, national geriatric interest is indeed evident.<sup>(7)</sup> By 2013, we saw the creation of the Residents’ Geriatric Interest Group (RGIG), furthering opportunities for collaboration, mentorship, and career enhancement among post-graduates.

**Limitations**

We acknowledge that our data may be limited by small sample size and participant bias, in that those who have contributed most to interest group activities and/or self-identified as interested in geriatric medicine would comprise more survey participants. As well, our study focused on the experiences of executive members whose experience likely varied from that of general members, further limiting the generalizability of these results. Furthermore, junior learners—even those with an expressed interest in older adult care—are likely to still be uncovering their career paths at the time of survey distribution. Nonetheless, whether or not students eventually pursued a career in geriatrics, many expressed gratitude for the unique opportunities, insight, and experiences gained.

**CONCLUSION**

Through this explorative study, we sought to undertake an evaluation of the influence of geriatrics-focused interest groups

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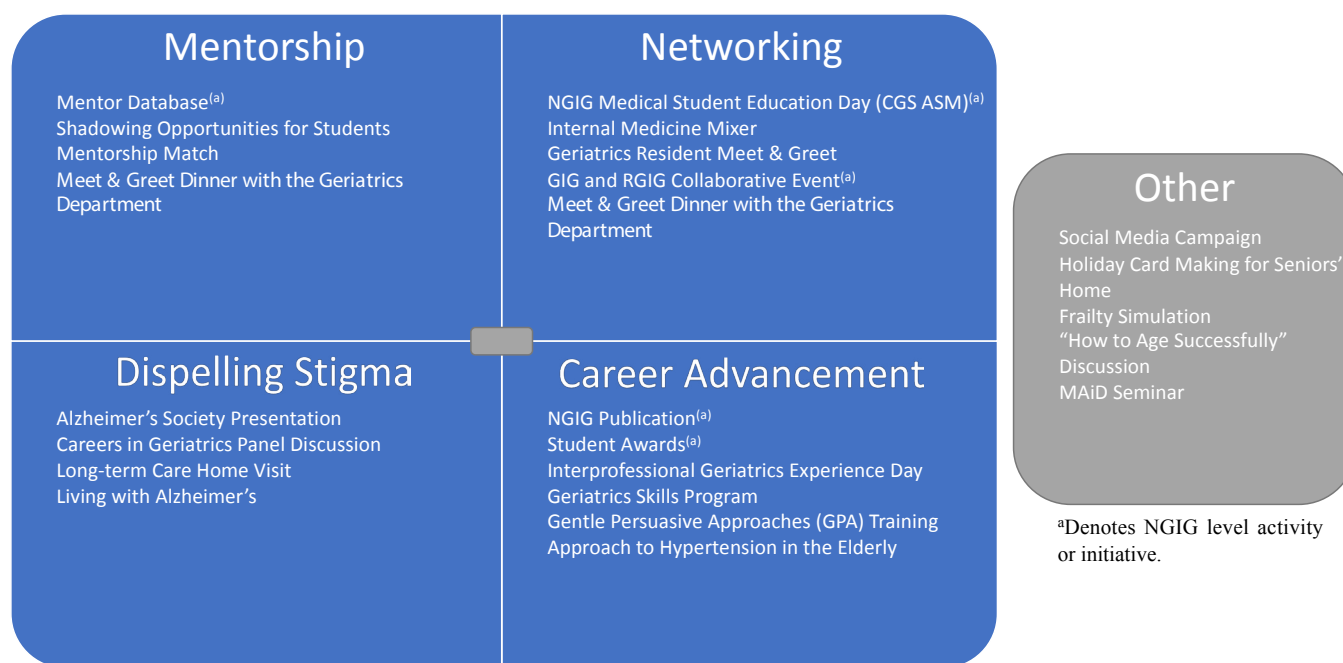


FIGURE 1. Selected NGIG and GIG activities organized by most prominent theme

TABLE 3.  
List of NGIG and local GIG initiatives, per institution (updated as of 2019)

<i>NGIG Annual Initiatives</i>	
NGIG Publication, 7 <sup>th</sup> Edition	The NGIG publication is the first entirely student-led national publication with a geriatric-focus. It is available in print at the Annual Scientific Meeting of the Canadian Geriatrics Society and afterwards in electronic form.
NGIG Medical Student Education Day	Canada's only conference designed specifically for future physicians interested in elder-friendly medicine. Embedded within the CGS Annual Scientific Meeting, it allows medical students to learn directly from Canada's leaders in Geriatrics, network amongst colleagues, and participate in interactive teaching sessions designed specifically for medical students.
Student Awards, 5 <sup>th</sup> year	Two awards—the J.L. Research Award and the Leadership Award—are presented to medical students at the NGIG Student Day.
Social Media Campaign	An ongoing priority to increase our social media presence through Facebook and Twitter. For example, the #whygeriatricswednesday campaign has continued to be successful this year. Every other Wednesday, a local GIG submits a photo, article, or video which details an interesting aspect of aging or geriatric medicine to be posted on the groups' social media accounts.
Mentor Database, 4 <sup>th</sup> year	A regularly updated database of physicians across the country who are open to taking on medical students for research projects centered on the care of the elderly.
Alzheimer's Society Initiative, 7 <sup>th</sup> year	An ongoing partnership with the Alzheimer Society of Canada (ASC) to educate students on dementia. The NGIG encourages the university GIGs to contact their respective ASC chapter representative to organize local these events.
GIG and RGIG Collaborative event	To help facilitate medical student contact with residents and fellows, an annual collaboration initiative is a mandatory event for local GIGs.
<i>Local GIG Annual Initiatives</i>	
University of British Columbia	Geriatrics Sexual Health seminar, Living with Alzheimer's, Geriatric OSCE
University of Alberta	Geriatrics Panel, Internal Medicine Mixer, Alzheimer's Society Talk
University of Calgary	Interprofessional Geriatric Skills night, Holiday card-making for Seniors home, MAID Seminar
University of Saskatchewan	MAID seminar, Palliative Care Medicine career dialogue, Alzheimer's Society Talk
University of Manitoba	Alzheimer's Society talk, Immigration and Care of the Elderly, Careers in Geriatrics Panel Discussion

Continued

TABLE 3.  
Continued

<i>Local GIG Annual Initiatives</i>	
University of Manitoba Northern Ontario School of Medicine	Alzheimer's Society talk, Immigration and Care of the Elderly, Careers in Geriatrics Panel Discussion Approach to Hypertension in the Elderly, Interprofessional Geriatric Skills Night
University of Western Ontario	Why Geriatrics Talk, Aging Simulation Workshop (in collaboration with Alzheimer's Society), Elder Abuse Talk, Gentle Persuasive Approaches (GPA) Training
McMaster University	"To Benzo or Not To Benzo" Discussion, Long-term Care Home Visit, Internal Medicine and Psychiatry Resident Panel, Geriatric Skills Day
University of Ottawa	Geriatrics Resident Meet & Greet, Geriatrics Career & Lifestyle Talk, Palliative Care Career & Lifestyle Talk, Communications in Palliative Care/MAID Talk
Queen's University	"How to Age Successfully" Discussion, Alzheimer's Society Talk, Interprofessional Geriatrics Skills Night, Geriatrics Observerships, Policy and Seniors Care: Alternative Levels of Care (ALC) Discussion, Introduction to Geriatric Psychiatry
University of Toronto	Career Panel, Meet & Greet Dinner with the Geriatrics Department, Interprofessional Geriatrics Experience Day, Mentorship Match, Alzheimer's Society Lunchtime Talk
McGill University	Shadowing Opportunities for Students, Geriatrics Career Panel, Geriatrics Skills Night, Wine and Cheese Collaboration with RGIG
University of Montreal	Shadowing Opportunities for Students, Alzheimer's Society (French) Talk
Dalhousie University	Frailty Simulation, Alzheimer's Society Patient Panel

at an opportune time in Canadian medical training. For the question of interest groups cultivating interest, our data suggest that NGIG/GIG may contribute to increased interest in geriatrics through the provision of tangible opportunities afforded to committed members of such interest groups, such as networking, mentorship, and career advancement. We remain hopeful for future research aimed at following group members longitudinally to gauge whether and how cultivating an "interest" in geriatric medicine translates into one's future patient care.

## ACKNOWLEDGEMENTS

The Canadian Geriatrics Society allocates up to \$1000 annually to each local Geriatric Interest Group to support its events.

## CONFLICT OF INTEREST DISCLOSURES

At the time of the survey distribution, Andrew Perrella, Ari B. Cuperfain, and Amanda B. Canfield were current members of the NGIG. They did not complete the survey themselves. The authors declare that no additional conflicts of interest exist.

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