Dignity and geriatrics

Sir,

Tadd and Read (vol 73(5), 2012, p. 245) provide a compelling case for improving hospital care for the geriatric in hospital wards or rather, in their words, they seek to improve hospital care for the older person. There is a subtle difference here and it is associated with the word geriatric or the lack of the use of the word geriatric. What exactly does Tadd and Read's older person mean? For me it is too vague and can't be pinned down. As such when offering or attempting to offer care for older people this will also be vague and I would suggest usually it is inappropriate. If, however, we speak of caring for the geriatric person this may give us more of a focus, our philosophies of care, our ethos and the models of care used will be more focused and care provision would be more closely aligned to the needs of the individual.

Some may think it sounds harsh using the word geriatric and even harsher when it is bastardised and used as an insult or a term of derision when shortened and people are referred to as 'geris'. The term is of course stigma laden, it's not fashionable and it's not sexy, and the media have much to answer for here. Maybe it is time reclaim the word but, most importantly, the art and science of gerontological nursing that used to be associated with it.

Geriatric nursing is concerned with the clinical, preventative, remedial and social aspects of illness of older people – considering the person from a truly holistic perspective. High morbidity rates, different patterns of disease presentation (often with multiple pathology), altered response to treatment and requirements for social support all demand specialist nursing skills. It is high time we considered the special needs of geriatric people and drew from the philosophy of the British Geriatrics Society that was founded in 1947 for 'the relief of suffering and distress amongst the aged and infirm by the improvement of standards of medical care for such persons, the holding of meetings and the encouragement of research'. We need to re-visit and re-subscribe to these sentiments because what we have at the moment is not working. Despite all the guidance, research and best practice initiatives, we are failing the most vulnerable in our society.

We have to stop perpetuating the myth that to care for the older person requires little skill or less skill. Geriatric people require the highest standards of care with an emphasis on high touch, not high tech. Only those students who are nearing completion of their training should be privileged to provide the highly skilled, sensitive, competent and compassionate care the geriatric requires. This way we will have the right person (the senior student) in the right place (on the geriatric ward).

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Promoting academic medicine to medical students

Sir,

The safe practice of medicine requires students and their teachers to focus heavily on acquiring relevant knowledge during undergraduate studies. The General Medical Council's *Tomorrow's Doctors* details the outcomes that UK medical graduates are expected to achieve, centring on the core competencies a safe junior doctor must possess. However, this also requires graduates to be able to 'Apply scientific method and approaches to medical research'. The 2005 Walport report also set out a number of recommendations to expose medical students to aspects of academic medicine and equip them with relevant skills.

In November 2011, the UK's National Student Association of Medical Research was launched (www.nsamr.org). The authors believe that this is the first national, student-led initiative in the world aiming to promote research and academic medicine to medical students. Financed by a Wellcome Trust grant, it offers funding for the formation of a local student-led research society at each UK medical school. It is hoped that these societies will link via the association to establish a collaborative network throughout the country. Such student-led initiatives increase student interest in research and inspire students to consider academic careers (Funston and Young, 2011).

The National Student Association of Medical Research will also enable students to present their research on a national stage. The inaugural conference, held in London in February, brought together 100 students from 21 of the 32 UK medical schools to present high-quality original research to their peers and leading researchers.

The conference provided the opportunity to investigate perceived barriers to academic medicine in the UK. Encouragingly, 67% of students felt that adequate opportunities existed to undertake research. However, the study population may have been biased, as those attending were presenting research they had been significantly involved in as an undergraduate.

The two major barriers identified as the main obstacles to undertaking research projects were a lack of time as a result of university teaching (38%) and a lack of information about potential projects (33%). In addition, 10% of respondents considered a scarcity of available funding to be the main barrier and 10% believed they lacked the skills needed to carry out a project. More concerning is that 79% of students did not feel they received enough information about academic careers.

Students attending the inaugural conference felt poorly informed about opportunities to get involved in research as a student and subsequent postgraduate training pathways to develop a career in research and academic medicine.

Action can be taken at a number of levels to address these important issues. As well as continuing implementation of the recommendations of the Walport report, student-led initiatives could have a big part to play. It is hoped that the National Student Association of Medical Research will continue to support students in developing an interest in academic medicine and support the growth of academic medicine in the UK.

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Funston GM, Young AMH (2011) The Cambridge University Clinical Research Society (CUCRS): Fostering interest in Academic Medicine. *Med Educ* **45**(11): 1134–5