

# Aging SUCCESSFULLY



Spring 2019  
Vol. XXVIII, No. 1

## 30 Years Together

**Our Accomplishments**  
**Our Team**  
**Our Direction for the Future**



SAINT LOUIS  
UNIVERSITY™

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# SLU Geriatricians Recognized as BEST DOCTORS 2018

Congratulations to the Saint Louis University Division of Geriatric Medicine physicians who were recognized as Best Doctors of 2018. The Best Doctors list includes 1,357 physicians, as chosen by their peers. SLU Geriatricians honored include:



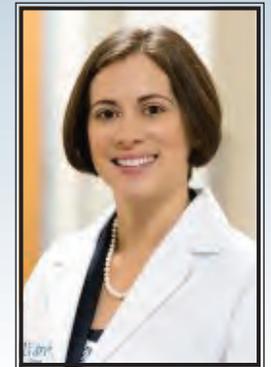
Dr. John E. Morley



Dr. Gerald Mahon



Dr. Julie A. Gammack



Dr. Milta O. Little

*SLU Geriatrics is always on the move.  
Keep up with us!*

Find us on  [facebook.com/GatewayGEC](https://facebook.com/GatewayGEC)



@GatewayGEC  
@meddocslu



<http://www.youtube.com/c/GatewayGeriatricEducationCenterstl>

# Geriatric Workforce Enhancement Program: Four Years of Innovations

In July 2015, the Gateway Geriatric Education Center (GEC) was one of forty-four awardees of funding from the Health Resources and Services Administration to implement the Geriatric Workforce Enhancement Program (GWEP) to provide interprofessional education and training for students, faculty, and practitioners in caring for older adults and their family and care partners. Now in the fourth year of implementation, the Saint Louis University GWEP team, in collaboration with our community and university partners that span the state of Missouri, have surpassed all the goals proposed in 2015 and have made strides to improve care of older adults and their families as well as providing education on geriatric care. In the 2017 issue of *Aging Successfully*, we shared a summary of our activities for the first two years of this new initiative. Here, we would like to provide an overview of our four years and

highlight our achievements and innovative initiatives.

Our success in working for improved health and social service care for older adults in primary care settings is possible only through the efforts of our community and university partners that are located throughout Missouri. As indicated in the map inset, GWEP's partners include universities (A.T. Still University, Kirksville and Washington University, St. Louis); community health systems (Perry County Memorial Hospital, Perryville; SSM Health; CareSTL Health (formerly Myrtle Hilliard Davis Health Center), St. Louis County Health Department, Kansas City Care Health Center); along with Northside Youth and Senior Services, St. Louis; Midwest Area Regional Council, Kansas City; Saint Louis University Health Resource Center, St. Louis; Alzheimer's Association, St. Louis; and all seven Area Health Education Centers (East Central, Southeast,

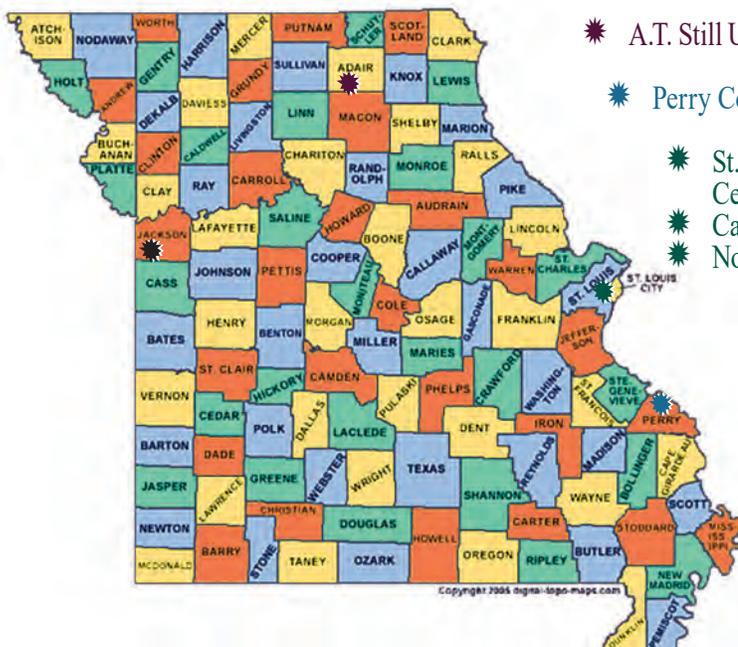
Southwest, Mid-Missouri, Northwest, West Central, and Northeast regions).

While the goals that we established in 2015 were ambitious, we have made an impact across our state with highlights of our successes showcased here:

## Interprofessional Geriatric Education

Providing clinical education and training in the interprofessional assessment and treatment of common geriatric syndromes for students and practitioners has been a priority for the GWEP team and our partners. To achieve that goal, GWEP faculty designed a multi-faceted approach to assessing such age-related conditions such as dementia, frailty, sarcopenia, anorexia, and caregiver well-being. The Rapid Geriatric Assessment (RGA) is a brief, validated and copyright-free tool that has now been administered to 11,458 older adults in the state. A copy of

*(continued on page 5)*



- ★ A.T. Still University and Missouri Area Health Education Center, Kirksville
- ★ Perry County Memorial Hospital, Perryville
- ★ St. Louis County Health Department Comprehensive Health Care Center
- ★ Care STL Health, St. Louis
- ★ Northside Youth and Senior Services Center, St. Louis
- ★ Kansas City Care Health Center, Kansas City
- ★ Midwest Area Regional Council, Kansas City



# EDITORIAL

Aging  
SUCCESSFULLY

## 30 Years of Aging Successfully

**“A successful old age may lie not so much in our stars and genes as in ourselves”** - George E. Valliant

The geriatric medicine program at Saint Louis University began 30 years ago with the federally funded, Gateway Geriatric Education Center (GEC), following shortly thereafter. Over this period, we have provided education to health professionals throughout Missouri, southern Illinois, and to professionals and students around the globe. Among our education endeavors, we have developed numerous assessment tools using mnemonics (e.g., MEALS-ON-WHEELS) and screening tools (e.g., Saint Louis University Mental Status (SLUMS), FRAIL, SNAQ, SARC-F, RCS, and ADAM), all of which are immortalized in our “Geriatric Evaluation Mnemonics and Screening Tool” (SLU GEMS). Clinically, we developed the first “Delirium Intensive Care Unit,” multiple programs to enhance function in the nursing home, implemented Cognitive Stimulation Therapy (CST), a non-pharmacologic intervention for persons with dementia, and cared for thousands of our aging friends and their care partners.

When the program started, our focus was to concentrate on improving persons with functional deficits and introducing the Geriatric Evaluation and Management Unit concepts to the Midwest. Over the years, we have expanded our focus to develop secondary prevention programs for older adults. This expansion has led to the Rapid Geriatric Assessment (RGA) screening program (which can be completed in approximately 5 minutes) and the introduction of an algorithmic approach to early interventions which include both exercise and cognitive stimulation therapy (CST) programs. Working with an inter-professional group of health professionals at Perry County Memorial Hospital, Perryville, Missouri, we have used these principles to create an outstanding example of an AGE FRIENDLY HEALTH SYSTEM in a rural area.



John E. Morley, MB, BCH

Our research group has been extraordinarily productive, producing over a thousand papers in these 30 years. Among our major findings is the development of oligonucleotide antisenses for the treatment of Alzheimer’s disease; the demonstration that amyloid-beta at physiological doses is a memory enhancer; the understanding of the physiological mechanisms and diseases responsible for the anorexia of aging; the role of testosterone in sarcopenia; and the validation of the screeners we developed to rapidly recognize geriatric syndromes. One of these early ventures was the development of the copyright-free Saint Louis University Mental Status (SLUMS) Examination which is now widely used in the United States and around the world.

The geriatric medicine program has been fortunate to co-exist with the geriatric psychiatry program under the leadership of George Grossberg, M.D. This program has been an international leader in the development of geriatric psychiatry and provided numerous opportunities for students, residents, fellows, and faculty to engage in clinical and research projects.

Using the motto, *Aging Successfully*, the GEC has concentrated on helping persons as they age to overcome the inconveniences that we all experience with aging and allow us to enjoy climbing the mountain of age, appreciating the beautiful views from the summit.

Finally, we thank the Health Resources and Services Administration’s Bureau of Health Professionals which has funded our interprofessional education programs for the last 25 years. For more information on GEC resources, please visit [aging.slu.edu](http://aging.slu.edu).

*John E. Morley*

## Four Years of Innovations

*(continued from page 3)*

the RGA is presented here. Through screening events held in the community and in residential facilities, home visits to older adults unable to easily leave their homes, and integration into the electronic health records systems in acute care and outpatient settings, the RGA has enabled students and health care providers to gain competency in identifying often overlooked geriatric syndromes that can be treated and/or managed using up-to-date evidence. Our health system partners who have formally added the RGA to the care of older patients include SSM SLU Hospital, SLUCare system, Perry County Memorial Hospital, CareSTL Health, and Kansas City Care Health System.

RGA training for students and practitioners continues to be offered throughout the state and beyond. At Saint Louis University, students from medicine, nursing, occupation, physical, and speech therapies, social work, medical family therapy, and interprofessional education receive training on the RGA along with the opportunity to administer the assessment in a clinical setting. Other universities that have welcomed the training include Washington University School of Social Work, A.T. Still University, University of Missouri—Kansas City and St. Louis, Maryville University, Missouri State University, and Southeast Missouri State University. In total, 3,489 students have been trained, far exceeding our original goal of 1,100! To learn more about the RGA, visit the GEC website at: <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/>. For more information on scheduling a training or a screening, send an email to [aging@slu.edu](mailto:aging@slu.edu).

Training students and practitioners to assess older adults, providing students with an opportunity to apply the training and to work in an interprofessional environment has been a priority for the GWEP team. To enable students to experience interprofessional geriatric assessment in action, the Interprofessional Geriatric Assessment Clinic (GAC), was launched in 2017 with students and faculty from medicine, occupation, physical, and speech therapies, nutrition and dietetics, social work, and medical family therapy collaborating to provide a comprehensive assessment of older adults (age 65 years and older) and their care partners. The GAC is a partnership with the SLU Health Resource Center, a free student-led multi-clinic service. Patients for this clinic may be self-referred or referred by a health or social service provider. The clinic is held the first Thursday of each month starting at 1:30 p.m. at the HRC, located at 1408 N. Kingshighway Blvd., #213, St. Louis, MO 63113. To refer a patient or make an appointment, call 314-977-8462. Since 2017, 38 older adults and their care partners have benefitted from the free GAC assessment and 112 students from eight

disciplines and medical residents and fellows have participated in this unique educational experience.

To provide students with diverse opportunities to learn about providing interprofessional care for older adults, the GWEP team has now offered four Interprofessional Geriatric Case Competitions (see accompanying article on page 17) with students and faculty from more than 13 different professions and five universities participating in a month-long experience in which students develop an interprofessional plan of care which is presented to a panel of faculty judges. Through the annual competitions, 248 students have competed on interprofessional teams coached and evaluated by 50 volunteer faculty and doctoral students to support student learning.

Continued efforts to offer an Interprofessional Graduate Certificate in Gerontology to students and community practitioners resulted in the launching in Fall 2017 of the university-wide training opportunity for current graduate students as well as professionals working in the community. The 15-credit hour certificate program can include courses

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*Students and faculty participating in the Geriatric Assessment Clinic*

## Four Years of Innovations

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in medicine, nursing, social work, occupational and physical therapy, law, health care ethics, medical family therapy, communication sciences and disorders, public health, and communication. Beginning in Fall, 2019, the program will be offered in both in-person and on-line formats. For more information on this specialized opportunity, contact Dr. Cara Wallace at [cara.wallace@slu.edu](mailto:cara.wallace@slu.edu).

Four cohorts of GWEP Geriatric Leadership Scholars have participated in the year-long professional development experience. See page 14 to learn about the current cohort of Scholars. Over the course of the year, the Scholar works with a GWEP faculty mentor to identify, plan, and implement a geriatric-focused research and/or curricular project along with engaging with faculty and students in GWEP clinical activities, and delivering education through conference presentations. Our first twelve Scholars have completed projects in such areas as end-of-life care in nursing facilities around the world, Cognitive Stimulation Therapy, physical therapy with older adults in the community, examining staff turnover in skilled care facilities, and integrating geriatric assessment and management strategies in curricula.

While not included in the 2015 GWEP application, GWEP faculty responded to the newly created Medicare Annual Wellness Visit (AWV) by developing a protocol for providers to offer the AWV in primary and geriatric health care settings. GWEP faculty Drs. John Morley and Milta Little and Nurse Practitioner, Patricia Abele have

compiled a guide and training video that is available on the GEC website at: <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/>. Since the completion of the protocol, AWV training has been delivered to students and practitioners with 898 AWVs conducted.

### Specialized Training and Service Programs

The provision of training to promote the identification and treatment of physical and cognitive health concerns has been a primary focus these past four years. Assessment is less helpful if follow-up interventions are not available. So that older adults and their caregivers have resources to address identified health concerns, GWEP faculty and students have developed specialized training for students and professionals to optimally support successful aging. Highlights of these three initiatives are presented here:

**1. Cognitive Stimulation Therapy (CST)**—With our partners throughout the state, GWEP faculty and students continue to offer training in this non-pharmacologic intervention for persons with dementia with over 2000 students and professionals from thirteen disciplines and five universities receiving training (in person and online) in this evidence-based group and individual experience. Twenty-two full-day CST trainings have been delivered along with 68 informational presentations, 35 conference presentations, and five published articles. CST is currently being offered in fourteen locations throughout Missouri. Approximately 686

older adults with dementia have participated in individual and/or group CST.

In addition to the on-line training modules and videos, the GWEP CST team will be hosting the 3<sup>rd</sup> International CST Conference at Saint Louis University on June 10-11, 2019 at which time the North America CST Learning Institute will be officially launched. Through the Institute, training and credentials will be offered for professionals who want to facilitate CST interventions as well as those seasoned providers of CST who seek to serve as trainers for others. In addition to providing training, the GWEP CST team is engaged in a number of related activities, including:

- development of a course on Individual CST (iCST) for medical students,
- integrating CST into coursework for social work, communication sciences and disorders, occupational therapy, and medical family therapy students, and
- conducting research to examine the applicability of the U.K.-developed intervention within a U.S.-based population.

Here at Saint Louis University, faculty members Max Zubatsky (Medical Family Therapy), Whitney Postman, and Andrea Vaughn (Communication Sciences and Disorders) and their graduate students are offering CST groups and conducting research projects, while Drs. Marla Berg-Weger and Sue

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# Four Years of Innovations

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iCST in Action

Tebb (School of Social Work) and Dan Stewart, social work doctoral student, have studied the impact of incorporating body movement with CST groups and the provision of iCST by family caregivers. To read about CST in rural communities, see the story on p. 19 and to learn more about CST and review publications, visit our CST page at <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/>. To inquire about training, email [aging@slu.edu](mailto:aging@slu.edu).

## 2. Exercise and Strengthening—

To provide an easy-to-deliver exercise and strengthening program that can be offered to those of varying levels of mobility, GWEP faculty members Drs. Kelly Hawthorne and Jill FitzGerald, Department of Physical Therapy, developed a video-based training program to



Exercise and Strengthening group offered through Northside Youth & Senior Services Center

prevent falls and sarcopenia that can be offered in community or residential setting. Drs. FitzGerald and Hawthorne have trained staff and volunteers at Northside Youth and Senior Center Training and Jesuit Hall to facilitate the exercise program. The training curriculum is available in-person or on-line at <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/>.

## 3. Caregiver Well-Being and Support—

Dr. Sue Tebb (School of Social Work) led the caregiver support initiative for the first three years of the GWEP project and, upon her retirement in 2018, former Geriatric Leadership Scholar, Dr. Max Zubatsky (Department of Family & Community Medicine Medical Family Therapy Program) assumed leadership of the initiative. In addition to developing the Rapid Caregiver Well-Being Scale (R-CGWS) and an algorithm for managing caregiver stress and burnout, an informational video, and a toolkit for creating and facilitating a caregiver support group, GWEP faculty developed an algorithm for developing a caregiver intervention. To learn more about initiatives

to support caregivers, visit: <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/>.

## 4. Opioid Training and Assessment—

During the fourth year of GWEP funding, the GEC received supplemental funding to develop training for students and professionals in the assessment of opioid use and abuse among older adults. GWEP faculty developed a tool and has provided training at SSM SLU Hospital, area nursing homes, and Perry County Memorial Hospital. To date, the new tool has been administered to 237 older adults. For a copy of the tool, please email [aging@slu.edu](mailto:aging@slu.edu).

## Looking Forward to the Future

With our focus maintained on the original goal of providing optimal care for older Mis-

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### Opioid Risk Tool (ORT) Assessment for Older Persons

Name \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Check each item that applies.

- |   |                    |       |
|---|--------------------|-------|
| 1. Have you abused:                             | Alcohol            | _____ |
|   | Illegal drugs      | _____ |
|   | Prescription drugs | _____ |
| 2. Do persons in your family abuse:             | Alcohol            | _____ |
|   | Illegal drugs      | _____ |
|   | Prescription drugs | _____ |
| 3. Did anyone sexually abuse you?               |                    | _____ |
| 4. Are you sad or being treated for depression? |                    | _____ |
| 5. Are you lonely?                              |                    | _____ |
| 6. Are you currently using pain medications?    |                    | _____ |
|   | As prescribed      | _____ |
|   | Tylenol            | _____ |
|   | NSAIDS             | _____ |
|   | Tramadol           | _____ |
|   | Opiates            | _____ |
| 7. Do you have pain 3 or more days/week?        |                    | _____ |
| 8. Do you have back pain?                       |                    | _____ |
| 9. Rate your level of pain:                     |                    | _____ |



## Four Years of Innovations

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sourians, our GWEP team and partners have reached students, university faculty, health and social service professionals, and most importantly older adults and their families throughout the state of Missouri and beyond. As evidence of our success in enhancing the capabilities of those professionals who care for and will care for older adults and their families, consider these achievements:

- **12,394 older adults assessed** through the Rapid Geriatric Assessment, Medicare Annual Wellness Visit, and the Geriatric Assessment Clinic
- **9,409 persons trained** in geriatric syndromes, assessment, and interventions
- **145 conference presentations** on geriatric topics
- **159 publications** by GWEP faculty and students on geriatric topics
- **\$3,279,620 grant funding** received by GWEP faculty and partners to educate and study geriatric-focused issues and interventions
- **13 research projects** ongoing and completed and seventeen unfunded projects have been completed
- **5,111 tweets** with 1,073 followers
- **10,881 LinkedIn views** with 16,603 followers
- **136,069 views of GEC-produced videos** on the GEC YouTube channel
- **60 radio and television interviews** on geriatric topics, including one 30-minute program aired by KMOV, Science of Healing, which was viewed live by 35,000 persons,
- **106,000 on-line views**, and

**197,703 newsfeed shares** for a total of 338,703 views

### GWEP Partner Highlights

The Saint Louis University GWEP's success at expanding and enhancing geriatric education and training throughout Missouri is due to a large extent to the excellent partners, all of whom are committed to serving the state's older adults and their families. During these four years of GWEP initiatives, our partners have welcomed the SLU GWEP team into their organizations and embraced new approaches, developed programs, offered expanded services, conducted assessments, facilitated groups, and submitted reports. Highlights of the extraordinary accomplishments of our GWEP partners are shared here. To learn more about any of the organizational initiatives, please contact [aging@slu.edu](mailto:aging@slu.edu) and we will connect you to the organizations.



**Perry County Memorial Hospital (PCMH)**—Located in Perryville, Missouri, the leadership and staff of this rural critical access hospital have created an age-friendly health system and changed the culture for older patients and their families. Innovations in geriatric health care include:

**Geriatric Assessment**—In 2015, PCMH integrated the

RGA into the electronic health record in the in- and out-patient settings and to date, have completed 1,258 assessments for older adults. To further support their older patients, the staff launched a suite of programs that include a comprehensive geriatric assessment clinic, completion of 338 annual Medicare Annual Wellness Visits, opioid assessments, and interventions that can be delivered when concerns are identified in the areas of cognition and frailty or sarcopenia:

### Cognitive Stimulation Therapy (CST)

—currently, 15 CST groups/week are being offered to older adults with cognitive impairment living in the community and in residential care. Staff members Janice Lundy and Debbie Hayden have become internationally known trainers in CST and are members of the GWEP team developing the North America CST Training Institute. To view the videos developed on the PCMH CST program, visit: <https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/>.

### Exercise and Strengthening Program

—working with local physical therapists and exercise specialists, PCMH now offers 6 exercise and strengthening classes/week for older adults, particularly those who are participating in CST and caregiver support groups. PCMH has become

## Four Years of Innovations

(continued from page 8)

the first health system in the U.S. to participate in a trial of exercise machines. (See adjacent article for more information.) To extend their innovations into the community, the geriatric team at PCMH has established partnerships with several organizations, including:

**Area Agency on Aging**—RGAs are being completed for persons receiving home-delivered meals.

**Memory Care Home Solutions**—Collaborating on a federally funded grant project from the Administration for Community Living, PCMH staff are working with care partners for persons with dementia to deliver an intervention program, Care of Persons with Dementia in Their Environment (C.O.P.E). This program is designed to optimize older adults' functional independence and health-related outcomes, and improve care-

giver dementia management skills and well-being.

**MAOI Technologies**—Working with the Saint Louis University School of Social Work, PCMH staff are engaged in a research project to test the use of 3D printed objects to stimulate memory through reminiscence. As recognition of their accomplishments, PCMH was awarded the 2018 Missouri Hospital Association Aim for Excellence Award for their outstanding programming for older adults.

**CareSTL Health**, a federally qualified health center located in St. Louis, has made great strides in transforming their health system into an age-friendly health system through such innovations as:

- Geriatric Assessment—CareSTL Health was the first GWEP partner to integrate the RGA into their electronic health records.
- CST has been offered at the Homer G. Phillips Health Center for the past two years. Dr. Whitney Postman and her graduate students in the Department of Communication Sciences and Disorders meet weekly with a group of older adults to focus on issues related to brain health.
- Exercise and Strengthening programming—part-

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## Perry County Memorial Hospital Expands Exercise and Strengthening Program through Partnership with Helsinki University Research

Physical activity is key to maintaining the physical and brain health of persons with dementia. To improve outcomes of Perry County Memorial Hospital's (PCMH) existing Cognitive Stimulation Therapy (CST) program, the program expanded in May, 2016 to include a special physical exercise program component to the current session structure. Findings show greater improvements in all measures at 7 weeks in the CST with exercise group; including, cognition, depression, quality of life, and mobility.

Later in 2016, frailty exercise groups were formed for those older adults who have screened positive for frailty or are at high risk of becoming frail. The intervention incorporates the same principals as the CST exercise group. The program continues to grow with non-CST participants and several from maintenance CST groups who are interested in additional exercise opportunities.

In 2018, PCMH and Helsinki University Research (HUR) initiated a Quality Improvement (QI) Exercise Project. HUR is the leading supplier of strength training equipment to senior, rehabilitation and the wellness markets and has donated two multi-function exercise machines to the project. The PCMH QI project will begin in 2019 and will examine outcome measures of hospitalized skilled and acute patients, and outpatients receiving either traditional physical therapy, the group frailty exercise program or the HUR equipment.



PCMH wins Missouri Hospital Association Aim for Excellence Award

## Four Years of Innovations

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*Northside provides transportation for older adults to participate in GWEP-supported programs.*

nering with Northside Youth & Senior Services Center, older patients participate in a weekly exercise and strengthening program developed by SLU GWEP faculty, Doctors Hawthorne and FitzGerald.

**Northside Youth and Senior Services Center** is a multi-service social service agency located in St. Louis that includes an Area Agency on Aging congregate meal center and home-delivered meals. They have welcomed SLU students from social work and physical therapy and family medicine residents who visit older adults in their homes where they complete rapid geriatric and falls assessments and medication reconciliation. St. Louis Senior Fund recipient David Lakine, Senior Center Director, is now offering CST for older adults with dementia from the area. In partnership with Mission St. Louis, he has



*ATSU CST Group*

also developed an exercise and strengthening program.

**A.T. Still University (ATSU) and Missouri Area Health Education Centers (MAHEC)**—bringing new geriatric-focused initiatives to every corner of Missouri, ATSU and the MAHEC have provided education and clinical education opportunities to medical students in geriatric assessment, CST, and falls prevention. Programming has been developed through the north-east region in falls prevention and CST. Through the seven regional AHEC centers, area students and professionals have participated in continuing education and training and co-sponsored conferences. GWEP partners develop and teach an elective course in the ATSU medical school curriculum on Individual CST. Through ATSU-MAHEC efforts, 1,030 students and providers have been trained in using the RGA and 1,437 older adults have been assessed with the RGA. We want to extend a special thank you to Janet Head, RN, MSN, EdD, MAHEC Co-Director, for her vision and dedication to bringing GWEP initiatives to the state through ATSU and the regional AHEC Centers. Best of luck to Janet as she moves into retirement and welcome to Hong Chartrand, PhD, who will be stepping into Janet's role with GWEP.

**Alzheimer's Association Greater Missouri Chapter**—In partnership with GWEP, the Association has co-sponsored geriatric screening events and continuing professional education. Serving as a site for an innovative CST research project that

combined CST with chair yoga and providing a social worker to work in the Geriatric Psychiatry Clinics and the GWEP Geriatric Assessment Clinic, the Association has been a strong supporter of GWEP initiatives.

**Kansas City Care Health Center**—A new GWEP partner in 2017, this federally qualified health center is now offering Medicare Annual Wellness Visits to patients in the Kansas City area.

**Midwest Area Regional Council (MARC)**—Home to the Area Agency on Aging, MARC began in the third year of GWEP programming to incorporate the Rapid Geriatric



*ATSU medical student conducts a Rapid Geriatric Assessment*

Assessment into their telephone- and home-based assessment process and have completed over 794 RGAs.

**NHC Maryland Heights**—a pioneer in the St. Louis region for innovative residential-based programs for older adults, this skilled care facility has hosted community educational events and geriatric screenings, developed a CST program and Medicare Annual Wellness Visit initiative for residents, and has recently begun to evaluate residents' opioid use.

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# Four Years of Innovations

(continued from page 10)

**Memory Care Home Solutions (MCHS)**—This St. Louis-based nonprofit organization that serves persons with memory impairment and their families, Memory Care Home Solutions has partnered with the GWEP on a range of initiatives to support families of persons with dementia. Partnerships have included: two research projects, the first of which trained family caregivers to facilitate Individual CST (iCST) and the second which introduced the use of 3-D printed objects within a reminiscence therapy intervention for persons with cognitive impairment; a hospital-based initiative that enabled the RGA to be integrated into the electronic health record system of a rural health system with the data then used to prompt referrals for persons with dementia to receive services from MCHS; and a multi-site federally funded project based in St. Louis and Perry County Missouri in which family caregivers of persons with dementia were trained in the C.O.P.E. model to provide support.

**Veterans Administration Medical Center** integrated the RGA into the electronic health record at the John Cochran Health Center, St. Louis, in 2017.

To stay connected with our ongoing GWEP activities, visit us at [aging.slu.edu](http://aging.slu.edu) and also check us out on:

Facebook: <https://www.facebook.com/GatewayGEC/>

YouTube: <http://www.youtube.com/c/GatewayGeriatricEducationCenterstl>

Twitter: @GatewayGEC, @drjohnmorley, and @meddocslu

LinkedIn: Search for Dr. John E. Morley

Saint Louis University  
**Rapid Geriatric Assessment\***

\*This is an copyright (on these screening tools) and they may be incorporated into the Electronic Health Record of your jurisdiction and at the user's discretion.

ID#: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Primary Care Provider Y/N \_\_\_\_\_  
Ethnicity (circle): African/American Asian Caucasian Hispanic Non-Hispanic

**The Simple "FRAIL" Questionnaire Screening Tool**

**F**atigue: Are you fatigued?  
**R**esistance: Cannot walk up one flight of stairs?  
**A**erobic: Cannot walk one block?  
**I**llnesses: Do you have more than 5 illnesses?  
**L**oss of weight: Have you lost more than 5% of your weight in the last 6 months?

Scoring: 3 or greater = frailty; 1 or 2 = prefrail

From Morley JE, Vellas B, Abellan van Kan G, et al. J Am Med Dir Assoc. 2015;14:392-399.

Total FRAIL Score: \_\_\_\_\_

**SARC-F Screen for Sarcopenia (Loss of Muscle)**

Component	Question
Strength	How much difficulty do you have in lifting and carrying 10 pounds? Scoring: None = 0 Some = 1 A lot or unable = 2
Assistance in Walking	How much difficulty do you have walking across a room? Scoring: None = 0 Some = 1 A lot or unable = 2
Rise from a Chair	How much difficulty do you have transferring from a chair or bed? Scoring: None = 0 Some = 1 A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of ten stairs? Scoring: None = 0 Some = 1 A lot or unable = 2
Falls	How many times have you fallen in the last year? Scoring: None = 0 1-3 Falls = 1 4 or more falls = 2

Total score of 4 or more indicates Sarcopenia

From Malnutrition TE, Morley JE. J Frailty and Aging 2015; 2:25-31.

Total SARC-F Score: \_\_\_\_\_

**SNAQ (Simplified Nutritional Assessment Questionnaire)**

My appetite is	Food tastes
a. very poor	a. very bad
b. poor	b. bad
c. average	c. average
d. good	d. good
e. very good	e. very good

**When I eat**

a. I feel full after eating only a few mouthfuls	a. Time from one meal a day
b. I feel full after eating about a third of a meal	b. One meal a day
c. I feel full after eating over half a meal	c. Two meals a day
d. I feel full after eating half of the meal	d. Three meals a day
e. It's not clear (red flag)	e. More than three meals a day

Scoring: a=1, b=2, c=3, d=4, e=5.  
A score  $\geq 4$  indicates significant risk of at least 5% weight loss within 6 months.

From Wallace et al. Am J Clin Nutr 2015;92:1074-81.

Total SNAQ Score: \_\_\_\_\_

**Rapid Cognitive Screen (RCS)**

1. Please remember these five objects. I will ask you what they are later.  
(Place each object in plain view across 2 second intervals.)  
Apple Pen Tie House Car

2. (Give patient pencil and the blank sheet with clock face.) This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock. (2 points in markers ok, 2 points in correct)

3. What were the five objects I asked you to remember? (3 points)

4. I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.

*Bill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a dramatically handsome man. She married him and had three children. They lived in Chicago. She then topped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after. What state did she live in? (1 point)*

Scoring: 8-10 Normal  
6-7 Mild Cognitive Impairment  
0-5 Dementia

From Malnutrition TE, Vain VL, Cruz-Uribe JM, et al. J Geriatr Aging 2015;19:741-744.

Total RCS Score: \_\_\_\_\_

**Advance Directive**  
Do you have an advance directive? Y/N \_\_\_\_\_

Revision 8/2015/2014

## Interprofessional Graduate Certificate in Gerontology Now Offered at Saint Louis University

With an emphasis on developing competencies in interprofessional care of older adults, highlights of the certificate include:

- 15 credit-hours which include interprofessional and experiential/practicum opportunities
- Designed for post-baccalaureate students, current graduate students, and professionals currently working with older adults, including: dietitians and nutritionists, health care workers, occupational therapists, physical therapists, speech-language pathologists, nurses, nurse practitioners, social workers, and more.
- Opportunity to take courses across the university with a focus on:
  - Foundational competencies (frameworks for understanding human aging; biological, social, and psychological aspects of aging; humanities and aging; research and critical thinking)
  - Interactional competencies (attitudes and perspectives, ethics and professional standards, communication with and on behalf of older persons, interdisciplinary and community collaboration)
  - Contextual competencies (well-being, health and mental health; social health; and policy)

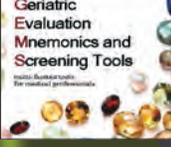
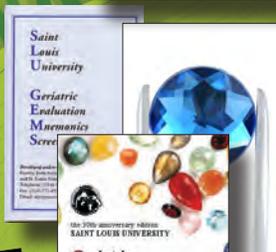
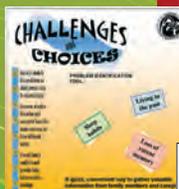
For more information, contact Cara L. Wallace, PhD, LMSW, Gerontology Certificate Coordinator at [Cara.wallace@slu.edu](mailto:Cara.wallace@slu.edu) or call 314-977-2746.



# 30 Years of Geriatric Education... the conference the people we've met and our very best



ferences, the publications, the resources,  
met along the way...  
bright future!





# Geriatric Workforce Enhancement Program Announces 2018-2019 Geriatric Leadership Scholars

For the fourth year, the Geriatric Workforce Enhancement Program (GWEP) selected three early to mid-stage career faculty from colleges and universities across Missouri to participate in the Geriatric Leadership Scholars Program. The Geriatric Leadership Scholars initiative is aimed at developing faculty who have the skills to teach and assess students and conduct research key to improving future care for older adults. To develop faculty with expertise in geriatrics and gerontology, the Geriatric Leadership Scholars Program provides support for three GWEP health care faculty to enhance their geriatric knowledge and skills. Scholars participate in and lead GWEP education events. Each of the Scholars is paired with a Gateway GEC Faculty Mentor who works with the Scholar throughout the year to address teaching, research, and program development issues.

## THE 2018-2019 GERIATRIC LEADERSHIP SCHOLARS INCLUDE:

Selena Washington, Ph.D., MSPH, OTR/L, Saint Louis University Doisy College of Health Sciences, Department of Occupational Science and Occupational



*Dr. Selena Washington*

Therapy. Dr. Washington joined the faculty as an Assistant Professor in 2017. Her areas of interest include community and home safety education for older adults and their families. Working with her faculty mentor, Dr. Helen Lach, School of Nursing, Dr. Washington will conduct research and work with students to develop a model that incorporates community and home safety education, fall prevention training, and caregiver education in a primary care setting.

Whitney Postman, Ph.D., CCC-SLP, Saint Louis University Doisy College of Health Sciences, Department of Communication Sciences and Disorders, is an



*Dr. Whitney Postman*

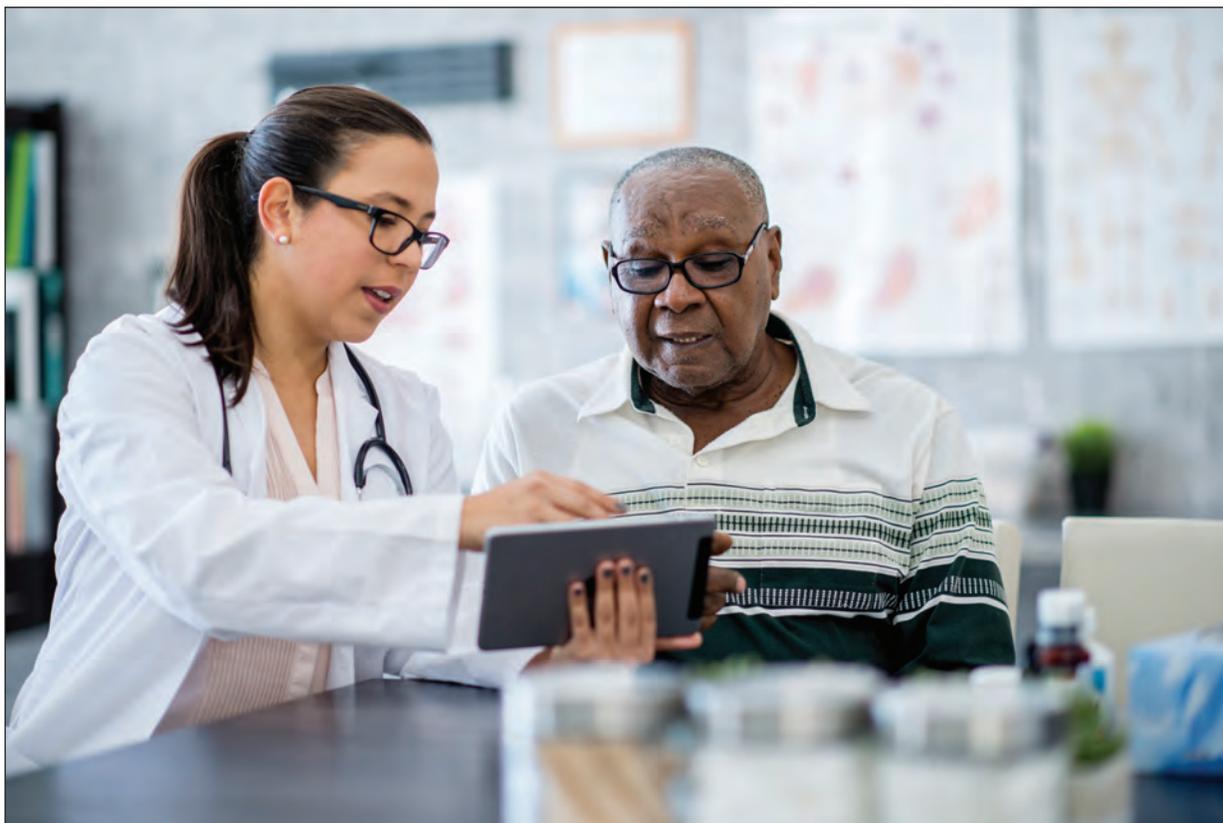
Assistant Professor whose areas of scholarly activity focus on integrating technology into communicative therapy program that are linguistically and culturally tailored for the population being served. During her time as a Geriatric Leadership Scholar, she continues to develop group interventions for older African Americans at CareSTL Health in St. Louis. Her SLU faculty mentor is Dr. Marla Berg-Weger, School of Social Work and Executive Director, Gateway Geriatric Education Center.

Debbie Blessing, B.A., is an adjunct faculty member and Gateway GWEP Coordinator at A.T. Still University, in



*Ms. Debbie Blessing*

Kirksville, Missouri. With degrees in Psychology and Communication, she has developed trainings and interventions in the areas of Cognitive Stimulation Therapy, caregiver support, and falls prevention. Working with Dr. Max Zubatsky, Saint Louis University Department of Family & Community Medicine, for her scholar year, Blessing engaged in program development to expand the course in Individual Cognitive Stimulation Therapy to include multiple disciplines and integrate geriatric assessment into primary care settings.



# Building Narrative Competency for Healthcare Communication Practices

By Cara L. Wallace, PhD, LMSW

With clinicians reporting ongoing barriers to quality communication about goals of care and end-of-life care (EOL) choices,<sup>1,3</sup> patients continue to face death with delayed, or no, access to hospice and palliative care (PC). Without specialized care, patients often receive unnecessary, aggressive care at the end of life<sup>4</sup> and experience considerable pain.<sup>5</sup> PC improves EOL quality, as patients receive less aggressive treatments, have fewer hospital visits, admissions and hospital deaths.<sup>6</sup> Patients who complete advance care planning (ACP) are more likely to utilize PC,<sup>7</sup> resulting in better pain and symptom management.<sup>8</sup>

Narrative medicine (NM) is hypothesized to positively impact clinicians' practice in healthcare communication and is increasingly utilized in health professions' edu-

cation and clinical experiences. NM draws on critical reflection and narrative practices - reading, writing, and telling stories - to teach competencies of attention, representation, and affiliation.<sup>9</sup> Reflection in professional practice can help providers learn from their personal experiences and create meaning of complex situations.<sup>10</sup>

As part of an ongoing study at SLU, Drs. Cara Wallace, April Trees, Jennifer Ohs, and Leslie Hinyard help a pilot NM workshop to: (1) develop skills in attending and responding to the stories of others as a part of patient-provider communication; and (2) reflect on their own stories of loss in relation to professional practice. Participants strongly agreed that workshop activities assisted in developing communication skills and that they planned to use skills from the work-

shop in their own professional practice. Participants reported that the narrative competencies learned in the workshop are useful for framing difficult conversations, identifying patient vulnerability and increasing empathy, actively listening to patients' stories, and understanding connections between patients' stories and preferences with decision making for care.

Following our 2018 pilot workshop, our research team received a seed grant through the California State University Palliative Care Institute to offer additional and expanded workshops. In partnership with SLU's Gateway Geriatric Education Center, we hosted our first of two workshops earlier this month. Our next workshop is scheduled for Saturday, May 4, 2019 (details listed in flyer on page 23).





Dr. Berg-Weger

**Marla Berg-Weger, PhD., LCSW**, Professor, School of Social Work, and Executive Director, Gateway Geriatric Education Center, was elected to the Board of Directors of the National Association of Geriatric Education. In April, she received the 2019 Harvey A. and Dorismae Hacker Friedman Award for Excellence in Service to Older Adults at Washington University Harvey A. Friedman Center for Aging.

**Farewell to Geriatric Medicine and GWEP Colleague**

**Susan Tebb, Ph.D., M.S.W., C-IAYT, RYT-500**, Professor Emerita, School of Social Work, retired from SLU after 26 years as a faculty member in the School of Social Work, eleven of which were in the role of Dean of the School. She also dedicated many years of service to the GEC and later the GWEP Initiative. She continues to be actively engaged at SLU and, in particular, with GWEP-related activities, providing training to students and continuing education presentations, and serves as a coach for the Interprofessional Geriatric Case Competition. She retires with our thanks and best wishes!



Dr. Simmons

**Cameron Simmons, MD**, joins the Division as a faculty member upon completing his Palliative Care Fellowship at SLU. Dr. Simmons joins Dr. Oscar Cepeda as a new member of the SLU Palliative Care team where his research focuses on pain and symptom management, biomarkers, genomics, and medical oncology.

**Susan J. Elliott, FNP-C**, joined the Saint Louis University Division of Geriatric Medicine on November 12, 2018, after receiving her Nurse Practitioner license and passing her nursing boards. Welcome Susan!



Susan J. Elliott



Dr. Morley at the podium at AMDA

At the American Medical Director's Association's 2018 annual conference, **John E. Morley, MB, BCh**, was named the inaugural recipient of the John E. Morley Award. Honored for his decades of service to AMDA, the award

has been established to recognize contributions to the organization. **Dr. Morley** also was appointed to serve on the Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL). Overseen by the Department of Health and Human Services, the ACICBL advises and provides recommendation on policy and program development in the areas of geriatrics, Area Health Education Centers, allied health, chiropractic and podiatric medicine, social work, psychology, and rural health.

**Angela Sanford, MD, Milta Little, DO, and Julie Gammack, MD**, (pictured here left to right) presented the Keynote Address on March 8, 2019, at the 2019 Annual Society for Post-Acute and Long-Term Care Medicine Conference held at the Hyatt Regency in Atlanta, Georgia. The title of their presentation was "This Year in Review." There were 1400 conference attendees.



**Three New Geriatric Medicine and Palliative Care Fellows Join the Division of Geriatric Medicine**



Dr. Bonilla

**Vincent Bonilla, M.D.**, is completing a Hospice and Palliative Medicine Fellowship through June 2019. Dr. Bonilla completed his Internal Medicine residency at the Bronx Lebanon Hospital in New York, after which he returned to Puerto Rico to practice. Given the need for Hospice and Palliative Care Programs, he sought specialized training at SLU. He will start a Hospice and Palliative Care Program at the Hospital HIIMA-San Pablo Caguas, Puerto Rico in July, 2019. **Ronald Tan, M.D.**, graduated from UCLA-Olive View Medical Center in Sylmar, California, in Internal Medicine in June of 2016. He then practiced at Kaiser Permanente Internal Medicine Department. His interests lie in palliative care, and he began the Hospice and Palliative Medicine Fellowship at Saint Louis University in June, 2018. **Babatunde Olumide, M.D.**, is completing a Geriatric Fellowship. Olumide received residency training at Saint Agnes Healthcare, Baltimore, Maryland. He then practiced at the Heart of American Hospital in Rugby, North Dakota followed by a move to Tennova Regional Hospital, Jackson, Tennessee. Realizing that he was caring for large numbers of older adults, Dr. Olumide determined that a geriatric medicine fellowship would enable him to better understand treating older patients.



Dr. Olumide



Dr. Tan



# Interprofessional Geriatric Team Care: GWEP Initiatives Promote Learning

By Helen Lach, PhD, RN, CNL, FGSA, FAAN

Interprofessional geriatric care is an important goal, especially for older adults with complex conditions. Historically, health professions students were educated in silos, leading to lack of comfort and familiarity with others in the health care environment. Universities are increasingly fostering interprofessional education (IPE)<sup>1</sup> by offering experiences for students, so that once they get to the practice setting, they know how to work together to improve patient safety and quality of care. Because of the need for health professionals in geriatrics, we encourage use of older populations for IPE activities. Studies of IPE activities consistently show positive outcomes from most IPE learning activities.<sup>2</sup> In our experience, older adults provide rich stories and examples that engage students, and we can show them positive examples of

geriatric care. IPE options range from required courses, to individual activities, to games. In this article, we describe just a sample of different IPE approaches that can be used to teach geriatric team work. Faculty at the Gateway Geriatric Education Center have been involved in several of these activities, others we found in the literature.

## Courses and Certificates

Some universities offer electives, specialties, certificates or single activities to promote IPE. For example, Saint Louis University has two opportunities for students: 1) Interprofessional Graduate Certificate in Gerontology—open to degree-seeking and non-degree-seeking students and practitioners, the 15-credit Certificate will be fully on-line in Fall 2019. (For more information, see page 22.) Center

for Interprofessional Education, that oversees several options, including a major or minor in IPE. Undergraduate health professions students take a core curriculum together that culminates in an IPE practicum course. Graduate students participate in IPE team seminars several times each semester. While targeting a range of populations, older adults may be included.

## Interprofessional Activities

IPE activities include the successful Geriatric Interprofessional Case Competition that we have conducted over the past 4 years, highlighted in prior issues of *Aging Successfully*. In our program, interprofessional teams of students meet over a month to develop a plan of care for a complex geriatric patient. Examples in

(continued on page 18)



# Geriatric Team Care

(continued from page 17)

the literature include shorter times, such as a one-time meeting lasting from 90 minutes to a full day. Offered monthly, the Geriatric Assessment Clinic brings together students and faculty from seven disciplines to conduct a comprehensive assessment. We found some other ideas for team experiences, often used in conjunction with Careers in Aging Week, sponsored by the Gerontological Society of America:

- Movie experience – interprofessional group of students watch a movie with aging-related content and participate in guided discussion (alternative – book discussion)
- Death café – interprofessional group gatherings for informal discussions about death
- Speed mentoring – interprofessional students meet with professionals from different geriatric settings to learn about jobs and potential opportunities in the field of aging
- Senior speakers – panel of older adults who talk to interprofessional groups of students about their experiences with aging or health care. An alternative would be simulated older patients.

## Geriatric-focused Games

Educational games provide some variety to the usual curriculum and can support learning and practicing skills, and experiencing new ways of problem solving. Several different types of games have been used and have been published or can be found searching the web.<sup>3</sup> Some are targeted to improving empathy of students for the aging experience, or test knowledge in a fun way, or practice skills.

- Simulated aging games: use devices like goggles, gloves, braces, assistive devices to mimic aging disabilities, and student's complete errands and daily activities. The Geriatric Medication Game is an example.
- Game show games: trivia quiz games about aging, may use a take-off on a television game show, such as giving points or prizes, may test knowledge, some focus on specific topics like pain
- Role playing games: participants pretend they are older or focus on what they would be like when they are older, or role playing with simulated patients to build skills for working with older adults
- Board games: mental exercises to educate students about aging may include quiz questions, reflections, or activities students need to complete to advance around a board.



This is a just a sampling of IPE activities we have identified among the numerous styles of creative, geriatric training programs and activities available. One source for ideas and materials is the Portal of Geriatrics Online Education.<sup>5</sup> We encourage geriatric experts to share any innovative activities you have tried, and we can share more ideas in future issues of *Aging Successfully*. Currently, we are developing an Escape Room geriatric interprofessional activity for students to provide a fun interactive experience in a shorter format that may complement other interprofessional geriatric learning activities.

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# Individual Cognitive Stimulation Therapy (iCST): Connecting Students with Persons Living With Cognitive Impairment

By Debbie Blessing, A.T. Still University

Dementia is a term used to describe a range of symptoms that disrupt one's ability to think, remember, reason, and carry out one's activities of daily living. The impaired functions may include memory, language skills, problem-solving, and the ability to focus and pay attention. Some individuals may lose the ability to control their emotions and their personality may change. Currently, there is no way to prevent, slow or cure the progression of Alzheimer's disease and related dementias (ADRD).

According to the Alzheimer's Association, more than 5 million Americans are living with ADRD and this number is projected to rise to more than 13 million by 2050.<sup>1</sup> Nationally, we face the challenge of physicians, nurses, and other allied professionals who do not have formal training in geriatrics. Health professions students receive limited training in dementia, which includes understanding how to effectively communicate, identify and diagnose, and provide supportive resources for people living with Alzheimer's disease and other dementias and their caregivers.<sup>2</sup>

On A.T. Still University's (ATSU), Missouri campus, we provide multiple opportunities for first and second-year medical students and Truman State University (TSU) health professions students to be involved in courses that offer intergenerational studies and activities including Interprofessional Health Partners (IPHP), Interprofessional Cross-campus Collaborative Case (IPE-CCC), Cognitive Stimulation Therapy (CST) and Individual CST (iCST).

CST is an evidence-based, non-pharmacological intervention for older adults with mild to moderate

dementia. The program has 18 guiding principles, built on the values of mental stimulation, safety, and relationships.<sup>3</sup> Group members attend twice weekly sessions for one-hour each over seven weeks. The session structure includes a period of orientation and welcoming, a current event, a main activity, and closure of the session. Exemplar topics from session examples include childhood, famous faces and places, physical games, and sounds. The goal is to stimulate the participants' minds and encourage them to think about new and different ideas by engaging as many senses as possible.<sup>4</sup> Once the initial seven weeks are completed, participants may choose to continue in Maintenance CST (MCST), which is a continuation of the group past the seven-week protocol.

CST was first made available in northeast Missouri in 2015, when Janet Head, EdD, RN, Co-Director of A.T. Still University's Area Health Education Centers (ATSU AHEC) program and the Aging Studies Project, became a collaborative partner with Saint Louis University's Geriatric Education Center through the Geriatric Workforce Enhancement Program (GWEP). In addition to supporting informational session in Northeast Missouri, the GWEP grant afforded Head the opportunity to hire a full-time Project Coordinator who could

implement community-based CST programs and develop opportunities for students to become involved.

Since 2015, physicians, nurses, students, and senior service organizational leaders have provided CST programming via live presenta-



tions in all eight GWEP counties in northeast Missouri. While training opportunities remain available, our focus on the implementation of CST in the GWEP's eight-county region has increased. To facilitate CST programs, we enlisted the help of Truman State University (TSU), senior health science students working as AHEC interns. Students received CST training and co-facilitated both Individual (iCST) and group CST with the GWEP Project Coordinator in Adair, Linn, Macon, and Scotland counties.

As the CST program grew, we searched for ways to engage first and second-year medical students at ATSU's Kirksville College of Osteopathic Medicine (ATSU-KCOM) campus. Initially, we discussed ways to involve students in the group CST intervention but we repeatedly

*(continued on page 20)*



encountered challenges with the students' and patients' schedules. Fidelity to the program's standard structure was another obstacle, so we began to look closer at Individual CST (iCST) as a more viable option for the students and patients. The iCST elective course was developed in 2016. The course allows students the opportunity to learn about dementia, establish effective and meaningful communication with older adult patients and their caregivers, and conduct assessments on cognition, depression, and quality of life. The first cohort of students enrolled in the spring of 2017.

The elective fits best for first and second-year medical students during their second or third on-campus semester. Students are offered an intergenerational experience involving homebound, assisted living, or long-term care volunteer patients who reside in the community or in long-term care settings. ATSU faculty member and course director, Janet Head stated, "iCST gives medical students an opportunity to interact with a special population that probably is not discussed in other settings. It encourages students to slow down and pay attention to the patient they are working with. It brings them face to face with a national crisis and helps them appreciate the role family plays in the lives of persons living with dementia and the role of their own profession."

The course consists of an orientation and training period that includes an introduction to dementia, background on program research, iCST's 13 guiding principles, and the session structure.<sup>5</sup> Students are introduced to and trained in the CST protocol assessment tools which include the

Saint Louis Mental Status Exam (SLUMS), Cornell Scale for Depression in Dementia, Quality of Life (QOL-AD), and the Timed Up and Go (TUG). Training includes time for the students to develop session content and role-play how they would implement their materials. Students shadow the course coordinator and participate in an iCST

Students are offered an intergenerational experience involving homebound, assisted living, or long-term care volunteer patients who reside in the community or in long-term care settings.

session with their assigned patient before they begin the implementation phase. They are also encouraged to attend a group CST session to further enhance their iCST training.

Students attend three review sessions once they begin delivering iCST. The first review session occurs shortly after the students begin making home visits. This gives them an opportunity to share with the class what is going well and what they need to improve upon. It also allows for further development of their skills and boosts their confidence to know that others are experiencing similar successes and challenges. They view short videos on other non-pharmacological approaches and ADRD resources and provide brief reflections. At a second review session, students learn from SLU GWEP faculty about geriatric-related topics, and at the final review session, students apply what they have learned about the CST protocol tools and practice their skills in a simulated activity with actors from the community.

After completing the training, students work in two-person teams

to develop and facilitate 10 iCST sessions in their patient's residence. Students complete a session monitoring log after each home visit. This document provides students with a period of reflection regarding their leadership and facilitation skills, team communication, inclusion or exclusion of key principles, and communication challenges.

We have adapted the iCST course to include TSU health professions students, thus shifting to an interprofessional model of training. Guided by the 2010 World Health Organization (WHO) report, Framework for Action on Interprofessional Education & Collaborative Practice, we support health professions students in opportunities to learn about, from, and with other disciplines. IPE opportunities develop students' teamwork and communication skills and help prepare a 'collaborative practice-ready' workforce.<sup>6</sup> Although not all student teams are interprofessional, students do interact in the orientation and training and review sessions as one IPE group. The course focuses on the interprofessional competency domains such as: (1) values/ethics for interprofessional collaboration, (2) roles/responsibilities, (3) interprofessional communication, and (4) teams and teamwork. To ensure that students are mastering practice-specific competencies from each domain, they are asked to place their patient and their caregivers and family at the center of care and develop a

(continued on page 21)



trusting relationship, utilize effective listening skills, and reflect on their individual and team performance to improve outcomes. One student reflected on the importance of communication while working as a team, “I’ve learned how important it is to communicate with your partner about things beforehand. Earlier, in this process my partner and I were doing things separately with not much communication and our sessions were ok. Now that we have been communicating, I think our sessions have drastically improved.”

The 18 students that have participated in the iCST elective course report that they would recommend the course to others. One medical student commented, “I would definitely recommend this course to others as it does a great job of facilitating a relationship with a patient over the course of a semester. At this point in our medical training, this is highly refreshing and is a great reminder of why we are doing this.” To date, the nine volunteer patients show the greatest improvement in their quality of life and a slight increase in cognitive function. In a recent interview with a caregiver involved in the Spring 2018 cohort, the caregiver stated, “my husband I still talk about the students coming out to the house and working with us. We enjoyed them so much and I feel fortunate that my spouse remains much the same as when the students were visiting.”

The overall goal of the iCST elective is to offer both ATSU-KCOM medical students and TSU health science students the opportunity to work with older adult patients in a stress-free setting, over an extended period, where they can exercise listening and com-

munication skills to ensure patient-centered care. Students learn from the participants themselves about the challenges they face and hear from the family and caregiver about their experiences in the dementia journey. One student wrote about his experience, “I’ve really enjoyed the process of getting to know the patient and becoming comfortable talking about anything. I’m not really interested in family medicine, but I now see the perks of the long-term relationships that are built by having the same provider for an extended period and the benefits it can have for the patient.”

CST and iCST are two valuable treatment approaches that can improve the quality of life for persons living with dementia and their caregivers. With the number of persons with dementia continuing to increase, it is important that patients and their caregivers continue to have access to programs like CST and other non-pharmacological interventions in the future.

To learn more about developing dementia-focused curricular initiatives, contact Debbie Blessing, ATSU GWEP Coordinator, at [dblessing@atsu.edu](mailto:dblessing@atsu.edu) or 660-626-2898.

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## SERVICES

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## Narrative Competency (continued from page 15)

During the workshop, participants are exposed to literature about current barriers to ACP and quality communication about end-of-life care, in addition to information for strategies to connect the clinician's own personal experiences of loss, death, and personal ACP to professional practices in these areas.<sup>12-13</sup> Participants are introduced to techniques in Narrative Medicine to help guide reflection in one's own experiences of loss and end-of-life wishes. Narrative medicine exercises offer opportunities to examine how one's own experiences are connected to professional identity and practice. Participants have the opportunity to connect to, interpret, and honor the stories of other participants as a practical example for how narrative medicine may enrich healthcare communication with patients, families and interprofessional teams.

For more information on narrative medicine and professional development, contact Cara Wallace: cara.wallace@slu.edu.

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<h1>CONTINUING EDUCATION EVENT</h1> <h2>Connecting the Personal with the Professional for Effective Care Delivery: A Narrative Medicine Approach</h2> <p><b>WHEN</b> <b>Saturday, May 4th</b> <b>8:30am – 4:30pm</b> Light breakfast, refreshments, and lunch provided.</p> <p><b>WHERE</b> <b>Brown Lounge</b> Washington University, Brown School, One Brookings Dr, St. Louis, MO 63130</p> <p><b>REGISTER:</b> <a href="https://bit.ly/2HdcAdv">https://bit.ly/2HdcAdv</a></p> <p><small>Saint Louis University IRB # 30038; Approved 03-13-19; Board # 1</small></p>	<p><b>FOR ALL HEALTHCARE CLINICIANS</b></p> <p><b>PRESENTERS</b> Cara L. Wallace April Trees Jennifer Ohs Leslie Hinyard</p> <p><b>6.0 HOURS FREE* CREDITS</b> 6.0 AMA, SW and Nursing – \$25 6.0 APA, AAPA, NHA, OT/PT, &amp; other – \$10 <small>*Cost waived for those participating in a short pre/post questionnaire. Additional CME information available on request.</small></p> <p><b>SPONSORS</b> Saint Louis University Geriatric Education Center   <small>This project is supported by the CSU Institute for Palliative Care, Seed Grant 104203868</small></p>	<h3>DESCRIPTION</h3> <p>Participants will be exposed to literature about current barriers to advance care planning (ACP) and quality communication about end-of-life care, in addition to information for how clinician's own personal experiences of loss, death, and personal ACP may be connected to professional practices in these areas. Participants will be exposed to techniques in Narrative Medicine to help guide reflection in one's own experiences of loss and end-of-life wishes. The narrative medicine exercises offer opportunity to examine how their own experiences are connected to professional identity and practice. Additionally, participants will have the opportunity to connect to, interpret, and honor the stories of other participants as a practical example for how narrative medicine may enrich healthcare communication with patients, families and interprofessional teams.</p> <h3>PRESENTERS</h3> <p><b>Cara L. Wallace, PhD, LMSW</b> is an Assistant Professor in the School of Social Work at Saint Louis University (SLU). Her research focuses on end-of-life care &amp; is informed by her clinical experiences as a hospital and hospice social worker. She is also the coordinator for SLU's new Interprofessional Gerontology Certificate program.</p> <p><b>April Trees, PhD</b> is an Associate Professor and Chair in the Department of Communication at SLU. Her interests include teaching &amp; research related to family communication and storytelling &amp; she has completed Narrative Medicine training at Columbia University.</p> <p><b>Jennifer Ohs, PhD</b> is an Associate Professor in the Department of Communication. Her research lies at the intersection of interpersonal &amp; health communication, with a focus area on medical &amp; end-of-life care decision making.</p> <p><b>Leslie Hinyard, PhD, MSW</b> is an Associate Professor and Deputy Director for the SLU Center for Health Outcomes Research (SLUCOR). Her research focuses on outcomes of interprofessional education and she in narrative cancer communication.</p> <h3>OBJECTIVES</h3> <p>At the end of this event, participants will be able to:</p> <ul style="list-style-type: none"><li>• describe connections between personal experiences of loss and advance care planning with professional practices in healthcare communication, advance care planning, and end-of-life care,</li><li>• develop narrative skills to attend to, understand, and compassionately respond to stories of illness and loss,</li><li>• examine their own stories of loss through experiential &amp; reflective activities and consider how those relate to their professional identities &amp; practice.</li><li>• utilize narrative medicine skills in facilitating difficult conversations with patients, families and healthcare teams about values and goals of care.</li></ul> <p><small>Saint Louis University IRB # 30038; Approved 03-13-19; Board # 1</small></p>
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# Aging SUCCESSFULLY

Division of Geriatric Medicine  
Saint Louis University School of Medicine  
1402 South Grand Boulevard  
St. Louis, Missouri 63104

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