

GET-IT Newsletter

SAGE Program Oldest Senior! 102!!

Special Interest:

- SAGE
- Hybrid Simulation
- Reynolds Annual Meeting



Picture compliments of MOW Inc. of Tarrant County

Our senior, Mr. Hale is an amazing human being. He is 102 and has a younger heart and frame of mind than the majority of people I have met. He was born in Stephenville, TX attending school 7 months out of the year and then worked tending to crops and as a field laborer the remainder of the year. Mr. Hale said he was a “poor student”, yet he managed to attend John Tarleton College and the University of Texas-Austin, where he earned a degree in business management. After 63 years of marriage, Mr. Hale’s wife passed way in 1996. He cherishes the memories they had and the 27 years of retirement in which they took many vacations and tended to their well kept yard. It became evident that Mr. hale is a very religious man and truly devoted himself to his wife. He has kept this house exactly the same since she passed away.

Despite being 102, Mr. Hale described how he use to walk a mile a day around his neighborhood. However, about 6 months ago he suffered from a fall after trying to get up from his chair. Mr. Hale’s health is very good considering his age. He mentioned that he can “feel himself deteriorating” due to the length of time it is taking him to recover from his fall. Despite this, Mr. Hale let us know that he still drives! Not too far, just to the grocery store, but we still found it impressive. Mr. Hale still gets around very well, has a firm handshake, and carries a very clear insightful conversation. Mr. Hale was clearly very excited to have us visit and to chat with us. He had no reservations whatsoever in sharing his story and even noted that aside from checking his mail, our visit was the highlight of his day.

“Looking into his eyes, I could only imagine all of the things that he has witnessed and been a part of within 102 years. He gave us pointers for living to 102 years old. I love communicating with people and this exercise helps refine my interviewing skills and compassion towards patient care. Great experience and I’m looking forward to the next. I wish I could spend time with Mr. Hale more often.”

Luis Gilbert ~ Student Doctor

“I must admit I was quite nervous because I have not had much interaction with elderly individuals so this SAGE visit really was a stepping stone for me as a student doctor. I think throughout my education I will continue to build on the foundation set during this visit, and incorporate the life interview skills with medical interviewing.”

Alexia Ghazi ~ Student Doctor

TCOM Class of 2014
~Student Doctor Experiences

First SAGE Visit: Life Reminiscence

- I think that this exercise emphasized a crucial skill needed by a physician: the ability to sit and listen to a patient's story and understand the patient's point of view. By learning this skill and honing it now, I can become a better physician that focuses on my patients.
- I think this exercise is good for me as a future physician because it helps me see how to interact with and understand elderly individuals. It is also good practice to try and listen, and extract pertinent information while showing empathy and charity to diverse populations.
- Geriatric patients have each had such unique life experiences. If one takes the time to listen, a lot can be learned from an older person! They also view the world and the interactions they have through a different lens since they have lived through so much—births, deaths, times of war, times of peace, many technology advancements, social changes, and much more.
- Spending time with my senior mentor will allow me to empathize with patients in the future who have a very difficult or life-altering event. Also, it shows me that recovery is not an overnight occurrence and that there are often bumps, but that the patient should know that no matter what they shouldn't give up on their life, just find different solutions to the problems of every day life. Losing your sight isn't the end of the world; it just means you have to find ways to enjoy it in a different manner than you did in the past.

Dr. Friedman's Hybrid Simulation



Dr. Friedman's purpose in bringing senior volunteers into the classroom was to teach students to become comfortable in dealing with patients with real problems vs. trained patients with rehearsed problems. He wanted them to diagnose the problem by interviewing the patient and evaluating actual presentations which are not always classic presentations. The idea behind, Dr. Friedman's "Hybrid Simulation" is for students to have supervised patient contact and then simulate a sequella or complication on the mannequin. They are learning that they will have to deal with the information they obtain from the history, so if they don't know about the medications or the patients allergies, it's because they did not ask. They are learning the importance of taking a complete history. Utilizing seniors is great because they have the problems and they have been treated. Therefore, the students can evaluate the treatment as well. Currently, Dr. Friedman is working with 3rd year Family Medicine students and would eventually like to expand to include the students on the Internal Medicine rotation.



2010 Reynolds Grantee 9th Annual Meeting

Janice Knebl, DO, MBA, David Farmer, PhD, Frank J. Papa, DO, PhD, Michael Oglesby, PhD, Thomas Fairchild, PhD, and Yolanda Pitts, M.Ed., CHES participated in the Reynolds meeting presenting on Monday, October 25-27th in St. Louis, MO.

The Reynolds faculty and staff were able to network, introduce their major projects and share program successes and challenges. The group presented the KBIT (Knowledge Based Inference Tool) Module; and showcased the senior mentoring program, SAGE; and the online LIVE Grand Rounds at the meeting's marketplace.

November Grand Rounds

“The Comprehensive Geriatric Assessment”

November 2, 2010 @ noon in, Mini-Auditorium



Dr. Andrew Dentino, MD, FACP, AGSF, FAPA
Texas Tech University Health Sciences Center of Medicine

Dr. Andrew Dentino is a Professor of Internal Medicine, Family and Community Medicine, and of Psychiatry in Lubbock, Texas. He is Chief of the Division of Geriatrics and Palliative Medicine; Director of Geriatric Medicine; Director of the Clinical Geriatrics at the TTUHSC Garrison Institute on Aging; and Executive Medical Director of the Mildred and Shirley L. Garrison Geriatric Education and Care Center in Lubbock. He first completed combined internships, residencies, and chief residency in internal medicine and psychiatry at West Virginia University.

Dr. Dentino is the only physician in the United States quintuply board certified in Internal Medicine and in Psychiatry and in both geriatric medicine and in geriatric psychiatry, and by the American Board of Internal Medicine in Hospice and Palliative Medicine. Dr. Dentino is a Certified Medical Director of the American Medical Directors Association. He is a Fellow of the American College of Physicians, the American Geriatrics Society, the American Psychiatric Association, and the American Academy of Hospice and Palliative Medicine.

SCAGS – Student Chapter of American Geriatrics Society

Hosted a presentation and question & answer session on:

“Geriatric Cases & Assessments” with Dr. Dentino

Tuesday, November 2, 2010



Earn Category 1A (AOA) &

Category 1 (AMA PRA™) Credits Online!!!

LIVE Grand Rounds

Wednesdays at 12 PM (central)

Download the application, install it on your computer and participate
<http://www.hsc.unt.edu/education/PACE/DownloadGrandRoundsApplication.cfm>

Diagnosing Tremors

Barry D Weiss, MD, College of Medicine, University of Arizona

Tremor is a common finding in older people. Causes range from benign physiological tremors to serious neurodegenerative disorders like Parkinson’s disease. While tremor can be classified according to frequency, amplitude, and situations in which the tremor occurs, it is often more helpful to categorize tremors into syndromes.

TIPS FOR THE DIAGNOSIS OF TREMOR

- Tremor that occurs when an arm or hand at rest and supported on the lap is typical of **Parkinsonian tremor**. Early symptoms are usually unilateral.
- Tremor of an outstretched arm, or in the last motions of reaching for an object, is typical of **essential tremor**.
- Tremor that occur while reaching for something, rather than at the last moments of reaching for it, is suggestive of **cerebellar tremor**; ataxia and dysmetria may also be present.
- A **physiologic tremor** is a “natural” tremor which is exacerbated by sympathetic nervous system stimulation, whether from medications, disease states, or anxiety.