



**GERIATRIC RESEARCH,
EDUCATION AND CLINICAL
CENTER (GRECC)**

Manual For Trainees

2009/2010

Introduction.....	6
Orientation to the VA	7
Veteran Population	8
The VA Pittsburgh Healthcare System	9
University Drive	9
Highland Drive	11
H. John Heinz III VA Progressive Care Center	13
Geriatric Research Education and Clinical Centers (GRECCs)	14
Pittsburgh GRECC.....	15
Executive Summary-2007-2008.....	15
Goals and Objectives of GRECC Training	19
Objectives.....	19
General Requirements for GRECC Trainees	20
Educational Experiences	20
GRECC Noon Conference Series.....	20
Current Schedule:	21
GRECC Core Lectures	23
Learning Objectives	23
Overview of Geriatric Assessment.....	23
Positive Impact of Aging/Health in the Third Age	23
Older Adults & Where They Live	24
Functional Assessment.....	24
Medical Assessment.....	24
Common Neurological Disorders (not dementia)	24
Cognitive Assessment: Dementia & Delirium.....	24
Approach to Patients with Dementia.....	25

Palliative Care.....	25
Psychiatric Assessment.....	25
Approach to Treatment of Depression/Anxiety.....	25
Speech Disorders: Dysphagia/Dysgeusia.....	25
Unwanted Weight Loss.....	26
Mobility & Falls.....	26
Iatrogenesis.....	26
Speech Disorders: Neurogenic Communication.....	26
Current CORE LECTURE Schedule:.....	27
CYCLE 1.....	27
CYCLE 2.....	28
GRECC Interdisciplinary Case Conferences.....	29
Current INTERDISCIPLINARY CASE CONFERENCE Schedule:.....	29
Patient Presentation Outline.....	30
Clinical Rotations.....	31
Geriatric Evaluation and Management (GEM) Clinic.....	31
GEM Orientation.....	31
Family Conferences and Care Plan Meetings.....	32
Office Space.....	32
Encounters.....	32
Documentation.....	33
ADDENDUM.....	34
Mobile Geriatric Unit.....	35
DIRECTIONS TO MOBILE UNIT LOCATIONS.....	35
Ebenezer High Rise.....	35
The Legacy.....	35
YWCA.....	35

VAN SCHEDULE.....	36
Home Based Primary Care.....	37
Neurology Clinic.....	37
Glossary	38
Acronyms	38
Faculty & Clinical Preceptors.....	39
FACULTY	39
PRECEPTORS.....	40
ADVANCED GERIATRICS FELLOWS.....	40
GERIATRIC MEDICINE FELLOWS	40
GERIATRIC PSYCHIATRY FELLOWS	40
PSYCHOLOGY FELLOWS	40
PSYCHOLOGY INTERNS.....	40
PHARMACY RESIDENTS.....	40
CLINICAL PASTORAL RESIDENTS	40
SPEECH PATHOLOGY CLINICAL FELLOWS	40
AUDIOLOGY TRAINEES	41
MEDICAL SPEECH-LANGUAGE PATHOLOGY INTERNS.....	41
SOCIAL WORK TRAINEES	41
PHYSICIAN ASSISTANT TRAINEES	41
CLINICAL NURSE SPECIALIST TRAINEES	41
NURSE PRACTITIONER TRAINEES	41
OCCUPATIONAL THERAPY TRAINEES	41
PHYSICAL THERAPY TRAINEES.....	41
GERIATRIC EVALUATION AND MANAGEMENT (GEM) CLINIC	41
MOBILE GERIATRIC UNIT.....	42
HOME BASED PRIMARY CARE	42

NEUROLOGY CLINIC	42
PROGRAM FOR INTENSIVE RESIDENTIAL APHASIA TREATMENT AND EDUCATION (PIRATE)	42
ADMINISTRATION	42
GRECC ASSOCIATE DIRECTOR FOR EDUCATION AND EVALUATION	42
GRECC ADMINISTRATIVE OFFICER.....	42

INTRODUCTION

Welcome to the GRECC. As a trainee in your discipline within the GRECC, you have a unique opportunity to learn to care for older adults in a multidisciplinary setting with concerned and committed clinicians, researchers and educators. As you will see, a large part of your training will be in the outpatient and community settings. We feel that these are optimum locations which will give you an exceptional perspective of how and where older adults live.

This manual contains information that will be necessary for you to function in your role as a GRECC trainee, and will be referenced during the Core and Clinical Precepting Lectures. Please keep it available.

We are always available for comments and feedback. We look forward to a productive and beneficial relationship and believe this will be a most valuable experience for you.

ORIENTATION TO THE VA

The Department of Veterans Affairs (VA), established as an independent agency under the President by Executive Order 5398 on July 21, 1930, was elevated to Cabinet level on March 15, 1989 (Public Law No. 100-527).

The Department's mission is to serve America's Veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive medical care, benefits, social support, and lasting memorials promoting the health, welfare, and dignity of all Veterans in recognition of their service to this Nation.

VA is the second largest Federal department and has over 278,000 employees. Among the many professions represented in the vast VA workforce are physicians, nurses, counselors, statisticians, architects, computer specialists, and attorneys. As advocates for Veterans and their families, the VA community is committed to providing the very best services with an attitude of caring and courtesy.

VA comprises a Central Office (VACO), which is located in Washington, DC, and field facilities throughout the Nation administered by its three major line organizations: Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration.

Services and benefits are provided through a nationwide network of 153 hospitals, 995 outpatient clinics, 135 community living centers, 49 domiciliary residential rehabilitation treatment programs, 232 Vet centers, 57 Veterans benefits regional offices, and 128 national cemeteries.

The Secretary identified five broad strategic goals for VA to focus on as the means to improve services to Veterans and their families and to improve management in the Department. These goals are the components of the VA Strategic Plan:

- Restore the capability of Veterans with disabilities to the greatest extent possible, and improve the quality of their lives and that of their families.
- Ensure a smooth transition for Veterans from active military service to civilian life.
- Honor and serve Veterans in life, and memorialize them in death for their sacrifices on behalf of the Nation.
- Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation.
- Deliver world-class service to Veterans and their families through effective communication and management of people, technology, business processes, and financial resources.

(<http://www.va.gov/ofcadmin/docs/vaorgbb.pdf>)

VETERAN POPULATION

There are about 23.8 million living veterans, 7.5% of whom are women. There are about 37 million dependents (spouses and dependent children) of living veterans and survivors of deceased veterans. Together they represent 20% of the US population.

Most veterans living today served during times of war.

The Vietnam Era veteran, about 7.9 million, is the largest segment of the veteran population.

In 2007, the median age of all living veterans was 60 years old, 61 for men and 47 for women. Median ages by period of service: Gulf War, 37 years old; Vietnam War, 60; Korean War, 76; and WW II 84. Sixty percent (60%) of the nation's veterans live in urban areas. States with the largest veteran population are CA, FL, TX, PA, NY and OH, respectively. These six states account for about 36% of the total veteran population. Veterans under the age of 45 constituted 20 percent of the total, while those aged 45 to 64 represented 41 percent, and those 65 or older were 39 percent of the total.

(http://www1.va.gov/vetdata/docs/pamphlet_2-1-08.pdf)

THE VA PITTSBURGH HEALTHCARE SYSTEM

The VA Pittsburgh Healthcare System is an integrated healthcare system that proudly serves the Veteran population throughout the tri-state area of Pennsylvania, Ohio and West Virginia. It is [our mission](#) to care for America's Veterans and provide them with excellent health care.

The VA Pittsburgh Healthcare System consists of three divisions: a major medical and surgical tertiary care facility, a behavioral health facility, and a community living center and a Veterans recovery center all complemented by [five community based outpatient clinics](#).

University Drive

The University Drive Division of VA Pittsburgh Healthcare System is located in Oakland, adjacent to the University of Pittsburgh's Petersen Events Center. With 146 beds, University Drive provides medical, neurological, and surgical care in addition to receiving the most outpatient visits of all VAPHS facilities.

In fiscal year 2008 veterans from 48 states, Guam and Puerto Rico received specialized treatment at VAPHS. The University Drive Division is home to national, independent liver and renal transplant centers, along with a regional cardiac surgery center and an oncology referral center. University Drive's Women Veterans Health and Renal Dialysis programs have earned recognition as National Centers of Clinical Excellence.

Specialized services available at University Drive include bariatrics, speech and audiology, dermatology, optometry/ophthalmology, arrhythmia and arthritis, diabetes assessment and education, endocrinology, gastroenterology, nephrology, pain management and wound clinic, sleep studies, urology, and more.

Recently the first procedure at VAPHS utilizing the Hansen Sensei Robotic System was performed in the Cardiac Electrophysiology Lab. VAPHS is the only medical center in Pennsylvania that has a robotic system designed for cardiac mapping/ablation procedures.

University Drive currently has a modern Hoptel to provide overnight lodging for independent, outpatient veterans. Fundraising is currently ongoing to build a [Fisher House](#) at the University Drive Division for veterans and their families.



A national initiative to eradicate MRSA infections and enhance patient safety is being led by a team based at University Drive. Methicillin-resistant Staphylococcus aureus (MRSA) is an antibiotic-resistant organism that causes many health care-associated infections. Following successful research and the implementation of organizational initiatives here, MRSA-related infections have been markedly reduced and inpatient care has been revolutionized. These initiatives and successful findings are now being shared and implemented at VA hospitals across the country under the direction of a nationwide team led by staff at VAPHS, based on the MRSA prevention work already done at VAPHS.

HISTORY

In June of 1946, VA acquired 14 acres of land from the University of Pittsburgh and local residents for a total of \$798,519. Plans started for a 1,200-bed tuberculosis hospital and then a 1,248-bed medical and surgical hospital. Plans were halted when VA officials realized that an abandoned mine shaft lay underneath the land, requiring extra foundation work and causing the estimated construction cost to rise. Plans were finally approved on April 4, 1949, and in October of 1950 ground was broken. The hospital was designed and constructed by the U.S. Army Corps of Engineers.

On September 12, 1954, the dedication and formal opening of the University Drive VA Hospital took place. The Oakland VA was combined with the Aspinwall VA under one director and employed approximately 1,300 people with 742 operating beds. A newspaper reported that the hospital's chief mechanical inspector, Louis J. Shriver, called this new facility the finest in the country. A byline in the article declared "Most Modern in World."

In the 1960s A Blood Bank was operated at the hospital on weekdays where relatives, volunteers or the general public were invited to contribute blood for use of the hospitalized veteran. In March of 1999, construction began on a new Bed Tower addition. The cost of construction and equipment acquisition was \$21 million. In 2002 the Bed Tower was dedicated and patients began moving in.

Highland Drive

The Highland Drive Division of VAPHS is located off of Washington Boulevard near the Highland Park Bridge. Highland Drive includes 79 inpatient behavioral health beds as well as a variety of outpatient clinics, research programs and support services.

Outpatient programs include the Center for Treatment of Addictive Disorders, the Post-Traumatic Stress Disorder clinic, and a Regional Center for Treatment of Former Prisoners of War.

Other outpatient services include dental, orthotics, primary care, audiology & speech pathology, and physical therapy. An Adult Day Health Care provides support for veterans who want to remain at home and their caregivers.

An expanded Operation Enduring Freedom/Operation Iraqi Freedom clinic is based at the Highland Drive Division for our heroes returning from Afghanistan and Iraq. For more information please visit our [seamless transition page](#).

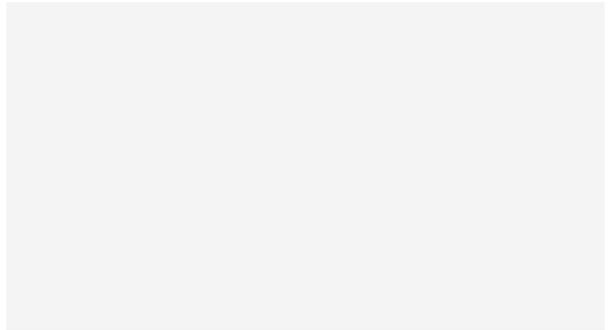
Specialized research programs located at Highland Drive include the following four National Research Centers of Excellence:

- [Center for Health Research Equity and Promotion](#)
- [Geriatric Research, Education and Clinical Center](#)
- [Human Engineering Research Laboratories](#)
- [Mental Illness Research, Education and Clinical Center](#)

Following the construction of several new buildings at the Heinz and University Drive Divisions, Highland Drive will be identified for closure. No services provided at VAPHS will be discontinued as a result of the construction and Highland Drive will not be closed for several years until all of the new construction is complete. For more information please visit our [major construction page](#).

HISTORY

Construction of a neuropsychiatric hospital authorized by President Harry S. Truman on March 22, 1947, began in the spring of 1950. Much cutting and filling of earth was required to suit the layout of the hospital buildings, and over 650,000 cubic yards of overburden and 6,000 tons of coal were removed from the site. The total cost of construction for this hospital was \$19,447,176, part of which was raised



with Series E War Bonds sold by Mrs. F.P. Tarnapowicz ("Tarney"). The original campus included five patient treatment buildings, roads, parking lots, sidewalks, and a 500,000 gallon water tower.

The Leech Farm Road Hospital was dedicated on November 29, 1953, and the first patient was admitted two days later. The original hospital had 951 operating beds and an average daily census of 900 patients. Early research studies beginning in 1954, included physiological, psychological, and sociological aspects of schizophrenia and problems in the area of neurological disorders.



In 1975 a ceremony dedicated the name change of the hospital from Leech Farm Road to Highland Drive. The Highland Drive Division is a campus-style facility composed of more than 20 buildings on 168 acres. Throughout its history Highland Drive served as a stand-alone VA Medical Center with medical and surgical services. On November 1, 1996, the Highland Drive VAMC consolidated with the University Drive VAMC and the H. John Heinz III Progressive Care Center to become the VA Pittsburgh Healthcare System under one management.

H. John Heinz III VA Progressive Care Center

H. John Heinz III VA Progressive Care Center is located in O'Hara Township, a few miles northeast of Pittsburgh. Classified as a Geriatric Center of Excellence, the 262-bed community living center has transitional care beds and offers outpatient services including audiology & speech pathology, dental, primary care, and pharmacy.

Our commitment to an all encompassing Geriatric Care Program includes recent renovations of the palliative and hospice care environment as well as the implementation, including renovations, of the Eden Alternative on the Dementia Specialty Care Unit. Our one-of-a-kind Palliative and Hospice Care Program provides a continuum of care to veteran patients who are making the transition into end-of-life. The Eden Alternative encourages putting the "home" in nursing home and eliminating the plagues of boredom, hopelessness, frustration and loneliness. It reinforces the importance of close contact with living things.

The H. John Heinz III VA Progressive Care Center is now also home to a modern, 96-bed Veterans Recovery Center. In addition to a homeless domiciliary, programs located here include vocational services, health care for homeless veterans, and psychiatric residential rehabilitation treatment program.

A first of their kind in 2008, the residential living villas of the Veterans Recovery Center set a new standard in the architectural design and clinical operation of a traditional domiciliary, creating an environment of "veterans living in the community" and providing improved resources for homeless and vocational veterans.

Also opened in 2008, a new environmentally-friendly administration building houses numerous administrative departments including human resources, business service, contracting, fiscal and medical records.

HISTORY

Construction for the original buildings of this VA campus began in June 1924. The first patient was admitted to the hospital on October 12, 1925, and by the late 1940s, as many as 1,100 inpatients were crowded into the facility.

After serving as a general medical and surgery hospital and the first VA Allergy Clinic, all general medical and surgical services were transferred to the University Drive Division when it opened in 1954. The patient census at the Aspinwall campus declined and the hospital was scheduled for closure. In 1964, the Veterans Administration responded to the changing health care



Physical/Mailing Address:
H. John Heinz III Progressive Care Center
1010 Delafield Road
Pittsburgh, PA 15215
412-822-2222



needs of the aging veteran population by beginning a nursing home initiative. This facility responded to a new challenge and began serving the long term care needs of the elderly veterans.

A new and modern replacement hospital was designed and two special purpose buildings were integrated into a complete long-term care center. Patients were moved to the new hospital on November 5, 1994. On March 22, 1999, a dedication ceremony was held to rename this campus the H. John Heinz III Progressive Care Center, after the late U.S. Senator John Heinz, who recognized the importance of caring for our nation's veterans. Without his efforts, the modern long term care facility would not exist today.



(http://www.pittsburgh.va.gov/about_us.asp)

Geriatric Research Education and Clinical Centers (GRECCs)

The Veterans Health Administration (VHA) initiated a strategy in the mid 1970's to focus attention on the aging veteran population, to increase the basic knowledge of aging, to transmit that knowledge to health care providers, and to improve the quality of care to the aged.

A cornerstone of this strategy has been the development of Geriatric Research, Education and Clinical Centers (GRECCs). The GRECCs are "centers of geriatric excellence" designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology into the total VA healthcare system.

There are currently 20 GRECCs across the VA system: Ann Arbor, Baltimore, Birmingham/Atlanta, Bronx/New York Harbor, Cleveland, Durham, Gainesville, Greater Los Angeles (Sepulveda and West LA Division), Little Rock, Madison, Miami, Minneapolis, New England (Bedford and Boston Divisions), Palo Alto, Pittsburgh, Puget Sound (Seattle and American Lake Division), Salt Lake City, San Antonio, St. Louis, and Tennessee Valley.

All of the GRECCs focus on various aspects in the quality of life and care for the aging veteran and are at the forefront of leading edge research and education. Research results have influenced therapies for diseases affecting older veterans and have also been exported beyond the veteran community.

GRECCs will continue to serve as resources in aging research, education and clinical care for the host VA facility, other VA facilities in their respective VISNs and the VA system as a whole. Additional effort will be made to transport throughout the VA system clinical models that have been developed and evaluated by GRECCs, such as Geriatric Evaluation and Management (GEM) programs, and Palliative Care Programs for Late-Stage Dementia patients that have been developed and evaluated by GRECCs, as well as education and training products. One means of enhancing information dissemination is through the Internet.

(<http://www1.va.gov/grecc/>)

PITTSBURGH GRECC

EXECUTIVE SUMMARY-2007-2008

Mission

- ▶ Improve and expand the capability of Veterans' Administration health-care facilities to respond with the most effective and appropriate services possible to the medical, psychological, and social needs of the increasing number of older veterans.
- ▶ Advance scientific knowledge regarding such needs and the methods of meeting those needs by facilitating a higher quality of geriatric care through:
 - Geriatric and gerontological research
 - Training of health personnel in the provision of health care to older individuals
 - Development and evaluation of improved models of clinical service for older veterans.

Personnel

- GRECC faculty and staff: 29 (10.75 core FTEE)
- Collaborating faculty and clinical preceptors from other VAPHS service lines: 13
- GRECC faculty clinical leadership positions include:
 - Chief, Audiology-Speech Pathology Service
 - Medical Director, Home Based Primary Care
 - Medical Director, Telehealth
 - Medical Director, Community Nursing Home Program
 - Director, Geriatric Palliative Care Unit
 - Medical Director, Geriatric Evaluation and Management Clinic

Research Focus Areas

Basic Biomedical research projects concentrate on:

- the mechanism underlying cell death in ischemia
- the role of genes that regulate cell death in ischemia in brain trauma
- novel gene therapies.

Applied Clinical research projects address:

- depression in the elderly
- communication disorders and aphasia rehabilitation
- mobility in the elderly
- polypharmacy.

Health Services research projects investigate:

- barriers to care in the elderly in an effort to determine why therapies that are known to be effective are not uniformly applied
- stroke-related quality of life measures
- avoiding inappropriate prescribing and medication errors in long term care.

Research Accomplishments (FY2008)

- Number of Peer Reviewed Publications: 61
- Number of Extramurally Funded Research Projects: 67
- Total RDIS Research Expenditures: \$6,207,009
- Estimated VERA Research Funding for VAPHS: \$2,100,000
- New Research Applications Receiving Fundable Scores: 13
- Merit Review Boards: 9 GRECC faculty served on 16 merit review boards
- Editorial Review Boards: 10 GRECC faculty served on 20 editorial review boards
- GRECC Director Steven H. Graham, MD, PhD received the VAPHS 2008 Excellence in Research Award

Education Focus Areas

- Clinical and didactic training for fellows in geriatric medicine and geriatric psychiatry; and for trainees in associated health sciences including audiology and speech language pathology, nursing, occupational therapy, physical therapy, psychology, pharmacy, and social work.
- Continuing education for physicians and other disciplines offered through ongoing staff education and training; public symposia; printed materials; and online and other distance learning technologies.

Education Accomplishments (FY2008)

- Geriatric medicine fellows completing a GRECC clinical rotation: 4
- Geriatric psychiatry fellows completing a GRECC clinical rotation: 4
- Internal medicine residents completing a GRECC clinical rotation: 41
- Medical students completing a GRECC clinical rotation: 10
- Associated health trainees completing a GRECC clinical rotation: 32
- Didactic sessions for trainees: 64
- Continuing education sessions for VA staff: 34
- Hours of training provided through continuing education sessions: 729
- National/regional conferences: 4
- Hours of training provided through national/regional conferences: 1,193
- Scholarly or educational presentations by GRECC faculty: 267

Clinical Focus Areas

- Optimize the home-based care of elderly patients through development and evaluation of additional consultative and primary care services to frail homebound elderly veterans.
- Provide a unique environment where the elderly veteran's goals of care at the end of life are met and respected.
- Provide outreach and primary care to veterans in distressed and medically underserved veterans in the community.
- Decrease missed opportunities and improve clinical outcomes in community-dwelling stroke survivors with aphasia.
- Evaluate the safety of older drivers with possible cognitive decline as well as concurrent chronic medical conditions.

Clinical Demonstration Accomplishments (FY2008)

- Established the Program for Intensive Residential Aphasia Treatment and Education (PIRATE) at the VAPHS Heinz Division
- Established the Geriatric Driving Safety Clinic at the VAPHS University Drive Division

Clinical Service

GRECC faculty and staff with a clinical degree devote an average of 10% of their GRECC time to clinical service for the following VAPHS service lines:

- Clinical Support
- Community Support
- Geriatrics/Community Living Center
- Medical Specialty
- Primary Care
- Surgical Specialty

The Geriatric Evaluation and Management (GEM) Clinic is an outpatient treatment program within the GRECC and is functionally responsible to the Director of this service line. GRECC also provides 1.35 FTEE staff in support of this clinical service.

Outreach, Consultation, and Collaborative Partners

- VISN 4 Long Term Care Council: collaborative planning and development of educational programs on cultural transformation, palliative care, and dementia
- VISN 4 MIRECC: collaborative planning and development of geriatric mental health educational programs for VAPHS and VISN 4 CBOC staff
- VAPHS: consultation on development of a research program on osteoarthritis pain
- VAPHS (Heinz Division): development and refinement of the Geriatric Palliative Care Unit
- Erie VAMC: consultation on GEM clinic development and geriatric assessment training
- Lebanon VAMC: consultation on GEM clinic development and geriatric assessment training
- Philadelphia VAMC: collaboration on development of an educational research program to support the VISN4 pain initiative

- Phoenix VAMC: consultation on successful RR&D Merit Review Application examining aphasia treatment outcomes
- Wichita VAMC: consultation on development of new HBPC clinical program
- Academic and Private Sector Affiliates: University of Pittsburgh, Duquesne University, Geriatric Education Center of Pennsylvania
- Other GRECCs: collaboration in planning, conducting, and/or evaluating VA-wide research, educational, and/or clinical initiatives in palliative care, dementia and cognitive impairment, and geriatric oncology

GOALS AND OBJECTIVES OF GRECC TRAINING

Within each discipline, there are specific goals and objectives for GRECC training. We believe, however, that every student who rotates through the GRECC should accomplish the following:

The goal of this experience is to provide the trainee with the skills and tools to more effectively care for the needs of frail older adults. Each trainee should also become more familiar and comfortable with the concept of interdisciplinary care.

OBJECTIVES

At the end of this experience, the trainee will be able to:

1. Define the demographic changes necessitating increased training in geriatrics.
2. Name three common physical illnesses in older adults.
3. Define dementia and name one impact of this disease on the care of older adults.
4. Define functional status and name four components of assessment.
5. Name three issues that relate to medication prescription for and usage by older adults.
6. Name three environmental issues that could be hazardous to older adults.
7. Name six types of health professionals who are involved in the comprehensive care of older adults and give an example of a service they might provide.
8. Name two issues regarding caregivers that must be taken into account by clinicians.
9. Name four locations where care can be provided to older adults and define what parameters are used to define at which location the patient should be receiving his/her care.

GENERAL REQUIREMENTS FOR GRECC TRAINEES

1. You must be on time to your clinical and educational assignments.
2. Please address each other and your preceptors with a title (Dr., Mr., Ms.) when in the presence of patients or their caregivers.
3. Please address patients as Mr. or Ms. unless they ask you to call them by their given name.
4. You will be asked to sign up to present patients during the weekly Interdisciplinary Case Conference. You must be prepared with all relevant clinical information.
5. You are required to inform the GRECC Administrative Officer at 412-954-4915 if you will be late or unable to attend any session. If the phone does not answer, send an e-mail to Dr. Hennon at John.Hennon@va.gov.
6. No books are to be removed from the GRECC area.
7. You must attend the GRECC Core Lecture and Interdisciplinary Case Conference held every Friday. Attendance is also required at the GRECC Noon Conference held every Friday at 12:00 noon.

EDUCATIONAL EXPERIENCES

A primary goal of the GRECC is to provide you with the didactic and other educational experiences that will heighten your knowledge of geriatrics. There are numerous books and articles in the GRECC library for your use and study as well as access to the online services the VA provides. In addition, all clinicians are happy to answer questions about specific patients or about general geriatrics information. The following educational presentations are mandatory for all trainees, residents, and fellows:

GRECC NOON CONFERENCE SERIES

This weekly conference highlights recent advances in research, education, and clinical practice. Presenters come from the VA, the University community, and from outside institutions. The GRECC conferences are held on Fridays at 12:00 noon.

CURRENT SCHEDULE:

Date	Topic	Presenter	Location	Attendance
September 11, 2009	No Conference	No Conference	No Conference	
September 18, 2008		Anthony Delitto, PhD Physical Therapy University of Pittsburgh	UD-Conf Room B	
September 25, 2009		Andrea Fox, MD Medical Director, Squirrel Hill Health Ctr Family Medicine, University of Pgh	UD-Conf Room B	
October 2, 2009		Keri Rodriguez, PhD Research Health Scientist VAPHS GRECC/CHERP	UD-Conf Room B	
October 9, 2009		TBD	UD-Conf Room B	
October 16, 2009		Elizabeth Mulvaney, LCSW Social Work, University of Pittsburgh	UD-Conf Room B	
October 23, 2009		Sherrie Aspinall, PharmD Clinical Pharmacy Coordinator, VAPHS Pharmacy & Therapeutics, University of Pittsburgh	UD-Conf Room B	

October 30, 2009		Frank Sciorba, MD Medicine (Pulmonary, Allergy & Critical Care Medicine) University of Pittsburgh	UD-Conf Room B	
November 6, 2009		David Eibling, MD Staff Physician, VAPHS Otolaryngology, University of Pittsburgh	UD-Conf Room B	
November 13, 2009		Sandra Engberg, PhD Nursing (Health Promotion & Development) University of Pittsburgh	UD-Conf Room B	
November 20, 2009	GSA-No Conference	No Conference	No Conference	
November 27, 2009	Holiday-No Conference	No Conference	No Conference	
December 4, 2009		Julie Donohue, PhD Health Policy & Management University of Pittsburgh	UD-Conf Room B	
December 11, 2009		Elsa Strotmeyer, PhD, MPH Epidemiology University of Pittsburgh	UD-Conf Room B	

December 18, 2009		Natalia E. Morone, MD, MSc Medicine (General Internal Medicine) University of Pittsburgh	UD-Conf Room B	
December 25, 2009	Holiday-No Conference	No Conference	No Conference	
January 1, 2010	Holiday-No Conference	No Conference	No Conference	

GRECC CORE LECTURES

Faculty from multiple disciplines and, in some cases, trainees will present a review of a topic relevant to the care of older adults. This is an interdisciplinary teaching conference to help trainees understand core geriatrics concepts from multiple perspectives. The Core Lectures are held on Fridays at 9:15 a.m.

LEARNING OBJECTIVES

OVERVIEW OF GERIATRIC ASSESSMENT

Understand the components that are important for geriatric assessment such as use of a multidisciplinary team and targeting with the greatest needs.

Understand what is the main goal of comprehensive geriatric assessment (improving functional status).

Have an overview of the parts of a comprehensive assessment (eg. Physical/medical review, medication review, cognitive/psychiatric review, functional status assessment, social and safety assessment).

Understand Important concepts in communicating with older adults (showing respect, understanding sensory deficits that can affect communication).

POSITIVE IMPACT OF AGING/HEALTH IN THE THIRD AGE

Identify and discuss stereotypes of aging.

List methods to support healthy and positive aging in physical, functional and psychological areas.

OLDER ADULTS & WHERE THEY LIVE

Describe the different levels of care at places where older adults live.

Develop/discuss their role in the planning of appropriate living situation for older adults under their care.

Incorporate assessment of living situations into their practices.

FUNCTIONAL ASSESSMENT

Describe the elements of basic and instrumental activities of daily living and how they are assessed using common geriatric instruments.

Enumerate how function and disability is used by each type of health professional discipline for assessment and treatment planning.

Explain how function and disability inform level of care needs and sites of care.

MEDICAL ASSESSMENT

Become familiar with some of the common medical conditions that occur in geriatric people.

Gain awareness of the differences in disease presentation in older adults.

Become familiar with the term “geriatric syndrome.”

Learn the importance of interdisciplinary care in older adults.

Introduce frailty or loss of homeostasis and how it applies to elderly patients.

COMMON NEUROLOGICAL DISORDERS (NOT DEMENTIA)

Be able to list the major elements in patient history that help differentiate causes of weakness.

Be able to list the major elements of the neuro exam and describe how the exam provides information that localizes lesions in the nervous system or muscle.

Differentiate between upper and lower motor neuron disorders.

List a differential diagnosis of major causes of weakness in the elderly.

COGNITIVE ASSESSMENT: DEMENTIA & DELIRIUM

Define delirium and dementia.

Know tools such as Mini mental status, clock draw and confusion assessment method to differentiate between the two states.

Outline the role of neuropsychology testing in differentiating between the two states.

APPROACH TO PATIENTS WITH DEMENTIA

Name at least three behaviors that are disruptive to families.

Name at least two reasons why families seek help for patients with dementia.

Discuss barriers to geriatric assessment.

Name at least three screenings that could be used in a geriatric assessment.

Name at least three resources available for patients and families.

Discuss the medications available for the treatment of dementia and describe their benefits, limitations, and potential side effects.

PALLIATIVE CARE

Learn key elements of the epidemiology of dying in the United States.

Understand the difference between palliative care and hospice.

Understand a patient can receive curative and palliative care simultaneously.

Understand the experience of older adults with advanced illness through the stories of patients living with life limiting illnesses nursing home patient.

PSYCHIATRIC ASSESSMENT

Describe the key symptoms of major depression and generalized anxiety disorders.

Describe the age-specific approaches to eliciting depression/anxiety symptoms in elderly patients.

Describe the prevalence of suicide in the elderly.

Describe how to assess suicidality.

APPROACH TO TREATMENT OF DEPRESSION/ANXIETY

Describe general principles of treatment of late-life depression.

Recognize medications commonly used to treat depression and anxiety in late-life.

Describe the indications for psychotherapy referral in the treatment of late-life major depression.

SPEECH DISORDERS: DYSPHAGIA/DYSGEUSIA

Identify populations at risk for swallowing problems.

Demonstrate basic understanding of swallowing physiology.

Understand rationales for making diet modifications, including what they are.

UNWANTED WEIGHT LOSS

Consider the important considerations/causes to consider in patients who lose weight.

Gain awareness of weight loss as a geriatric syndrome.

Learn and apply the importance of interdisciplinary care in the case of weight loss in an older patient.

Learn of the common dental conditions that occur in older adults and how they affect weight.

MOBILITY & FALLS

Be familiar with the prevalence and consequences of falls and mobility disorders in older adults according to health care setting: acute care, long term care and community dwelling populations.

Describe the physiological, psychosocial and environmental systems that contribute to mobility and balance and how aging alters these systems.

Summarize commonly used clinical screening tests for mobility and balance.

Define the elements of a treatment plan for problems of mobility and falls and describe the role of various health professionals in carrying out the plan.

IATROGENESIS

Be aware of the adverse events that occur more commonly in the care of the elderly.

Understand why the elderly are more likely to have these adverse events.

Know what can be done to prevent or decrease the likelihood of these adverse events occurring.

SPEECH DISORDERS: NEUROGENIC COMMUNICATION

Distinguish between aphasia, dysarthria, and apraxia of speech.

Identify populations at risk for acquiring neurogenic communication disorders.

Interdisciplinary Case Conferences

CURRENT CORE LECTURE SCHEDULE:

September 2009 – June 2010 Curriculum

CYCLE 1

September 18, 2009 – January 29, 2010

(All programs will be held at University Drive)

DATE	LOCATION	TOPIC	PRECEPTOR(S)
<i>Sept 18</i>	Conf Room B	Overview of Geriatric Assessment	M. Rossi C. Franko
<i>Sept 25</i>	Conf Room B	Positive Impact of Aging/Health in the Third Age	H. Day
<i>Oct 2</i>	Conf Room B	Medical Assessment	S. Shaffer J. Kreutzer
<i>Oct 9</i>	Conf Room B	Cognitive Assessment: Dementia & Delirium	B. Lauber/R. Reardon/Psychology fellow
<i>Oct 16</i>	Conf Room B	Approach to Patients with Dementia	S. Shaffer J. Kreutzer
<i>Oct 23</i>	Conf Room B	Older Adults & Where They Live	S. Pataky
<i>Oct 30</i>	Conf Room B	Functional Assessment	D. Coughenour/K. Biller/L. Csech
<i>Nov 6</i>	Conf Room B	Common Neurological Disorders (not dementia)	S. Graham
<i>Nov 13</i>	Conf Room B	Palliative Care	S. Pataky M. Browne
<i>Dec 11</i>	Conf Room B	Psychiatric Assessment (9:15-10:15)	E. Whyte Psychology fellow
		Approach to Treatment of Depression/Anxiety (10:15-11:15)	E. Whyte J. Kreutzer
<i>Dec 18</i>	Conf Room B	Speech Disorders: Dysphagia/Dysgeusia	C. Matthews/M. Biel/C. Ranjan
<i>Jan 8</i>	Conf Room B	Unwanted Weight Loss	J. Plowman
<i>Jan 15</i>	Conf Room B	Mobility & Falls	S. Studenski L. Csech/K. Biller/D. Coughenour
<i>Jan 22</i>	Conf Room B	Iatrogenesis	D. Pasquale

<i>Jan 29</i>	Conf Room B	Speech Disorders: Neurogenic Communication	C. Matthews/M. Biel/C. Ranjan

CYCLE 2

Feb 5, 2010 – Jun 4, 2010

DATE	LOCATION	TOPIC	PRECEPTOR(S)
<i>Feb 5</i>	Conf Room B	Overview of Geriatric Assessment	M. Rossi C. Franko
<i>Feb 12</i>	Conf Room B	Positive Impact of Aging/Health in the Third Age	H. Day
<i>Feb 19</i>	Conf Room B	Medical Assessment	S. Shaffer J. Kreutzer
<i>Feb 26</i>	Conf Room B	Cognitive Assessment: Dementia & Delirium	B. Lauber/R. Reardon/Psychology fellow
<i>Mar 5</i>	Conf Room B	Approach to Patients with Dementia	S. Shaffer J. Kreutzer
<i>Mar 12</i>	Conf Room B	Older Adults & Where They Live	S. Pataky
<i>Mar 19</i>	Conf Room B	Functional Assessment	D. Coughenour/K. Biller/L. Csech
<i>Mar 26</i>	Conf Room B	Common Neurological Disorders (not dementia)	S. Graham
<i>Apr 9</i>	Conf Room B	Palliative Care	S. Pataky M. Browne
<i>Apr 23</i>	Conf Room B	Psychiatric Assessment (9:15-10:15)	E. Whyte Psychology fellow
		Approach to Treatment of Depression/Anxiety (10:15-11:15)	E. Whyte J. Kreutzer
<i>Apr 30</i>	Conf Room B	Speech Disorders: Dysphagia/Dysgeusia	C. Matthews/M. Biel/C. Ranjan
<i>May 7</i>	Conf Room B	Unwanted Weight Loss	J. Plowman
<i>May 21</i>	Conf Room B	Mobility & Falls	S. Studenski L. Csech/K. Biller/D. Coughenour
<i>May 28</i>	Conf Room B	Iatrogenesis	D. Pasquale
<i>Jun 4</i>	Conf Room B	Speech Disorders: Neurogenic Communication	C. Matthews/M. Biel/C. Ranjan

GRECC INTERDISCIPLINARY CASE CONFERENCES

This weekly session involves the presentation of a patient case by a trainee with feedback and discussion to suggest how each discipline contributes to the care of older adults. Discussion about care and issues is facilitated by one of the GRECC faculty. Please contribute to this discussion by asking questions and by telling the group what you would do as a member of your profession. When you present a case, please have the relevant information available. See the suggested presentation outline on page 30. The Case Conferences are held on Fridays at 10:15 a.m.

CURRENT INTERDISCIPLINARY CASE CONFERENCE SCHEDULE:

September 2009 – June 2010 Schedule

(All programs will be held at University Drive)

DATE	ROOM	PRECEPTOR(S)	DATE	ROOM	PRECEPTOR(S)
<i>Sep 18</i>	Conf Room B	M. Rossi	<i>Feb 5</i>	Conf Room B	R. Shipley M. Rossi
<i>Sep 25</i>	Conf Room B	H. Day	<i>Feb 12</i>	Conf Room B	P. Agrawal H. Day
<i>Oct 2</i>	Conf Room B	S. Shaffer	<i>Feb 19</i>	Conf Room B	J. Perez S. Shaffer
<i>Oct 9</i>	Conf Room B	P. Agrawal	<i>Feb 26</i>	Conf Room B	R. Shipley
<i>Oct 16</i>	Conf Room B	J. Perez S. Shaffer	<i>Mar 5</i>	Conf Room B	P. Agrawal S. Shaffer
<i>Oct 23</i>	Conf Room B	R. Shipley	<i>Mar 12</i>	Conf Room B	J. Perez
<i>Oct 30</i>	Conf Room B	P. Agrawal	<i>Mar 19</i>	Conf Room B	R. Shipley
<i>Nov 6</i>	Conf Room B	J. Perez S. Graham	<i>Mar 26</i>	Conf Room B	P. Agrawal S. Graham
<i>Nov 13</i>	Conf Room B	R. Shipley	<i>Apr 9</i>	Conf Room B	J. Perez
<i>Dec 18</i>	Conf Room B	P. Agrawal	<i>Apr 30</i>	Conf Room B	R. Shipley
<i>Jan 8</i>	Conf Room B	J. Perez J. Plowman	<i>May 7</i>	Conf Room B	P. Agrawal J. Plowman

<i>Jan 15</i>	Conf Room B	R. Shipley S. Studenski	<i>May 21</i>	Conf Room B	J. Perez S. Studenski
<i>Jan 22</i>	Conf Room B	P. Agrawal D. Pasquale	<i>May 28</i>	Conf Room B	R. Shipley D. Pasquale
<i>Jan 29</i>	Conf Room B	J. Perez	<i>Jun 4</i>	Conf Room B	M. Rossi

PATIENT PRESENTATION OUTLINE

Name (or pseudonym to protect patient privacy – e.g., “Mr. B”)

Age/Gender

Living Situation

Chief Complaint or reason you saw patient

Medical History

Medications

Social History (including with whom he/she lives, jobs)

Smoking/alcohol history

Physical Examination (where appropriate) to your discipline

Cognitive status

Functional status

Problem List

Clinical Care Plan

Questions for your colleagues.

- 1.
- 2.
- 3.
- 4.
- 5.

CLINICAL ROTATIONS

GERIATRIC EVALUATION AND MANAGEMENT (GEM) CLINIC

The GEM Clinic is at the University Drive Division in Oakland. At the start of the rotation, trainees should go to room 10E128.

The GEM Clinic occurs Tuesdays and Thursdays from 9:00am-5:00pm; however, the schedule varies slightly from week to week. Team meetings and family meetings are usually scheduled from 9:00am-11:00am on Tuesdays and Thursdays, but this can vary depending on status of patient evaluations and family availability. A weekly schedule is e-mailed to GEM team members.

The contact person for the GEM Clinic is Dr. Michelle Rossi; she can be reached at 412-360-1870.

GEM ORIENTATION

GEM Clinic is scheduled all day on Tuesdays and Thursdays.

Individual appointments with the patient are held on 10east in the neurology clinic space except for PT and OT evaluations, which are held in the PT and OT suites on 2W. Family conferences and team meetings are held in the GEM office (10E128) or the Conference Room on 11east (usually room 11E113 but occasionally it will be in room 11E104).

If you are the first provider scheduled to evaluate the patient, the patient will be waiting for you in the waiting room on 10E. If you are not the first provider please find the provider who is scheduled before you to locate the patient. Generally, the patients stay in one room and the different providers rotate into that room (except for PT/OT).

You are responsible for handing off your patient to the next provider or contacting other providers if the patient does not show for their appointment. If you cannot find the patient at the time you are scheduled, you must contact the clinician scheduled to see the patient before you to be certain that the patient is not running late. **DO NOT LEAVE** the clinic before confirming that all of your patients did not show up or cancelled their appointments! Contact Carol Franko or Michelle Rossi if your patient does not show and you are leaving the clinic.

You will be provided with a GEM Team Member telephone list. If you are running behind or are finished early please contact the next provider and let them know. Also, if your patient does not show up for his/her scheduled appointment please notify the providers who are scheduled to evaluate the patient after you, inform the team via email and contact Carol or Michelle.

Our patient population often has cognitive difficulty. Please try to reorient the patient about their schedule after you are done seeing them. If there is a lunch break for a patient,

make sure the patient knows what time to return to the 10E waiting room for the remainder of their appointments that day. IF they have PT/OT next, make sure they know that they must go to 2W.

A schedule will be emailed to you weekly. Please print the schedule and have it with you on clinic days.

FAMILY CONFERENCES AND CARE PLAN MEETINGS

These are held on 10E (either in the GEM office or 11E conference room). They are usually held on Tuesday and/or Thursday mornings. You are responsible to be at all meetings. Have your notes completed and printed for all meetings. If there are extenuating circumstances that do not allow you to make it to a meeting you are responsible for giving a written and or oral report with your recommendations to Dr. Rossi prior to the meeting.

OFFICE SPACE

During clinic hours, there generally is not available space in the GEM office to complete notes/use computers or telephones. However, all GEM team members are welcome to use extra clinic rooms on 10E on Tuesday afternoons and all day on Thursday for this purpose. All clinic rooms have computer and telephone access. Tuesday morning there may not be any available extra office space because the Neurology service has clinic on 10E during that time.

ENCOUNTERS

You MUST complete an encounter form electronically in CPRS for every patient. Please make sure you fill out the encounter form completely including your diagnosis and procedure. If you are diagnosing a new medical problem, add the diagnosis to the problem list at the prompt. If a patient does not show or cancels you do not have to complete an encounter form or enter a “no show” note.

DOCUMENTATION

Please write or dictate your notes under your exact clinic day and time as listed on the schedule. Make sure that your specialty header is correct before signing the note (ie. UG-GEM nurse, UG-GEM social work, UG-GEM psychiatry, etc.)

All GEM notes must be dictated or typed into the computerized record (CPRS) under the patient's GEM consult number. We try to link the GEM notes under the original GEM consult-except for PT and OT who have their own consult, everyone else should be entering notes under the geriatric consult.

If you dictate, follow the dictation instructions for a consult report:

Dial ext 606970

Be ready to enter your dictation ID number, worktype 10 (consult), pt's medical record number, and the consult number by the telephone touchpad.

In the beginning of the dictation, dictate the pts name and medical record number, the clinic location (UG-GEM___), the date and time you were scheduled to see the pt, and the title of the note ("Geriatric Evaluation and Management Consult"). You must state your co-signers name at the beginning of the dictation.

If typing in your progress note:

Click on the "consult" tab (at the bottom of screen) in the patient's chart.

Find the GEM consult among the listed consults in the upper left hand box and click on it to view it on the screen.

Click on "Action" (in the toolbar at the top) and click on the drop down category "Consult Results" and then click on "Complete/Update Results" to the right. If the computer does not allow you to select the complete/update results line, please let us know.

Select your specific appointment from the box that appears.

Enter the title of the note "Geriatric Evaluation and Management Consult."

Type your note. Don't forget to add your co-signer if needed.

ADDENDUM

Try to streamline some of the data collection (and avoid excess duplication), we are asking the following team members to gather certain specific information in addition to your usual exam:

Psychiatry Fellows: for all new patients please complete the full standard MMSE, a clock drawing test, and the short form Geriatric Depression Scale (forms are available in the GEM office).

Social Worker: for all new patients please complete the ADL and IADL scales, and the nutrition screen.

Psychology Fellows/Interns: if we don't have a psychiatry fellow working with us, please do a clock drawing test and the geriatric depression scale.

When you start your GEM rotation please contact Carol Franko and provide your current email address and pager number. Contact the GEM Clinic if you have any questions.

Carol Franko, CRNP

GEM Program Leader

10 East 128

412-360-6262 (office)

Pager: Dial 12-2980 (VA telephone)

Carol.Franko@va.gov

Michelle Rossi, MD, MPH

GEM Medical Director

412-360-1870

Pager: 412-958-3076

Michelle.Rossi@va.gov

MOBILE GERIATRIC UNIT

Contact Information

Dr Plowman phone: 412-860-7204

Robert Lee, Driver:

412-954-5148 office

Cell: 412-889-4273

MOBILE GERIATRIC UNIT Office: 412-954-4915

Cell phone: 412-860-7204

Main VA number: 412-688-6000



VAN HOURS: 8:30am-1 pm

DIRECTIONS TO MOBILE UNIT LOCATIONS

EBENEZER HIGH RISE

420 Dinwiddie Street, Pittsburgh, PA 15219 – Hill District

Take Centre Avenue heading into downtown. Just past Herron/Robinson (the street Towerview is on) Centre breaks into a Y. At the y in the road take the left street (Reed). At the end of Reed St turn right onto Kirkpatrick and then left onto Rose. Follow Rose to Dinwiddie. You will see Ebenezer (high rise apartment building) on the right side at Rose and Dinwiddie. Park on Rose.

THE LEGACY

2121 Centre Ave, Pittsburgh PA 15219- Hill District, park on Wylie Ave

Take Centre Avenue heading into downtown. Watch for The Legacy a 4 story apartment complex on the right side of the road in the 2100 block of Centre Ave. Turn Right onto Devillers St. Turn Right onto Wylie Ave and park behind the van.

YWCA

6907 Frankstown Avenue, Pittsburgh PA 15208 – Homewood

Take Fifth Avenue heading away from Oakland toward East Liberty and Homewood. Cross over Penn Avenue, Hamilton Avenue and go to Frankstown Avenue. Turn right onto Frankstown. Go about 4-5 blocks until the road splits into a Y. Take the left fork of the Y (which is still Frankstown). The mobile unit will be parked on the left at the YWCA just past the traffic light. Park in the lot at the rear of the building.

***REMINDER: THE VAN DOES NOT GO OUT WHEN THE PITTSBURGH PUBLIC SCHOOLS ARE CLOSED
OR ON A DELAY DUE TO BAD WEATHER*****

VAN SCHEDULE

VA Mobile Unit Clinic	
<u>Date</u>	<u>Location</u>
All are Mondays 8:30am-1pm	
8/24/09	Ebenezer
8/31/09	YWCA
9/7/09	Labor Day, no van**
9/14/09	Legacy
9/21/09	Ebenezer
9/28/09	YWCA
10/5/09	Legacy
10/12/09	*Columbus Day, no van*
10/19/09	Ebenezer
10/26/09	YWCA
11/2/09	Legacy
11/9/09	*No van*
11/16/09	Ebenezer
11/23/09	YWCA
11/30/09	Legacy
12/7/09	*No van*
12/14/09	Ebenezer
12/21/09	YWCA
12/28/09	Legacy
1/4/10 Happy 2010	*No van*
1/11/10	Ebenezer

1/18/10	YWCA
1/25/10	Legacy
2/2/10	*No van*

HOME BASED PRIMARY CARE

The HBPC rotation begins with a team meeting at the Highland Drive Division Tuesday and Thursday mornings at 8:00am. (Please arrive at 7:50am.) The meetings are held in the 1st floor conference room # 1081, Building 6. Following the team meeting, home visits are made until at least 4:00pm.

Contact Dr. Judith Plowman for matters regarding this rotation at 412-949-1157 (pager) or 412-860-7204 (cell). If Dr. Plowman is not available and you need immediate attention, contact HBPC secretary Pat Gabor at 412-954-5430.

Address: Highland Drive VA

Phone: 412-365-5400

Contact: Dr. Pasquale (pager: 412-958-7818)
Dr. Plowman (pager: 412-958-3079)

Instructions: Arrive prior to meeting (7:50AM) meeting starts at 8:00AM

Debra Walls, RN (phone: 412-954-5448)

Meet in the 1st floor conference room # 1081 in Building 6

Directions: Fifth Avenue north towards Penn Avenue; Cross Penn Avenue, it turns into Washington Blvd; Turn right off Washington Blvd onto Highland Drive (1st light after Negley Run Boulevard intersection); Go up the hill and bear to the left at the Y intersection; At the top of the hill there will be a small shelter for the hospital police who will request your ID: Make a left after passing this; Building 1 will be on your right then building 6. (Parking is in the rear); Make a right between Bldg 6 and the ambulance entrance of building 1 to get to the parking lot; Enter Bldg 6 through the side entrance across from Ambulance Entrance; Conference room #1081 will be past Adult Day Care and at the end of the hallway (just prior to locked door marked DCMA) make a right and go through a doorway. The conference room is at the end of this hallway.

NEUROLOGY CLINIC

The Neurology Clinic is at the University Drive Division in Oakland in room 10E137. The Neurology Clinic occurs Monday and Wednesday mornings. Dr. Paula Clemens, Chief of Neurology, is responsible for all matters pertaining to this rotation. Prior to the start of your rotation, please contact clinic administrator Samantha Opferman by phone (412-360-6185) or e-mail (Samantha.Opferman@va.gov) for instructions regarding the time and place where you should report.

GLOSSARY

Aging, primary: Changes seen in older adults that can be attributed to aging alone (eg. Wrinkling of skin, graying of hair).

Aging, secondary: Changes seen on older adults that can be attributed to disease states that may be more common in older people (eg. Signs of memory loss secondary to Alzheimer’s disease or multi-infarct dementia).

Aging, tertiary: Changes seen in older adults that can be attributed to environmental or social factors (eg. Falls secondary to poor lighting in the home, not taking medications secondary to inadequate income).

Clinical Nurse Specialist: An RN with a masters degree in nursing and an expertise or certification in a particular field of practice (eg. Geriatrics). Also known as an advanced practice nurse or “clin spec.” In general, does not have the prescribing authority of a nurse practitioner.

Didactic: Intended for instruction. The art or science of teaching.

Frail older adult: Older adults who have impaired ability to independently perform their activities of daily living. The impairments can be of physical and/or mental nature. The frailer a person is, the more susceptible he/she is to risks.

Geriatrician: A physician with an expertise and certification in geriatric medicine. In general, has completed a fellowship in geriatrics (one or two years after residency).

Interdisciplinary Care: The team approach to care where each discipline (eg. Medicine, nursing, social work, dietary, therapy, psychology) assesses the patient’s problems, and contributes to the team treatment plan of goals, and interventions. All members of the team are accountable to the patient and responsible for the plan of care.

Multidisciplinary Setting: A place where care is provided under one roof by several different disciplines. Distinguished from interdisciplinary care by the absence of team responsibility and accountability. Usually describes a health system which is administratively organized into departments for each discipline (eg. Nursing service, social work service, department of medicine).

ACRONYMS

CPRS	Computerized Patient Record System
GEM	Geriatric Evaluation and Management
GRECC	Geriatric Research, Education, and Clinical Center
HBPC	Home Based Primary Care
VISTA	Veterans Health Information Systems and Technology Architecture

FACULTY & CLINICAL PRECEPTORS

FACULTY

Michael E. Biel, MS, CCC-SLP	Michael.Biel@va.gov
Kenneth E. Biller, BS, OTR/L	Kenneth.Biller@va.gov
Rev. Mary Q. Browne, Mdiv,MSW,LSW	MQBrowne@gmail.com
Derek Coughenour, DPT	Derek.Coughenour@va.gov
Linda S. Csech, BS, OTR/L	Linda.Csech@va.gov
Hollis D. Day, MD, MS	dayh@upmc.edu
Carol M. Franko, MSN, CRNP	Carol.Franko@va.gov
Steven H. Graham, MD, PhD	Steven.Graham@va.gov
Jeanette M. Kreutzer, PharmD	Jeanette.Kreutzer@va.gov
Bernadette M. Lauber, PhD	Bernadette.Lauber@va.gov
Christine T. Matthews, MS, CCC-SLP	Christine.Matthews@va.gov
David A. Pasquale, DO	David.Pasquale@va.gov
Susan P. Pataky, LCSW, MPH, BCD	Susan.Pataky2@va.gov
Judith L. Plowman, MD, MPH	Judith.Plowman@va.gov
Cheralyn Ranjan MA, CCC-SLP	Cheralyn.Ranjan@va.gov
Richard C. Reardon, PhD	Richard.Reardon2@va.gov
Michelle I. Rossi, MD, MPH	Michelle.Rossi@va.gov
Stacey L. Shaffer, MD	Stacey.Shaffer@va.gov
Stephanie A. Studenski, MD, MPH	studenskis@dom.pitt.edu
Ellen M. Whyte, MD	whyteem@upmc.edu

PRECEPTORS

ADVANCED GERIATRICS FELLOWS

Steven H. Graham, MD, PhD	Steven.Graham@va.gov
Stephanie A. Studenski, MD, MPH	studenskis@dom.pitt.edu

GERIATRIC MEDICINE FELLOWS

Hollis D. Day, MD, MS	dayh@upmc.edu
Michelle I. Rossi, MD, MPH	Michelle.Rossi@va.gov

GERIATRIC PSYCHIATRY FELLOWS

Michelle I. Rossi, MD, MPH	Michelle.Rossi@va.gov
----------------------------	-----------------------

PSYCHOLOGY FELLOWS

Bernadette M. Lauber, PhD	Bernadette.Lauber@va.gov
---------------------------	--------------------------

PSYCHOLOGY INTERNS

Bernadette M. Lauber, PhD	Bernadette.Lauber@va.gov
---------------------------	--------------------------

PHARMACY RESIDENTS

Jeanette M. Kreutzer, PharmD	Jeanette.Kreutzer@va.gov
------------------------------	--------------------------

CLINICAL PASTORAL RESIDENTS

Lonnie E. Long, MDiv, BCC	Lonnie.Long@va.gov
---------------------------	--------------------

SPEECH PATHOLOGY CLINICAL FELLOWS

Christine T. Matthews, MS, CCC-SLP	Christine.Matthews@va.gov
------------------------------------	---------------------------

AUDIOLOGY TRAINEES

Maureen L. Wargo, MA, MBA, CCC-A

Maureen.Wargo@va.gov

MEDICAL SPEECH-LANGUAGE PATHOLOGY INTERNS

vacant

SOCIAL WORK TRAINEES

Susan P. Pataky, LCSW, MPH, BCD

Susan.Pataky2@va.gov

PHYSICIAN ASSISTANT TRAINEES

Michelle I. Rossi, MD, MPH

Michelle.Rossi@va.gov

CLINICAL NURSE SPECIALIST TRAINEES

vacant

NURSE PRACTITIONER TRAINEES

vacant

OCCUPATIONAL THERAPY TRAINEES

Kenneth E. Biller, BS, OTR/L

Kenneth.Biller@va.gov

PHYSICAL THERAPY TRAINEES

Derek Coughenour, DPT

Derek.Coughenour@va.gov

GERIATRIC EVALUATION AND MANAGEMENT (GEM) CLINIC

Michelle I. Rossi, MD, MPH

Michelle.Rossi@va.gov

Carol M. Franko, MSN, CRNP

Carol.Franko@va.gov

MOBILE GERIATRIC UNIT

Judith L. Plowman, MD, MPH

Judith.Plowman@va.gov

HOME BASED PRIMARY CARE

David A. Pasquale, DO

David.Pasquale@va.gov

Judith L. Plowman, MD, MPH

Judith.Plowman@va.gov

Stacey L. Shaffer, MD

Stacey.Shaffer@va.gov

NEUROLOGY CLINIC

Paula R. Clemens, MD

Paula.Clemens@va.gov

PROGRAM FOR INTENSIVE RESIDENTIAL APHASIA TREATMENT AND EDUCATION (PIRATE)

Christine T. Matthews, MS, CCC-SLP

Christine.Matthews@va.gov

ADMINISTRATION

GRECC ASSOCIATE DIRECTOR FOR EDUCATION AND EVALUATION

John G. Hennon, EdD

John.Hennon@va.gov

GRECC ADMINISTRATIVE OFFICER

Dawn M. Fuhrer, BA

Dawn.Fuhrer@va.gov