

January
2010



GET-IT Newsletter

Reynolds GET-IT Program 1st Year Accomplishments

Special Interest Articles:

- *Peripheral Arterial Disease*
- *SAGE Experiences*
- *Upcoming Grand Rounds*

2009 has truly been an exciting and productive year for the Reynolds GET-IT Program. Within the first year we have been able to positively impact Geriatrics education among our four target groups: medical students, faculty, residents, and practicing physicians.

185 first year medical students were paired with 93 senior clients of Meals on Wheels in the inauguration of the Seniors Assisting in Geriatric Education Program (SAGE). First year medical students were able to interact with and examine volunteer geriatric patients in the Physical Exam section of their Clinical Medicine Course. Most medical school students do not get opportunities to interact with patients until later in their medical school experience.

Additions to the geriatrics curriculum have been developed and implemented in the year one semester, and will continue to be added to the curriculum with each new semester. Year one semester two geriatrics curriculum is ready and will be implemented this spring.

Faculty at the UNTHSC campus as well as those involved in the Rural Osteopathic Medical Education (ROME) Program and in the Texas Osteopathic Postdoctoral Training Institution are being given opportunities to identify geriatrics curriculum and training desired, and resources to aid in that training.

Residents across the state have been encouraged to access resources the GET-IT program is making available to aid in their knowledge and skills related to work with geriatric patients. Residents at Plaza Medical Center of Fort Worth have participated in an "Ask the Geriatric Expert" as a part of morning rounds, and opportunities are being developed to work with residents at John Peter Smith hospital as well.

The 2009 Reynolds Annual Geriatric Update (RAGU) focused on Alzheimer's disease, research and treatment and drew 88 attendees from the University and Community of Practicing Medical Professionals and Allied Health Professionals. As you can see 2009 has indeed been a busy year. We are excited about this year's program success and look forward to an even more productive 2010.

The SAGE Program (Seniors Assisting in Geriatrics Education)

The SAGE program is an innovative, instructional method within the TCOM curriculum designed to enhance and strengthen students training in geriatrics. The students have completed their first semester of activities which were meant to establish a relationship with their senior client.

Experiences from one SAGE student:

Any chance we get to interact with other individuals is a learning experience. Our client was very talkative and excited about the process. I was unaware of the "open-ness" that some geriatrics would provide when asked about questions of the sexual nature. It was a very positive and motivational experience knowing that age isn't necessarily associated with a complete decline in sexual thought and function.

Another great experience! We, as medical students, probably wouldn't be interacting with geriatrics in many volunteering or clinical activities. So I'm thankful that SAGE gave us the opportunity! Thanks again.

Semester 2 visits include a life review with the senior client, this helps the students learn to understand the benefits of life review, patient-centered interviewing, and assessing psychosocial issues, spiritual beliefs, and health perceptions in older adults; a medication assessment on an older adult, where students learn to appreciate issues associated with prescriptions and multiple medications; and a limited physical and cognitive examination on an older adult. Students will learn to adapt an examination to possible health conditions.

Provider Fact Sheets - Peripheral Arterial Disease

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

Peripheral arterial disease (PAD) of the lower extremity is a common manifestation of atherosclerosis. It is present in up to 20 % of older men and women. The presence of PAD in the lower extremity signifies a high likelihood that atherosclerosis is also present elsewhere – particularly in the coronary and cerebral circulations. Indeed, myocardial infarction (MI) and stroke are 3 times more likely in people with PAD – even those without symptoms.

For this reason, although routine PAD screening is not recommended, clinicians must nonetheless be alert for PAD in older individuals who have any symptoms that might suggest PAD – especially in those who have a smoking history, have hypertension, or have diabetes. Frequently, older adults may present with atypical symptoms which are easily confused with other common medical problems.

Conditions Commonly Confused with PAD

Arthritis of knees or hips	Diabetic neuropathy
Mechanical injury	Sciatica
Venous disease	Lumbar spinal stenosis

Tips for the Diagnosis of PAD in Older Adults

- Consider the diagnosis of PAD, regardless of symptoms, in elders with a history of HTN, diabetes, or smoking.
- Measure ABIs (see Table 2) to confirm the diagnosis of PAD. History and physical are not sufficiently reliable to confirm or exclude the diagnosis.
- Don't forget that PAD is a sign of widespread vascular disease, including coronary and cerebral atherosclerosis. Institute risk factor reduction and treatments to lower the risk of MI and stroke.

I learned more about how independent my senior client is and how young and positive her and her husband's outlook on life is.

~SAGE Experience

Dr. Richard Besdine, Director of the Center for Gerontology and Health Care Research, who is lead a curriculum overhaul at Brown.

"Every physician in the United States needs to be educated about care of older people unless they're going to do lifetime pediatrics."

January Grand Rounds

“Lessons Learned from Katrina for the Elderly, Academia and LTC”

January 20, 2010 @ noon in RES-114, Mini-Auditorium

Charles A. Cefalu, MD

LSU School of Medicine - New Orleans, Louisiana



Charles A. Cefalu, MD, MS, is Chief of the Section of Geriatric Medicine for the Medical Center of Louisiana and Clinical Professor in the Department of Internal Medicine. He completed a combined Geriatric Medicine Fellowship and Master's of Science degree in Epidemiology at Wake Forest University-Bowman Gray School of Medicine in Winston-Salem, N.C. After this fellowship, he joined the faculty at Georgetown University School of Medicine in Washington, D.C., as Chief of Geriatrics for the Department of Family Medicine and Associate Professor of Family Medicine. During his tenure at Georgetown, he developed medical-student and resident-teaching programs in the department and planned, developed and directed a Geriatric Medicine Fellowship at the Georgetown University School of Medicine affiliated teaching hospital.

In 1999, Dr. Cefalu was elected to serve as Co-Chairman of the Council of State Affiliate Representatives and the Board of Directors of the American Geriatrics Society. He is the author of numerous regional, national, and international publications relative to Geriatric Medicine and has spoken at local, regional, and national Geriatric conferences. Dr. Cefalu holds joint appointments in the Departments' of Medicine and Neurology at LSUHSC School of Medicine in New Orleans and in the Department of Medicine at Tulane University School of Medicine. He is board-certified in Family Medicine and Geriatric Medicine.

Special Grand Rounds

“The Fountain of Youth? Successful Aging!”

January 26, 2010 @ noon in RES-114, Everett Hall

G. Paul Eleazer, MD, FACP, AGSF

USCSM/Palmetto Health - Columbia, South Carolina



The tenured professor and University of South Carolina and Medical University of South Carolina alumnus was appointed to the faculty at the School of Medicine in 1988. Dr. Eleazer has an extensive background in geriatric medicine originating from his private practice in Kentucky.

He has served in numerous national positions as well, including the American Geriatrics Society Educational Committee. Presently, he is the president of the Association of Directors of Geriatrics Academic Programs and chair of the National Fellowship Directors of Geriatrics. His interests include medical education research, health service delivery, and ethnicity.

While at the University, Dr. Eleazer jump started an innovative Senior Mentor Program that matches senior citizens with medical students. His pioneering program gained the attention of CBS-TV's "Evening News" and *Parade* magazine.

Geriatric Fellowship Program

A fellowship in Geriatric Medicine and/or Palliative Medicine or a combination of both will prepare talented physicians for careers and/or training in geriatrics.

- ❖ 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.
- ❖ Strengthening your credentials with a Fellowship that could help you be in the right place at the right time with the right expertise and offer you some of the greatest career opportunities today.
- ❖ 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: amos@hsc.unt.edu

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
- Fall 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 PT w/ Low Vision
- Peripheral Arterial Disease

This session made me realize that the physical changes associated with aging do not have to be discouraging. I also realized how important it is to keep up with preventative care throughout your life. Our senior client has had adequate health care and has caught several life threatening health issues because she was well informed and had adequate preventative care.

~SAGE Experience

Our client told us about a number of changes associated with aging that I did not expect, with some bad and some good. I think our client's healthy attitude served him well in dealing with the challenges to his health and lifestyle that he has faced. This session went quite well. Our client is warming up to us, and we are learning much more about him. I'm looking forward to our next visit.

~SAGE Student Experience