June 2011

GET-IT Newsletter

Special Interest Articles:

- Grand Rounds
- Preparatory Grief
- AGS Poster Presentation

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Palliative Medicine and Hospice Care Intensive Board Review Course

Date: **July 7-9, 2011**
Location: **University of North Texas Health Science Center**
Fort Worth, Texas

This two and one-half day Palliative Medicine and Hospice Care Intensive Board Review Course is designed to provide clinically-relevant information and materials to help aid physicians in preparation for the Osteopathic Hospice and Palliative CAQ Exam. Those practitioners involved in Palliative Medicine and Hospice Care interested in CME will also find this course helpful. The Course is designed to address topic areas relevant to the practice of Palliative Medicine and Hospice Care and effective management of day-to-day issues in a practical and concise manner.

- TxOPTI Resident Scholarship Opportunity:
  - Contact David Farmer at david.farmer@unthsc.edu.

19 CME Hours. Includes Ethics!

Visit www.hsc.unt.edu/Sites/GETIT, click on "Physicians Tab" then click on "CME Opportunities" for more details.

Seniors Assisting in Geriatric Education

~Student Doctor Mandy Rice, Class of 2013

My experience with SAGE……..

The first year of medical school is notoriously a tough time of transition. Students are challenged to stay focused for up to eight hours of lecture a day only to return home to read hundreds of text-book pages a night. There are labs, preceptorships, presentations, and various other requirements that test the patience and endurance of even the most dedicated student. It was into this overwhelming schedule that projects and assignments for the new S.A.G.E. program were mixed. Initially, I worried that reaching out into the community on such an intimate level as visiting a senior patient in their own home in unfamiliar territory, would make me uncomfortable and uneasy. My SAGE partner expressed similar concerns but nevertheless, we set out on new our journey, hoping for the best.

We met her, a tiny but strong 89 year old widow, in the comfort of her south-Fort-Worth home, one afternoon after class. It was only awkward for a moment while we exchanged introductions and pleasantries, but from then on my SAGE partner and I were fully engaged with our senior mentor, and she with us. She was quite an endearing older woman with gentle speech and a kind smile that had a hint of mischief around the edges. It was always easy to elicit information from her during our discussions. She seemed to find comfort in reminiscing about her past. She spoke of her family with pride. It was obvious that she missed her late husband dearly, and yet had managed to find joy in life since his passing. Since the first SAGE visit was about getting-to-know our senior mentor, we asked many questions about her level of activity, hobbies, and medical conditions. My partner and I were quite surprised to learn that this 89 year old woman continued to drive a car, care for three indoor cats, and even visit the senior center every Friday for bingo and card games. I remember my reaction after we left her house on that first visit: "Wow", I told my partner as we walked to our cars, "I sure hope I'm as happy and active as she is, when I'm her age!" And as the weeks and months began to fall behind us, I began to look more and more forward to our "little visits" with our SAGE mentor.

My experience with SAGE conti……

Every visit to our senior client's house held a different assignment that helped us become more aware and educated on the challenges and medical conditions that older people in our community often face. We explored such topics as using community resources and practicing safety in the home. Our "patient" was always willing to answer our probing questions and even displayed a sense of responsibility in being able to help us in our journey to become competent and compassionate physicians. We always showed our appreciation for her willingness and time-spent with us. We lovingly referred to ourselves as "her medical students".

It was very clear to us that our senior mentor was continuing to live her life to its fullest, regardless of her advancing age and few medical conditions. She surprised us that first holiday season with the news that she was traveling by plane to visit her daughter in Colorado for a ten-day vacation. Clearly, old age was not a good enough reason for her to "slow down". The following week, she turned ninety years old. She continued to surprise us, in the remaining months of our first-year and on into our second-year of medical school, at her tenacity for life. She was going to keep right on going at this same pace for as long as she could, she would often tell us with a chuckle.

Our ninth and final visit was supposed to take place in the last month of our second year. I was a little nervous at the topic of scheduled discussion: Advanced Directives. Though I expected it would be another case of our mentor being far more advanced in her future-planning than we knew, I still felt a bit hesitant. After many attempts, I was unable to reach our client by phone to schedule a visit, so I made a SAGE-approved stop by her house after class one day. A neighbor sadly informed me that our senior mentor had endured an "incident" that sent her to a hospital and then to a nursing home. He did not know where to find her or if she would ever return home. At first I felt a panic at losing contact with this kind woman with whom my partner and I had developed a relationship over the two years. But as I traveled back home, I realized that this is a situation that many physicians deal with on a regular basis. "Lost to follow-up" is a sad reality that I must prepare to deal with in my future practice. I plan to keep this possibility in the back of my mind when I am treating my patients. It will certainly serve as a reminder to complete as comprehensive and thorough an interview and exam as possible, in case I never see that patient again. It is also another example of the need to establish a safe, confidential, and compassionate environment in which to treat our patients, to help establish and maintain rapport with them. I am now even more determined to be such a trust-worthy physician.

Although closure with our senior mentor may never be obtained, much good has come of my SAGE partner and my experiences. The real-world exposure of working with an elderly patient was a welcome relief from our studies. It taught us how to open our eyes as well as our hearts, and truly see our patient in non-judgmental, no-preconceived-notions light. Each person that seeks treatment by our hands deserves the best that our training and skill can offer, no matter how different they are from us, or how many years may separate us. In working with a senior mentor in our community, we have learned to do just that and I am grateful for such an opportunity.

Class of 2014

SAGE: Limited Physical Examination – Visit 5

During Visit 5, students perform a physical and cognitive examination (Mini Mental Status Examination, The Clock Drawing Test, and the 15 item Geriatric Depression Scale) on an older adult. Students learn to adapt an examination to possible health conditions such as frailty, immobility, hearing loss, memory loss, and/or other impairments.

~ SAGE Experiences

- "Every patient that we can treat gives us practice in dealing with other patients down the road. This continues to reinforce some of the activities that we will continue to do throughout our practice. It also helps us to build a rapport with our patients with a different age, culture and disposition."
- "It is different to examine a real patient than rushing through the OSCE exam. I've certainly learned a lot regarding interacting with patients while performing the exam."
- "This session helped me review the things I've learned while preparing and completing my OSCE. Furthermore it reinforced parts of the physical exam that I had forgotten and gave me a chance to practice. As a result it has helped my ability to perform a physical exam."
- "It's always good to practice conducting a physical exam with someone who doesn't know the OSCE script – verbalizing instructions to the patient can be difficult."
- "Our senior was a great teacher, and her awareness of her health state was encouraging as she collaborated with us on our findings."
- "While our senior is very healthy for her age, she has some age-related deterioration which was a good learning experience to examine and discuss."

~ TCOM Class of 2014 Student Doctors

Grand Rounds – Chest Pain in the Patient with End Stage Lung Disease

June 22, 2011@ noon in, Mini-Auditorium (LIB 110)

Alvin Mathe, MD

Dr Mathe practices Palliative Medicine at Texas Health Harris Methodist Fort Worth (THHMFW) and geriatrics at more than one skilled nursing unit in Tarrant County. He also works with Adult Protective Service of Tarrant County and is on the board of Guardianship Services Inc. of Tarrant County. He was the local principal investigator for the MOPSE study here in Fort Worth and is a co-principal investigator on a study of trauma in the geriatric patient at THHMFW.

Dr. Mathe is Assistant Professor of Medicine in the Department of Internal Medicine, Division of Geriatrics, at the University of North Texas Health Science Center at Fort Worth."

Provider Fact Sheets - Preparatory Grief

Meredith A. MacKenzie, RN, MSN, School of Nursing, University of Pennsylvania

Nearly 2 million older adults die each year in the United States. Many of the most common causes of death for older adults are life-limiting chronic illnesses, such as heart disease, cancer, chronic lung disease, dementia, diabetes, and chronic kidney disease.

What is Preparatory Grief?

Patients with these diseases may not initially recognize them as life-limiting, but disease progression will eventually bring this realization. Preparatory grief is defined as the cognitive, emotional, and spiritual responses to the understanding that one has a life-limiting disease - that death is approaching.

TIPS FOR DEALING WITH PREPARATORY GRIEF

- Don't underestimate or discount the possibility of preparatory grief. It is a common experience for patients who have terminal illnesses.
- Allow patients to self-reflect, acknowledge their losses, and discuss their relationships, accomplishments, and missed opportunities.
- Be sure to distinguish preparatory grief from depression.
- Use the RELIEVER mnemonic to guide your conversation with patients who are experiencing preparatory grief.

*Fact sheets are available on our website at www.hsc.unt.edu/Sites/GETIT

The Reynolds GET-IT Program (Dr. Knebl, Dr. David Farmer & Yolanda Pitts) presented a poster presentation at the 2011 Annual Scientific Meeting of the American Geriatrics Society (AGS) in May in suburban Washington, DC.

American Geriatrics Society Names Barbara Resnick, PhD, CRNP, as its Next President

May 16th, 2011

Barbara Resnick, PhD, CRNP, became President of the American Geriatrics Society (AGS) during the Society's Annual Scientific Meeting on May 12.

SAVE THE DATE

30th Annual Primary Care Update: Challenges & Solutions in Frontline Medicine on August 3-6, 2011 at the Sheraton South Padre Island. Dr. Knebl will present an American Board of Family Medicine (ABFM) Self-Assessment Module (SAM) "**The Vulnerable Elders**".

Up to 20 CME credits which include Ethics Conference information will be posted on our website: www.RegisterWithUNT.com. Complete conference brochures will be mailed closer to the event date.

Check out our website at **http://www.hsc.unt.edu/Sites/GETIT** for the SAGE video link & additional information and resources.