June 2010

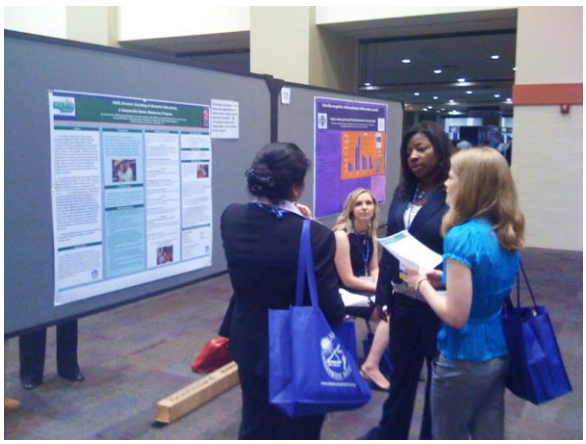
GET-IT Newsletter

Special Interest Articles:

- ***Grand Rounds***
- ***SAGE Program***
- ***Heart Disease***

Reynolds Staff Presented Poster Presentations at AGS in Orlando, FL.

The Reynolds GET-IT staff present two posters "UNTHSC Reynolds GET-IT Program: An Innovative and Comprehensive Approach to Strengthening Physicians' Training in Geriatrics," & "SAGE- Seniors Assisting in Geriatric Education, A Successful Senior Mentoring Program" at the **American Geriatrics Society (AGS)** 2010 Annual Scientific Meeting, May 12-15th in Orlando, FL. Through these poster presentations Dr. Knebl, Dr. Farmer, and Educational Coordinator Yolanda Pitts, MEd, CHES, shared GET-IT Program activities and year one outcomes.



Student Chapter of the American Geriatrics Society

Top 5 Reasons You Need to Join SCAGS

5. Win cool prizes at our first meeting
4. Reality: One-third of the population is over age 65
3. Guaranteed clinical volunteer hours – you gotta have it
2. First served at lunches and awesome T-shirt
1. Face it, you will be old someday…

Join at Orientation for only $30 -- $35 Later

Benefits:

- Free T-shirt
- Free access to *Geriatrics At Your Fingertips* (PDA Version)
- 4 years of amazing learning opportunities
- Medical service hours, first preference

For more information, check us out under "Students": http://www.hsc.unt.edu/Sites/GETIT/

Seniors Assisting in Geriatrics Education

Limited Physical Examination – Visit 5

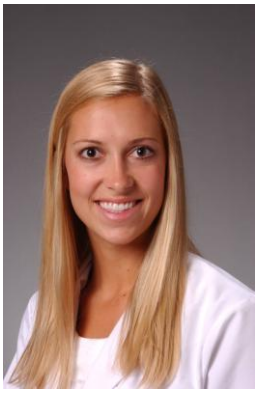
During Visit 4 of the SAGE Program, students perform a physical and cognitive examination (Mini Mental Status Examination, The Clock Drawing Test, and the 15 item Geriatric Depression Scale) on an older adult. Students learn to adapt an examination to possible health conditions such as frailty, immobility, hearing loss, memory loss, and/or other impairments

~Christopher Jean-Lewis, Student Doctor

It wasn't necessarily difficult for my partner and me to perform the limited physical and cognitive examination on our client. The key thing was making sure that the senior client understood what we were asking of her. Once it was understood what was asked of our senior client, there weren't any problems or difficulties associated with doing the physical. Our relationship with our senior client, though a friendly one, has always remained professional.

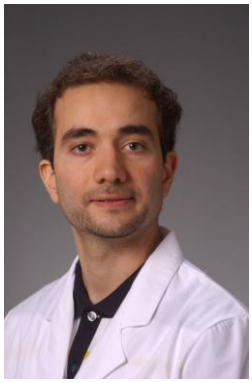
On this visit, my partner and I were actually able to learn and uncover a great deal of information from our senior client. During the physical exam, we learned that our senior client had a number of actinic keratotic lesions on her face and on her body. The second thing, and probably the most important, was the fact that we found out that our senior client was a diabetic. She conveyed this to us by showing us the medication that she was currently taking, which was metformin. On previous visits, our senior client didn't indicate or convey that she was diabetic, so to learn about this on the last visit during our physical exam was quite surprising. An additional finding on our client was the fact that our patient had an increased kyphosis in her thoracic spine, this was characteristic of individuals who had bad posture throughout their whole life and as they age, they increase the kyphosis in their thoracic spine.

One of the big things that I've learned from our client in reference to the elderly and aging was the fact that the more activity throughout life, leads to retention of mobility. Through her continual efforts of trying to remain active, at the age of 85 years old, our client is still able to get around on her own and is pretty much self-reliant. This session was another great experience where my partner and I were able to learn even more about our client. These experiences will most definitely help us in the future in properly treating elderly patients.



~ Amanda Murray, Student Doctor

It was not difficult performing an exam on her even though we have a personal relationship with her. I think this comes from practicing for our OSCE on family and friends. I am used to it. It was kind of awkward, though, to come into their home and ask to do this. They are expecting that when they go to the doctor but not when guests come over.



~Mehran Moradi, Student Doctor

This session was great, we practiced our physical examination skills and I wanted to thank the instructors for this opportunity.

Visit/Session 5
May 26, 2010

Harika Yalamanchili & Vanna Stotts *~Student Doctors*

Our senior mentor was sweet and accommodating as always!

June Grand Rounds

“Them Old Bones: An Osteopathic Approach to the Geriatric Population”

June 30, 2010 @ noon in, Mini-Auditorium

Russell Gamber, DO, MPH
UNT Health Science Center

Dr. Russell Gamber is the Assistant Dean for Student Admissions and Outreach and Interim Chairman for Osteopathic Manipulative Medicine. He is co-investigator and reviewer for AOA sponsored research grants and an editorial consultant for the JAOA. His numerous committee assignments in the college and the profession have contributed to his interest in policy formation at the local, state, and national levels. Dr. Gamber received his B.S. in premedical studies from West Virginia University in 1965 and graduated from Kirksville College of Osteopathic Medicine in 1969. After completing his post-doctoral work in Lansing, Michigan, Dr. Gamber pursued certification in family practice, preventive/occupational medicine and osteopathic manipulative medicine. Dr. Gamber is a nationally recognized speaker for distinctively osteopathic treatment and research. His scholastic and research interests include manipulative medicine applied to acute and chronic conditions in the adult population, public health, and health policy.

NEWS

New! Earn Category 1A (AOA) & Category 1 (AMA PRA™) Credits Online!!!

Professional & Continuing Education (PACE) Online Grand Rounds

Download the application, install it on your computer and participate in **LIVE** Grand Rounds Wednesdays at 12 PM (central).

7/28/2010 No Grand Rounds
8/25/2010 Dr. Dan Swagerty
9/22/2010 Dr. Paul Eleazer

http://www.hsc.unt.edu/education/PACE/DownloadGrandRoundsApplication.cfm

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Check Out Our New Website!

www.hsc.unt.edu/Sites/GETI

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 (THHMFW) and Community Hospice of Texas in Fort Worth. THHMFW 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 THHMFW. 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: amy.moss@unthsc.edu.

Provider Fact Sheets –Heart Failure

Beth Malasky, MD, College of Medicine, University of Arizona
Rosemary Browne, MD and Carol Howe, MD, Editors
ARIZONA REYNOLDS PROGRAM OF APPLIED GERIATRICS

Heart failure (HF) is a major health problem in the US. More than 5 million Americans have HF, and each year some 300,000 individuals die from it. The direct and indirect costs of HF exceed $35 billion per year.

HF is more common with increasing age. In fact, one in every 100 people over 65 have HF, and 80% of people hospitalized with HF are over 65. HF is the most common diagnosis made in hospitalized older adults.

This issue of Elder Care is the first of two that will be devoted to HF. This issue will review the approach to diagnosis of HF. Another issue will discuss treatment of HF in outpatient settings.

TIPS FOR DIAGNOSING HEART FAILURE IN OLDER PATIENTS

Order an echocardiogram to distinguish systolic from diastolic heart failure, and to detect unsuspected causes of heart failure such as valvular disease.

Refer patients to be evaluated for valve replacement if they have heart failure plus either severe disease in one valve or moderate disease in multiple valves.

Exclude secondary causes of heart failure by ordering tests to assess for anemia, renal insufficiency, hypoalbuminemia, and thyroid dysfunction.

Measure BNP on initial diagnosis of heart failure to help confirm the diagnosis.

Evaluate for coronary artery disease with non-invasive testing for patients with mild symptoms. Consider coronary angiography when patients have significantly decreased ejection fraction.