



GET-IT Newsletter

Reynolds Foundation Site Visit...Amazing!!!

UNTHSC and UNTHSC's Reynolds GET-IT Program staff welcomed Rani Snyder, MPA, the Senior Program Officer for the Donald W. Reynolds Foundation; Stephen C. Shannon, DO, MPH and President of the American Association of Colleges of Osteopathic Medicine (AACOM); and David Reuben, MD, Chief of Geriatric Medicine at UCLA School of Medicine for our 1st annual site visit.

Our Reynolds Foundation site visit went **amazingly well** on Wednesday, February 17th and their verbal feedback was very positive! We want to especially thank, Dr. Ranson, Dr. Peska, Dr. D'Agostino, Dr. Dayberry, Dr. Machu, the GET-IT Faculty and Staff, TCOM Students, volunteer senior patients and our community leaders, etc.

The site visit team was extremely impressed by the level of dedication and support we have received from our community, faculty and administration. It is through the generous support and hard work of individuals like you we are able to strengthen our program, thereby strengthening the university.

As we approach our year two goals, the Reynolds GET-IT Program will continue to lead the charge in infusing geriatrics into the medical school curriculum.

Again, thank you all for making this program not only a reality but a success.



Rani Snyder, MPA



David Reuben, MD



Stephen C. Shannon,
DO, MPH

The SAGE Program (Seniors Assisting in Geriatrics Education)

First Semester Activities

The students have completed their first semester of activities which were meant to establish a relationship with their senior client. During Visit/Session 2 of the SAGE Program, students completed a medical history on their senior mentor with special emphasis on physical and mental functioning and physiology of aging including sexuality of aging.



SAGE students' comments on their visit with their senior client:

"The visit has made me realize I need to start taking better care of my body now so I can be as healthy as possible going into my old age"

~SAGE Student
Comment

"I think older people can and should still have fun. They are still people and need companionship. They get bored often because most seniors live by themselves. I think they miss being able to do the things they used to love, like singing and dancing in our seniors case, but it doesn't mean they have to be sad or depressed. Something else I never would have been able to realize before this visit is the fact that some older adults can still have conversations as if they were young teenagers and have discussions of new found loves and questions about sex."

"Conducting this questionnaire allowed us to gain better insight into how our client feels about aging. In doing so, it was unique to see how an elder actually thinks about their condition relative to when they were younger. I've never had a conversation like that before with an elder."

"We felt that we learned how to better listen to patients and become actively engaged in the interview. We felt that the skills we learned from our interviewing course taught us well how to elicit better responses from patients when asked questions. We could still improve on the flow of the interview though. I believe this was beneficial exposing us to more patient encounters and helping us realize how important it is to establish a relationship with a regular client. We were also able to get more experience with the patient interviewing."

Life Reminiscence & Patient Centered Interviewing – Visit 3

During Visit/Session 3 of the SAGE Program, students complete a Life Reminiscence and patient-centered interview when assessing psychosocial issues, spiritual beliefs and health perception. Students are learning when and why life reminiscing may be of value to physicians and older adults. Furthermore, this session allows the students to practice communicating effectively using active and reflective listening as well as utilizing patient-centered interviewing to conduct brief clinical life reminiscence.

SAGE students' comments on their visit with their senior client:

"I have found that our modern culture is so very different than the one she grew up in. They didn't have television! She talked about the radio programs that she would listen to as a little girl in her room, and we were just intrigued by this. I also have a fuller appreciation for what marriage is supposed to represent and symbolize, considering how different they are from my own life experiences. It was a very special interview."

I think making active listening gestures really helps the mentor to continue talking about their story. Asking intermittent questions about the side-stories makes it seem (we actually were too) that we were interested in what she had to say. I feel like I a fairly good active/clinical listener because of my past training, but I'm sure I could always improve by interjecting my silent pauses to illicit a response."

As a medical/lab technician at the allergy clinic I worked at, speaking and gaining information from geriatric patients was a skill I had to learn and nurture. They love to tell their life stories, but at times you just need to be able to transition the conversation to the medical issue at hand in a FLUID way without insulting them. VERY valuable tool in taking patient history!"

February Grand Rounds

“Geriatric Depression”

February 24, 2010 @ noon in, Mini-Auditorium

Scott Winter MD, DFAPA

Associate Professor, Program Director, Psychiatry & Behavioral Health



Dr. Scott Winter is the Director of the Psychiatric Residency Training Program for the JPS Health Network. He is an Associate Professor of Psychiatry and a Clinical Assistant Professor of Internal Medicine at the University of North Texas Health Science Center. Dr. Winter is a Distinguished Fellow of the American Psychiatric Association and is board certified in geriatric psychiatry, forensic psychiatry, and addiction medicine in addition to general psychiatry. Dr. Winter is the recipient of the Nancy Roeske Award for Excellence in Medical Student Education and the Irma Bland Award for Excellence in Resident Education - both awards are through the American Psychiatric Association. He received the Exemplary Psychiatrist Award and a Community Service Award from the Tarrant Chapter of the National Alliance of the Mentally Ill and has twice been recognized as a 'Top Doc' by Fort Worth Magazine.

“New Hopes of Prevention of Late-life Alzheimer’s Disease”

March 24, 2010 @ noon in, Mini-Auditorium

Majid Fotuhi, MD, PhD

Harvard Medical School & Johns Hopkins Hospital



Majid Fotuhi, MD, PhD, received his MD (cum laude) from the Harvard-MIT Division of Health Sciences and Technology at Harvard Medical School in Boston and his PhD in neurosciences from Johns Hopkins University in Baltimore. He has the unique distinction of being both a faculty member in neurology at Harvard Medical School and a neurology consultant at the Alzheimer’s Disease Research Center at Johns Hopkins Hospital. He has been a member of the American Academy of Neurology, American Medical Association, International Brain Research Organization, Massachusetts Medical Society, and Society for Neuroscience. His clinical research at Johns Hopkins focuses on finding effective ways to prevent memory loss and Alzheimer’s disease. He has published his research findings in prestigious international science journals such as *Brain Research*, *Journal of Neuroscience*, *The Lancet*, *Nature*, *Neuron*, and *Proceedings of National Academy of Science*.

VISITING FACULTY

Reynolds GET-IT Program will sponsor

Dr. Rong Zhang “Exercise to Preserve Brain Health During Aging”

March 10, 2010 @ 11:00 A.M., CBH Rm. 220



Dr. Rong Zhang, PhD is an assistant Professor at UT Southwestern in Dallas in the Internal Medicine, Cardiology Division. He completed his fellowship at UT Southwestern in Cardiovascular/Exercise Physiology. His research has been focused on brain blood flow regulation in humans, especially in patients with hypertension and Alzheimer’s disease (AD). Dr. Zhang will be speaking to UNTHSC Retirees, SCAGS students and our GET-IT Faculty and staff. Dr. Rong Zhang, a researcher at the Institute for Exercise and Environmental Medicine at Texas Health Presbyterian Hospital Dallas, has been awarded a four-year grant from the National Institute on Aging to research the connection between exercise and brain function as people age.

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 (THHMFH) and Community Hospice of Texas in Fort Worth.

THHMFH 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 THHMFH. 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: amoss@hsc.unt.edu

Reynolds GET-IT Program Program Accomplishments for 2009

We've Impacted

- **503** TCOM Medical Students
- **116** Texas OPTI Residents
- **255** UNTHSC Faculty including Texas OPTI Program Directors and ROME Faculty
- **288** Practicing Physicians
- **4,000** Practicing Physicians were informed about Reynolds GET-It Program educational offerings.

A Total Impact of 1,162 People Trained In Geriatrics Content

TCOM Year 1 Semester 1 (Class of 2013) Experienced Geriatrics Integrated Content

Into the Curriculum in:

Cellular Science	Musculoskeletal 1
Nervous System 1	OMM1
Clinical Medicine 1	Community Resources 1
Medical Ethics 1	Clinical Interviewing 1
Cardiopulmonary 1	Medical Informatics 1

39 of 100 Geriatric Competencies Addressed in These Year One Classes

SAGE (Seniors Assisting in Geriatric Medicine)

Impacted 185 TCOM students and 113 Senior Clients

TCOM Medical Students Years 1 through 4 Experienced

37.5 Hours of Geriatrics Content Lectures

5 Hours of Geriatric Patient Contact

11 Hours of CILs (Geriatric Cases)

10.5 Hours of DSAs (Assignments related to Geriatrics)

Total Dose of **64 Hours** of Geriatrics Content



Provider Fact Sheets – Depression in Elders

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

Depression is the most common geriatric psychiatric disorder, and can manifest as either minor or major depression. Eight to fifteen percent of the general population over 65 years of age has symptoms severe enough to meet diagnostic criteria for a depressive disorder, and the prevalence of major depressive disorder (MDD) is estimated to be 2%. In assisted living and skilled nursing facilities an estimated 30% display mild depressive symptoms and an additional 12% of patients have MDD.

Risk Factors

Major risk factors for depression include the following: female gender, bereavement, stressful life events, social isolation, chronic pain, a past history of depression, fear of death, chronic disease, substance abuse, including alcohol, and being unmarried, widowed or cohabitating.

Signs / Symptoms of Depression in Older Adults

- Lack of appetite
- Fatigue
- Stopping normal activities
- Melancholia
- Feeling helpless
- Weight loss
- Problems with concentration
- Guilt
- Suicidal Ideation
- Feeling hopeless

“This visit showed me two sides. On one sense, I felt less scared about aging because my SAGE senior still had many good things to say about the later stages of life. On another hand, she did get sad when she started talking about how it gets lonely when you start losing your loved ones, which really affected me.”

~SAGE Student Comment



Fact Sheets on Common Geriatric Syndromes & Diseases in Older Adults

The Reynolds Program has a compendium of engaging single page, practical, evidence-based Provider Fact Sheets synthesizing key concepts in common geriatric syndromes and common diseases in older adults. These provider facts sheets were developed by the University of Arizona. If you are interested in sharing these fact sheets with your students, residents or peers, please contact the Reynolds GET-IT program at ypitts@hsc.unt.edu.

Fact Sheet Topics:

- Delirium in Elders
- Depression
- Falls in Elders
- Systolic Hypertension
- Shoulder Problems
- Heart Failure-Diagnosis
- Hypothyroidism
- Diagnosing Tremors
- COPD 2009
- Diabetes
- Macular Degeneration
- Integrative Medicine
- Urinary Incontinence Treatment
- Urinary Incontinence Diagnosis
- Health Literacy
- Elder Abuse
- Pressure Ulcers
- Heart Failure-Treatment
- Erectile Dysfunction
- Front Temporal Dementia
- Dementia (don't forget about it)
- Aids for Patients w/ Low Vision
- Peripheral Arterial Disease

“Rather than change any of my prior beliefs, this session served to reinforce my belief that aging is often a challenging process.”

~SAGE Student Comment