

November
2009



GET-IT Newsletter

RAGU

Reynolds Annual Geriatric Update

Saturday, November 14, 2009

UNT Health Science Center at Fort Worth

This conference will train healthcare professionals on the latest diagnosis and treatment approaches to Alzheimer's Disease. Those participating in this conference will receive information that should allow them to...

- ✓ Discuss the Diagnosis and Treatment approaches to Alzheimer's Disease;
- ✓ Review the role of Estrogen and other hormones in Alzheimer's Disease;
- ✓ Describe the neuropsychologic patterns in Mild Cognitive Impairment and Dementing Disorders;
- ✓ Discuss challenges to diagnosis and management of Alzheimer's Disease in diverse populations;
- ✓ Discuss advanced Care Planning for patients with Alzheimer's Disease; and
- ✓ Review the ethical issues involved in the diagnosis and management of patients with Alzheimer's Disease.

KEYNOTE SPEAKER:

Rachelle Doody, MD, PhD

Professor of Neurology

Effie Marie Cain Chair in Alzheimer's Disease Research - Baylor College of Medicine

Up to 6.5 CME Credits Available!

6.5 Hours Category 1A, AOA; 6.5 Category 1 Credits AMA PRA; Includes Ethics/Professional Responsibility; 6.5 Hours of continuing education for nurses, social workers, & CHES. Other healthcare workers will receive a certificate for individual reporting.

Register Online at: www.RegisterWithUNT.com

\$75 Physicians
\$50 TCOM Alumni
\$35 Nurses

\$35 PA, NP, Social Work, Allied Health & Clergy
Free UNTHSC Extern/Intern/Resident/Student

Special Interest Articles:

- Volunteer Patient Focus Group
- Reynolds Faculty & Staff in Las Vegas
- Geriatric Fellowships

Volunteer Patient Focus Group

An important part of the Reynolds GET-IT Program is our ongoing program evaluation process. Goal accomplishment is enhanced by evaluating our programs for effectiveness. On Friday, October 9th volunteer patients who had participated in the GET-IT Programs infusion of geriatrics into the Clinical Medicine Physical Exam skills development classes, met for lunch and participated in a focus group. These senior volunteer patients were asked questions about their participation in the program to help identify what drew them into the program, successes and challenges they saw in the program, and their own personal experiences in being involved.

Each talked of having received something from the UNTHSC

Geriatrics Division, care for a parent, personal care from one of the geriatricians, and all expressed a strong desire to give something back. There was a consistent belief that their allowing themselves to be examined by the students was beneficial to the students. Interestingly though, each senior volunteer patient expressed that they believed they had gotten as much from the encounter as the students had. The senior volunteers were a joy to watch during the exam times in that they patiently allowed the students to listen to their hearts, feel their skin, look into their eyes, and for many of these year one, semester one medical students for the first time to see both the effects of normal and abnormal aging.

Suggestions were made by the senior volunteer patients that next semester they not have to

rotate among the five groups of medical students. Fatigue and concern over falls did become an issue, and plans have already been put in place to assign one senior volunteer patient for each student group and to use the video equipment and monitors to allow a geriatrician to make one presentation to all groups without the senior volunteer from traveling from group to group. And yes I hope you caught it, they were talking about coming back to participate again next semester, everyone one of them. Part of their rationale for not wanting to have to move from group to group was a concern that it took time away from the students' opportunity to examine them and therefore having the best learning opportunity about older adults.

Provider Fact Sheets - Depression in Elders

By: Arizona Reynolds Program of Applied Geriatrics – University of Arizona



Depression is commonly described as feeling sad, blue, unhappy, miserable, or down in the dumps. Of the estimated 6 million persons over age 65 with depression, only 10% receive treatment. In addition, less than half of hospitalized patients with depression are referred to a psychiatrist, and less than 20% of these are prescribed antidepressant medication.

Signs/Symptoms of Depression in Older Adults

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

TIPS FOR DIAGNOSING DEPRESSION IN OLDER ADULTS

Asking these two questions may be as effective as using longer screening tools:

- Over the past 2 weeks, have you ever felt down, depressed, or hopeless?
- Over the past 2 weeks, have you felt little interest or pleasure in doing things?

A positive response to either question is a very sensitive indicator of depression, but needs further validation with a more specific diagnostic interview.

"On the pedagogic side, modern medicine, like all scientific teaching, is characterized by activity. The student no longer merely watches, listens, memorizes: he does. His own activities in the laboratory and in the clinic are the main factors in his instruction and discipline. An education in medicine nowadays involves both learning and learning how; the student cannot effectively know, unless he knows how."

Abraham Flexner, 1910

UPCOMING Reynolds GET-IT Visiting Faculty Lecture

“Exercise Prescription for the Mature”

November 18, 2009 @ noon in RES-114, Beyer Hall

Dr. Ron Cook– Texas Tech University



An alumni of TCOM class of 1993, Dr. Ron Cook, a family physician and Associate Professor at Texas Tech University Health Sciences Center Department of Family Medicine. Dr. Cook is also the Assistant Professor, Residency Director, and Vice Chair in the Department of Family and Community Medicine in Lubbock, Texas. Dr. Cook received his MBA in Health Organizational Management in 2005 from Texas Tech University. He is also the Health Authority for the City of Lubbock.

Dr. Andrew Dentino – Texas Tech University



Dr. Andrew Dentino is a professor of Internal Medicine, of Family and Community Medicine and of Psychiatry at Texas Tech University Health Sciences Center of Medicine 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.

Reynolds GET IT Program Staff to attended the Reynolds Meeting in Las Vegas, Nevada

October 21-23rd, six representatives from the UNTHSC Reynolds GET-IT Program attended the Annual Reynolds GET-IT Meeting in Las Vegas, Nevada. Representatives of the 42 universities funded by the Donald W. Reynolds Foundation to improve physicians' training in geriatrics were present. It was a wonderful opportunity to meet staff from other Reynolds Grantee Programs, to hear about their programs, as well as to share our GET-IT Program progress.

An important outcome of this meeting was the development of a collaborative project between our UNTHSC Reynolds Program and the Universities of Arizona; Alabama at Birmingham and UT Southwestern Medical School. These four universities will use the survey “Aging and Health Care: Medical Students' Perceptions,” this will allow the four universities to compare data on medical students' attitudes and perceptions about older adults, medical training related to older adults, and provision of medical care to older adults. This data can help us strengthen medical education curriculum development and delivery related to the provision of care to older adults.

Geriatric Fellowship Program

Applicants are you interested in some of the greatest career opportunities for modern healthcare professionals! The Division of Geriatrics offers fellowships in Geriatric Medicine and Palliative Medicine or a combination of both. You can strengthen your credentials with a fellowship that could help you be in the right place at the right time with the right expertise!

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.

For additional information contact: Dr. Moss at 817-735-0660 or Email: amoss@hsc.unt.edu

Provider Fact Sheets.....

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

The SAGE (Seniors Assisting in Geriatric Education) Program

Clinical Medicine has set aside time for TCOM 2013 students to go out for their 2nd SAGE visit. The 2nd visit entails completing a medical history on their SAGE senior client with special emphasis on physical and mental functioning and physiology of aging including sexuality of aging.

"With our country aging at a rapid rate, and Americans living longer than ever before, we have got to provide more training in geriatrics to medical professionals and to direct-care workers on the frontlines,"

Sen. Herb Kohl, D-Wis., chairman of the Senate Special Committee on Aging.

Texans 60-plus are projected to total 8.1 million by 2040, a 193% increase from 2000. By 2040, the 60-plus population to comprise 23% of the total Texas population.

Aging in Texas

"The aging of the baby boom population, combined with an increase in life expectancy and a decrease in the relative number of younger persons, will create a situation where older adults make up a much larger percentage of the U.S. population than has ever before been the case...While this population surge has been foreseen for decades, little has been done to prepare the health care workforce for its arrival."

*- Retooling for an Aging America:
Building the Health Care Workforce*