



## GET-IT Newsletter

### Opportunities to Share GET-IT Program Activities and Outcomes At the AGHE, AACOM, and AGS Annual Meetings

#### Special Interest Articles:

- *Hypothyroidism in Elderly*
- *SAGE Visit 3 Experiences*
- *Geriatrics Fellowship*



#### The Association for Gerontology in Higher Education (AGHE)

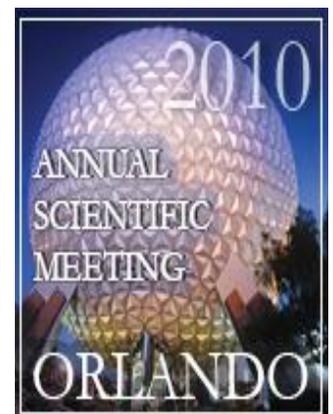
held its 37<sup>th</sup> Annual Meeting & Educational Leadership Conference titled, "Mining Silver Optimizing Aging and its Workforce Through Education," March 4-7, 2010 in Reno, Nevada. Dr. Janice Knebl DO, GET-IT Project Director and Dr. David Farmer PhD, GET-IT Program Director participated in a Poster Presentation and in a Resource Exchange in which they shared GET-IT Program strategies and outcomes with AGHE member universities.

#### The American Association of Colleges of Osteopathic Medicine (AACOM)

held its 2010 Annual Meeting "Health Care Reform & OME Innovation and Transformation," April 7-10 in Bethesda, Maryland. Dr. Knebl and Dr. Farmer were joined by Dr. Anita Chopra, MD and Pam Basehore, MPH from the University of Medicine and Dentistry of New Jersey's School of Osteopathic Medicine for a combined presentation entitled "Geriatrics Curriculum Infusion Into Undergraduate Osteopathic Medical Education." UNTHSC and UMDNJ are the only two Osteopathic schools to receive the Donald W. Reynolds Grant. Each participant spoke on the unique programs that have been implemented with the Reynolds funding and their year one outcomes.

#### The American Geriatrics Society (AGS)

will hold its 2010 Annual Scientific Meeting May 12-15 in Orlando, Florida. GET-IT staff have been accepted to present two posters "UNTHSC Reynolds GET-IT An Innovative and Comprehensive Approach to Strengthening Physicians' Training in Geriatrics," and "SAGE Seniors Assisting in Geriatric Education, A Successful Senior Mentoring Program." Through these poster presentations Educational Coordinator Yolanda Pitts, MEd, CHES, Dr. Knebl, and Dr. Farmer will share GET-IT Program activities and year one outcomes.



# Seniors Assisting in Geriatrics Education

## Life Reminiscence & Patient Centered Interviewing – Visit 3

During Visit 3 of the SAGE Program, students completed a Life Reminiscence and patient-centered interview by assessing psychosocial issues, spiritual beliefs and health perceptions. This session allowed the students to practice communicating effectively using active and reflective listening as well as utilizing patient-centered interviewing to conduct brief clinical life reminiscence. Students learned when and why life reminiscence may be of value to physicians and older adults.



### ~SAGE Student – Visit 3 Experience

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*“The patience and empathy required in a psychosocial history are two key concepts that will be applied all through out our careers as physicians.”*

~SAGE Student

*“One of the good things that both my partner and I were able to do was give both silent and verbal encouragement. Just simply telling our senior client, “Go on,” or “Could you talk more about that,” was extremely encouraging to our senior and by looking at her facial expressions, it was obvious that we were trying to invite her story and she accepted this invitation. Also during her discussions, we continually invited her story by simply leaning forward and nodding our heads. This exercise will definitely come into play as a physician. Getting history from an elder patient is not only helpful in treating the elderly individual but is also helpful in learning more about the individual’s views and how they’ve been sculpted. Educating myself on the patients past and their overall life will definitely yield better results in treatment, compliance, and the patients health in general.”*

### ~SAGE Student – Visit 3 Experience

*“A patient’s life history is important because it can give you many clues into conditions that the patient may have or conditions that run in the family. For example, my senior mentor told me of a death in her family due to breast cancer. Though my senior mentor does not have breast cancer, this knowledge puts her at a much higher risk for breast cancer and would require greater vigilance on the part of her physician with respect to screening. Perhaps of equal importance, this sort of interaction with a senior mentor provides ample opportunity for conversing with an older patient about their health. When I become a practicing physician, a significant portion of my practice will consist of geriatric patients – being able to interact effectively with such a patient now will help me be a better physician in the future.*

### ~SAGE Student – Visit 3 Experience

*“Every encounter with a person or patient is beneficial (if you put something into it). I learn something new every time I visit her, however I must admit it would not be as beneficial if her sister was absent. I learn about Alzheimer’s and how it affects a person and their family. I learned how those in poverty cope with difficult financial situations which most of us take for granted, like trying to buy gas or buying groceries. One of the stories I heard when I was there was very profound to me. The sister, not my patient, talked about how she went to the doctor and he said or implied that she was stupid. Well, after hearing this, she became very upset and explained to the doctor that although she was not as educated, she was NOT stupid. She also informed the doctor that she was a human-being and that the both of them came into this world the same way... naked. She also told him that they were both going to die eventually, and that while he may have on a million-dollar suit at his funeral and that she might be in a simple dress, they were still both going to die. This was profound to me for two reasons: 1) it made me remember that although we are going to be doctors and have a wealth of education under our belts, it doesn’t make us any better of a person, nor does it necessarily mean we are smarter, and 2) it reinforced that we are all human-beings and that there is more to life than money and a materialistic lifestyle. Hearing things like this and observing some of the other things aforementioned helps me to be a more well-rounded person/doctor and more understanding of patients that may have come from a different background than myself.”*

## April Grand Rounds

### “New Insights Into the Benefits and Limitations of Energy Restriction as an Anti-aging Intervention”

April 28, 2010 @ noon in, Mini-Auditorium

**Michael J. Forster, PhD**

Professor – Pharmacology, UNTHSC Department of Pharmacology & Neuroscience



Dr. Forster is currently a Professor in the Department of Pharmacology and Neuroscience at the University of North Texas Health Science Center-Fort Worth. He received a BA in Experimental Psychology from Muhlenberg College in 1976, followed by MA and PhD. degrees in developmental psychobiology from Bowling Green State University. Dr. Forster received postdoctoral training in neuropharmacology at UNTHSC and joined the Pharmacology and Neuroscience faculty in 1986. Since 1998, Dr. Forster has been serving as Professor and Associate Director of Basic and Translational Research at the UNTHSC Institute for Aging and Alzheimer's Disease Research. Dr. Forster is recognized internationally for research on the role of oxidative stress in age-associated brain dysfunction and in the anti-aging effects of caloric restriction, and has organized 16 national/international meetings on these and related topics.

# NEWS

#### **More U.S. Medical School Seniors to Train as Family Medicine Residents**

The number of U.S. medical school seniors who will enter residency training in family medicine rose 9 percent over 2009, according to the National Resident Matching Program (NRMP).

<http://www.aamc.org/newsroom/pressrel/2010/100318.htm>

#### **The Doctor Won't See You Now**

A critical shortage of primary-care physicians is yet another symptom of our ailing health-care system.

<http://www.newsweek.com/id/234218/page/1>

#### **Are Hospitalist Physician Assistants the Answer to Shortages?**

Hospital medicine has grown significantly as a popular specialty for physicians; now, some foresee adoption of the hospitalist model by physician assistants

<http://www.healthleadersmedia.com/content/PHY-246578/Are-Hospitalist-Physician-Assistants-the-Answer-to-Shortages.html>

#### **Doctor Leads Quest for Safer Ways to Care for Patients**

A Conversation With Dr. Peter J. Pronovost, medical director of the Quality and Safety Research Group at Johns Hopkins Hospital in Baltimore, which means he leads that institution's quest for safer ways to care for its patients. He also travels the country, advising hospitals on innovative safety measures.

<http://www.nytimes.com/2010/03/09/science/09conv.html?ex=&ei=>

#### **People Still Trust Their Doctors Rather than the Internet**

They'll go online first, but turn to physicians for final decisions.

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_95958.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_95958.html)

#### **With Age Comes Wisdom: Study**

Seniors better able to see other points of view and seek compromise to smooth social conflicts.

[http://www.nlm.nih.gov/medlineplus/news/fullstory\\_97219.html](http://www.nlm.nih.gov/medlineplus/news/fullstory_97219.html)

# Geriatric Fellowship Program

A fellowship in Geriatric Medicine and/or Palliative Medicine will train talented physicians for careers in geriatrics. Fellows in the Palliative Care Fellowship at UNTHSC will participate in patient care at Texas Health Harris Methodist Fort Worth (THHMFV) and Community Hospice of Texas in Fort Worth.

THHMFV is a 700 bed multi-service hospital and has a 16 bed Palliative Care Unit. There is also a busy Palliative Care Consult service at THHMFV. Community Hospice is a not for profit hospice based in Fort Worth and provides care at inpatient units as well as home based services. The Fellowship also includes an outpatient clinic so the fellow will experience Palliative Medicine at all levels of care. UNTHSC have routine didactic conferences to prepare for board examination.

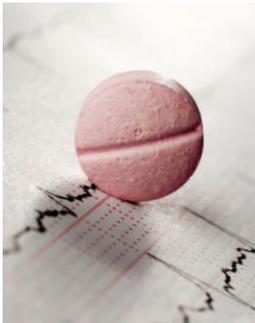
- ❖ The programs are formal full-time training programs for one and/or two years in the subspecialty of palliative care and/or geriatrics.
- ❖ The curriculum encompasses didactic coursework, teaching, clinical experience, healthcare management/administration, palliative/end of life care and research.
- ❖ Stipends are competitive.
- ❖ Family Medicine and Internal medicine applicants are welcomed.
- ❖ Fellowship training in Geriatrics and/or Palliative Care can help you become part of a select group of physicians trained to treat our ever-growing older adult population.
- ❖ The program includes outstanding mentors who are experienced in geriatrics and palliative care.

For additional information contact: Dr. Moss at 817-735-0660 or Email: amy.moss@unthsc.edu.

## Provider Fact Sheets –Hypothyroidism in Elders

M. Jane Mohler, MPH, PhD, College of Medicine, University of Arizona

Most clinicians are aware that overt hypothyroidism (OH) is associated with cognitive dysfunction, fatigue, constipation, weight gain, and a variety of other findings (Table 1). Similar symptoms may also be present to a lesser degree in individuals with subclinical hypothyroidism (SH), while others with SH have no symptoms at all.



### Common Signs and Symptoms of Hypothyroidism

- ❖  General fatigue, lethargy, hoarse voice
- ❖  Metabolic hyperlipidemia, weight gain, intolerance to cold
- ❖  Cardiovascular bradycardia, hypertension
- ❖  Neurologic depression, cognitive slowing
- ❖  Gastrointestinal constipation
- ❖  Dermatologic dry skin, non-pitting peripheral edema

### TIPS ON TREATING HYPOTHYROIDISM IN VERY OLD ADULTS

- ❖ In the absence of symptoms, avoid treating subclinical hypothyroidism in people over 80, at least until the TSH is >10 mU/L.
- ❖ When treating overt hypothyroidism or symptomatic subclinical hypothyroidism, start thyroxine therapy at a low dose (12.5-25mcg/day) and increase by 12.5-25 mcg increments every 4-6 weeks. Seek a goal TSH level slightly above the normal range to minimize the cardiostimulatory effects of thyroid hormone.
- ❖ Avoid overtreatment (suppression of TSH to below normal) as suprathreshold hormone levels lead to osteoporosis, atrial fibrillation, and exacerbations of coronary artery disease.

*“A doctor who cannot take a good history and a patient who cannot give one are in danger of giving and receiving bad treatment”*

~Unknown, Author