IU GERIATRICS

NEWS FROM THE INDIANA UNIVERSITY GERIATRICS PROGRAM & THE INDIANA UNIVERSITY CENTER FOR AGING RESEARCH

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INDIANA UNIVERSITY
SCHOOL OF MEDICINE

David Smith In Tune With Retirement

IU Geriatrics
dedicates this issue to
David McMullen Smith, MD
in celebration of 33 years of service
to the Indiana University
School of Medicine

With gifts of a banjo from the Division of General Internal Medicine and Geriatrics and lessons from wife Ann, David M. Smith is tuning up for retirement.

The past six months have been a transition period for the geriatrician and researcher who not only learned how to play the banjo but also had some practice at living like a retiree. Smith retired from the Department of Medicine and from Regenstrief Institute in January and concludes duties at the VA Medical Center and with the ACTIVE research project at the end of June.

As a full time retiree, Smith plans to continue activities he enjoys such as playing tennis and spending time with family. The Smiths also will log some travel time visiting daughters Laura in New Mexico and Linda in Minnesota.

We thank David Smith for his service and dedication to Indiana University and wish David and Ann many healthy harmonious years ahead!

Questionnaires Reveal Psychosocial Aspects of Retirement for Physicians and Their Spouses

By Mary Guerriero Austrom, PhD
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Several years ago Dr. Merrill Ritter approached Dr. Hugh Hendrie and myself about the possibility of presenting a seminar on the psychosocial aspects of retirement to members of the American Association of Orthopaedic Surgeons (AAOS). As part of our presentation, we reviewed the literature on physician retirement and were surprised to find that it was very sparse, consisting primarily of anecdotal reports from retired physicians. We therefore designed a questionnaire and with the help of AAOS sent it to retired orthopaedic surgeons and their spouses. The response was overwhelming, over 60% of the surgeons and spouses responded to the first mailing, and the results were fascinating.

After presenting the results to an IU Medical School Alumni meeting, the Alumni Association requested that we conduct a similar survey on their behalf. This time we enlisted the help of IU-CAR center scientist Teresa Damush, PhD and data analyst Tony Perkins, MS to help us manage the survey and analyze the data. The questionnaire was similar to that previously used for the orthopaedic surgeons, but this time we added questions based upon topics that were raised during the seminar presentations with the surgeons and reflected the interests of Dr. Damush. As we had no way of identifying retired physicians, we sent the questionnaires to IU School of Medicine alumni and their spouses

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IU Center for Senior Health Offers Consultative Care

CSH staff members *(left to right) Charlotte Deeter, social worker; Kristin Mather, clinical nurse specialist; and Dr. Amna Buttar, geriatrician and center medical director. Not pictured are Stephen Lind, social worker; Lisa Hovious, clinical nurse; Debra McKenzie, nurse tech; and Janet Hayden, patient service assistant.*

The Indiana University Center for Senior Health was established in June 1998 to provide outpatient geriatrics consultation and primary care to frail older adults with the complex medical and psychosocial problems that cause dependency in activities of daily living.

The center is located on the 4th floor of Regenstrief Health Center and also serves as a clinical site for education of medical students, residents, and geriatric medicine fellows, as well as undergraduate and graduate nursing students. Dr. Amna Buttar is the IU Center for Senior Health medical director.

Older adults are referred to the center for **Geriatrics Consultation** by their primary care physicians. Over the course of a week, it's not unusual for center geriatricians to evaluate patients with problems or symptoms such as incontinence, falls, loss of memory, or insomnia. Consultations frequently focus on resolving medical, social, and/or emotional issues that relate to maintaining independent living.

The interdisciplinary consultation team—a geriatrician, clinical nurse specialist, and social worker—completes a comprehensive geriatric assessment, which may include a home visit. In a conference with the family, the team shares the findings, discusses possible recommendations, and provides resource materials. The patient's primary care physician receives a complete summary and recommendations. The goal of the consultative service is to support the primary care physician in caring for the needs of their patients 65 and older.

The center offers **Primary Care** to a limited number of frail older adults. Again, a team collaborates in evaluating the patient and developing a plan of care to gather the resources—medical, social, community—to help the patient maintain functional status and promote quality of life.

The center expanded into a multi-specialty venue with the addition of **Specialty Consultation** (current list above) in 1999. Older adults who need multiple specialists value the convenience of "one-stop-shopping" and the comfort of the senior-friendly environment.

The staff at the IU Center for Senior Health is working hard to provide excellent service to older adults, many of whom travel to the center from throughout central Indiana. Whether providing expertise not available in the patient's own community or a helpful second opinion, the center strives to provide its patients with the extra support needed to promote aging with grace.

Dr. Amna Buttar *completed a Geriatric Medicine Fellowship in 1997 at the University of Michigan and remained on faculty until moving to Indiana University in 2000. Her clinical interests are in evaluation and management of geriatric syndromes and in coordination of care. She teaches medical students, internal medicine residents, and geriatric medicine fellows, and collaborates on research with the IU Center for Aging Research.*

IU Center for Senior Health

- **Geriatrics Consultation**
- **Primary Care** for frail older adults
- **Specialty Consultation**
  - Cardiology
  - Geriatric Psychiatry
  - Neurology
  - Neuropsychology
  - Palliative Care
  - Physical Medicine & Rehabilitation
  - Podiatry
  - Urology

Regenstrief Health Center, 4th floor
CALL **630-8000** FOR INFORMATION

Ask about **Catch-A-Ride**, free transportation for center appointments

Westmoreland Leads Initiatives in Geriatrics Education

Glenda Westmoreland, MD, MPH

As a product of Indiana University's School of Medicine, Internal Medicine Residency Program, and Health Services Research and Geriatric Medicine Fellowship Programs, Dr. Glenda Westmoreland had a front row seat to observe and experience how the IU Geriatrics Program integrated geriatrics education into the training of physicians.

Now as a geriatrician and clinical associate professor of medicine, the Indianapolis native has a different perspective of the program from her faculty positions as Director of Geriatrics Education and Director of the Geriatric Medicine Fellowship Program.

Recently, we sat down with Westmoreland to hear her views on geriatrics education at the School of Medicine campus at IUPUI.

For readers outside the geriatrics circle, tell us who receives geriatrics education at IU.

Geriatrics education is at all levels now—medical students, residents, fellows, and continuing education for faculty and practicing physicians. For geriatric medicine fellows, one year of post residency training is recognized as the required amount of time to train in clinical geriatrics. However, most geriatricians, particularly in an academic setting, realize that it doesn't allow much time to do a research project, develop teaching skills, or learn about administration in geriatrics. So we have accepted fellows and trained them in the one-year program, but we're really trying to focus on training academic geriatricians in a two-year program.

For residents, the Residency Review Committee requires a geriatrics component in internal medicine residency training. We have a one month rotation in geriatric medicine for internal medicine and medicine/pediatrics residents. It includes didactic sessions led by geriatricians and guest speakers. Speakers cover the core geriatrics topics that, regardless of subspecialty, every resident should know. Residents also rotate through clinical venues where they practice what they learn in those didactic sessions. Residents go to extended care facilities like Lockefield and other community based facilities, the IU Center for Senior Health, and the Acute Care for Elders ("ACE") unit at Wishard Hospital. Residents also make house calls. There are many more venues now. It's a good rotation because they see patients across the continuum of care.

> ***"This is a wonderful place to train, grow up, and to learn. The mentorship here is just superb. Not only is it the quality of the researchers, educators, and clinicians who provide that mentorship, but they're really good people."***
>
> ***Glenda Westmoreland, MD, MPH***

In addition to the requirement of the one-month geriatrics rotation, are there other changes in the residency program since your time as a resident?

My perception, and this is anecdotal, but it seems to me that the residents have become more tuned in to geriatric care issues. I think the "ACE" unit has a large part to do with that. I can see that sometimes residents have already made appropriate adjustments to patient care before the "ACE" team makes their

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⇒**Lockefield** is Lockefield Village Health & Rehabilitation Center, Wishard Health System's extended care facility.
⇒**IU Center for Senior Health** is an outpatient facility offering Geriatrics Consultation, Primary Care, and Specialty Consultation. A multidisciplinary team approach is used to optimize health and independence.
⇒**Acute Care for Elders (ACE)** inpatient unit is designed to combat not only acute illness but circumstances that lead to functional decline.

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formal recommendations. For example, they're not putting people on bed rest who really don't need to be on bed rest. That tells me that residents are becoming a little more tuned in to geriatric issues and thinking about them.

You serve on national committees and task forces on geriatrics curriculum and education. What are their concerns in terms of geriatrics education?

One issue is how to educate all the learners who need geriatrics training. Particularly, we discuss their required geriatrics training in residency. Everybody has the limitation of not having enough educators in geriatrics. And so that keeps coming up as an issue: how do we do this? We're trying to think of ways to help residency programs, all of them, meet that requirement.

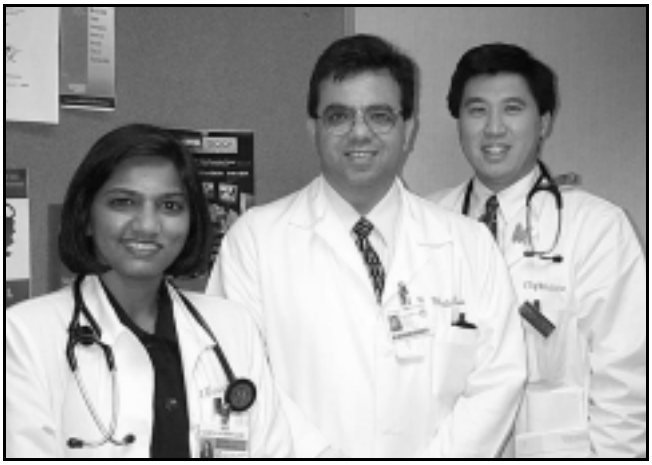
Integrating geriatrics into specialties and subspecialties is another issue. How do we make sure that subspecialists who see older patients frequently, such as urology or ENT, are aware of the issues of specialty care that older adults need?

Are there any other challenges locally in geriatrics education, at IU or in the community, that may be different than at the national level?

Well, I think we are unique. We have 9 geriatricians and that's a lot. That's more than many academic programs have, so we are lucky. Not lucky. It's to Steve Counsell's credit that we're all here and growing still. So while we have a similar problem as at the national level, I think we are in better shape because we do have more geriatrics teachers than other programs.

We have a challenge at the student level. We started (increasing and integrating geriatrics education) at the resident level and moved to the fellows. So the least developed programs are at the student level. That's where we are focusing our efforts now. The challenge with that is that our medical school is the second largest in the country. So even though I just said we had a lot of geriatrics teachers, it's still a challenge to train 1120 medical students on eight campuses statewide.

Right now geriatrics education has its greatest impact on medical students in their third year of training when they have workshops in geriatric assessment. They have some clinical experience on "ACE" and in primary care clinics where the Geriatrics Interest Group faculty precept them. As seniors they have an opportunity to do an elective where, again, they rotate through many of the venues that the residents do.



Geriatric Medicine Fellows *(left to right) Dr. Namita Sachdeva and Dr. Ashish Sachdeva complete their fellowships in 2001. Dr. Michael Sha begins a second year of fellowship.*

You've been at IU since 1984. What keeps you here?

I answer this question a lot for the applicants for the internal medicine residency program. It's the people. This is a wonderful place to train, grow up and to learn. The mentorship here is just superb. I feel my career has really blossomed. I have a lot more to do! But the mentorship here has enabled me to have the successes that I have had so far. Not only is it the quality of the researchers, educators and clinicians who provide that mentorship, but they're really good people. It's kind of like a large family that really wants to see you do well. I feel good about being a part of the team.

For information about the

GERIATRIC MEDICINE FELLOWSHIP

visit http://medicine.iupui.edu/fellow.html#Geriatric

or contact Dr. Glenda Westmoreland at 317-630-6906 or gwestmor@iupui.edu

⇒**Geriatrics Interest Group** consists of non-geriatrician faculty of the Division of General Internal Medicine & Geriatrics who have a special interest in older adults, are attending physicians for nursing home residents or provide care for older patients in primary care clinics. "GIG docs" serve a critical role with the IU Geriatrics Program by providing clinical care and teaching, as well as helping facilitate aging research initiatives.

Weiner Tests Effects of Videoconferencing on Nursing Home Care

Dr. Michael Weiner videos research assistant Heydon Buchanan to test camera features such as tilt, pan, and focus that can be controlled by an on-call off-site physician.

Although the use of videoconferencing in medical applications is becoming more commonplace, its use in evaluating acute medical problems has been limited. Enter Dr. Michael Weiner, Regenstrief Institute co-investigators, and Indiana University geriatricians. They have assembled and tested a portable, wireless videoconferencing system in preparation for a randomized trial of the system's influence on health services utilization and physician/patient satisfaction at Lockefield Village Rehabilitation Center, a 240-bed nursing facility of Wishard Health Services.

"Successfully implementing a video consultation system requires many aspects of people, technology, and infrastructure to come together," notes Weiner, a physician and researcher on the National Library of Medicine funded project.

One such aspect involved evaluating commercially available affordable video conferencing hardware and software products. Knowing that physicians require high quality video images with good resolution and good motion-image quality, researchers found video that distinguishes features such as small skin lesions and changes in respiratory patterns. Because video sessions and medical records are transmitted on the public Internet, researchers developed custom security features, incorporating IPsec, with strong encryption.

While researchers refined the system, research assistants enrolled patients and conducted baseline surveys to obtain information about patient's backgrounds, ailments, and opinions about their health care. With the help of nurse practitioners, the assistants recorded participants' baseline videos to capture the "essence" of the patients.

When an acute medical problem occurs, a nurse or research assistant in the nursing facility will complete pertinent electronic forms that identify the patient and the nature of the problem. The computer will retrieve information about whether the patient is enrolled in the study and, if so, whether the patient is in the experimental (video) or control (telephone triage) group. The computer then notifies the on-call physician about the patient's medical problem and whether video conferencing is indicated based on study status.

With high speed Internet service from their homes, the on-call physicians will be able to conduct videoconferencing and simultaneously search the electronic medical record, review previously produced videos from an archive, and enter new orders using the established computerized order-entry (Regenstrief Medical Record) system. By comparing a current video with a previously made one of a given patient, a physician may compare mental or physical conditions at different times to assess for significant changes in status.

Study investigators hypothesize that with the video system, resource utilization will decrease, physicians' confidence in medical decision-making will increase, and patients' and physicians' satisfaction with care will increase.

Michael Weiner, MD, MPH, is assistant professor of Medicine, IU School of Medicine; center scientist, IU Center for Aging Research; and research scientist, Regenstrief Institute.

Psychosocial Aspects of Retirement *Continued from page 1*

who had graduated 1965 and earlier. Again, the response rate was excellent; 795 physicians, 678 of whom were retired and 455 spouses, completed the questionnaires. Together with the previous sample of orthopaedic surgeons and spouses, we believe this now constitutes by far the largest database of retired physicians and their spouses in the country.

The results from both surveys were remarkably similar. In both, physicians and spouses reported high levels of life satisfaction after retirement. Life satisfaction for physicians was associated with good health, optimistic attitudes, a sense of financial security, increased activities and a good sexual relationship. For spouses, better life satisfaction was associated with good health, a husband who helps with chores, financial security and good interpersonal and sexual relationships.

Despite these high levels of life satisfaction, physicians and spouses reported significant challenges to be met following retirement. The domains in life where the physicians and spouses perceive these challenges differed significantly. For physicians the major challenge was coping with the loss of professional role. For spouses, the major challenge was focused on coping with the increased time spent with their retired physician/spouse. These differences and perceptions between the mostly male physicians and their wives raise the possibility of future conflicts for physicians contemplating retirement and suggest that pre-retirement planning should include physicians and their spouses. We hope to continue our exploration of the psychosocial aspects of retirement by expanding our studies to include other professional groups, such as attorneys, as well as non-professional retirees.

Geriatrics Bulletin Board

GERIATRIC MEDICINE CONFERENCES
in **JULY & AUGUST**
2nd & 4th Wednesdays, 7:30-8:30 am
Presented by Internal Medicine Residents

Wishard Hospital, T2008 A&B
Call 630-6911 for information
(No conference 1st and 3rd Wednesdays)

GERIATRIC MEDICINE FELLOWS'
Core Lecture Series in AUGUST
Featuring clinical topics
Every Monday & Wednesday, 12-1 pm

Wishard Hospital, West Outpatient Bldg, M200
Call 630-6145 for information
(No Fellows' Journal Club or Core Lectures in July)

What are Earlie and Penny celebrating?

They were among the many well-wishers at the May Open House for the new inpatient **Acute Care for Elders (ACE) unit** in Wishard Hospital. Earlie Young-Hale (left), gerontological clinical nurse specialist, and Penny Handshaw, (right) physical therapist, are ACE team members. **Watch for a feature on the ACE unit in the fall issue of *IU GERIATRICS*.**

IU Center for Aging Research ***http://iucar.iu.edu***

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