

# Dr. Maia von Maltzahn

## Geriatric Medicine

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### Overview

1. **Profile:** Staff (Nova Scotia Health Authority), Assistant Professor (Dalhousie), Program Director (Geriatric Medicine Dalhousie); Master's Degree in Community Health and Epidemiology in progress (Dalhousie), Geriatric Medicine Fellowship (Toronto), Internal Medicine Residency (Saskatchewan), MD (Dalhousie), Bachelor (Mt. Allison)
2. **Projects:** CompassMD (Longitudinal study on Dementia)
3. **Pitch:** Collaborative, complex and detail-oriented specialty with the opportunity to bear witness to people's incredible stories and insights and improve people's functioning and quality of life.
4. **Path:** Dr. von Maltzahn applied to both Dermatology and Internal Medicine as a medical student and went unmatched in the first round. At the time, she was on an incredible geriatrics clerkship rotation and decided to re-apply only to IM in the second round, which drew her further towards geriatrics, which she discovered was the perfect place for her.
5. **Personal:** A patient once told her "My blood type is B-positive, and that's my life motto." Dr. von Maltzahn has adopted that motto.
6. **Philosophy:** Geriatrics is a specialty that has important implications for almost every specialty, as our population ages. Regardless of your interests you should look into student interest groups to learn more about frailty, mobility issues and poly-pharmacy. Clerkship will be an exciting time - be present and participate in as much as you can.

### Elevator Pitch

(1:50)

- Specializing in the health of older adults, we develop expertise in aging and syndromes of aging - cognitive disorders (delirium, dementia), mobility, polypharmacy, incontinence.
- Collaborative - teams with AHPs
- Afforded a lot of time to get through many challenging clinical questions, with the opportunity to treat each patient holistically and uniquely.

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## Personality

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- **Love listening and learning about people and their lives**
  - Humbled by some of people's experiences
  - Memory (3:53) as a medical student learning about a patient's experience on the beaches of Normandy on D-Day.
- Many geriatricians are detail-oriented and enjoy digging into the nitty-gritty of each patient's life.
- Must be patient

## Stereotypes

(5:12)

- Students felt discouraged by perception that it is impossible to see direct effects of treatment, most patients have too many problems to solve, and the decline and death of older patients was too depressing.
- **Response:** Doubts that most students actually have experience in geriatric medicine.
  - Notes that she herself held these views before experiencing the field for herself.
  - Dalhousie had dedicated geriatric learning throughout medical school, which thrust the specialty in a new light for Dr. von Maltzahn.
    - Learning blocks, cases, and direct observation of Geriatric consult service and assessment unit.
    - Mentorship played an important role in inspiring her to join the field.
  - 5 M's of Geriatrics - Mind, Medications, Mobility, Multi-complexity, what Matters Most.
    - Must engage to find out what is most meaningful to patients and their families - these objectives are often quite different than the traditional "direct effects of treatment," but can be just as rewarding.
- Other Stereotypes: Feels that Geriatric interventions can be perceived as simplistic, and thus as less important, but it is relative - every patient has a different goal of care and a small change can be monumental to the patient.

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Referenced Material: Meiboom et al. Why medical students do not choose a career in geriatrics: a systematic review. BMC Medical Education 2015; 15 (101): 1-9.

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## Path

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### Medical School

- Enjoyed the Dalhousie medical program, had interests in Pediatrics, Internal Medicine, and Dermatology.
  - Dermatology was most appealing - pattern recognition, procedural element, large variety in cases, and complex puzzle solving.
  - Internal Medicine had great attention to detail, problem-solving, critical thinking.
- Applied to Dermatology for residency, backed-up with Internal Medicine, but did not match in the first-round.
  - Was a very isolating and difficult experience but took the time to consider her second-round options
  - Didn't really consider skipping the second round and re-applying the next year because of no funding, no structure and an overall acceptance of not doing Dermatology, even with the opportunity to apply to Dermatology in the second round. (Perhaps helped by being on a Geriatrics rotation at the time!)
  - Matched to Internal Medicine in Saskatchewan a few months later.
- In hindsight, didn't fully understand how the CaRMS interviews are structured and evaluated - they are looking to see how students embody CanMEDs roles
  - Encourages students to take note of patient encounters throughout clerkship and match them to these roles

### Residency and Fellowship

- Enjoyed her program, her fellow residents, and the city of Saskatoon.
- Geriatrics remained on her mind, along with Rheumatology and Oncology, but it was all but confirmed on her first Geriatrics elective in first-year residency, which felt exactly right.
- The experience of not matching was devastating, but Dr. von Maltzahn is grateful because she loves her career.

### Research

- R2 research project was examining delirium management on the medical CTU in Saskatchewan.
  - Extensive paper chart review looking for terms which would help rule in or rule out delirium, as well as specific instances of chemical and physical restraints.
  - Investment in the project was rewarding and helped solidify interest in Geriatrics and garnered her an award at the Canadian Society for Geriatrics.

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- Remains engaged in research. A mentor from her fellowship -- Dr. Camilla Wong in Toronto -- taught her that any new initiative or project should be concurrently evaluated (research!).

## Day-to-Day Life

(22:29)

- Usually 8:30-5:30 days, with a high degree of variety.
- Medical Rounds on Tuesday AM and Geriatric Rounds on Wednesday AM
- Time is split somewhat evenly between consult service, Geriatric in-patient unit and ambulatory care.
  - Consult service aids with elderly patients in most department of the hospital, e.g. falls in geriatrics, delirium on CTU
  - There is time allotted for home visits, in collaboration with Geriatric outreach nurses and occupational therapists.
    - Often surround greater degree of frailty and limited IADLs, from cognitive and/or physical limitations.
    - Usually between 60-90 minutes, which is typical of most consults in the hospital as well.
- Call is divided every 8-10 weeks for weekends, home call on week days. Every now and then also helps on the CTU and Senior Internist for ER.

## Personal Takeaways

(32:45)

### Personal Story:

(33:01)

*“When I was a medical student there was an older woman who was having episodes of flash pulmonary edema which was really distressing for her. She was on the hospital unit, and we were collaborating with palliative care. She was Scottish and had the most wonderful Scottish accent, and she said to me, ‘**My blood type is B-positive, and that’s my life motto.**’ I just thought that was the greatest quote ever.”*

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

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## Final Comments

(38:46)

1. There are **student interest groups** for those who want to explore geriatric groups, with content which will be interesting for most specialties who often deal with older populations with frailty and unique goals of care.
2. The variety in **clerkship is unique and exciting** - you get to try so many new things and bear witness to incredible joy and unfathomable sadness. **Be present and participate** in a meaningful way - patients see you and appreciate your efforts.
3. Not matching is not the end of the world. Chances are, you are a person with many interests and you will absolutely find a fulfilling specialty - no specialty is perfect, you have to make the best of things.