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## **PI-GEC Continues To Work With Underserved Communities In The Pacific Basin** *Kamal Masaki, M.D., PI-GEC Program Director*

GEC faculty, Dr. Ritabelle Fernandes has just returned from a trip to Chuuk (Truk) where she conducted a situational analysis of the elderly and homebound in the Federated States of Micronesia (FSM) and provided training to healthcare workers in the region. In preparation for this trip Dr. Fernandes made arrangements for many of the training materials she used to be translated into Chuukese. Twenty-two health professionals answered a survey which revealed a lack of programs for elderly due to limited resources. These priority areas included the need for patient education, family caregiver training, and home care. Twenty caregivers and retirees answered a needs assessment survey which revealed the need for physician home visits and a meals program.

In collaboration with the Cancer Coalition and the Women's Council a train-the-trainer family caregiver one day workshop was conducted on 16, June 2011. This was the first workshop to be conducted in Chuuk that focused on family caregiver training. Dr. Kino Ruben from Chuuk attended the Palau training in February 2011 and was co-facilitator for this workshop along with PIGEC. Twenty-four women from neighboring islands and different faith-based organizations were trained to run caregiver support groups. Post-test knowledge and confidence in common geriatric syndromes greatly improved. These women leaders are enthusiastic to conduct caregiver support groups at their local churches. Our training strengthens the existing Pacific Islander culture of families caring for the elderly at home. With the empowerment of caregivers, we can envision a stronger family and stronger nation.

In addition to the training-the-trainers workshop, training of health professionals was also conducted during this trip. A CME presentation on Pain Management was given at the Chuuk State Hospital. This topic was specifically chosen by the hospital administration because of the huge gap in pain management guidelines and protocols at the hospital. It was well attended by 22 staff including physicians, nurses, and health assistants. Pocket cards on equianalgesic table and pain scale were distributed to all attendees to encourage assessment of pain as the 5<sup>th</sup> vital sign. Interdisciplinary training on home-based palliative care of the elderly was presented by PIGEC faculty at the 33<sup>rd</sup> annual conference of the American Pacific Nursing Leaders Council (APNLC) to 102 nurses from clinical and public health backgrounds. The theme of this conference was nurses navigating forward. There is an interest among the nursing leaders to start a homebound program to improve access to care to vulnerable populations. PIGEC will support this initiative by offering clinical training and support to health professionals from the Federated States of Micronesia in the next fiscal year.

There is still much work to be done to provide the region with the necessary training in geriatric care. Dr. Fernandes will be leading another training expedition to the Pacific Basin in August, 2011.

## **Wisconsin Board Review Course and Update in Geriatric Medicine** *Stacy Barnes, MGS* *Director, Wisconsin Geriatric Education Center*

The Wisconsin GEC is pleased to announce that the **Wisconsin Board Review Course and Update in Geriatric Medicine** will be offered September 28 – October 1, 2011 in Lake Geneva, Wisconsin. Since 1992, the Medical

College of Wisconsin and the University of Wisconsin – Madison have provided health professionals with an in-depth review of the field of geriatric medicine. Physicians who will be sitting for the May 2013 Certificate of Added Qualification (and Re-certification) Examination in Geriatric Medicine as well as pharmacists, nurses, allied health professionals, and other mid-level health professionals serving the geriatric patient population are encouraged to attend.

Course participants will be exposed to fundamental concepts such as demographic trends and the clinical approach to the geriatric patient, as well as reviews of major syndromes such as dementia, incontinence, falls, and metabolic bone disease. Special emphasis will be placed on geropsychiatry, social issues, geriatric assessment, systems of care, and reimbursement. Organ specific diseases that have significance for the geriatric patient will also be reviewed. Finally, a special session will focus on the principles of multiple choice tests and strategies to efficiently complete such examinations. Course Directors are Dr. Kathryn Denson, Assistant Professor of Medicine at the Medical College of Wisconsin's Division of Geriatrics and Gerontology, and Dr. Steven Barczy, Associate Professor of Medicine at the University of Wisconsin's School of Medicine and Public Health.

The course will be held at the luxurious Grand Geneva Resort & Spa, a four diamond resort centrally located between Milwaukee and Chicago. This course spans 3.5 days (27.25 AMA PRA Category 1 Credits™ or 27.25 continuing education hours) and offers the lowest tuition available for a course of this magnitude. Discounted rates are available for students and non-physician health professionals. For more detailed information or to register, please visit: [www.GeriatricsBoardReview.com](http://www.GeriatricsBoardReview.com)

### **Wyoming Geriatric Education Center Documentary a Success**

*Ellen Thompson*

*Wyoming Geriatric Education Center*

*Project Coordinator, Assistant*

The Wyoming Geriatric Education Center (WyGEC) recently released a documentary on the aging brain. *Gray Matters: Exploring the Mature Mind* was featured on Wyoming PBS on May 12, and is available on the Wyoming PBS Web site. The documentary has also been presented at several state and national conferences.

“We felt there was a need for more positive messages about the aging brain,” said WyGEC director Deb Fleming. She said dementia is an important issue, but it gets disproportionate attention in the media, giving the false impression there is only bad news for the aging brain. “Based on the amazing positive feedback we’ve had, we were not alone in thinking there was a need for a broader message,” she said.

The 30-minute film includes tips on maintaining cognitive health. It features state and regional experts in geriatric medicine, psychology, neurology and other fields. The film is structured around the annual AARP National Spelling Bee, which takes place in Cheyenne, Wyoming, every summer and a cognitive health workshop that was held in conjunction with the Bee in 2010.

In the film, *New York Times* deputy science editor Barbara Strauch describes how recent research indicates “that the changes that take place [in middle age] give us, in many ways, the best brains of our lives.” Strauch is author of the book *The Secret Life of the Grown-Up Brain*.

Wyoming PBS has posted the documentary on its web site. It is available through a link from the WyGEC home page at [uwyo.edu/geriatrics](http://uwyo.edu/geriatrics) in the first featured article on the page.

### **Meharry Consortium Geriatric Education Center (MCGEC)**

*Ruth Garrett, PhD, MCGEC Consultant, and Grace Smith, LMSW, Project Manager*

*Nashville, TN*

The most exciting development at the MCGEC is our new training at the Nashville Veteran's Hospital. We have offered two three-day Geriatric Certificate Programs at the VA hospital, one in February and another last month. The first series covered basic aging issues (e.g., memory & dementia, oral health care, polypharmacy, elder abuse). A new

series with more advanced clinical content will be offered at Meharry in October and at the VA in February 2012, including remote VA sites via distance learning. The free series consists of seven hours on three Fridays and contact hours are awarded. This flagship program has a decade of success in training over 21,000 health care professionals.

A new training program for nurses at the Metro Nashville hospital will be held the last week in June. This four day series on palliative care will feature an inter-professional cadre of presenters from Vanderbilt, TSU, and Meharry, including an MD, nurse practitioner, social worker, and geriatrician.

MCGEC faculty are mentoring a Meharry medical student during a summer geriatric research project at Vanderbilt University. The rising second year student is helping with two primary projects: one looking at whether community exposure to patients provides opportunities for students to demonstrate geriatric competencies through narratives, and a delirium assessment training project that aims to increase identification of delirium among patients on surgical units at Vanderbilt hospital. The student will also be exposed to patient rounds, clinic, and long term care experiences.

MCGEC is helping with plans for the Southern Gerontological Society's 33<sup>rd</sup> Annual Meeting at the Sheraton Hotel in downtown Nashville, April 19-22, 2012. Several of our consortium partners plan to present, as well as many geriatric professionals from the Southeast region. Please save the dates and respond to the Call for Presentations – due Oct. 15<sup>th</sup>. For more information, contact Lora Gage at 239-541-2011 or [LGage4SGS@aol.com](mailto:LGage4SGS@aol.com).

**AGS Developments** - Many GEC participants attended the AGS Convention at National Harbor in May for the newest developments in geriatrics, exhibits and meetings with colleagues. T. Franklin Williams Scholars at Vanderbilt gave presentations on their continuing work including Drs. Kiepp Talbot: Influenza in Elderly, and John Stafford: Insulin Resistance in Elderly. Dr. Laurence Solberg, geriatrics faculty at Vanderbilt, is a member of the Teachers and Education Interest Group. Dr. Jim Powers was elected for a two year term as Chair, AGS Council of State Affiliates. New Geriatric Fellows to Start - Ryan Kalinsky and Kiffany Peggs will start as new Geriatric Fellows at Vanderbilt this July. This is noteworthy in that two Vanderbilt IM Residents have elected to continue their geriatric training with us. Dr. Powers, Fellowship Director, also lectured at the 28<sup>th</sup> Annual UK Summer Series on Aging with new research findings on the Measurement of Fatigue, Fatigability, and Function in Chronic Illness in Aging.

**Miami Area Geriatric Education Center (MAGEC)**  
*Kathia Fermin, Program Coordinator*  
*Center on Aging, University of Miami, Miller School of Medicine*  
*Miami, FL*

The Miami Area Geriatric Education Center (MAGEC) hosted its latest Advances in Geriatrics Conference: *Aging in Place – Living Well in the Community*, on Friday, June 24, 2011. Topics offered holistic and innovative approaches for a well-rounded, healthy and balanced lifestyle. Also discussed, the growing problem of compulsive gambling in the elder community, how it is perceived within specific cultures, and how families can identify, assess, and help with the treatment of their loved ones. The interactive, interprofessional discussions were presented by a well-rounded group of Florida professionals. A variety of health care disciplines were represented at this one-day conference, from physicians and nurses to psychologists, social workers and professional guardians. Physical and occupational therapists were also in attendance. With this conference, MAGEC continues its traditional commitment to providing the latest in cutting-edge, interdisciplinary geriatric education for health care professionals serving older adults in South Florida.

**Geriatric Health Screening in Rural Montana**  
*Gayle Hudgins, Pharm D, Director*  
*Montana Geriatric Education Center*

The Montana Geriatric Education Center (MTGEC) provides interdisciplinary clinical training in geriatrics for health professions students through participation in geriatric health screenings in a variety of settings.

MTGEC works closely with representatives of each of the academic programs whose students participate in geriatric health screening. These include the departments of pharmacy practice, physical therapy, and social work at the University of Montana as well as the nursing programs at Montana State University (Missoula, Great Falls, and

Billings campuses) and Montana Tech. MTGEC also interacts with the University of Washington WWAMI medical school program. MTGEC has a large network of sites across the state where screening events have been held in the past and to which they often return in subsequent years. In addition, new sites are added frequently.

In the first six months, 478 individuals over age 55 have been screened at 35 events held in 26 different cities and towns across the state, with at least 20 more events scheduled through the end of the fiscal year. A total of 765 tests were conducted on these 478 individuals with 386 (50%) tests producing abnormal results in 197 patients: 201 bone density heel scans, 121 lipid panels, and 64 hemoglobin A1c's. The patients with abnormal test results have been followed up through the mid-January screenings, with 118 (69%) responding to date. Follow up is in process for 53 patients recently screened.

As of February 2011, 90 students from University of Montana, Montana Tech, and Montana State University have been trained in geriatric health screening techniques; many of those are in their pre-clinical studies at this point. During the current year, 74 different health professions students have participated in geriatric health screening events: 15 nursing, 40 pharmacy, 2 physical therapy, 15 social work, 1 medical, and 1 physician assistant. Most of these students have participated in more than one screening event. Their evaluation of their experience at screening events is very positive; 99% agreeing or strongly agreeing that they learned from the event, 99.8% agreeing or strongly agreeing that they helped those tested understand their results, and 100% agreeing or strongly agreeing that they will use the knowledge they gained from the event.

Students complete a retrospective pre-/post- self-evaluation after each event. Students clearly gain confidence in their ability to operate the screening equipment, interpret the results, and counsel patients at each event.

The student model for interdisciplinary geriatric health screening is being refined to include new screenings for depression and cognitive impairment, which will be conducted by nursing, pharmacy, and social work students. The new screenings will begin in the fall of 2011.

### **Evidence-based Falls Prevention in Outpatient Wellness: Lessons Learned**

*Tiffany E. Shubert, PT, PhD, Scientist*

*Center for Aging and Health, Division of Geriatrics, UNC School of Medicine*

Year one of the Carolina Geriatric Education Consortium's Falls Practice Improvement Network was spent developing and piloting multi-disciplinary, evidenced-based education. Content for teaching and training sessions was created and delivered over two sessions to an outpatient wellness facility consisting of physical therapy, cardiac rehabilitation, pulmonary rehabilitation, and wellness classes. Objectives for session one included describing the American Geriatrics Society's guidelines for evidence-based falls prevention screening and assessment, discussing evidence-based interventions for community dwelling older adults, and describing the roles and responsibilities of each discipline represented (fitness professionals, exercise scientists, registered nurses, physical therapists, occupational therapists, etc.) in falls risk screening and assessment. After the didactic presentation, attendees (15) worked in small groups and assessed current practices around falls at the wellness center. The group identified that cardiac rehabilitation and pulmonary rehabilitation patients were not screened for falls, physical therapy did not utilize the wellness programs to transition patients from discharge to independence, and there were no evidence-based balance program offered in wellness. An action plan was made by the group to implement several changes to improve practice around falls. The group nominated an onsite champion to assist with implementation.

The second session was scheduled eight weeks later. At session two, all groups reported on their progress, discussed barriers, and brainstormed to problem solve. By session two, a best-practice falls prevention program was implemented, cardiac rehabilitation had integrated the AGS screen into the intake form, and physical therapy created a protocol to refer appropriate patients to wellness at discharge. Two months later, the champion reviewed 50% of all cardiac rehabilitation and pulmonary rehabilitation charts. She reported that 80% of patients in cardiac rehabilitation were screened for falls, but for those who screened positive, there was no follow up assessment or intervention prescribed. The facility held a meeting to discuss the problem. A new system was created so that all positive screens were submitted to wellness for follow up after completion of the cardiac rehabilitation program. A second chart review will take place in September to determine if this is an optimal solution.

**Geriatric Education Center of Michigan (GECM)**  
**Jan Yonker, MSA, Deputy Director**  
**Michigan State University (MSU)**

### **Regional Training Teams Expand GECM's Reach**

During the 2007-2010 GEC Project, one of the GECM initiatives included the development of regional, interdisciplinary teams of trainers in strategic geographic locations throughout Michigan. Four of these teams are now hard at work during the current Project delivering training in the regions of Grand Rapids, Flint, Traverse City (covering northern lower Michigan), and Marquette (covering the Upper peninsula). The teams of trainers include local community physicians, nurse practitioners, nurses, social workers, MSU Extension office faculty, oral health professionals, and others who first went through the GECM "train the trainer" program to become familiar with the GECM core curriculum, the GECM approach to teaching interdisciplinary audiences about functional and incremental assessment, and the importance of integrating continuous quality improvement in all service delivery.

Last year the regional teams conducted training needs assessments, and now the teams meet regularly to plan and implement educational programs tailored to the needs of the providers in their respective communities. GECM administration and core faculty at Michigan State University continue to provide oversight of the development of new modules, provide consultation and advice to the regional team faculty, and facilitate interaction among the teams, who share their challenges, growth, and successes with each other.

Two of the teams' efforts were highlighted in recent articles:

- The Northern Michigan team presented their work with the Grand Traverse Band of Ottawa and Chippewa Indians at the annual American Society on Aging conference on April 29, 2011, in San Francisco. As a result, they were asked to write an article about their experiences for the May issue of the Indian Health Service (IHS) newsletter, *The IHS Primary Care Provider*. The full article, starting on page 97, can be seen here: [http://www.ihs.gov/provider/documents/2010\\_2019/PROV0511.pdf](http://www.ihs.gov/provider/documents/2010_2019/PROV0511.pdf)
- The Grand Rapids team held their annual educational offering April 27 and 28, 2011, which attracted over 100 healthcare professionals in the region. This successful collaboration is featured in the June 2 issue of the MSU Extension Office newsletter: <http://msuespotlight.com/?s=Geriatric+Education>

Our Flint and Marquette teams are planning equally ambitious offerings for later this year, targeting a broad range of healthcare professionals through live, onsite programming, as well as through the use of interactive videoconferencing and webcasts.

These regional team training programs illustrate key features of GECs: The strength derived from collaboration and partnerships; the importance of meeting the needs of local audiences; the necessity of relevant, evidence-based curricula; and the invaluable model of multiple disciplines working together—whether teaching or providing care—with the ultimate goal of improved quality of life for older adults. For more information, write to [yonker@msu.edu](mailto:yonker@msu.edu).

### **GECM Collaboration with the Ann Arbor GRECC**

The GECM collaborative training program with the Ann Arbor GRECC was recently highlighted in a special issue of the journal *Gerontology & Geriatrics Education*: Clark E, Fitzgerald JT, Griffith J, Charlene Weir C: [Geriatrics Educational Outreach: A Tale of Three GRECCS](#). *Gerontology & Geriatrics Education* 32(1):93-106, 2011. The article describes the implementation of GECM training programs in the VA Community Based Outpatient Clinics Program throughout VISN 11 over the past several years, and was one of three featured programs that illustrate successful outreach activities within the VA.

**Summer Institute 2011: Understanding Palliative Care**  
*Lisa Edstrom, MBA*  
**University of Minnesota School of Public Health, Center on Aging**  
**Minnesota Area Geriatric Education Center**

On June 1, Center on Aging held its annual Summer Institute. The event was sponsored by the Minnesota Area Geriatric Education Center (MAGEC) as part of its focus on advancing evidence-based practice in palliative care.

The purpose of the daylong conference was to increase understanding of palliative care among health care professionals and to explore ways to improve the delivery of end-of-life care.

Keynote speaker J. Andrew Billings M.D. set the stage by examining essentials of palliative care. Dr. Billings, founder and former Director of the Palliative Care Service, Massachusetts General Hospital, and an Associate Professor of Medicine at Harvard Medical School, identified the following elements that help to ensure a “good death” from the patient’s perspective:

- *Comfort care:* First and foremost, there should be efforts to relieve the patient’s pain and manage their symptoms. Unfortunately, much of clinical intervention is focused on diagnosis and treatment of the underlying condition, not on pain management. “There are plenty of ways to reduce pain and other symptoms of discomfort that interfere with the patient’s quality of life – even at the end of life,” said Billings. “Neglecting to do so should be interpreted as a medical error.”
- *Shared decision-making:* Decisions related to end-of-life care should be part of discussions between the patient and physician, as well as the family and health care team. Yet sharing bad news is difficult, and physicians often dance around the topic. Billings believes these discussions are an essential part of quality care, and physicians need training to help them find the best ways to broach this difficult but necessary topic with patients and families. “We regard death as failure, in part because it is an unwelcome reminder of our own mortality.”
- *Psychosocial/spiritual support:* Billings recommends a series of open-ended questions to enable patients to express their thoughts and feelings about the illness, the prospect of death, and the role of faith, as well as to articulate their values and determine how to make the most of the time remaining. This process is equally essential in helping the family understand and support patient preferences.
- *Alternatives to hospitalization:* Most patients opt to spend their final days at home, but almost 50 percent end up dying in the hospital. While this is improving, Billings believes we can do better. “Too often, our focus is on applying additional resources, rather than on quality of life,” he said.

Following the keynote, participants engaged in breakout sessions aimed at the clinical, legal, ethical, economical, and educational issues associated with palliative care. In roundtable discussions, they further explored end-of-life care in various settings – from primary and specialty care, to long-term care, to community-based care.

The Center on Aging wishes to thank Summer Institute presenters and panelists: J. Andrew Billings, M.D.; Barb Blumer, J.D.; Lyn Ceronsky, D.N.P.; Patti Cullen, C.A.E.; Jane Pederson, M.D.; Barb Rode, M.S.; M.D.; Edward Ratner, M.D.; Nancy Rehkamp, M.P.A.; Caroline Schauer, RN, Linda Setterlund, MA, ICSI; and Tom von Sternberg, M.D. Additional planning committee members include: Robert L. Kane, M.D., Heather Davila, B.A.; Michele Fedderly, Ed.D.; Catherine Furry, M.Ed; Kelli Johnson, M.B.A. and James Pacala, M.D.

*For more information about MAGEC, contact Lisa Edstrom at [ledstrom@umn.edu](mailto:ledstrom@umn.edu).*

**Stanford Geriatric Education Center (SGEC)**  
*Nancy Hikoyeda, DrPH, MPH, Associate Director*  
*Gwen Yeo, PhD, AGSF, Director Emerita*

**SGEC's 160 Hour Faculty Development Program in Ethnogeriatrics**

On July 1, 2011, the SGEC will launch their 160 hour Faculty Development Program in Ethnogeriatrics (FDPE). Six trainees representing the disciplines of medicine, nursing, pharmacy, and social work have been selected for the first cohort in this innovative training program.

The FDPE will offer a hybrid experience using a train-the-trainer approach to enhance the skills and knowledge of faculty who train health care providers working with ethnic elders and their families. The program has four major components. The first phase of the program will be a four-day intensive training in Health Literacy and Ethnogeriatrics (HLE) at the Stanford University School of Medicine. The 8-module core curriculum incorporates didactic sessions, interactive workshops, resource sessions, and other activities. The second component includes online training which incorporates web-based ethnogeriatric curriculum modules; multimedia resources; and on-demand webinars on topics such as Ethnicity and Dementia, Care of Diverse Elders and Their Families in Primary Care, and Clinical Ethnogeriatrics. The third feature is individualized mentoring and consulting sessions with the SGEC's interdisciplinary health care faculty team via required monthly meetings using Skype technology. The capstone requirement is a trainee project related to ethnogeriatric care at the trainee's home institution, with SGEC faculty support. Trainees will receive a Certificate of Completion in Ethnogeriatrics from the SGEC.

This new training program is an expansion of the earlier week-long Faculty Development Program in HLE which began in 2008. Since then, a total of 34 faculty trainees have participated in the program representing 11 disciplines, 19 institutions, and 12 states. Evaluations of the previous trainings revealed positive outcomes such as curricular change, as well as increased knowledge, attitudes, and skills related to HLE.

For further information about the FDPE, please see the SGEC website: <http://sgec.stanford.edu> or contact Nancy Hikoyeda at [hikoyeda@stanford.edu](mailto:hikoyeda@stanford.edu).

The next SGEC webinar will be "Health Literacy and Health Disparities" on Thursday, July 21, 2011, from 12:30 to 2 pm (PST).

**H-GEC Geriatric Interdisciplinary Student Team Competition Wins First Place in the  
Annual Innovations in Health Science Education Competition**  
*Houston Geriatric Education Center (H-GEC)*  
*Laura Niles, Research Assistant*

An entry by Carmel Dyer, M.D., and Sharon K. Ostwald, Ph.D., R.N., project directors of the H-GEC, won first prize in the annual Innovations in Health Science Education competition held by The University of Texas System during a two-day conference in San Antonio, May 18-19, 2011. The winning project, "Geriatric Interdisciplinary Student Team Competition," won an award of \$7,500 from the *7th Annual Innovations in Health Science Education Conference*.

The Geriatric Interdisciplinary Student Team Competition was initiated in 2008 as one of the H-GEC's grant projects, and recruits students from a variety of health professional and related disciplines including medicine, nursing, pharmacy, occupational and physical therapies, communication sciences and disorders, dentistry, dental hygiene, law, social work, public health, health informatics and optometry. The Competition has been held every spring semester since its inception in 2008, with plans for continuing indefinitely. The focus of the Competition is always interdisciplinary team approaches to issues facing older adults. Past Competitions have focused on elder abuse and mistreatment; disaster preparedness for elders living in low-income housing; basic services and safety for homebound low income elders enrolled in home delivered meals programs; and, assessment of long-term care facility resident needs. The 2011 competition set a new record for student participation, with approximately 52 student competitors.

Students have demonstrated pre to post test increases in knowledge, skills, and attitudes related to geriatrics in all years of the program. In addition to increasing their knowledge about geriatrics, students note the importance of

interprofessional collaboration in geriatric care. More than 80 percent of students report their level of satisfaction with the Competition as either very satisfied or satisfied on the post-competition student evaluations. The Geriatric Interdisciplinary Student Team Competition successfully incorporates a number of lessons that are often difficult to teach in the traditional classroom setting. Students not only learn about issues that impact aging adults, but also learn other aspects of health care including working on teams, working with other disciplines, ethics, professionalism and community service.

**Ohio Valley Appalachia Regional Geriatric Education Center (OVAR/GEC)**  
*Julie Brock, M.A., Associate Director, Ohio Valley Appalachia Regional GEC*

**OVAR/GEC Sessions at University of Kentucky's Summer Series on Aging**

The OVAR/GEC sponsored four sessions at the annual University of Kentucky Summer Series on Aging Conference held in Lexington on June 13-15, 2011. The conference was attended by 375 health care professionals from 20 states, and Continuing Education credit was offered for 10 disciplines.

**- Incontinence and Overactive Bladder: What Health Professionals Need to Know about Physical Therapy Interventions:** Janet Hall, PT, Holston Valley Outpatient Center, The Sullivan Center (Kingsport TN).

It is believed that 1/3 of men and women ages 30-70 have experienced loss of bladder control at some point in their adult lives and may be still living with the symptoms. Millions of people are affected. Innovative approaches to this problem are always welcome to those experiencing these problems or for those who are caring for them. This presentation described the role of physical therapy in evaluating and treating urinary incontinence and overactive bladder, various exercise options for treating the condition, self-care strategies, and the role of biofeedback in assessing and treating urinary incontinence and overactive bladder.

**- If I Quit I Might Be a Statistic: Perspectives of Older Farmers on Work and Health:** Deborah Reed, PhD, MSPH, RN, Professor, University of Kentucky College of Nursing (Lexington KY); OVAR GEC core faculty.

This presentation focused on the cultural and occupational aspects of farming, with special emphasis on the aging farmer and farm family culture. Along with a general overview of farm production hazards, research findings were shared from a five year study of farmers ages 50 and over in Kentucky and South Carolina that was conducted by the presenter. Kentucky has nearly 89,000 farms, ranked fourth in the nation. Many of these farms are family run operations with multiple generations working together. Case reports highlighted clinical challenges and culturally appropriate intervention strategies that may improve provider/client rapport and health outcomes. Attendees left the session equipped with a new understanding of the cultural meaning of farm work to these older workers (average age of 57). A listing of free resources was provided, as well as opportunities for engagement in current and future projects focused on this highly vulnerable population.

**-Preventing Elder Investment Fraud: Assessing for Vulnerability to Financial Exploitation:** Kelly May, BA, Public Information Officer, Kentucky Department of Financial Institutions (Frankfort KY) and James O'Brien, MD, Professor, Margaret Dorward Smock Endowed Chair in Geriatrics University of Louisville, Department of Family & Geriatric Medicine (Louisville KY).

The goal of this session was to raise clinical awareness of elder investment fraud and financial exploitation (EIFFE). It is a serious, growing problem and the role of clinicians can be very positive in addressing it. Information and resources were provided that can help health care providers based on their knowledge of their patients or clients. Communication about finances and referral options were addressed. This presentation is part of a national initiative by Investor Protection Trust, Baylor College of Medicine, Huffington Center on Aging and the Texas Consortium GEC.

**-Meeting the Mental Health Needs of Older Adults during Disasters:** Lisa M. Brown, PhD, Associate Professor and Clinical Psychologist, University of South Florida, Aging and Mental Health Disparities (Tampa, FL).

Older adults, regardless of their living situation, are at risk for disaster-related adverse mental health issues. This presentation compared and contrasted how assessment and intervention for disaster-related mental health distress

differs based on residence or living setting (i.e. nursing home, community-dwelling, home-bound elder). Through a disaster exercise, small group activities, and case studies, participants learned about the challenges that are typically encountered when providing mental health services to older adults. Through lecture, the fundamentals of psychological first aid were explained. Activities that foster resilience pre and post disaster were provided.

### OVAR/GEC “Essentials of Dementia Care: Becoming an Effective Trainer” Workshop

The Alzheimer’s Association of Greater Kentucky and southern Indiana, Fayette County Cooperative Extension Services, Western Kentucky University, University of Kentucky Sanders-Brown Center on Aging and OVAR/GEC will collaborate on a day-long Essentials of Dementia Care Training on October 11, 2011. The training will present the latest information on AD while role modeling teaching techniques to enable health care providers to train long term care facility nurse aides to better care for persons with AD. Each trainee will complete a training action plan and take home a 100-page training manual complete with lesson plans, content, and resources. Six-month follow-up evaluations will document the number of staff that were trained and changes identified in the institutions as a result of utilizing the training materials.

### 2011 CALENDAR OF EVENTS

<i>DATE/TIME</i>	<i>EVENT</i>	<i>LOCATION</i>	<i>CONTACT</i>
July 21, 2011  (12:30-2:00 pm PST)	“Health Literacy & Health Disparities” Presented by: Nancy Hikoyeda, DrPH, and Seema Limaye, MD	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website ( <a href="http://sgec.stanford.edu/events.html">http://sgec.stanford.edu/events.html</a> ) Questions : Contact Marian Tzuang at (650) 721-1023 or at <a href="mailto:mtzuang@stanford.edu">mtzuang@stanford.edu</a>
August 25, 2011  (11:00am-12:30pm PST)	“Arthritis” Presented by: Eswar Krishnan, MD, M.Phil, and Kate Lorig, RN, PhD	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website ( <a href="http://sgec.stanford.edu/events.html">http://sgec.stanford.edu/events.html</a> ) Questions : Contact Marian Tzuang at (650) 721-1023 or at <a href="mailto:mtzuang@stanford.edu">mtzuang@stanford.edu</a>
September 24, 2011	Interdisciplinary Fall Prevention & Management: A Case Study Approach	Amarillo, Texas	Graciela (Grace) Blunt-Massey <a href="mailto:grace.blunt@ttuhsc.edu">grace.blunt@ttuhsc.edu</a> (806)356-4637
Sept. 28 – Oct. 1, 2011	Wisconsin Board Review Course & Update in Geriatric Medicine	Lake Geneva, WI	Zoe Wolf (414) 955-7090 <a href="mailto:zwolf@mcw.edu">zwolf@mcw.edu</a>  <a href="http://geriatricsboardreview.com">geriatricsboardreview.com</a>
September 29, 2011	Annual Conference on Aging	San Antonio, TX	Michele J. Saunders, DMD, MPA 210-562-6560 <a href="mailto:saunders@uthscsa.edu">saunders@uthscsa.edu</a>
September 29, 2011 12:30-2:00 pm , PST	“Cardiovascular Disease” Presented by: Latha Palaniappan, MD, MS	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website ( <a href="http://sgec.stanford.edu/events.html">http://sgec.stanford.edu/events.html</a> ) Questions : Contact Marian Tzuang at (650) 721-1023 or at <a href="mailto:mtzuang@stanford.edu">mtzuang@stanford.edu</a>
September 30, 2011	5 <sup>th</sup> Annual Medico~Legal Conference	San Antonio, TX	Michele J. Saunders, DMD, MPA 210-562-6560 <a href="mailto:saunders@uthscsa.edu">saunders@uthscsa.edu</a>

October 6, 2011 12:30-2:00 pm, PST	“Dementia Assessment and Family Caregiving Part 1: Latino” Presented by: Dolores Gallagher-Thompson, PhD, and Mariluz Villa, MD	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website ( <a href="http://sgec.stanford.edu/events.html">http://sgec.stanford.edu/events.html</a> ) Questions : Contact Marian Tzuang at (650) 721-1023 or at <a href="mailto:mtzuang@stanford.edu">mtzuang@stanford.edu</a>
October 11, 2011 7:30 a.m.-4:00 p.m	A Comprehensive Approach to Late Life Depression	Billings and Missoula, Montana plus videoconferencing sites	Terry Egan Terry.Egan@umontana.edu 406-243-253 <a href="http://montanaGEC@umontana.edu">http://montanaGEC@umontana.edu</a>
October 11, 2011	Essentials of Dementia: Becoming an Effective Trainer (CE for Nursing, Nursing Home Administrators, Social Workers)	Fayette County Cooperative Extension office, Lexington KY	Julie Brock 859/257-1510 <a href="mailto:julie.brock@uky.edu">julie.brock@uky.edu</a>
October 13, 2011 8:00 – 5:00 p.m.	2012 Forum on Aging and Annual Meeting	Kaneohe, HI	Aida Wen, MD, <a href="mailto:aidawen@hawaiiintel.net">aidawen@hawaiiintel.net</a> 808-523-8461
November 3, 2011 12:30-2:00 pm, PST	“Dementia Assessment and Family Caregiving, Part 2: Chinese and other Asian” Presented by: Dolores Gallagher-Thompson, PhD, and Marian Tzuang, MSW	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website ( <a href="http://sgec.stanford.edu/events.html">http://sgec.stanford.edu/events.html</a> ) Questions : Contact Marian Tzuang at (650) 721-1023 or at <a href="mailto:mtzuang@stanford.edu">mtzuang@stanford.edu</a>
December 8, 2011 (12:30-2:00 pm PST)	“End of Life” Presented by: Marita Grudzen, MHS, and Cynthia Pan, MD	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website ( <a href="http://sgec.stanford.edu/events.html">http://sgec.stanford.edu/events.html</a> ) Questions : Contact Marian Tzuang at (650) 721-1023 or at <a href="mailto:mtzuang@stanford.edu">mtzuang@stanford.edu</a>
March 6-7, 2012	2012 Forum on Aging and Annual Meeting	Sharonville Convention Center, 11355 Chester Rd., Cincinnati, OH	Irene Moore, 513-584-0798 <a href="mailto:moorei@uc.edu">moorei@uc.edu</a>

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