Geriatrics Interest Group

Semi-Annual Newsletter

Geriatrics Interest Group

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First Year Perspective: On Graduate Entry Pathway Geriatric Nursing

Caroline Kane, GSN DNP 2018

In our first semester, we GEP1 students encountered and cared for many patients. Between medical-surgical and post-operative rotations, our interactions have focused primarily on geriatric care. When thinking of an elderly patient, a distinct image may come to mind – frail skin, arthritic joints, unsteady gait, knowledge deficient, memory impairment – carrying an extensive medical history with an equally lengthy list of concomitant medications. While some of our patients physically fit this description, their humanity came to light through the lens of their own stories; reminding us that they are people as well as patients.

I had the pleasure of meeting many memorable elderly patients whose stories imparted insight and wisdom. There was one patient, in particular, whom I will never forget. Nearing seventy, he had remained committed to the lifelong calling of a healthcare profession that we are all studying to fulfill one day. He had been practicing as a physician until this past summer when he was diagnosed with cancer

I approached my assessment cautiously, knowing he might take the opportunity to scrutinize a novice like myself. I was pleasantly surprised when he guided me to the precise location for auscultating his heart murmur. Our conversations centered on physiological and pathological explanations about his illness, and he would question me as if I were his student. Throughout the day he offered advice and feedback, little nuances to enhance my delivery of care. At the end of my shift, I asked if he could share any other "words of wisdom" – to which he responded – "Rapport. The first thing you do when you walk into a patient's room is establish rapport. Then, you have nothing else to worry about."

I left the floor that night feeling grateful for the opportunity to meet such an altruistic person in the face of illness. And as an afterthought, it settled in that a man who once diagnosed and treated patients was now the one being treated, lying in the hospital bed. In a way the care I gave, he reciprocated. Even though he was the patient, I learned more from him than I ever could have from a textbook.

Medical Student Training In Aging Research (MSTAR)

Deadline:

January 31, 2014 at 5pm EST

- Interested in pursuing summer research and practice in geriatrics?
- Successful completion of 1st year of medical school by June 2014?

Sponsored by the American Federation for Aging Research (AFAR) and the National Institute on Aging (NIA). For more info:

http://www.afar.org/research/funding/mstar

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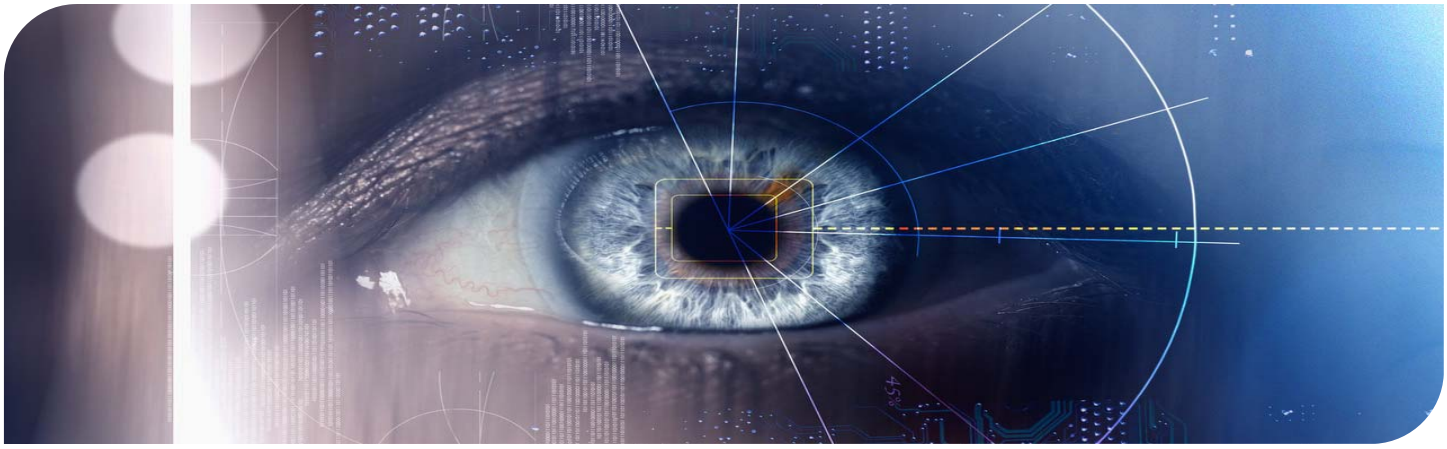

Do We or Don't We?
Talking about End of Life

Elizabeth Terhune, GSN NP 2015

On observation, there are small groups scattered across a larger room. Some are shaking with boisterous laughter. In others, individuals lean forward toward one another to support an emotional offering. Across the room, a woman receives a token and a quiet comment from another student while the rest of the group listens attentively around them. I clear my throat and ask them to gather collectively again… for the fourth time. These groups, like my own, are reluctant to give up the depth and intimacy of the conversations unfolding. While they appear to be deeply comfortable with each other and the reflections offered, they have only been in these groups for thirty minutes.

We are discussing end-of-life matters while modeling a prototype entitled *My Gift of Grace*. It is the end of October, and the project, developed to engage an instant messaging culture in deepening conversation, is in final production as we play. The Bioethics, Geriatrics, and Primary Care interest groups sponsor this exploration of end-of-life dialogues for loved ones and patients under the guidance of palliative care physican Jen Reidy.

Cutting edge? Perhaps. This year, palliative care and end-of-life considerations have reached a new level in public dialogue. *My Gift of Grace* received its groundswell of public support as 2013 Kickstarter project, funded solely by voluntary online contributors. Discussions about what makes "good" or "bad" deaths have also made the staccato punches of Twitter feed. In July, NPR journalist Scott Simon made history tweeting during his mother's passing. Online series of tools and resources known as The Conversation Project originated in efforts by journalist Ellen Goodman, clergy, and other media stakeholders interested in navigating end-of-life issues at the kitchen table. This fall, second year UMass medical students also developed a series of educational tools on end-of-life issues during their population health clerkship to help encourage meaningful dialogue before decisions occur, split-second, in hospital settings.

Engaging medical and graduate nursing students over a meal and these topics could have mired us in difficult, awkward dialogue. Instead we found an atmosphere full of insight, uplift, and engagement. We modeled the same types of conversations that we can inspire patients and their families to explore. Whether we point them to a particular resource or initiate conversation about Massachusetts Medical Orders for Life-Sustaining Treatment (MOLST) forms and advance directives, we have a unique vantage for moving patients and their support networks toward meaningful, timely dialogue to clarify wishes and perspectives.

Resources

My Gift of Grace
An important conversation, wrapped in a game, given as a gift

actionmill.com

The Conversation Project
theconversationproject.org

Let's Have Dinner and
Talk about Death
deathoverdinner.org

Research and Advocacy: Rural Health Scholars and the Healthy Aging Initiative on Martha's Vineyard, October 2013

Arianne Cuff Baker (UMMS 2016), Kelli Paice (UMMS 2016), Ismael Rivera (UMMS 2016), Caroline Royer (UMMS 2016), Malgorzata Smas (GSN NP 2015)

In October 2013, 4 medical students and 1 nurse practitioner student traveled to Martha's Vineyard to live and work for 2 weeks. We partnered with the Healthy Aging Task Force of the Dukes County Health Council and the Martha's Vineyard Donors Collaborative as we addressed the growing urgent needs of the island's elderly population.

The Healthy Aging Task Force formed to address the needs of the large number of elders on Martha's Vineyard: 16% of the 14,000 year-round residents are over the age of 65. In the next 15 years the proportion of 65+ seniors is expected to double to nearly a third of the island population.

Martha's Vineyard's year-round residents are much more economically and culturally diverse than its reputation as a wealthy summer colony suggests. Poverty, cultural and language barriers, and inadequate housing are widespread problems for MV's permanent residents. These challenges are magnified for the elderly population.

In our two weeks on the island we met with approximately 60 community organizations and representatives to understand the island culture and the challenges for seniors. We presented our recommendations for addressing service needs in the community to the Dukes County Health Council and to the community at large.

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Reflections of a Rural Health Scholar

- Caroline Royer, UMMS 2016

A sense of independence is something I often take for granted. I am lucky enough to be able to get out of bed every morning and leave my second-floor apartment without assistance. I am not reliant upon the public bus schedule to shop or visit a friend. If I fall ill and need medical care, primary care and specialty services are a few minutes' drive away.

During my two-week stay on Martha's Vineyard for the Population Health Clerkship, I was reminded that many people, particularly elders, are not as lucky. As we age, access to appropriate and safe housing, transportation, and medical services can be harder to come by. The lack of these services often leads to social isolation and a decline in health, yet it is not often something we consider until we need to relinquish our driver's licenses or can no longer walk up stairs with ease.

On Martha's Vineyard, many services are available to elderly residents: several nursing homes, a para-transit service for those unable to take the bus, small volunteer organizations whereby seniors can receive rides around the island, in-home medical and non-medical services for those who qualify. Unfortunately, the need for services that allow residents to maintain independence, particularly in their own homes, is much larger than what is now offered. There is a two-year waiting list for affordable housing units, even with spaces available at nursing homes on the island. Independence continues to be cherished at the end of life, and more needs to be done to give seniors the same sense of freedom that most Americans take advantage of each day.

The two weeks I spent on Martha's Vineyard were eye-opening. As someone who had not researched geriatric issues before, I left with a much deeper understanding of elder needs. Medical care is crucial, but provides limited support without access to transportation and safe housing. We need all three to continue thriving.

It is a mistake to regard age as a downhill grade toward dissolution. The reverse is true. As one grows older, one climbs with surprising strides.

-- George Sand (1804 – 1876)

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Research and Advocacy

Our findings, greatly simplified, are below:

1. While there are numerous resources for seniors on MV, access to their services can be confusing even for the most savvy elders and caregivers. MV needs a one-stop referral service, staffed by a real person (not just a pamphlet or website), to navigate seniors, caregivers, and providers through island services and ensure that seniors in need are able to connect with the appropriate organizations.
2. Primary care providers, dental care, and mental health care are in short supply on the island. Further, MV is an island isolated from major healthcare centers for specialty care. With the increasing elderly population, we can expect significantly increased need for care in chronic diseases like diabetes, Alzheimer's disease, and disabling arthritis. Finally, few providers on the island have the financial or language resources to support the entire diverse island population. Martha's Vineyard needs more primary care providers--especially gerontologists—and better resources for accessing specialty care.
3. Housing and skilled nursing facilities are inadequate. Many seniors will need varying levels of support as they age and the current supply is already overwhelmed. When the population of elders doubles, there will be no resources for people to stay on the island and they will have to leave unless the community takes action to develop elder housing and independent living options.

> 'Poverty, cultural and language barriers, and inadequate housing are widespread problems for MV's permanent residents. These challenges are magnified for the elderly population.'

This was a unique opportunity for us as students in healthcare to leave the hospital bubble and engage with a community so we could begin to understand the real challenges that affect our patients' health. We felt empowered to act as community advocates, to push ourselves to stand in front of an audience and recommend exactly how a community could change to improve its residents' wellbeing. We are eager to contribute to our communities in the future as we learn even more about addressing the social problems that contribute to our patients' wellness. As the American population grows older, too, we are much better educated in the daily challenges our older patients face in accessing healthcare and maintaining their health. We believe we will be better clinicians for our elderly patients and for our communities because of this experience.

Bridging the Gap: Emotional Support for Elders

Dhimiter Kondili, MS 2016

I don't recall her name. It was early morning, maybe 5am, yet there she sat, bright-eyed and exuberant, happy to see another face. We exchanged a few pleasantries, discussed the unseasonably cold weather for a bit before the first thought crossed my mind – I was here to interview this woman about her experience at UMass. I politely interrupted and reminded her that I had a few questions to ask. She smiled and kindly offered her attention. I resisted my desire to be clinical. She spoke eloquently, passionately almost. Word after word, she wove her story together like a beautiful necklace of pearls. Each event fell neatly into the assigned compartment. I remember thinking to myself how I wished that every patient could be like this.

Yet, there was a sadness that I couldn't ignore. Her story was stained with personal loss. This woman had spent her life caring for those around her, asking for nothing in return. She was repaid, it seemed, with death and abandonment. I wondered – how resilient could a soul be? How much could one person endure, before the cracks began to surface? Then it happened. I noticed her first tear falling from her weathered face. It glistened in the morning sun. She apologized! As she wiped her tears, her skin smoothed with her fingers gliding over her cheek. She regained her appearance and continued speaking with determination.

Day by day, our lives become littered with baggage. It doesn't take long before so much accumulates that it begins to spill over into our consciousness, clouding our thoughts. This observation becomes all the more pronounced as our days pile up, as we approach the end, as the baggage becomes a heavier burden. This woman taught me what it meant to have lived a lonely life. Since that day, I have found that my generalizations from our conversation still hold true. While we are taught that an elderly patient must be assessed for falls or dementia, it is the more silent, psychological shadows of loneliness that we must also fear. This woman's life was marred by overwhelming loss and very few gains.

Sadly, I fear she is not alone in her experiences. While appearances can fool even the most astute observer, ultimately, it is with empathy and genuine effort that we can see behind these facades. Loneliness isn't curable. There is no ICD-9 code, for which we can bill. It is something that physicians and nurses alike can alleviate, be it for just a few minutes. It is something very much worth our time and effort.

Blood Pressure Screening
Greendale YMCA
Worcester, MA
October 2013

Honoring Nelson Mandela (1918 – 2013)

Mehran Nikan , Ph.D.

Nelson Mandela, how did you manage to live with so much love and dignity in the middle of so much pain and suffering? We know what we lost.

Geriatrics Interest Group:
Fall Semester Updates

GIG had a fantastic fall semester! We grew to over 50 students representing both the Graduate School of Nursing and the School of Medicine. We are proud of becoming one of the most interdisciplinary interest groups on campus.

We started off the year with our annual "Don't Kill Grandpa - 10 Clinical Pearls for Caring for the Elderly," a charismatic and well-received talk by GIG faculty advisors Gary Blanchard and Erika Olsen. We explored the difference between 'pleasantly confused' and delirium, considered prescribing cascades, and learned never to let a patient walk out the door without actually watching them walk.

In October, the Geriatrics Interest Group co-hosted an Advanced Care Planning skills session with the Bioethics and Primary Care Interest Groups. Students integrated a conversational tool, *My Gift of Grace*, to learn how to discuss difficult subjects related advanced care planning with friends, family and patients, and considered their own values in reference to end of life. Later in the month on Halloween, GIG members held a free blood pressure screening for seniors at the Greendale YMCA in costume and under the guidance of Linda Pellegrino, NP.

In December, GIG co-hosted a lunchtime talk with the Surgery Interest Group and Dr. Jim Carroll on the topic of geriatrics and surgery. The talk particularly encouraged students to consider the role of research in caring for older patients before and after surgery.

Throughout the semester, 25 GIG members have participated in the Elder Patient Navigator Program optional enrichment elective. To date, we have hosted two of our four program modules: 'Communicating with Older Adults' and 'Geriatric Prescribing.' Discussions have been lively, and we've had faculty and student participation from the Graduate School of Nursing, School of Medicine, and for the first time this year, the Massachusetts College of Pharmacy and Health Sciences University! Our student navigators are already attending appointments with their patients and reporting back as their learning experiences progress.

We look forward to another great semester in the new year!

Kelli, Beth & Julia, Your GIG Co-leaders

GIG Advisory Council

Faculty

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Mary Ellen Keough, MPH
Sarah McGee, MD MPH
Erika Oleson, DO
Jill Terrien, PhD RN ANP

Student Leaders

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Julia Randall
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