

A.T. STILL UNIVERSITY
AGING PROGRAM

ATSU AGING PROGRAM REVIEW
2004-2009

AND

ATSU AGING PROGRAM PLAN
2010-2015

PREPARED BY
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A.T. STILL UNIVERSITY | ATSU

October 27, 2009

President Jack Magruder
A.T. Still University
Kirksville, MO

Dear President Magruder,

With this letter please find our report – 2004-2009 ATSU Aging Program Review and Plan for 2010-2015 – as requested by you in July, 2009. My colleagues, Dr. Janet Head (Chair of the Aging Program, Kirksville Campus) and Prof. Elton Bordenave (Chair of the Aging Program, Mesa Campus), join me in thanking you for the opportunity to conduct the review and to develop a plan for the next five years. The review and plan development process included meetings with the Campus Committees on Aging, with all Deans and Department Chairs, with the Provost, Vice-Provost, the Director of Research and Grants, the Vice-President for Advancement at Mesa, the Vice-President for Strategic Planning, and faculty members. We are delighted to report unanimous support for the Aging Program's past work from all deans, chairs, and faculty. We also heard solid ideas for the future which we have incorporated in the plan.

Our plan calls for the appointment of Directors of Aging Programs at both campuses to replace the current volunteer Chairs in 2010. The Directors would be assigned to allocate one-third of their work load to managing the Aging Program on their respective campuses, while retaining faculty appointments for two-thirds of their time.

In 2011, we call for the establishment of a University Institute on Aging with a Center on each campus. To support the Institute, the directorship of Aging Programs on each campus would then become a half-time position. Fundraising for an Institute endowment would commence in 2011, and hopefully would be completed in 2015. At that time the Directorships would become full-time positions on each campus, and the overall program leadership would be rotated between campuses. The goal of the endowment effort would be to substantially reduce the burden of the Institute on the ATSU budget for the future. We see the Institute on Aging focusing on student education and training, community outreach and professional development, as well as developing grant and applied research projects.

We submitted the draft proposal to the Council of Deans for their review and comment. While strongly supportive, they insist that to reach its full potential, the plan is dependent on the University's commitment to adding four professors of geriatrics whose time would be dedicated to their respective schools and as appropriate, the programs and activities of the Institute. Two of these new faculty members would be located at KCOM, one at SOMA, and one to be shared 50/50 by ASDOH and ASHS. We agree fully that there is a need for such a commitment at ATSU. Our plan calls for geriatrics fellowships for faculty and graduates which could contribute to the goals espoused by the deans.

As we face the aging of the Baby Boomers, we believe that there is no higher priority for a health services university than preparation of graduates for care of our aging citizens. Our proposal places ATSU in the kind of leadership role that is urgently called for by the National Institute of Medicine Report in 2008. We thank you for your leadership, and welcome the opportunity for dialogue as you consider our proposal.

Sincerely,

Michael A. Creedon, D.S.W.
ATSU Aging Program Chairman

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A.T. STILL UNIVERSITY AGING PROGRAM

2004-2009 ATSU AGING PROGRAM REVIEW AND PLAN FOR 2010-2015

EXECUTIVE SUMMARY

The ATSU Aging Program was approved by the Board in 2003 as a University-wide initiative. Committees on Aging were established on both campuses consisting of representatives from schools and departments on each campus.

In the past five years, the aging program has worked as a university level initiative to fulfill the goals established for it by the Board (Appendix A) without having been attached to a specific school or department. Despite the challenges that this non-specific structure has presented, significant accomplishments have been achieved and in some instances lauded. Both organizational partners and program participants have expressed gratitude for the contributions made by students to the community and individual lives. Some highlights include developing a series of instructional modules, conducting the Annual Lecture on Aging and facilitating thousands of hours of outreach activities in Kirksville and Mesa that have benefitted our students and the elder populations of both communities. All of these activities have been conducted through the work of two volunteer chairs, Dr. Head and Prof. Bordenave, and their committees.

As we complete our fifth year, President Magruder mandated a review of the past five years, and a plan for the next five years. The following narrative 1) reviews activities from the past five years, 2) sets out four goals for the coming five years, and 3) provides a rationale for the overall proposal. It includes a budget for the Aging Program for 2010/11 and a school-specific geriatrics faculty budget for 2012/2013 (see Appendix B).

The proposed five year plan seeks to continue and expand geriatric programming at ATSU while also developing an organizational structure that will more effectively support and enhance geriatrics education throughout the University. The plan calls for:

- The professionalization of the campus leadership positions in 2010: The current volunteer chair roles on each campus would be converted to part time campus Director of Aging Programs positions, with each director devoting one third time to the program.
- The establishment of an ATSU Institute on Aging, with centers on both campuses in 2011. This institute, once established, would supplant the current program and assume its goals within a broader mission to educate, foster research, and conduct outreach activities.
- The continued expansion, under the auspices of the proposed institute, of gerontology/geriatrics resources for all students emphasizing geriatric care as a dynamic reflection of the philosophy underlying the profession of osteopathic medicine and the vision of its founder, Dr. A.T. Still.
- The development of fellowships in geriatrics for two current faculty members and also two fellowships for current students.
- The hiring of four faculty members: two geriatricians for KCOM, one geriatrician for SOMA, and one shared faculty for ASDOH and ASHS. Funding for these faculty positions would be directed to SOMA, KCOM, ASDOH and ASHS.

We thank President Magruder for his leadership, and all the deans, department heads and committee members who met with us; also Provost Craig Phelps; Associate Provost Ted Wendel; Vice President, Planning and Assessment, Michael McManis; Associate Vice President, Advancement, Gretchen Buhlig and Vice President, Research, Grants and Information Services, John Heard.

INTRODUCTION

This report provides a summary of the aging program review process initiated by President W. Jack Magruder, Ed.D., in June 2009 to be undertaken by the program leaders. President Magruder requested that there be: 1) a review of the ATSU Initiative on Aging as it completes five years; and 2) a plan proposed for the next five years. Pursuant to this goal, Dr. Magruder suggested that the perceptions of campus leaders regarding the current program be explored, along with their recommendations for the future.

Dr. Michael Creedon, Chair, Aging Program, conducted meetings with the Kirksville and Mesa campus Committees on Aging in August and September, 2009, with the assistance of the campus committee on aging chairs. Committee meeting summaries are included as Appendix C. Interviews were conducted with department chairs, deans, and other campus leaders such as the Provost and Vice Provost of the Mesa Campus, the Associate Vice President for Advancement at Mesa, and the Vice President for Research, Grants and Information Services and the Vice President for Planning and Assessment at Kirksville. Summaries of these meetings and interviews are reported in Appendix D.

PROGRESS TO DATE

During the past five years the Aging Program has made significant progress in establishing and enhancing programs to serve the needs of the University's students, home communities and states. Key accomplishments are noted below.

1. Established Committees on Aging on both the Mesa and Kirksville campuses. These committees include faculty from schools and departments on each campus and, more recently, student representatives.
2. Developed gerontology education modules on: 1) theories and demographics of aging, 2) healthcare finance, and 3) interdisciplinary practice and patient safety. These modules were pilot tested, implemented with several classes/schools, and are now available to all faculty and students of ATSU.
3. An Annual Lecture on Aging has brought national leaders in academic gerontology and geriatrics to the University community. Nationally recognized experts from Yale, Harvard, Washington University, and The University of Texas have addressed ATSU students, faculty, and community leaders in a tele-linked program reaching both campuses. This program had its most successful iteration to date in April 2009 when Dr. Dorothy Baker from Yale addressed more than 350 faculty and students and community leaders about national and international efforts on falls prevention. President Magruder welcomed all participants and attended the lecture event. Dr. Baker also engaged in informal dialogue face to face or via interactive video with students and faculty on both campuses that day. In addition to students and faculty, the audience on both campuses included community leaders and professionals from the local area. This annual program is open to all members of the ATSU community and the live broadcast allows for a true all-university event. Next year's event will bring

another national academic leader in the aging studies field to ATSU, with the Kirksville campus hosting the speaker.

4. Clinical multidisciplinary seminars have been conducted, engaging students on both campuses in dialogue with students and faculty from other disciplines on appropriate strategies for case-specific interdisciplinary practice. In 2008, using inter-campus communications technology, 80 students from both campuses shared perspectives during these clinical dialogues.
5. The KCOM House Calls program involves each student in team based visits to elders in the community. Fostered by the Aging Program, research on medical student participation in this elder visit program has been shared at several conferences and is now being expanded to investigate responses of all participating disciplines. The research investigation is focused on attitudes about interprofessional teamwork which is especially critical in health care of the elderly. (See Appendix E for additional information on House Calls.)
6. The Kirksville Committee on Aging has established and coordinates several geriatrics-related educational experiences for KCOM students. Working with multiple local and state agencies, continuing professional education programming for nursing home administrators is made available in rural areas, medical students broaden their knowledge of elder life situations, and students observe staff and programs in agencies serving the needs of community residents including elders. Through these ongoing programs, rural providers have access to high quality continuing education programs, all KCOM students increase their knowledge of community based resources available to elders, and every KCOM student has direct interaction over time with a community elder.

As well, in a relatively short time, an extensive student outreach program has been established in Mesa, bringing ATSU into collaboration with the Arizona Governor's Office on Aging, the City of Phoenix Department of Human Services, the East Valley Area Adult Resources , and senior centers in the Mesa community. For example, significant educational service to the aging community in senior centers and other settings has been provided by students trained to deliver the falls prevention program, "A Matter of Balance."

During Dr. Creedon's August visit to the Mesa Campus, Dr. Annlee Burch, Chair of the Physical Therapy Program, noted that in the past year several students have come to her office to share their very positive experiences in the volunteer falls prevention outreach project. One student described it as a "turning point" in her professional education. Similar positive responses have been reported by KCOM students after their "House Calls" with elders in the Kirksville area. Outreach programming on both campuses has been praised by both participants and partner community agencies. These responses clearly validate the importance and impact of community outreach activities sponsored by the ATSU Aging Program. Student comments on elder-related activities from the KCOM Class of 2012 and examples of the outreach activities in Mesa are included in Appendix E.

CURRENT STRUCTURE AND FINANCE

Committee activities described in the preceding section of this report have been undertaken pursuant to goals set out by the ATSU Board for the Aging Program. Being the first University level program established through an initiative, the program was challenged by the lack of traditional structures and formal administrative attachments. Also, because the program was new, resources were limited and committee leaders functioned as volunteers over and above their existing academic appointments.

Five years ago, a Committee on Aging composed of faculty and staff from each of the resident departments and schools was established on each campus. In 2003, President McGovern appointed Dr. Michael Creedon overall Program Chair, Professor Elton Bordenave, Mesa Campus Chair, and Dr. Rene McGovern, Kirksville Campus Chair. Dr. Rene McGovern resigned from the Kirksville Chair in 2008 and President Magruder appointed Dr. Janet Head as Dr. McGovern's replacement. Annual reports have been presented to the ATSU President (2008 annual report is shown as Appendix F). In the past year, the campus committees have invited student representatives to join them. A full list of committee members on each campus is shown in Appendix G.

An annual budget was established in 2003 to support the program. In 2009, the budget was approved at an \$86,000 level. Funds currently support a stipend for the University Chair, a part-time administrative assistant position reporting to Dr. Head at the Kirksville campus, funds for an annual University Lecture on Aging, funds for student and faculty presentations at academic gerontology/geriatrics conferences, partial support of a state conference on aging in collaboration with the Arizona Governor's Office, support for the development of additional academic modules on aging, support for program related travel, and other purposes. A new budget that reflects the proposed changes for the 2010/11 fiscal year is included as Appendix B of this report along with a budget for additions recommended by the Council of Deans to significantly strengthen the University's geriatrics resources.

ATSU AGING PROGRAM GOALS FOR 2010-2015

The ATSU Aging Program was conceived as a University-wide initiative, committed to a bi-campus focus for its activities, reaching all schools and departments of the University. The coming five years will hopefully see an expansion of geriatrics programming within our unique two-campus university structure. Challenges and opportunities encountered within this structure include:

Challenges

- differences in time zones which make scheduling live cross campus programs difficult;
- geographic barriers to interprofessional faculty and student activities; and
- differences in rural and urban cultures and resources.

Opportunities

- naturalistic structure for research on program impact in rural/urban settings;
- new applications for technology to reduce separation; and
- collaboration of diverse faculty and community partnerships in the development and implementation of community service and education programs.

In light of the last five years' experience and the challenges and opportunities listed above, the Committee on Aging and committee chairs propose for 2010-2015 the goals shown below.

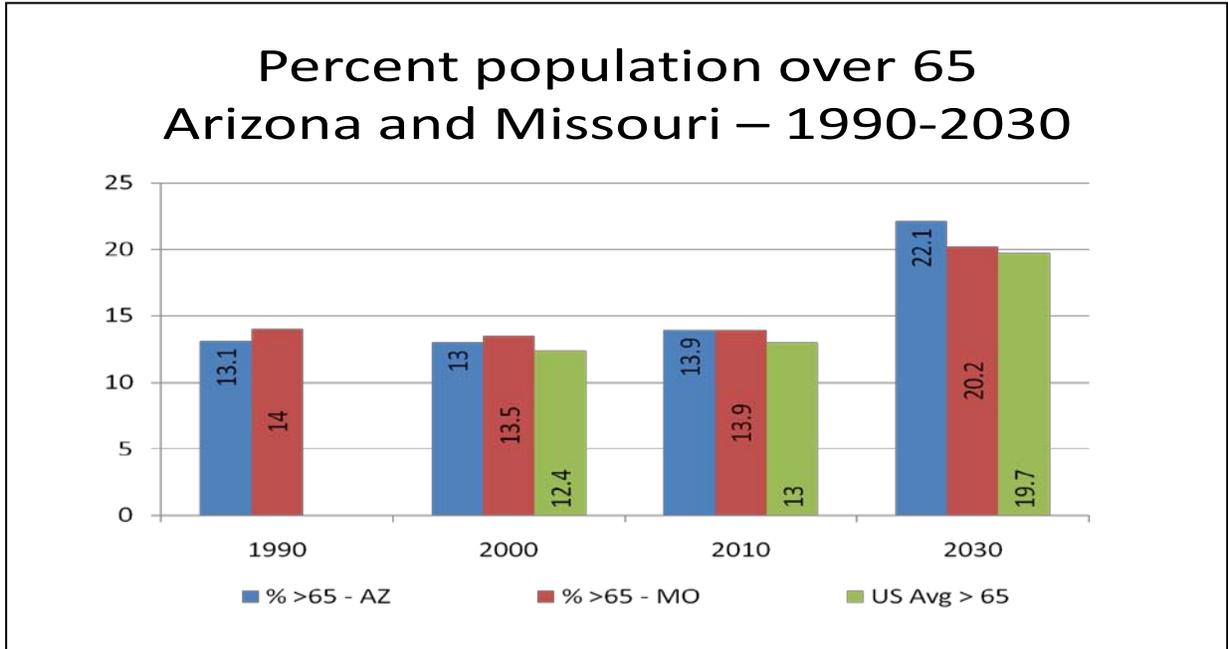
1. Restructure the program by converting the current volunteer campus chair positions to part-time paid positions with the title of Director of Aging Programs.
2. Establish an Institute on Aging by 2011 focused on education, outreach, and research with Centers on both campuses, supported by the University, endowments and/or major grants.
3. Enhance the geriatric educational resources at ATSU through the establishment of geriatric fellowship opportunities.
4. Under the auspices of the proposed Institute, continue expansion of gerontology/geriatrics resources for all students emphasizing geriatric care as a dynamic reflection of the philosophy underlying the profession of osteopathic medicine and the vision of its founder, Dr. A. T. Still. The Institute would supplant the current program and assume within a broader mission the goals of the current program. This broader mission would encompass:
 - Maximizing direct contact between ATSU students and older adults emphasizing the interdisciplinary aspects of geriatric health care through team-based clinical activities and service learning opportunities.
 - Advocating for an increase in faculty dedicated to geriatric education, research and service in all schools. This may include visiting fellows on our campuses and off-campus fellowship training opportunities for students and faculty.
 - As strongly recommended by the Council of Deans, the hiring of four new faculty: two geriatricians for KCOM, one geriatrician for SOMA, and one shared faculty for ASDOH and ASHS whose time would be dedicated to their respective clinical departments and to the institute. Funding for these faculty positions would be directed to SOMA, KCOM, ASDOH, and ASHS.
 - Providing leadership in the community in issues relating to geriatrics through linkages and partnerships with other elder-focused institutions and agencies.

RATIONALE FOR PROPOSED PLAN FOR AN ATSU INSTITUTE ON AGING

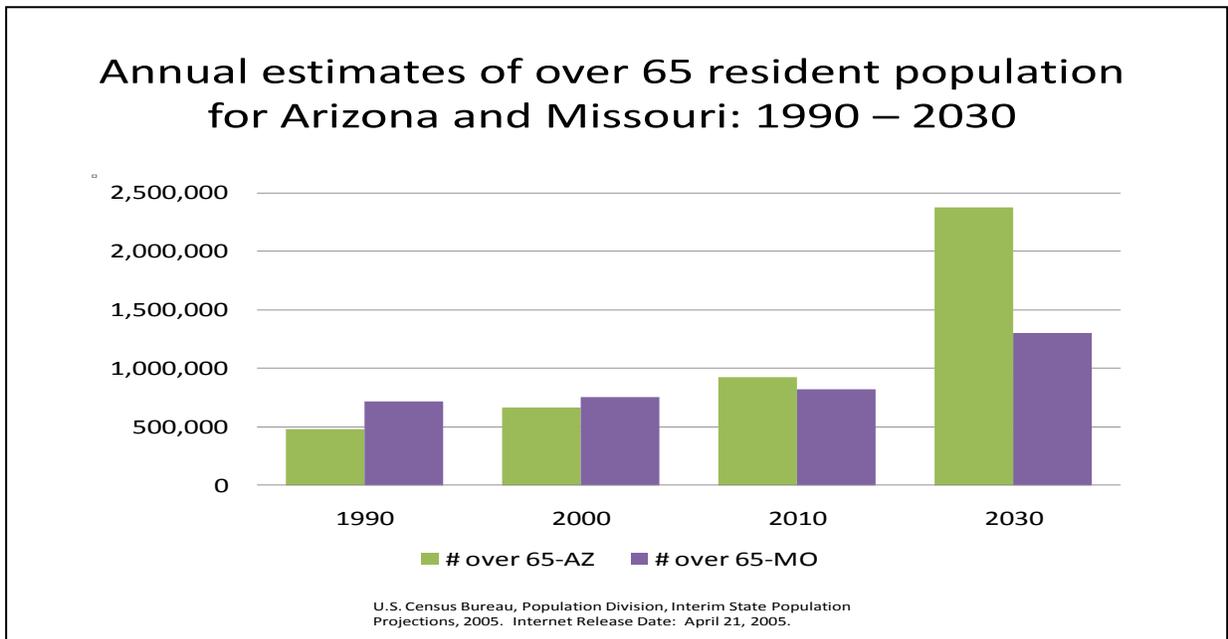
Several internal and external trends support our contention that timing is highly favorable for establishing an ATSU Institute on Aging. Federal and foundation funding for geriatrics-related research and programming are expanding, the demographics are compelling, and recent studies question the geriatrics readiness of the current and emerging health care workforce.

DEMOGRAPHICS

The aging of the Baby Boom will result in almost a doubling of America's population over age 65 from 2000 to 2030. (Federal Interagency Forum on Aging-Related Statistics, 2006). Both Missouri and Arizona have significant elder populations, which already exceed the national average.



Missouri is currently ranked 13th in the nation for residents over 65 years of age and Arizona is ranked 22nd. According to US Census Bureau projections, by 2030, Arizona will lead Missouri in ranking with Arizona at 14 and Missouri at 26.



What neither of the above charts show is: 1) the incredible variance in populations by county (elderly population in many Missouri counties is over 20%, some over 25%) and 2) the challenges encountered by elders seeking health care. Obviously the changing demographics illustrated above will be reflected in the caseloads of our students as they begin practice and over the course of their careers.

RECENT MAJOR REPORTS ON HEALTHCARE IN AN AGING SOCIETY

In April 2008, the Institute of Medicine (IOM) issued a report, Retooling for an Aging America, Building the Healthcare Workforce that made the following recommendation:

“The geriatric competence of virtually all members of the healthcare work force needs to be improved through significant enhancements in educational curricula and training programs.”

The IOM further asserted that:

“Geriatrics content is woefully lacking in medical schools and nursing programs, and primary care and specialty health care professionals, who are likely to care for large numbers of older patients, continue to receive inadequate training in geriatrics.”

The report concludes that:

“Immediate and substantial action is necessary by both public and private organizations to close the gap between the *status quo* and the impending needs of older Americans” (IOM, 2008).

Other reports in the past ten years published by the Rand Institute and the Council on Graduate Medical Education have expressed similar findings (Cordasco, Horta, Lurie, Bird, & Wynn, 2009; Council on Graduate Medical Education, 1999). Our own University's effort to date, the current Aging Program, places us in an excellent position to advance towards meeting the challenges set forth in the IOM report by taking our efforts forward to the creation of an Institute on Aging.

A REVIEW OF GERIATRICS AT U.S. ALLOPATHIC AND OSTEOPATHIC SCHOOLS

A 2002 study published in the Journal of the American Medical Association found that a majority of the nation's allopathic and osteopathic medical schools had an identifiable academic geriatric medicine program — most established in the last twenty years (Gregg A. Warshaw, Elizabeth J. Bragg, Ruth W. Shaull, & Christopher J. Lindsell, 2002). While a majority of schools have some form of academic unit available to address geriatrics, the IOM found in 2008 that geriatrics was still “insufficiently” represented in the curricula because funding and resources for these efforts significantly lags behind those allocated to other specialty areas (IOM, 2008).

ATSU'S RESPONSE: THE ATSU INSTITUTE ON AGING

Five years ago, the University acknowledged the need to enhance geriatrics education at ATSU and established the current Aging Program. This Program, relying on volunteer leadership, has reached the limit of its ability to serve the University's needs related to promoting and supporting geriatrics education.

With this in mind, we propose that the University's Aging Program be advanced to the status of a University wide Institute on Aging with a Center on each campus. An organization chart and explanation for the placement of the proposed institute within the university is in Appendix H. This is the type of structure that many other universities have established to enhance geriatrics education through teaching, outreach, community involvement and research. Descriptions and qualifications for the Campus Director positions can be found in Appendix I.

MISSION

As stated, the Institute's primary mission would be to enhance our students' readiness and willingness to serve the needs of an aging population. Examples of how this may be accomplished include: 1) developing educational materials and programs to augment classroom teaching; 2) innovative teaching programs that deliver geriatrics content to students, faculty and local providers; 3) interdisciplinary service learning experiences; and 4) direct contact activities that will challenge student perceptions and broaden their understanding of the elderly. The Institute's primary research activities would be focused on education related issues, e.g., the application of health care practices and technologies, or the scholarship of teaching and learning as it relates to geriatrics. This last research activity is directly called for by the IOM in its 2008 report.

The vibrancy of programming in such an institute is the means through which it achieves efficacy. To have a vibrant institute would first require the involvement of interested faculty from different disciplines, committed to various undertakings that would fall under the umbrella of the institute. While current faculty in all of ATSU's schools and programs could contribute much to the success of the ATSU Institute, additional faculty with expertise and interest in geriatrics must be recruited for this undertaking to succeed. In addition to their teaching responsibilities, new faculty would have twenty percent of their time, envisioned as one day a week, committed to the pursuits of the Institute.

A strong institute provides the infrastructure and support services necessary to help educators, practitioners, and scholars produce their best work. As members of the Institute, faculty members would retain their appointments in their discipline-based departments, continuing to teach and mentor students. The Institute's interdisciplinary focus and process would enhance teamwork skills and collaboration among departments. By carrying new knowledge back to their home departments, these faculty members would help infuse geriatrics throughout the curriculum.

Choosing to add additional faculty to the University would not in and of itself be sufficient to address the issue of better preparing our students. The IOM, in its report, points out several challenges that traditional course work cannot resolve. Effectively and efficiently meeting the needs of an increasing cohort of older adults will require that new models of care be developed. Students will need to be trained to meet the demands of these new models, which will require increased team based skills as well as a greater appreciation of the psychological, social and economic needs of their elder patients. Traditional classroom delivery is limited in its ability to provide experiences that will

foster the types of skills and the level of understanding that is called for by the IOM. As noted above, the ATSU Institute would foster and sustain elements to meet these needs and improve the geriatrics competencies of all of our students.

FUNDING

Discussions with Gretchen Buhlig, Associate Vice President for Advancement, suggested that there could be significant foundation and corporate interest in supporting an ATSU Institute on Aging. A credible Institute could also potentially garner support from federal and state grants and individual donors. Likewise, the development of geriatrics fellowships for ATSU faculty and graduates could bring substantial support from outside government/foundation and academic resources. University funding for the Institute would initially expand to cover the cost of existing programming, the additional costs associated with professionalizing the leadership roles on each campus, and adding a modest amount for administrative assistance. The interest of faculty, community needs, and the availability of outside funding will all influence the nature of the institute's activities on each campus. The speed of development will depend heavily upon the level of commitment of internal resources and the acquisition of external funding. Both internal and external sources of funding will be needed if the Institute is to thrive.

As noted earlier, our core plan calls for increases in faculty with expertise in geriatrics. The Council of Deans' made specific recommendations for increased faculty to assure the credibility and vibrancy of the individual academic programs and the new Institute. The cost of supporting the new faculty would not fall under the funding for the proposed Institute, but would be part of the budgeting for each school or program, with funds dedicated to that purpose. The proposed budget for funding to the schools suggests this be accomplished in stages over a period of two years. The annual proposed amount for the schools' budgets is \$780,000 to support four new faculty. See Appendix B.

CONCLUSION

The proposed ATSU Institute on Aging would represent a concentration of effort that can: 1) further our commitment to better prepare our students for professional practice, 2) meet our societal obligations, and 3) serve as a vehicle for development campaigns that would contribute financially to the Institute's advancement and that of the University. The question at hand is how should ATSU respond to the calls by outside parties like the IOM and the Rand Institute to increase our educational efforts in the area of geriatrics. We have achieved some momentum over the past five years. The proposal put forth here is our best effort at envisioning a structure that would enable us to move forward, capitalizing on our unique circumstances, to serve our society's and students' needs now and into the future.

CITATIONS

- Cordasco, K. M., Horta, M., Lurie, N., Bird, C. E., & Wynn, B. O. (2009). *How are Residency Programs Preparing our 21st Century Internist.*
- Council on Graduate Medical Education (1999). *Physician Education for a Changing Environment.*
- Gregg A. Warshaw, M. D., Elizabeth J. Bragg, P., RN, Ruth W. Shaul, M., RN, & Christopher J. Lindsell, P. (2002). Academic Geriatric Programs in US Allopathic and Osteopathic Medical Schools. *The Journal of the American Medical Society*, 288(18), 6.
- Committee on the Future Healthcare Workforce for Older Americans (2008). *Retooling for an Aging America*: Institute of Medicine.
- Federal Interagency Forum on Aging-Related Statistics (2006). *Older Americans Update 2006: Key Indicators of Well Being.*

APPENDICES

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APPENDIX A

2003 INITIAL GOALS ESTABLISHED FOR THE ATSU AGING INITIATIVE BY THE ATSU BOARD IN 2003

Goal 1: Structure a model curriculum which emphasizes geriatric care as a dynamic reflection of the philosophy underlying the profession of osteopathic medicine and the vision of its founder, A.T. Still.

Goal 2: Establish an internal collaborative system that emphasizes the interdisciplinary aspects of geriatric healthcare.

Goal 3: Establish an external collaborative system of inter-university and other linkages which will enhance the ability of this greater whole to improve the lives of rural seniors and retiree populations.

Goal 4: Establish a comprehensive research program emphasizing healthy aging, maintenance of function, and delivery systems that enhance the quality of life for older adults.

Goal 5: Develop and implement a plan for establishment of a Geriatrics Institute and supporting endowment.

Goal 6: Develop and implement a communications process that provides accurate and up to date information to students, faculty and staff as well as our various constituencies about geriatrics in general and ATSU activities in particular.

Goal 7: Become a resource to state and national policy makers in the areas of rural and suburban geriatric care.

APPENDIX B

BUDGET: ATSU AGING PROGRAM 2010/11

Campus Directors of Aging Programs (2) 33% time @ \$30,000 per year	\$60,000.00
Benefits (39.78%)	\$23,868.00
Chairman of University Aging Program	\$12,000.00
Part-time Campus Program Associate (2) @ \$9,318.00 per year	\$18,636.00
Benefits	\$ 1,434.00
Contractual Services*	\$39,162.00
Travel	\$ 18,540.00
Memberships in Professional Organizations	\$ 2,000.00
Printing	\$ 200.00
Postage/Freight	\$ 500.00
Local Long-distance Calls	\$ 900.00
Gen. Consumables	\$ 1,500.00
TOTAL	\$178,740.00
*Contractual Services include the Annual Lecture on Aging, Consultants for Module Development and assessment, partial support for Arizona Conference on Falls Prevention, student/faculty funds for professional conference presentations, and other program costs.	

2012/2013 BUDGET FOR ATSU GERIATRICS FACULTY

Funding to the Schools for additional faculty would be phased in over two years. This represents funding at the end of that period, 2011/2012

Budget: KCOM, SOMA, ASDOH, and ASHS 2011/2012

KCOM, salary for two geriatricians @ \$170,000.00 each	\$340,000.00
Benefits	\$51,000.00
SOMA, salary for one geriatrician	\$170,000.00
Benefits	\$25,500.00
ASDOH, ASHS Shared faculty	\$170,000.00
Benefits	\$25,500.00
Total annual expenditure	\$782,000.00

APPENDIX C

MESA COMMITTEE MEETING NOTES

Dr. Creedon and Prof. Bordenave met with the Mesa campus committee on aging (CoA) on July 30-31, 2009. Meeting participants discussed their opinions and suggestions regarding the aging program.

The CoA reviewed the strategic goals and objectives mandated by the ATSU Board, and suggested some revisions for the strategic goals and objectives, based on the program experience to date. Members advocated for stronger inter-disciplinary training and education efforts. They called for ATSU to promote itself as a clinical resource for the local community. For example, the dental school offers a dental clinic open to local senior citizens. Likewise the new on-campus YMCA offers great opportunities for students to work with elders. They pointed to the Matter of Balance Program as a great example of inter-disciplinary outreach programming. They also called for further inter-campus web-based inter-disciplinary discussions.

Review of 2004 goals

1. The Aging Initiative has made substantial progress in relation to Goal One: the establishment of a model curriculum. The Committee on each Campus has surveyed all academic programs to assess their gerontology/geriatric education content. This survey pinpointed the need for a module on theories and demographics of aging. It also noted the need for a multi-disciplinary practice module. Both of these modules were developed by experts in the field and have been implemented across the university. Annual evaluative assessments are undertaken and modules are upgraded as needed. Currently the campus committees have approved the development of two additional Modules: nutrition and the elderly, and a pharmacology primer. Modules are made available to all departments and schools and may be included in current courses or offered as separate required or elective web-based offerings.
2. There has also been good progress in relation to Goal Two: an internal ATSU focus on inter-disciplinary education/practice in geriatric care. Each year there has been a formal clinical inter-disciplinary dialogue on specific topics related to geriatric patients. In 2008, for example, some 80 students from various disciplines participated in a cross-campus dialogue on clinical issues. The time-difference between campuses constrained real-time discussions, but live discussions were held at each campus and students at each campus shared in on-line discussions.
3. Goal Three established a mandate for outreach to the local communities in the Mesa and Kirksville regions. Kirksville has had a well established outreach program called "House Calls" for some years. This brings medical students into direct contact with community-based elders in their homes. At Mesa relationships have been established with the Arizona governor's office of health and a joint state conference on falls prevention is in the planning stage. Relationships have also been developed with the Phoenix department of social services and ATSU students have given 1000 hours or more in the past year to provide falls prevention education to senior center participants there. The East Valley Area Agency on Aging and Mesa Senior Centers have also had regular volunteer visits by ATSU students. Attached to this Report are letters from various bodies recognizing the very positive contributions by ATSU faculty and students to their senior clients.

4. Goal Four called for ATSU to become a leading information resource in state-of-the-art long term care. the chairs and committees at each campus have invited community leaders in the field to campus for the annual lecture on aging (some 35 such leaders attended the last annual lecture in March). Relationships have been established with retirement, assisted living, and geriatric care organizations. We expect to work closely with the new YWCA center on the Mesa Campus — bringing students and faculty into regular contact with seniors who will attend that Y.

5. Goal Five calls for the establishment of a comprehensive research program. So far, the committees on both campuses have approved an annual fund to encourage faculty and students to submit research papers at academic/research conferences. ATSU faculty and administrators have presented papers at the Gerontological Society of America, the Association for Gerontology in Higher Education, and other professional events. Further incentives are currently being planned. Over the next five years the development of an ATSU Institute on Aging, with significant research capabilities, could be a major goal of the ATSU Program.

KIRKSVILLE COMMITTEE MEETING NOTES

The Kirksville Campus Committee on Aging met on Sunday, August 31, 2009 at Thousand Hills Restaurant outside Kirksville. CoA members present included: Janet Head, Jim Cox, Michael French, Carisann Woods, John Heard, Elsie Rudd, and Ilene Ashbaugh. Ex-officio committee members Michael Creedon and Elton Bordenave were also in attendance. Jeff Suzewits, Julia Ousterhout, and Sherri Simmons were unable to participate.

After group introductions, Elton Bordenave, Mesa Arizona CoA chair, shared information with the group about his background, aging program partners in Mesa, and geriatrics/interdisciplinary activities on the Arizona campus. Mesa programs are voluntary and currently about 80 students per year participating. Current activities include:

- Fall prevention education in cooperation with the Governor's office. Are participating in a coalition for fall prevention. Fall Prevention Screenings. Have implemented a student delivered education initiative using "A Matter of Balance" materials. Hope to share with the Kirksville campus.
- Student conducted BP screenings
- Hearing and Dental outreach activities for seniors
- Physical therapy services to seniors
- Student conducted osteoporosis screenings for over 100 seniors.
- A research project with Cigna and collaboration with outreach visitation program
- Currently considering or developing:
 - Working with Banner heart patients. Hope to have students meet with hospital patients before the patient is discharged to plan student monitoring of patient recovery and healing process.
 - Assistance for independent living in Arizona. Students would be partnered with elders in the independent living program.
 - Implementation of a House Calls program.

Update on existing and proposed curriculum modules:

- Theories of Aging: Integrated into House Calls program in chunks. Facilitator questions for each review session to stimulate discussion.
- TeamSTEPPS™: As of last week well over half the class was done with TeamSTEPPS™. We are currently making sure all 3rd year students complete their test by the deadline. TeamSTEPPS™ is online and the first assignment was to complete the pre-test as of September 1st. There are 7 modules within the program. The student process seems to be going a lot more smoothly this year. TeamSTEPPS™ was developed by the Agency for Healthcare Research and Quality (AHRQ) to teach practitioners (and students) how to communicate more effectively and reduce medical errors. Poor communication is still the #1 cause of medical errors.
- Geriatric Finance: The module is online and required for the 3rd KCOM students. It provides a basic introduction to social security, Medicare, and Medicaid. The Class of 2011 students started rotations in August and so far 31 have completed the module. Student comments on the module are mixed—some really enjoy and/or really understand the information, others do not understand and/or don't see its benefits to their medical career at this time.
- New modules under consideration: Nutrition module -- Dr. Cox would like to take the key components from his existing nutrition course, prepare a formal summary of the evidence base and work with Mesa faculty to develop a more interdisciplinary/online version. Cecelia Sartor-Glittenberg at the Mesa campus has been contacted about working with Dr. Cox on the Nutrition modules and about working with Michael French on the Healthcare Finance module as well. Group discussion

yielded questions about format, time requirements, piloting process, cross campus consistency, and communication etc.

Resource Center: There is continuing interest/discussion of developing a resource center that can be used for students and faculty at both campuses. Contents would include video sessions, paper resources, and computer resources. Dr. Ousterhous has already compiled some resources. A related need: students in the house calls program at KCOM have often requested community resources for the elders.

Setting goals for the next 5 years. Using the current goals as a discussion guide, the group recommends inclusion of the following activities/programs in the next plan.

Goal 1: Structure a model curriculum which emphasizes geriatric care as a dynamic reflection of the philosophy underlying the profession of osteopathic medicine and the vision of its founder, A.T. Still. *So far three modules have been developed and each is in use by at least one of the ATSU schools or programs. Three new topics have been suggested: nutrition in the elderly, health policy, and elder abuse. Increasing opportunities for service learning within our programming is also recommended. Need to develop a plan for additional geriatric residencies and other clinical training opportunities. Working on a joint committee with the Mesa campus and the SHM. The Annual University Lecture on Aging was launched February 2005 on the Mesa Campus. The 2009 lecture from Yale's Dr. Dorothy Baker was very successful.*

Goal 2: Establish an internal collaborative system that emphasizes the interdisciplinary aspects of geriatric health care. *Continue to identify, implement, expand, and enhance cross campus and multi-/interdisciplinary clinical and experiential service and learning opportunities for students and faculty.*

- *Arrange for cross campus ITV committee meetings and student activities; for example, reciprocal reports from students on programs of interest, i.e., a report from Mesa to Kirksville on "A Matter of Balance;" and a report from Kirksville to Mesa on "House Calls."*
- *Facilitate a session highlighting the various disciplines at each campus and their roles, responsibilities, practice limitations, etc.*
- *Work with SHM to develop dual degree options with the MGH program.*

Goal 3: Establish an external collaborative system of inter-university and other linkages which will enhance the ability of this greater whole to improve the lives of rural seniors and retiree populations. *Continue to explore and develop formal connections that will allow ATSU to attract expert faculty from leading geriatrics programs for ongoing interaction with faculty and students. St. Louis University, Johns Hopkins, and other schools have robust geriatrics programs; 450 fellowship programs are available around the country with nearly half going unfilled. Explore possibility of: 1) getting geriatric fellow in residence for each campus; 2) encouraging/supporting ATSU faculty to apply for and complete fellowships; and 3) establishing mini-fellowships for 1st and 2nd year medical students to stimulate interest in geriatrics. Continue to conduct interprofessional programs with Truman State University and other institutions/agencies; explore options for expansion/enhancement.*

Goal 5: Become a resource to state and national policy makers in the areas of rural and suburban geriatric care. *Consider expansion of annual lecture on aging to include additional symposia, etc. Engage local, state, and national policy makers in dialogue to focus attention on critical geriatrics related topics. Budget to include research components. More publicity both for students and faculty.*

APPENDIX D

MEETINGS WITH DEPARTMENT HEADS AND DEANS, MESA CAMPUS

Tabitha Parent Buck, Chair, Audiology

She spoke very positively about the importance of the Aging Initiative for her department and its students. In an inquiry regarding the potential for an assignment of Prof. Bordenave to a part-time role as Director of the Aging Program at Mesa, she responded very positively and suggested that a 30% allocation of his time could be structured.

Eric Sauers, Chair, Inter-Disciplinary Health Sciences

Dr. Sauers stated that he would hire a geriatric expert for his faculty if the budget allowed. He and his faculty strongly support interdisciplinary outreach initiatives focused on seniors. He believes there will be real opportunities to work with the new Y and expand/enhance activities with the East Valley Area Agency on Aging.

Mike Goodwin, Physician Assistant

He suggested that with a workload of 24 credits per quarter, time is the great enemy of new initiatives. He supports training across the spectrum of life, and believes flexibility is central to reaching that goal. He welcomed news of the the new module on nutrition and the elderly currently under development, and he strongly supported the ATSU aging initiative.

Bernadette Mineo, Chair, Occupational Therapy

Dr. Mineo stated that the Aging Initiative was of great importance. She also commented that Prof. Bordenave could serve in a part-time role as Director of the Aging Program at Mesa.

Ann Lee Burch, Chair, Physical Therapy

Dr. Burch said that in this, her first year at ATSU, several students had come to her office specifically to express the benefit they had received from participation in the volunteer falls prevention outreach program. One student called it “a turning point” in her education and her attitude towards her future profession. More such involvement is needed for students and we need to have our academic programs help with local geriatric initiatives. She suggested that a pharmacology module would be of great benefit to her students.

Thomas Bennett, Faculty, School of Medicine

Dr. Bennett spoke about the potential for links with the Beatitudes Community and with the East Valley Senior Center. He suggested that early off-campus clinical experiences are very valuable in the medical education process. He was very supportive to that overall aging program at Mesa.

Gretchen E. Buhlig, Associate Vice President, Development

Ms. Buhlig stated that the “aging issue” is easily embraced by corporations and foundations. An “Office on Aging” at each campus could support research and demonstration projects and organize symposia on aging topics. She noted that there were no other inter-campus programs at ATSU and that the timing is right for an integrative mind-set in education. She said that a center for excellence in aging would be a worthwhile goal for ATSU, but outside funders would have to see internal investment, also.

Randy Danielsen, Dean, School of Health Sciences

Dean Danielsen considered the Falls Prevention Program very valuable. He fully supports the Aging Initiative at ATSU. As Chair of the Council of Deans he will be happy to bring our draft report to their meeting agenda at the appropriate time (they meet bi-weekly), so perhaps in September. He stated that a stronger administrative structure would be needed for the Aging Program as the initiative moves forward over the next five years.

Craig Phelps, Provost and Ted Wendel, Associate Provost, Mesa campus

Provost, Dr. Craig Phelps, and Associate Provost, Dr. Ted Wendel made us aware of the need for a stronger communications effort so that administration and faculty as well as students would be kept fully up-to-date on the various program efforts. They also urged us to align the program with the past activities and traditions of ATSU. Dr. Phelps reminded us that ATSU had been serving seniors for well over 100 years. He suggested that, as we develop our report, we focus on ways to enhance the program over the next five years. He suggested that an appropriate inter-campus initiative might be a joint Masters in Geriatric Health Management from SHM with the Master's in Occupational Therapy or a Masters in Physical Therapy from the Mesa Campus.

Doug Wood, Dean, SOMA

According to Dr. Wood, there have been discussions already at the Council of Deans regarding our plans for the Aging Program, and he said there is solid support for such. I briefed him on the meetings to date...including the less positive meeting, also the President's comments re the program. Dean Wood did not seem fazed too much by negative comments; indeed, he said that the demographics of American demand a significant effort to enhance our Aging Program.

He thinks we need to establish the Director positions at each Campus "on a solid basis". He suggests that we propose establishing the Institute within two years with a build-up over the following three years (waiting 5 years to start would not entice folks/ foundations/corporations to commit financially in the near future). It would be better to capture support now rather than wait to see how our economy might be in 5 years. He pointed out that our two campus situation would allow us to do very relevant comparative research between a rural community and the 5th largest city in the US.

He is definitely open to the possibility of Johns Hopkins Fellows in the immediate future, and he would like to have one geriatrician at each campus soon and another later. But get the Fellow now if possible. He noted that from his national association experience the only osteopathic school that has done much in geriatrics is the New Jersey School of Osteopathic Medicine - and by coincidence the Dean there is a geriatrician - who might be a possible advisory board member for our Institute on Aging (Dean Tom Cavaliere).

He noted that Banner Hospital is opening a Heart Failure Clinic, and that M.D. Anderson Clinic is building a branch campus here - they apparently have leased 80,000 square feet with 70 beds from Banner for a Cancer Treatment Clinic. He suggests a strong possibility of collaborative partnerships with these institutions, plus with the new YMCA on Mesa campus grounds.

He spoke with me for almost an hour and offered to make himself available again as needed.

MEETINGS WITH DEPARTMENT HEADS AND DEANS, KIRKSVILLE CAMPUS

Kimberly O'Reilly, Dean, School of Health Management

Dean O'Reilly noted that her predecessor, had served on the Campus Committee on Aging and that SHM had been supportive of inter-campus communications efforts through its distance learning capabilities. She has appointed Elsie Rudd, M.A. to represent SHM on the Kirksville Committee on Aging. She stated that she would continue to support the Aging Initiative. In response to comments by Dr Creedon regarding a suggestion from Provost Phelps that joint Master's Degree programs could be developed across campuses. For example, such a program could be developed between the Master's Program in Geriatric Health Management (SHM) and the Master's Program on Occupational Therapy at Mesa. Dean O'Reilly commented that exactly such an initiative was now about to be implemented between the MHA program at SHM and the School of Dentistry program at Mesa. She suggested that we consider recommending such an initiative as that in two or three years time- thus allowing for some learning from the current MHA/Dentistry initiative.

Philip Slocum, Dean, Kirksville College of Osteopathic Medicine

Dean Slocum, in reviewing the current activities of the Aging Program thought that they were relevant and appropriate undertakings. In a discussion of the structure and budget of the Aging Program he felt that the current budget level is not sufficient for a serious initiative of significance to the University. He noted that KCOM does not have a Geriatrician on faculty presently, though he would very much like to hire two geriatrics professors. Given the location of KCOM in a small town in Missouri such recruitment, even of new post-docs, would be expensive. He suggested that a Million Dollar Initiative be approved by the ATSU Board to bring two geriatricians to each campus. The Program Chairs also mentioned to him the possibility that Fellowships for new ATSU Medical School Graduates could be had at such locations as Johns Hopkins, and we discussed the possibility of bringing Medical Fellows to the campus sponsored by federal and/or foundation resources.

Michael McManis, Vice President for Planning and Assessment

Vice President Michael McManis met with Drs Creedon, Head, and Prof. Bordenave, at the suggestion of President Magruder. Dr McManis directed the discussion towards issues of governance of the program, in that it is unique at ATSU. Currently the Campus Chairs are responsible to the Campus Committee on Aging and to the overall Program Chair. Dr Creedon reports on fiscal matters to the Vice President for Research and Grants (Dr Heard), and to the President of ATSU. Dr McManis asked that the relationship of the Aging Initiative to Deans and Department Heads be clarified. He suggested that it could require up to 12 months to develop a Strategic Plan for the Future of the Initiative. He noted the weakness of the current "non-formal model", with the Aging Initiative reliant on a volunteer committee and chair on each campus for the conduct of all programs and activities. The Chairs discussed with him the need for a more formal structure with a Program Director on each campus on at least a part-time basis.

John Heard, Vice President for Research and Grants

Dr Heard discussed the financial support levels that would be required in order to support the appointment of Part-time Program Directors at each Campus. He suggested that approximately \$30,000 could support a one-third time Program Director (who would also have a part-time faculty appointment in an academic department). A similar level of support would be needed at the Mesa Campus. Thus he suggested that a total budget of some \$116,000 be recommended for the 2010 budget. Dr Heard also recommended the retention of the ATSU Aging Program Chair position, supported at the current level of \$10,000.

APPENDIX E

EVALUATIONS AND LETTERS OF APPRECIATION

- Residential care observation rotations (KCOM Class of 2012 student comments)
- KCOM Interdisciplinary House Calls Program evaluations
- Interdisciplinary House Calls Research Poster
- City of Phoenix
- *Still Magazine* article on geriatrics initiative activities in Mesa
- Governor's Council On Aging letters of appreciation for conference support

RESIDENTIAL CARE OBSERVATION ROTATIONS (KCOM CLASS OF 2012 STUDENT COMMENTS)

The responses to date from students who have completed the required 2-hour in-patient rotation are shown below.

<ul style="list-style-type: none"> • Total respondents to date: 61 • Positive responses: 56 	<ul style="list-style-type: none"> • Neutral responses: 6 • Negative responses: 0
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I learned a lot from the rehabilitation personnel.

It was a total eye opener into the amount of geriatric patient care needed. I was shocked and amazed at how much was in place for our elders and at the same time how much more is needed to make it an ideal concept.

It was nice to be with patients again.

It was nice to interact with the patients. It was interesting to see some of the challenges faced when caring for such a large number of patients.

It was interesting to see how another state handles an assisted living center. The people were very kind. I learned that the company makes sure staff are qualified. I know that the doctor must be aware of what is going on with their patients, especially the elderly and the staff who work with them have unique challenges.

I learned that you can incorporate the retirement home in with your practice so that you have the opportunity of seeing both geriatric patients and younger patients.

It was informative in the fact that I was able to witness firsthand what steps were taken to provide those who are incapable of taking care of themselves with everyday and medical necessities. Even though there were individuals present who were able to provide most of the care for themselves, there were many present that were unable to do so. This experience will be vital for future care of my future patients who are in situations similar to those in the _____ Nursing Home. Things that were helpful to recognize from this visit was the order in which medication passes from the doctor through faxes or personal contact to head nurses and ultimately to patients, the type of care they receive from personnel working there, and the amount of vigilance given to those residing there to ensure that they were not in need of immediate medical attention.

Concerns and needs of nursing home patients were highlighted. This will help me in future practice especially in how I deal with elderly patients. I learned that these patients want a physician that will listen and take them seriously.

I have never had the opportunity to observe an adult care setting and I greatly appreciated being able to do so. I learned a lot about what goes into adult care and how it is different from other modalities of care.

The administrator did a great job of showing us around the nursing home and introducing us to the residents. It was a great experience meeting the residents and asking them questions. It was a valuable learning experience since it was my first exposure to geriatrics as a student physician.

I really enjoyed going to _____ Nursing home. The administrator was very helpful and introduced us to everyone. It was so nice to see that she really cared about each patient and knew everyone's story. We even got words of wisdom from one resident which was nice. It was also helpful to see how the varying degree of residents at the nursing from some patients being very active to other being bed ridden. In addition it was interesting to learn that most of the patients had Alzheimer's and the administrator explained how that was the trend.

I learned that doctors that aren't specifically geriatric doctors tend to overprescribe for elderly patients. I also learned that new doctors often order unnecessary dietary restriction for their geriatric patients.

It was very interesting. I had a good time visiting with one of the residents.

I really enjoyed just spending time with the elderly residents. I got to practice asking questions to elderly patients about their social histories.

I went with two other students, and we met with the administrator. It was such a great experience. She did a wonderful job of showing us around, introducing us to residents and staff, and talking very openly with us about the nursing home, the area, and her experiences. They seem to have such a close-knit community, and I felt fortunate to have gotten to experience it for a couple hours.

I learned that it takes a special person to work with the elderly in a nursing home. I enjoyed talking to the different people and learning about their experiences.

Yes- I enjoyed the site. I spend time with the elderly, and learned about their lives.

Learned some about geriatric medicine.

It was a good opportunity to practice interview skills and get a feel for the concerns of elderly patients.

I learned how to communicate with elderly patients and patients that suffer from dementia.

The one thing that I found interesting was to just look at the lives of the patients. One of the aides told me that one lady who was combative and not even able to understand what time it was, once was a charge surgical nurse. This is humbling and reminds me that none of us know what will happen to us or where we will end up as we age.

It was interesting to learn how a nursing home was run in a more rural setting. I had only been exposed to nursing homes in urban areas in the past. All of the NA's that we followed were very friendly and willing to answer questions and explain what their responsibilities were. I also got a chance to talk to the assistant director and to various employees and residents. The majority of the time I was one-on-one with a CNA and when she was on break we had a small group for a little bit. I really enjoyed the experience.

Having experience taking care of my own grandparents, much of what I did at this site was not new to me. However, I did like to see the use of the rehabilitation and activities rooms, and found it interesting to hear the resident's stories. I usually find nursing homes very depressing, but the atmosphere and overall community that this one provided made it a much nicer experience than I am used to/what I expected.

Saw another aspect of healthcare. Learned there are varying levels of quality of life in long term care facilities.

Through seeing the CNAs working with their residents, I learned not only to respect the residents, but I also learned to appreciate and respect the amazing and caring work that the nurses do.

Talking with the Alzheimer's patients was very interesting and a valuable experience. Many residents really enjoyed having visitors. I learned a lot about how assisted living facilities work and what a typical day for a resident is like.

I learned about how much of a need there is for geriatric medicine. How much one person can do to make a difference in many people's lives.

I learned there are a lot of different types of people living in nursing homes and many are able to be very active in the community. A nursing home isn't just for sick people that can't take care of themselves. There are a variety of things to do and many activities that take place within a nursing home. I talked with one of the residents and I learned a lot about his life and many of his likes and activities. It was very interesting to listen to someone that has been through so much and has lived so much longer than myself.

It was helpful to get a glimpse of what goes on in a nursing home facility, and to see the senior citizens and how age affects health.

It was helpful to see how elderly patients live and are cared for in this type of clinical establishment.

Good patient interaction.

It was enlightening to see how a facility is operated that deals with patients in such complicated circumstances. Some have dementia-like symptoms, others are nearing the end of their lives. It has made me think quite a bit about how I would function as a physician in similar situations.

I learned that some residents are more apt and/or willing to visit with students while others rely more on their structured every day patterns. I actually got to visit with two hospice social workers who were doing a social activity for the residents. I think that it takes a very special person and that every medical student should be involved in hospice before they graduate.

I thought that it was interesting to speak with the people living in the alseimers unit of the nursing home. It was a good look into what goes into caring for people who can no longer care for themselves. It was also good just to interact with the staff and the residents and see what they thought about the nursing home and healthcare.

I enjoyed talking to the residents and hearing how they feel about living in the center.

To see how the elderly with special needs were taken care of. It opens up your eyes to how people with those type of needs live and need to be taken care of.

It was helpful to see many elderly patients with many different problems that kept them from being independent.

Some patients had arthritis, dementia, CDIF, mental retardation, etc. It was cool to see how the nurses and nurse aids handled each one of the patients differently.

it is important to remember the importance of just getting up and moving for patients, especially the elderly

We had a great time; the staff was very helpful, very friendly, and they generally had a great time with us. They told us that we "saved" the rest of the KCOM students since all of the CNA's were begging to not have any more KCOM students with them due to bad experiences in the past. I guess we were fun. We didn't learn a lot, just more observed what goes into taking care of the handicapped and elderly in a controlled environment.

It was interesting to learn more about what it is like to live in a nursing home, and to learn about the diversity of patients living there.

I was able to observe the daily schedules and lifestyles of the residents, and how the staff interacted with them.

HOUSE CALLS PROGRAM EVALUATIONS

Interdisciplinary House Calls
Class of 2010
 Evaluation –January 22/23, 2008

Please put a check mark in the box below your discipline:

Discipline	Communica- tion Disorders	Health Science/ Education	Nursing	Osteopathic Medicine	Other (please specify)
	0	6	19	20	0

Faculty	0
Student	45

<i>Please put a check mark in the appropriate boxes on the right.</i>		Low/ Poor					High /Goo d	Ave.
		1	2	3	4	5		
1.	Orientation – Year 1	0	0	6	23	16	4.22	
2.	House Calls Manual	0	1	6	19	19	4.24	
3.	Timeline and schedule	0	3	11	18	13	3.91	
4.	E-mail notifications and reminders	0	3	15	14	13	3.82	
5.	Faculty participation/support	0	1	9	17	18	4.16	
6.	Debriefings (content and process)	1	2	13	18	11	3.80	
7.	Commitment to collaboration among team members	0	2	6	18	19	4.20	
8.	Communication with team members	1	0	14	14	16	3.98	
9.	Distribution of labor among team members	0	1	5	16	23	4.36	
10.	Communication with elder	1	1	5	21	17	4.16	
11.	Overall rating of experience	1	0	4	18	22	4.33	

What was most helpful about this experience?

- Seeing teams
- Teamwork
- Learning to work with people outside of your discipline
- Patient Contact
- Interaction with other disciplines
- Faculty
- Working with someone else for a good thing
- I really thought the manual was a great tool and very well done
- All of the above
- Learning the interaction between 4 professions, all with the same goal, yet at times in our current system, don't always result in a positive patient experience
- Getting to work with one patient consistently and working on team dynamics with the group
- Get to know a person in Kirksville
- Seeing nurses interact with patients
- Seeing an active elder that benefited from medicine. Working in a non-med student group
- Getting together with other disciplines and see how they work
- Seeing the working of multiple members of a health care team (med student, Health Science, Nursing)
- A list of all the dates in advance
- Working with elder and sharing work with team
- Learning the strengths of other disciplines

- Convenience of locations; learned how to work with other disciplines
- Learning about/meeting with other students
- Interacting with other team members
- Manual
- Interacting with a client while using teamwork
- The faculty and staff were very supportive
- Just the people-their knowledge and enthusiasm
- Getting to work with other disciplinaries
- Working with a med student helps me realize that we both can bring great ideas to the table to create a plan of care.
- The different screenings were a valuable learning tool → made us realize how many needs a person has and intimately know someone
- Working in a team
- Learning to effectively work with other disciplines and when to personally assume the leadership role or step back
- Being able to see what the other disciplines do and having an appreciation for it-being less intimidated because of a non-threatening environment
- Interacting with other disciplines and meeting and understanding the health and needs of individual elders
- Increased exposure to geriatric patient problems and needs
- Learning to work together-distributing health care-communicating with each other

Would you recommend this program to another student? (Circle one) YES NO
Why?

- Yes-41
- No-2
- No response-2

- It was a great learning experience
- Helpful experience
- Very good experience for all disciplines
- It was fun going with someone from another discipline
- Because I both enjoyed this experience and felt that I learned a lot
- It is much more interesting to work with students of other disciplines than to work with fellow classmates
- You get to learn things that aren't otherwise taught in medical school.
- It's good to work with people outside of your discipline and to meet and interact with others
- I feel it has given me a glimpse outside of my isolated med-school prison.
- It taught me, or reinforced the idea that you must learn to work well with other fields to be successful.
- Great practice in teamwork opportunity to collaborate without supervision.
- Great way to learn about needs of elderly.
- Good experience to humble yourself
- Opportunity to work with nursing students
- It's a good experience to have as medicine is moving slowly in this direction
- It's an overall good experience. I got kind of burned out at the end but learned some.
- Great learning work with other disciplines
- It was fun to meet med students and interact with them
- If nothing else than the first two meetings. Provides opportunity to see how others work
- It is a great way to get to interact with a patient and work with a med student and health science major
- It is great working with your patient and following their history and experience. It was difficult getting schedules together. Also, sometimes I clashed with the med student and our roles. She would be almost too "powerful" and want to do everything on her own. I felt an awkward vibe and sometimes did not feel comfortable around her. I think it was hard for her to let others do things.
- It ended up being more of a hassle than it was helpful

- I think it is important to learn to communicate with members of other professions.
- Good to get a feel of what working with other members of the health field will be like.
- Really great for communication and scheduling between our busy schedule and the different approaches that they take
- It is a great learning experience and it is such a unique opportunity unlike anything specific to one program
- It's a good experience and allows you to broaden your horizons before you get to the "real world"
- It's a great experience and you take a lot away from it.
- Good application of what we were learning in class; good experience with other disciplines

Summary:

- *23/35 students said that the most helpful part of this experience was getting to learn about and work in an interdisciplinary team, and 9/35 stated that being able to interact with a patient and get to know them was most helpful. Four mentioned the manual and screenings as being a helpful part of the experience while two reported faculty support as important.
- * 9/32 mentioned that working in the interdisciplinary teams was the most important aspect to keep in the program, while seven liked the manual and the screenings and tests available. Five noted the importance of the orientation especially the video and dinner, and the debriefing sessions. Three wanted to keep the elders as part of the program.
- *6/20 felt that debriefings were too long, repetitive, or uninformative and should be left out or shortened, while four reporting the paperwork and screenings to be unnecessary or not beneficial. Two mentioned a need to reword some of the questions asked of elders.
- *Responses were varied in how to improve the program. Most wanted less excessive debriefing sessions and more forms available, especially for health science students who are only given one notebook but usually more than one elder. Some noted that they would like to have more visits with elders, while others said they would like less visits and time spent with elders. A few mentioned more preparation was needed for scheduling, especially debriefings and visits, and that some questions needed to be improved.
- *Of the two people who would not recommend the program, one did not comment why, and the other stated that it had become more of a hassle than helpful. 13/29 students said that they would recommend the program because of the team aspect provided in working with other disciplines. 11/29 found the program a very helpful learning experience and would recommend the program.



Interprofessional Geriatric Home Visits: Learning Teamwork for Improved Patient Safety



Janet Head, EdD, RN¹, Stephanie Powelson, EdD, RN², Brenda K. Wheeler, MSN, RN², Carolyn Cox, PhD²

¹A.T. Still University of Health Sciences, Kirksville, MO,
²Truman State University, Kirksville, MO

ABSTRACT

Building effective communication between disciplines is essential for patient safety. This project focused on developing an interprofessional geriatric home visiting program for health professions students from two midwestern universities. Interprofessional student teams included a first year medical student, a junior nursing student, and a health science student who visited one client for 4 visits over 14 months. The purpose of this project was to build effective communication among disciplines.

Faculty from the involved disciplines solicited student volunteers and senior citizens for patient home visits focused on health promotion and disease prevention. The curriculum included patient assessment, various screenings, and patient education. Teams met with faculty after each visit to discuss patient findings and interprofessional team dynamics.

Over four years, the program grew from 7 to 20 interprofessional teams. Students noted program benefits included changing attitudes about other disciplines, a new appreciation for the contributions of other disciplines, and gaining new perspectives on patient care. Students reported the opportunity for interprofessional geriatric home visits helped in developing shared leadership.

The Institute of Medicine's 2001 report, *Crossing the Quality Chasm* described challenges in improving patient safety. *The Health Professions Education: The Bridge to Quality* (2003) outlined strategies for health professions educators as they prepare future practitioners to improve patient safety. Both volumes documented the critical importance of cooperation between disciplines, effective collaboration, and good communication as precursors to improved patient outcomes. Restructuring clinical education to include opportunities to learn about and practice effective interprofessional communication and collaboration should begin early for health professions students. Expanding these interprofessional clinical experiences should be considered as a means to improve patient outcomes.

WHY DO WE NEED INTERPROFESSIONAL (IP) EDUCATION?

- Patient safety is a major concern in healthcare (IOM, 2001)
- Estimated 98,000 deaths per year related to medical errors (IOM, 2001)
- Poor IP communication is #1 contributor to medical errors
- IP education can improve IP communication and reduce medical errors

WHEN SHOULD IP EDUCATION OCCUR?

Experts recommend introducing IP educational activities at the pre-professional level and continuing exposure and practice throughout training.

HISTORY OF HOUSE CALLS PROGRAM

- The medical school started the geriatric home visiting program for student teams in 1998
- University nursing and health science programs joined the medical school and fielded seven IP student teams in 2002
- Twenty IP teams have been fielded each year since 2003

PLANNING PHASE

- Design curriculum & revise annually as needed
- Solicit volunteers, patients & students
- Coordinate calendars, visits & debriefings
- Assign participants to a team consisting of
 - Patient, senior citizen volunteer
 - Medical student, first year
 - Nursing Student, junior year
 - Health Science, undergraduate



PROGRAM OVERVIEW

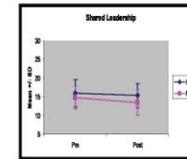
- Team members complete a 90 minute orientation session then, over the next 14 months, make four home visits to their assigned patient.
- Visits include physical assessment, various screenings, and patient education related to the visit theme:
 - The patient's story
 - Prevention and health care system access
 - Social and spiritual issues
 - Culture, reciprocal education, evaluation, and closure
- Review sessions follow each visit. At the review sessions, teams present their findings, plan for the next visit, and discuss the team process.

EVALUATION OF PROGRAM

- Preliminary pre-/post-survey results from both nursing and medical students show a more positive attitude toward IP teams
- Nursing students have found medical students receptive to their ideas
- Medical students reported appreciating the nursing student's active role in the team
- Both nursing and medical students have more positive attitudes toward shared leadership

PHYSICIAN CENTRALITY/ SHARED LEADERSHIP

Should the physician always be the sole leader of the team?

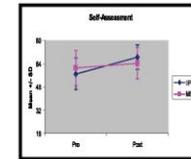


- There is not a statistically significant group/time interaction
- The groups are not the same at pre- or post test; the IP group is always more positive than MSO.
- There is statistically significant negative change in attitude in both groups.

*NOTE: MSO=Medical student Only Teams; IP=Interprofessional Teams

TEAM SKILLS SELF-ASSESSMENT

What is the status of my teamwork skills?



- There is significant group/time interaction.
- At pre-test, the IP team was lower than the MSOs; at post test, IPs were higher.
- Both groups showed statistically significant positive changes from pre- to post-test

SUMMARY

- Interprofessional clinical education at a pre-professional level affords students an opportunity to recognize the unique contributions of each discipline and to learn collaboration.
- Health professions students participating in appropriately timed IP educational experiences will be better prepared to work effectively in IP teams.

CONTACT INFORMATION

For more information:

- Brenda Wheeler bwheeler@truman.edu
- Stephanie Powelson spowelso@truman.edu
- Carolyn Cox ccox@truman.edu
- Janet Head jhead@atsu.edu



City of Phoenix
HUMAN SERVICES DEPARTMENT

March 12, 2009

Dr. Craig Phelps
A.T. Still University of Health Sciences
5850 E. Still Circle
Mesa, Arizona 85206

Re: Volunteer Contribution

Dear Dr. Phelps:

Thank you for your contribution to the Falls Prevention Program. As you know, the issue of falls in the elderly population is a serious problem impacting individuals, families, and the health care system. With your help, we were able to provide Matter of Balance (MOB) courses at fifteen City operated senior center/housing facilities to over 150 vulnerable seniors. Thirty A.T. Still volunteer coaches provide the eight week fall prevention course, your students provided over 1000 hours of service! Your gift of service came to us at a time when resources are declining – we simply could not have done this without you.

A.T. Still students performed this service with the utmost care and professionalism, showing considerable dedication and imagination in working to overcome challenges. An example of this is Cathi Stonebraker and Kristine Zafra, two occupational therapy students, were assigned to the Chinese senior center where they learned to work with a translator to deliver the class to a Mandarin speaking population. In addition, Mike Bond and Charlie Hansen, both physical therapy students, worked at the McDowell senior center where they succeeded in encouraging their participants to stick with the program, demonstrating both patience and true concern for the challenges seniors face. All thirty of these students are a credit to A.T. Still and to Dr. Jeffrey Alexander who trained them to be Matter of Balance coaches.

I'd also like to take this opportunity to specifically thank and acknowledge the efforts of Assistant Professor Elton Bordenave who truly made this endeavor possible. Elton has been both a driving force and pleasure to work with as we have navigated and overcome the many barriers that arise when trying to form an innovative partnership such as this one. Elton is to be commended for his commitment and dedication to seeing this collaboration through.

It is hoped that A.T. Still will be able to provide this much needed resource to Phoenix residents again in the future. Evidence based programs like MOB are an important component in ensuring the success of human service programming.

We are very grateful for the opportunity to partner with you and look forward to continuing our strong collaboration in the future.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gloria Hurtado".

Gloria Hurtado
Human Services Director

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NEWS RELEASE

Date: 6/8/2006

ATSU leads educational participation in Governor's Conference on Aging

MESA, Ariz. - A.T. Still University (ATSU) recently completed participation in the Governor's Conference on Aging 2006, and was the lead institution of higher education in delivering influential presentations to the Arizona community on geriatric care and health while also offering free health screenings.

"Working with the Governor's Office to benefit geriatric healthcare and aging is an important partnership beneficial to the entire state," says Craig Phelps, D.O., and Provost of the ATSU-Mesa campus. "We are developing a new generation of health professionals with a passion for improving the quality of life for older adults."

The theme of the biannual Governor's Conference on Aging 2006 was Life Transitions and featured world renown broadcaster and journalist Hugh Downs, as well as Governor Janet Napolitano herself sharing her vision for Arizona's aging population.

ATSU's Arizona School of Dentistry & Oral Health delivered a presentation titled, "Age-Related Dental Problems," that covered age-related changes in the mouth and other oral health concerns related to older adults. ATSU's Arizona School of Health Sciences presented "Working with Your Healthcare Specialist," which featured the Physician Assistant, Physical Therapy and Occupational Therapy departments leading the Collaborative In-Home Post-Stroke Care program and the Audiology department leading the popular program, "Addressing the Myths and Realities of Hearing Loss."

Health screenings featured evaluations on hearing, skin cancer, blood pressure, oral health and fall prevention.

"The future of our Arizona Health & Technology Park adjacent to the ATSU-Mesa campus incorporates a residential village where our students will be able to care for and interact with mature adults in a real-life environment," Phelps says.

For more information, contact Rodric Bradford, director of public relations for A.T. Still University at 480.219.6015 or rbradford@atsu.edu.

[More news..](#)

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Seniors challenged by Nintendo Wii

WHEN presented with the opportunity to play video games while teaching seniors at Apache Junction Senior Center about wellness, a group of 20 PT, OT, PA, ATC, Au.D., and D.O. students immediately rose to the challenge.

According to the center, less than 10 percent of their population was involved in health and wellness programs. Turning to ATSU for help, a group of students developed and implemented a "Wii-hab" program that has since increased wellness participation at the center.

The "Wii-hab" program uses the Nintendo Wii gaming system, which uses motion-sensitive controllers that allow gamers to move in real time and space to control movement on a video screen. This allows seniors to participate in physically and mentally engaging activities such as bowling, baseball, and tennis without leaving their homes.

According to Assistant Professor Elton Bordenave, M.Ed., CHC, Arizona Campus committee chair for the

Program on Aging, the social component of the gaming system has made it a popular and effective tool within the senior population.

Students experienced its social effects first hand. "We set up Wii bowling on a 30-foot projector screen and had surprising results," Charlie Hansen, student co-chair of the Wii committee said. "At first, only a few would try it, but eventually 20 to 30 people tried."

Wii are showing up in nursing homes and rehab centers across the nation. With the potential to improve range of motion and muscle strength without overexertion, "Wii-hab" combines fun, exercise, and social activity in one.

Students have visited the center two to three times a month over the past three months. "The feedback from the center has been rewarding because the program has made such an impact there," Wii committee student co-chair Thomas Webb said.



PT student Andrea Schippers, class of 2010, shows a senior resident the Nintendo Wii controller.



OT student Tonya Doty, class of 2009, teaches an Apache Junction Senior Center resident to bowl on the Nintendo Wii.

Students moved by Wii's results



"Playing with and watching them play has been a real learning experience for me. I am truly impressed with how well they did and how willing they were to participate."

Charlie Hansen
Physical Therapy, Class of 2010



"It's exciting to see how eager some individuals are to try this new activity we are teaching them. It's exciting to see their enjoyment."

Thomas Webb
Physical Therapy, Class of 2010

Students enthusiastic about Geriatric Initiative

In 2003, the ATSU Board of Directors initiated a University Geriatric Initiative in light of the growing healthcare challenges of an aging society. The Arizona Campus is actively engaged in geriatric outreach programs. According to Assistant Professor Elton Bordenave, M.Ed., CHC, Arizona Campus committee chair for the Program on Aging, the goal of the outreach programs is to increase the quality of life, health, and wellness for seniors while promoting student healthcare education.

Faculty supervised SOMA students treat patients at community senior centers, interacting one-on-one with seniors who have medical issues ranging from diabetes to depression. ASDOH students provide screenings and services from a fully functioning mobile clinic, which has been successful at generating new patients and community awareness for the School and its clinics. First- and second-year PA students perform volunteer blood pressure screenings at four community senior centers each Thursday, and on February 5, eight Au.D. students and two faculty members provided hearing screenings.

Each program has demonstrated the importance of student-patient interaction, and many students have voiced their enthusiasm for the projects. More outreach programs are in development for both Campuses.



Ellen Emmert screens a patient on February 5.



GOVERNOR'S ADVISORY COUNCIL ON AGING

July 5, 2006

Mr. Elton Bordenave
Assistant Professor
A.T. Still University of Health Sciences
5850 E. Still Circle
Mesa, AZ 85206

Dear Mr. Bordenave:

On behalf of the Governor's Advisory Council on Aging, seniors and gerontology professionals throughout Arizona, we sincerely thank A.T. Still University of Health Sciences for its Copper Level Sponsorship of and health screenings provided at the 2006 Governor's Conference on Aging. The conference is a major undertaking for the Council, and we would be unable to offer the event without your support!

This year's conference attracted over 600 participants, 103 speakers, more than 100 businesses plus hundreds of mature job seekers. By all accounts, conference participants said the event was a success. Mr. Hugh Downs was quite well received, as was Governor Napolitano as she gave her remarks during the Older Americans Month Luncheon. And none of it would have been possible without your organization's generous contributions.

The Council hopes that you found your sponsorship of the 2006 Governor's Conference on Aging to be both a good experience and a good investment. And we hope that you will consider being a sponsor of Council events in the future. Again, thank you for your contribution to the conference and for your collaboration with the Council in achieving its mission to enhance the quality of life for Arizona seniors and their families. We look forward to future collaborations!

Sincerely,

George Evanoff
Council Chair

Melanie K. Starns
Executive Director



GOVERNOR'S ADVISORY COUNCIL ON AGING

June 3, 2008

Mr. Elton Bordenave
Assistant Professor
A.T. Still University of Health Sciences
5850 E. Still Circle
Mesa, AZ 85206

Dear Mr. ~~Bordenave~~ *Elton*:

On behalf of the Governor's Advisory Council on Aging, seniors and gerontology professionals throughout Arizona, we sincerely thank A.T. Still University for its Gold Level Sponsorship of and health screenings provided at the 2008 Governor's Conference on Aging. The conference is a major undertaking for the Council, and we would be unable to offer the event without your support!

This year's conference attracted nearly 500 participants and 100 speakers. By all accounts, conference participants said the event was a success. Mr. Jack Lengyel was quite well received, as was Governor Napolitano as she gave her remarks during the Older Americans Month Luncheon. We also received wonderful comments about Attorney General Terry Goddard's opening keynote address on the second day of the conference. And none of it would have been possible without your organization's participation and generous contributions!

The Council hopes that you found your sponsorship of the 2008 Governor's Conference on Aging to be both a good experience and a good investment. And we hope that you will consider being a sponsor of Council events in the future. Again, thank you for your contribution to the conference and for your collaboration with the Council in achieving its mission to enhance the quality of life for Arizona seniors and their families. We look forward to future collaborations!

Sincerely,

Paul Herrmann
Council Chair

Melanie K. Starns
Executive Director

Good stuff, Elton - Thanks so much!

APPENDIX F

2008 AGING PROGRAM ANNUAL REPORT: THE DEVELOPMENT OF THE UNIVERSITY-WIDE PROGRAM ON AGING

The goals established for KCOM in 1997 included a plan for studying the aging process and discovering strategies for helping people live healthier, longer lives.

- In 2002, the Board initiated a One Year Task Force on Aging Education to plan for the future in this area of education. Task Force members included the Provost, Deans of KCOM, SHM, ASHS, the Director of Research and Grants, and other faculty. It was chaired by Dr Michael Creedon, Professor of Geriatric Health Management at SHM.
- The Committee Report to the Board in 2003 proposed the establishment of a University Committee on Aging, and Campus Committees on Aging at each Campus. The goals for action of these Committee structures were also unanimously approved.
- In 2004 the new Aging Committees began their work and an Annual Budget of some \$80,000 for support of the Aging Program was established. President McGovern appointed Dr Creedon the founding Chairman of the University Committee on Aging. Prof. Elton Bordenave was appointed Chair for the Mesa Campus Committee and Dr Rene McGovern was appointed Chair for the Kirksville Campus Committee.
- In 2008, Dr McGovern was succeeded as Chair at Kirksville by Dr Janet Head.
- The all-ATSU Committee on Aging includes representatives from the two Campus Committees. It provides a Report each year to the ATSU Board, regarding developments and activities in the previous year. The Chairperson also reports regularly to the Director of Research and Grants of ATSU. Part-time support staff for the Campus Committees have been hired, one for each campus.

Four primary areas of activity have been undertaken, each of the initiatives is university-wide in scope and is described below.

- An Annual University Lecture on Aging was inaugurated in 2005 to bring national leaders in aging research to the University.
- Academic Modules on specific Aging Topics have been developed and implemented.
- An Outreach Program Linking Faculty and Students with Service Providers and Elders in the Missouri and Arizona regions has been undertaken and is growing rapidly.
- A Clinical Inter-Disciplinary Inter-Campus Dialogue was initiated in 2005 to foster inter-professional practice in health care with elderly patients. This program has been adapted to the time zone and other challenges of the campus locations.

The annual university lecture on aging

An Annual University Lecture on Aging was inaugurated in Spring Semester, 2005.

- 2005: Dr Michael Creedon, University Chairman of the Aging Program, spoke to a University-wide audience from the Mesa Campus on “The Challenge of an Aging Society for a Health Services University”.
- In 2006, Dr John Morley, Dammert Professor of Gerontology, at The St Louis University School of Medicine, spoke at the Kirksville Campus on “Geriatric Research and Implications for Care Practice”.
- In 2007, Dr Elizabeth Protas, University of Texas Medical Branch, spoke at Mesa on “Inter-Disciplinary Care for Elders”.

- On April 4, 2008, Dr Sue Levkoff, Harvard School of Medicine, Department of Social Medicine, spoke at Kirksville on “Integration of Mental Health Services for Older Adults in Primary Care”.
- The 2009 Annual Lecture will be delivered by Dr Dorothy Baker, of the Yale University School of Medicine. She will speak at Mesa on “Fall Prevention and the Elderly: Current Research”

All University Lectures have been electronically connected live to students and faculty at the other Campus, and the Speakers have made themselves available for informal meetings with students and faculty as a part of their visit to ATSU. Speakers have come from a variety of professions in the field of geriatric care: Medicine, Social Work, Occupational Therapy, and Nursing, thus emphasizing the interdisciplinary nature of the field of Health Care of the Elderly.

The geriatrics/gerontology curriculum

The University Committee on Aging, after its establishment in 2004, undertook immediately a University-wide assessment of need for gerontology content that was not currently available in ATSU curricula. The Faculty Survey found two core areas that were not fully addressed in all schools and departments:

1. General Concepts of the Aging Process and Theories of Aging
2. Health Finance for Care of the Elderly

Experts in the field drafted Two Modules addressing these topics. A Pilot Test for One Year allowed faculty and students to evaluate both Draft Modules.

- Module One: Theories of Aging was integrated in 2007-8 into the House Calls Manual for the KCOM Class of 2011, and Discussion Questions from Module One have been added to Review Sessions for the Class of 2012 at Kirksville.
- After a Pilot Year with the Class of 2000, Module 2, Health Finance, has been integrated into the Third Year Curriculum. This is currently included during the Family Medicine Rotation by the Class of 2010. Course content includes review of selected web-based materials related to Health Finance, followed by an exam. On the Mesa Campus, faculty have the option to include Module I and Module II as segments in their current courses on geriatric care. Alternatively, they can be offered as separate on-line course requirements.
- A Third Module, TEAM STEPPS, is currently in development. This module will focus on skills for effective teamwork, and Teamwork Strategies for Patient Safety in the Health Setting.

In 2008, the ATSU Committee on Aging decided that the Aging Curriculum Modules would be reviewed annually by a consultant to ensure up-to-date content and proper reference to public policy and program changes. The Committee also mandated an annual assessment by faculty and students regarding the relevance and completeness of the content.

The School of Health Management (Kirksville) has provided on-line support for the Modules and also for the Clinical Dialogue between campuses

Engagement and service to the larger community

The Aging Committee on both Campuses, led by the Campus Committee Chairs have established outreach linkages with service agencies for the elderly in their regions.

Such links have been developed with Senior Centers in Mesa area and in Phoenix and with Retirement Communities and other Health Providers. The Kirksville Campus, in association with Truman State University, has established an unique “House Calls” Program (described below).

In 2008-09 at least 44 students from various departments at Mesa will be trained in the “A Matter of Balance” Program. Students will then train elders throughout the region at Senior Centers. The goal for 2009 is that every MESA Campus student will have direct contact with at least one senior citizen, and provide health tests, balance training, etc to one or more seniors. The following commitments are in place:

- O.T. will offer Craft Classes at Mesa Senior Center (Participation required in several O.T. courses in '09).
- P.A. Conducts weekly blood pressure screening at Senior Centers in '08, Poly-pharmacy Screening and Glucometer Use Training added in '09.
- P.T. Begins onsite clinical programs at Senior Centers in '09, a community clinician will supervise students in treating Elders who volunteer for the program.
- Dental: Twice monthly Clinics are held at Apache Junction Senior Center, Other disciplines will offer health education programs and screenings in '09.
- D.O.: Conducts Osteoporosis Screening with Scottsdale Health Care and plans more joint outreach in '09.

In 2009 ATSU students will ride along with Mesa -area Senior Center Social Workers and with Meal Delivery Drivers. They will interview clients about their circumstances, assess their residences for Fall Hazards, review Medications for potential adverse interactions and take blood pressures. Thus students will meet shut-ins and see the challenges they face. ATSU has agreed with The Beatitudes Campus of Care (a retirement community in Phoenix) to provide Falls prevention education to residents, and to have students accompany on-site Nurse Practitioners on home visits. The D.O. program plans to engage in this program in '09. The Mesa Committee on Aging is working with the Governor's Council on Aging to jointly sponsor a State Conference on Falls Prevention in 2009. This will extend ATSU outreach to senior service providers and local professionals throughout Arizona. Local Professionals will be invited to the Mesa Campus for the Annual Lecture on Aging for 2009, where Dr Dorothy Baker from Yale will address Current Advances in Falls Prevention

On the Kirksville Campus in a House Calls Program, initiated by Family Medicine Department, KCOM, students conduct geriatric assessments and enhance their communication skills with the elderly. Teams of 2-3 students visit a geriatric patient in the person's home at least 4 times in two years. Each visit has a set of objectives, and is followed by a review in which students share their findings.

20 KCOM students join Truman State University Nursing and Health Education students, to complete a House Calls Protocol as part of an Inter-professional Team. Visits to Elders occur in the 2nd, 3rd, 5th and 6th Quarters. This program is coordinated by the Kirksville Campus AHEC program.

Clinical inter-campus dialogue

The ATSU Aging Committee established the first ongoing inter-campus staff and student clinical inter-disciplinary discussion at the University.

A Clinical Inter-Disciplinary Dialogue has been initiated and fostered over the past five years. Initial programs involved groups on both campuses communicating in real time via teleconference, with small groups listening to presentations and discussing ideas or responding to questions. The real time component posed a significant challenge because of time differences between the campuses, student schedules, and limited access to rooms with teleconferencing capability. Later Dialogues therefore sought to take advantage of the asynchronous nature of Online Bulletin Board Dialogues. The most recent Dialogue in 2008, involved a total of 80 students from both campuses with faculty and community clinicians as facilitators. Students posted responses to questions based on a Case Study and discussed their answers with one another. The faculty and community clinicians encouraged and guided the discussion by posing follow up questions and offering additional information when needed. Students also asked questions of a Volunteer Care-giving Spouse who cared for a person like the patient in the case being discussed. Future Inter-Campus Dialogues are planned with this online format.

APPENDIX G

KIRKSVILLE/MISSOURI COMMITTEE MEMBERS

- Ilene Ashbaugh, PhD, Truman Communication Disorders
- Jim Cox, PhD, Faculty, ATSU Biochemistry
- Michael French, ATSU AHEC Co-Director and Family Medicine Faculty
- Janet Head, EdD, ATSU AHEC Co-Director and Family Medicine Faculty, Kirksville CoA Chair
- John Heard, PhD, ATSU Office of Research, Grants, and Information Services
- Julia Ousterhout, PhD, ATSU Pharmacology
- Stephanie Powelson, EdD, MSN, Truman Nursing
- Elsie Rudd, ATSU School of Health Management
- Jeff Suzewits, DO, ATSU Clinical Educational Affairs
- Brenda Wheeler, MSN, Truman Nursing
- Carrisann Woods (KCOM Class of 2012)
- Sheri Simmons (KCOM Class of 2012)

Ex-officio Committee Members:

- Elton Bordenave, Mesa CoA Chair
- Michael Creedon, DSW, Aging Program Chair

Committee Staff:

- Kelli Partin, ATSU KCOM-AHEC Geriatrics Program Assistant

MESA/ARIZONA COMMITTEE MEMBERS

- Jeffrey Alexander, PHD
- Thomas Bennett, D.O.
- Elton Bordenave, M.Ed., CHC, Mesa CoA Chair
- Mary Busch, RDH
- Lora Davis, MS, PT
- Michael Goodwin, PA
- Christina Griffin, Ph.D., OTR/L FAOTA
- Cecelia Sartor-Glittenberg, Ms, PT, NCS

Ex-officio Committee Members:

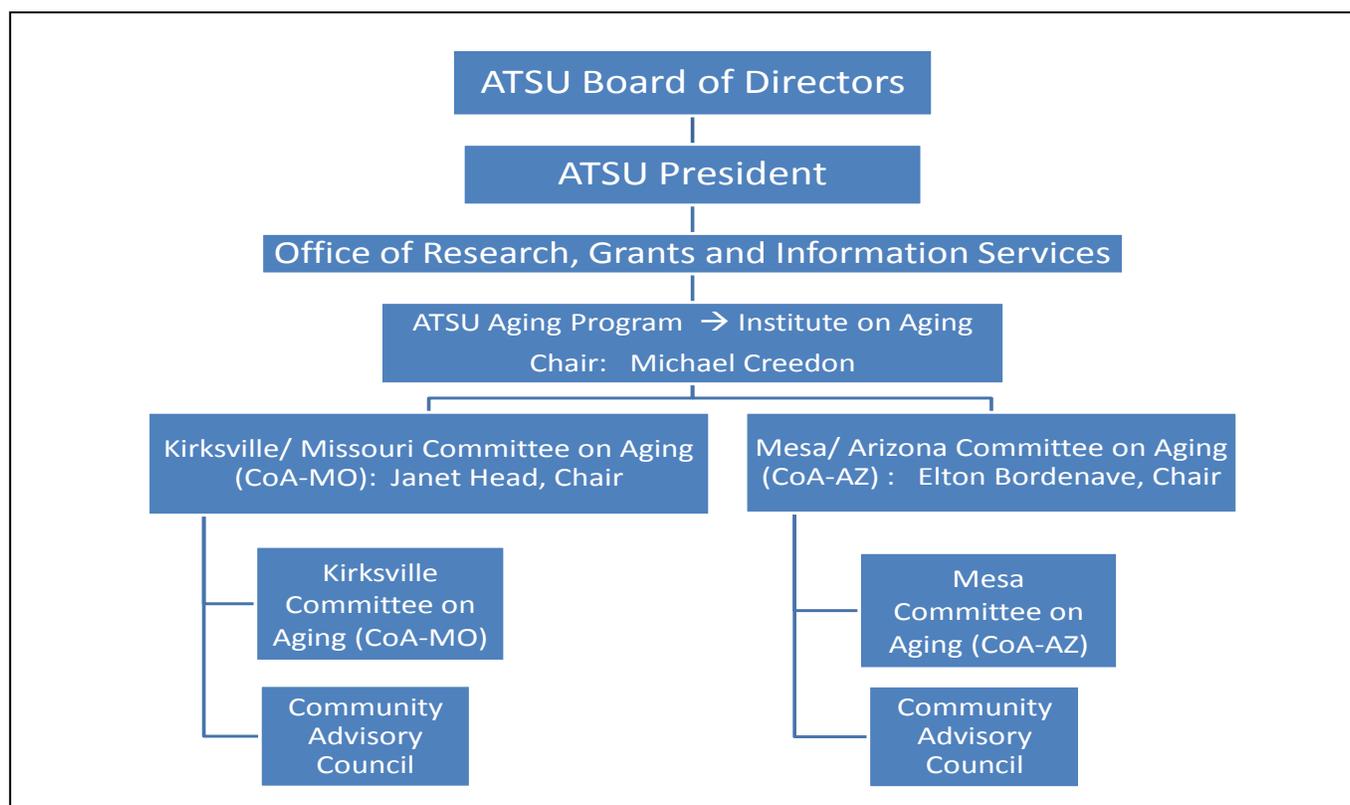
- Janet Head, EdD, ATSU AHEC Co-Director and Family Medicine Faculty, Kirksville CoA Chair
- Michael Creedon, DSW, Aging Program Chair

Committee Staff:

- Kelli Partin, ATSU KCOM-AHEC Geriatrics Program Assistant

APPENDIX H

PROPOSED AGING PROGRAM ORGANIZATION CHART



Rationale for continued placement of the Geriatrics Program in the ATSU Office of Research, Grants, and Information Services:

There are several reasons for continued assignment of the Geriatrics Program to the ATSU Office of Research, Grants, and Information Services (RGIS).

- The first is historical -- RGIS has been the administrative home of the program since its initiation by the Board. While research has not been the major focus of the Geriatrics Program, some research has been done focusing on geriatrics-related educational initiatives. These research projects have provided guidance for improvement of program design and have resulted in increased student satisfaction.
- The second reason is structural -- The Geriatrics Program relates to all colleges/schools under the ATSU organizational umbrella which might make its appropriate placement the President's office. However, it is certainly not at the same organizational level as the five schools/colleges of ATSU. Thus, an intermediary administrative structure such as RGIS provides a reasonable level of program visibility within the overall university structure.
- Third, the intent of the program to grow an endowment for the anticipated Institute on Aging makes placement near the Grants office appropriate.

APPENDIX I

QUALIFICATIONS AND JOB DESCRIPTION CAMPUS DIRECTOR OF AGING PROGRAMS

Minimum Qualifications for Campus Director of Aging Program

The successful applicant will have: 1) a Master's degree in Gerontology, Geriatrics, Sociology, Education or related field; 2) a minimum of three years of experience in higher education, preferably in health sciences with experience in management of community outreach and service learning; 3) knowledge of local, state and national resources for the elderly including governmental and nongovernmental agencies; 4) experience in university program leadership; and 5) a background of professional service to the elderly, or any equivalent combination of education, training and experience which meets requirements for knowledge, skills and abilities.

Job Description for Campus Director of Aging Program

The incumbent will:

- Manage administrative operations to include:
 - supervision of a part time assistant
 - collaborating with the ATSU Aging Program Chair, and the Director of the ATSU Office of Research and Grants to develop the annual budget proposal
 - manage, with oversight from the campus committee on aging, the campus program budget,
 - preparation of annual report of campus activities and finance for the University Program Chair and maintenance of program records and activities
- Work cooperatively with schools and programs to develop and undertake activities that will effectively enhance geriatrics educations for all disciplines in alignment with program goals. This is to include:
 - development and implementation of educational materials
 - coordination of service learning experiences and cross campus learning activities
 - ongoing development of activities and services to meet the evolving needs of university programs pertaining to aging
- Develop and maintain effective working relationships with local and state agencies to identify appropriate opportunities for engagement in alignment with program goals.
- Promote awareness among students and faculty of current issues in aging that impact healthcare delivery as well as the challenges and needs of the elderly in the U.S. This would specifically include oversight of the lecture on aging which occurs bi-yearly.
- Support the University office of Development and the Office of Research and Grants in their efforts to identify and seek out funding from Federal, state and local governments as well as corporate, nonprofit and individual sources that could support program goals.
- Chair and coordinate a local advisory panel that will help guide program activities in the community and support the development of mutually beneficial and product relationships that will support program goals.