Dr. Torke Named Associate Director of IU Center for Aging Research

Founding IU Center for Aging Research Director Chris Callahan, MD is pleased to announce the appointment of Alexia M. Torke, MD, MS as associate director of the Indiana University Center for Aging Research.

Dr. Torke is associate professor in the Department of Medicine at the Indiana University School of Medicine, a Regenstrief Institute scientist, and associate director of the Charles Warren Fairbanks Fellowship in Clinical Ethics. She is a core faculty member of the Research in Palliative and End-of-Life Communication and Training (RESPECT) Center.

Dr. Torke’s research focuses on the ethical and communication aspects of medical decision making. She has conducted research on patients’ preferences for end-of-life care and currently focuses on the topic of surrogate decision making—how family members and others make major decisions for patients with dementia, delirium or other conditions that impair cognitive function. She has designed and evaluated curricula regarding end-of-life care and clinical ethics for medical students, residents and fellows.

Dr. Torke is the principal investigator of a National Institute on Aging funded R01, “Surrogate/Clincian Communication: The Family Inpatient Communication Survey” and of an NIA funded K23, “Surrogate Decision Making for Hospitalized Older Adults - DECIDE.”

“Dr. Torke’s research is groundbreaking because, with regard to medical decision-making, it expands our vision beyond a narrow focus on the impaired older adult to include an expanded view of the patient and the surrogate decision-makers as well as the larger health care team,” affirmed Dr. Callahan.

“Her work also highlights the stress and physical toll associated with the role of surrogate, including the complexities of navigating our complex health care system. Lexy’s work also builds new research bridges across clinical disciplines and research expertise and other outdated silos from the past century. She is a big part of our future and we are delighted that she has accepted this new role.”

Dr. Torke’s appointment was effective January 15, 2014. She replaces Douglas K. Miller, MD who has served as associate director of the IU Center for Aging Research since he joined the IU School of Medicine faculty in 2003. Dr. Miller will retire from full-time work at IU in late winter but will continue his research at the IU Center for Aging Research, the Regenstrief Institute, and the School of Medicine in a part-time capacity.

Eskenazi Health Acute Care for Elders Consult Service Team Welcomes New Members

Ella Bowman, MD, PhD, the director of the Eskenazi Health Acute Care for Elders (ACE) Consult Service, reports that the ACE team is thrilled to add pet therapy canines to the list of interdisciplinary members on their team.

“The service has ‘acquired’ a therapy dog, Bonnie, and hopefully will soon be the home base for other therapy dogs,” adds Dr. Bowman.

The news comes on the heels—or paws—of a visit from Luna, pictured above, who visited Dr. Bowman’s ACE Service patient Thelma Johnson who was recovering from surgery. The Indianapolis Star published news and photos from the event in December:

Licensed therapy dog and official Eskenazi Health volunteer Luna brought smiles and comfort during her volunteer time Friday at Eskenazi Hospital.

She even brought her owner, Sandy Blanton, who volunteers (and can do the driving, because she has opposable thumbs).

Luna’s gentle nature was a hit with 94-year-old Thelma Johnson, who missed the two dogs and cat she has at home. Johnson, who is recovering from major surgery in Eskenazi’s Acute Care for the Elderly unit, stroked Luna’s soft fur until the pooch fell asleep.

When Johnson awoke from surgery, her family said the first thing she said was, “How are my babies?” referring to the pets that mean so much to her.

Dr. Bowman relates, “When Dr. Counsell hired me and I was allowed to grow ACE, truth be known, he never told me I was limited to humans!”

Haley Miller, Transition Support person for ACE, and RN Case Manager Cathy Gray are the point persons for Eskenazi Health’s ACE pet therapy visits.
Dr. Siu Hui Retires from IU School of Medicine

Biostatistician Siu Hui, PhD, retired from the IU School of Medicine in October of 2013. In Dr. Hui’s 32 years at the university, she earned many titles, including professor of biostatistics, director of the Biostatistics Division in the Department of Medicine, senior biostatistician and scientist at the IU Center for Aging Research and director of the Biostatistics Section and investigator at the Regenstrief Institute.

She is an author of 222 peer-reviewed publications with roles as principal investigator of her own re-search and as co-investigator with numerous colleagues. She counseled and mentored generations of scientists not only on biostatistics knowledge but on grantsmanship that ultimately led to successful extramural funding.

While Dr. Hui continues to work part-time at the Regenstrief Institute, we asked her to reflect on her past as a successful full-time scientist and to look forward in this time of transition. Key words from the interview? Double agent, missionaries, second acts, and whitewater rafting.

Q What did you enjoy the most about your academic career? It’s the people that meant more to me than the accomplishments. As much time as we spend at our work, if you don’t like the people, it must be really painful, right? A lot of times we spend more time with colleagues than with family. Really, it’s the people.

Q What were your best contributions as a faculty member? It’s not how many papers or dollars I brought in that I can count. It’s a lot of intangibles: helping people in informal ways, helping them grow as a person, being able to make things go better. Helping resolve difficult situations between other people. I guess I got caught a lot in the middle of things. Chris (IUCAR director Dr. Chris Callahan) calls me a ‘double agent’!

Let’s put it this way: If I didn’t do the statistics, somebody else could probably do it as well or better. But there are certain things on the human side that I felt like I had a unique contribution.

Q You are known for the mantra, “Come to me early!” What’s that about? In the early days, Barry (Dr. Barry Katz, chair of the Department of Biostatistics) and I acted like missionaries to educate people. People didn’t come to us except when the grant or paper was turned down, and they were forced to talk to a statistician at gunpoint. So, it took us many, many years to educate all the investigators to come to us early. Now I think any investigator would know it’s hard to get through a study section if you don’t have good statistical support.

Q What characteristic is the most valuable for a biostatistician? Communication. Shaun (Regenstrief research scientist Dr. Shaun Grannis) just told me the other day, “You listen.” So, I think the statistician has to listen to the investigator and learn the substantive questions of the project, then be able to turn it into some process, procedure or method that actually addresses the questions. A lot of time, especially with inexperienced investigators, they can’t state the questions clearly so the job is to draw them out and help sort through their thinking.

Q What word describes you now? Unsettled. The dominant feeling is that I feel unsettled. Before I decided to retire, I felt like I could just keep going doing the same things. I kept telling people I was perfectly happy. But once I made the change, I feel like I wouldn’t want to go back to business as before. But, I don’t know what I want to do.

Q Is there anything you’re enjoying more since you’re not working fulltime? I can put NIFS first, and work comes around NIFS. I like working with a trainer. She knows me and the parts that need the most work!

People always think of the statisticians as doing the analyses. I think that’s a minor part of our contributions.

Q Do you have advice for junior faculty biostatisticians? First of all, develop really good communications skills. Put yourself in the investigator’s mindset. I encourage all biostatisticians to develop an area of application, know the science behind it, and know medical issues so they can do a better job such as helping to ask questions. So, it’s thinking like an investigator–be scientists and not just data crunchers.

Q What has challenged you during the transition away from fulltime academics? I need to feel that I’m still making contributions. And I’m hoping to find my passion. Jane Pauley has a thing on second acts called Life Re-Imagined®. She says on average it takes people 3 years, so I’m giving myself some time.

Q You and your husband are world travelers. Anything new on your bucket list? No. Actually, the more we travel the more I realize it doesn’t matter that much where you travel. It’s the company that makes it enjoyable. We organize trips for family and friends to join, or they do the organizing.

I do have some regrets. The really active stuff–I wish I had done more when I was younger. Like white water rafting. But now I don’t want to jolt my old skeleton!

Q What did you think about in anticipation of retirement? I’m reflecting more about the past. I think of people who have crossed my path way back that I lost touch with. When you’re busy-busy, you put everything past in the back and lock it away. I think of reconnecting with some people, especially so many good people along the way that have helped me.

Q What word describes you now? Unsettled. The dominant feeling is that I feel unsettled. Before I decided to retire, I felt like I could just keep going doing the same things. I kept telling people I was perfectly happy. But once I made the change, I feel like I wouldn’t want to go back to business as before. But, I don’t know what I want to do.

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Regenstrief, IU study: Half of hospitalized adults over 65 need surrogate decision-makers

January 22, 2014

INDIANAPOLIS -- Nearly half of hospitalized American adults age 65 and older require decision-making assistance from family members or other surrogates because the patient is too impaired to make decisions independently, according to a new study from the Regenstrief Institute and the Indiana University Center for Aging Research. The vast majority of surrogates are children or spouses, and some patients have two or more family members making decisions together. | PubMed

Read more at http://news.medicine.iu.edu/releases/2014/01/torke-decision-makers.shtml

“Scope and Outcomes of Surrogate Decision-Making Among Hospitalized Older Adults” was published online January 20 in advance of print publication in the March 2014 issue of JAMA Internal Medicine.

Read the news release, “Torke advances research for families seeking a greater voice in care for older parents, spouses” which was published on January 30, 2014 at http://inscope.iu.edu/spotlights-profiles/faculty-staff/2014-01-30-faculty-alexia-torke-inscope.shtml

Top Story: New center to deliver research-based solutions to rising health care

January 14, 2014

In response to rising national health care costs, the Indiana Clinical and Translational Sciences Institute, in partnership with the IU School of Medicine, has launched a new center to increase efficacy and reduce costs at four major health care providers across Indiana.

The newly designated Center for Innovation and Implementation Science, or CIIS -- formerly the Innovation and Implementation Science Initiative -- will oversee four specialized research and discovery units managed by IU School of Medicine researchers at Indiana University Health, Riley Hospital for Children at IU Health, Eskenazi Health and the Richard L. Roudebush VA Medical Center in Indianapolis. Read more at https://www.indianactsi.org/newsletter

Regenstrief and IU review finds lack of delirium screening in the emergency department

January 14, 2014

INDIANAPOLIS -- Delirium in older patients in an emergency room setting can foretell other health issues. But according to a new study published in the Annals of Emergency Medicine, the condition is frequently overlooked because of a lack of screening tools in emergency departments.

An estimated one in 10 older adults seen in hospital emergency departments in the United States experiences delirium, but this acute change in mental status is often not recognized. Researchers from the Regenstrief Institute and Indiana University conducted a systematic review of existing studies on delirium in emergency departments and found that neither completely validated delirium screening instruments nor an ideal schedule to perform delirium assessments exist there. | PUBMED

Read more at http://news.medicine.iu.edu/releases/2014/01/delirium-emergency-room.shtml

Professional Activities

Ella Bowman, MD, PhD, is the author of the chapter, “Challenges of Hospital Care: Preventable Hospitalizations, Complex Care Transitions, and Rehospitalization” in the 3rd edition of The Encyclopedia of Elder Care.

Authors Hugh Hendrie, MB, ChB, DSc, Mary Guerriero Austrom, PhD and Yvonne Lu, PhD penned the chapter, “Family Care for Elders with Dementia.”

The encyclopedia is an interdisciplinary clinical reference encompassing more than 310 current entries on a broad range of topics related to geriatrics and geriatric care across multiple health care disciplines. The third edition reflects the many advances in geriatrics that have occurred since the publication of the second edition in 2006.

Publications


