As colorful leaves float against my window, I realize that our Grant period has come to an end after five years. A bright note: we have been granted an extra period of time to finish our Grant work by HRSA. For that reason, we are sending out another newsletter to keep our partners informed about the continuing Grant activities.

This year we are again planning presentations for the MOA Scientific Seminar on May 19, 2017. We will again be offering an extra hour of CME credit to practicing physicians who participate in taking our Palmore “Facts on Aging Quiz.” All presentations from previous years and all of our other enduring educational materials continue to be available on our website. http://com.msu.edu/FCM/Geriatrics.htm

Since we last updated you on our grant progress, we have revised the 3rd year MSUCOM curriculum and added geriatric content to the 4th year of the curriculum. We have worked with the SCS FM and IM residency directors to help them assess their residents knowledge of geriatric care issues. We are planning to offer on-line CME credit in the near future for those viewing the video presentations on our website. We continue to expand the content on our website and it may be currently viewed without cost. Videos and educational materials may be used for educational purposes. When we make our website available for CME credit, there will be a nominal cost to those who wish to receive credit for viewing our presentations.

Many of our educational modules for students, residents, fellows, and practicing health care providers are completed and have been posted on our website. These modules are available in several formats, including course outlines, content and materials, and video/audio presentations for use in distance learning. Please follow our website.

We are excited about the upcoming completion and addition of our Mind-Spirit Medicine Modules. Included in this newsletter is an article by Jan Bocskay, MSCMH, MSW discussing this part of our Grant work. I recently had the opportunity to hear Deepak Chopra, MD discuss his work with Mind-body Medicine. His cutting edge evidence-based research is amazing and our Optimal Aging focus is on the same page with his research.

We continue to seek your feedback on our website and continue to expand as the destination for education of, and caring for, geriatric patients. Our Grant team continues to move forward with our mission to increase Geriatric Medical Education in Michigan.

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Medical care givers and other health care professionals are finding that their patients are living longer, generally present more chronic and complex health conditions, and are increasingly making use of complementary and alternative health care approaches in addition to more traditional care. Health care providers can help themselves and their patients by learning more about complementary and alternative approaches to care. They also can benefit from incorporating the concept of Optimal Aging into their practices. Optimal Aging is commonly defined as:

The capacity to function across many domains – physical, functional, cognitive, emotional, social, and spiritual – to one’s satisfaction, and in spite of one’s medical condition.

Older patients have several reasons for seeking out alternative and complementary health care. The most common reason they do so is to seek relief from pain. Others use complementary approaches as preventive measures, or because using the approaches help them reduce stress or just plain make them feel better. Many like the focus on the whole body and the attention to health and how to maintain it, rather than a focus on an illness and how to reduce symptoms.

The National Center on Complementary and Integrative Health is a resource which pulls together information and evidence-based research on many complementary health care approaches. They have reported on research such as the success use of yoga to reduce pain and improve function for people with chronic lower back pain, and the use of meditation to assist in smoking cessation, stress relief, chronic pain, and sleep disorders. Research has also been conducted on the importance of spiritual activities and beliefs, helping to provide comfort and strength in dealing with chronic illness and impending death. Research has further shown that spiritual activities can actually change the brain, and result in different types of behavior and beliefs.

As part of the HRSA grant awarded to the MSU College of Osteopathic Medicine, a curriculum has been developed regarding the use of complementary and alternative health care approaches with geriatric patients. Topics covered include the demographics of aging, Optimal Aging, and complementary and alternative health care approaches to use with geriatric patients. Specifically, approaches are grouped into those that use the body as the starting point for care, those that use the mind as the starting point for care, and those that use the spirit (or spiritual techniques) as the starting point for care.

This curriculum has been developed so that it can be used by health care professionals at all levels, and in several fields. Included for each learning module are learning objectives, content, experiential activities, discussion questions, a summary of main teaching points, and other resources. Additional curriculum material that has been developed includes a module on cultural sensitivity and one specifically on spirituality.

We hope that all of these materials will be useful resources to help medical and health care professionals become more familiar with the concepts of Optimal Aging, the demographics of aging, and how complementary and alternative health care approaches can be used in working with the geriatric patient.
Spotlight On...

Why I Chose Geriatrics
by Jeremiah Lopez, MD

My residency in Family Medicine introduced me to Geriatrics and planted the seed of interest in the sub-specialty. I was exposed to a two-month Geriatrics block that included post-acute and long-term care management. In addition, participating in home visits for our patients who were home-bound provided crucial insight into an individual's social and living situation. Barriers that limited a patient’s care may have been due to an environmental factor that was addressed during these visits. Another rewarding experience that fostered my interest in Geriatrics was the Geriatric Assessment Clinic. This was a multidisciplinary team of Family Medicine Residents and Health Psychologists, moderated by our staff Geriatrician. Patients were referred to the assessment clinic for various reasons, but the most common reasons were “Memory Problems” and “Caregiver/Family Concern for Safety.” Evaluations were in-depth and patients were often accompanied by a family member or guardian.

After residency, I noticed my patient panel shifted toward the septuagenarian and octogenarian demographic. I felt more comfortable talking and connecting with this older population. Listening to their life stories has always interested me. In addition, I continued to manage residents in a long-term facility. Although my patient panel and schedule may reflect that of a geriatrician, I felt experience alone would be insufficient to cultivate my interest in Gerontology.

Once the seed of interest was planted during residency, I knew that pursuing a fellowship would allow that seed to grow. I was fortunate to be involved with the Geriatrics fellowship at Michigan State University. Being involved with a Michigan State University affiliated residency program, I was familiar with their quality to excellence and expectations of life-long learning. During the fellowship, I found the complexities of care and the subtle nuances that are needed for the care of the elderly very fascinating. I had the fortunate opportunity to work with geriatricians that helped cultivate my enthusiasm for the field. I have learned to appreciate the intricacies of a health care team. Participating in multidisciplinary teams helps foster collaborative thinking and drives toward the same goal: patient care. Discussing potentially sensitive topics, such as dementia and end-of-life, are difficult conversations for some families. With the help of one of my faculty mentors, Francis Komara, D.O., I was able to pursue Quality Improvement initiatives within the nursing home. Our project, “Urinary Tract Infections in Long Term Care: Improving Quality Measures” was awarded an unrestricted grant for the American Medical Directors Association Foundation and we will present our study in March of 2017 in Phoenix, Arizona.

NOTE: Dr. Lopez recently became a member of our geriatric team. He is an Assistant Professor in the MSUCOM Department of Family and Community Medicine, Geriatrics.
Zest for Life—Inspirational True Story...

This series of articles tells stories of people over 60 years old who might be encountered by an osteopathic doctor in medical practice. Individuals described have a “Zest for Life.” They are people with interesting ideas, people who have had interesting life experiences, and they are people you might like to get to know!

An Interview with Professor Emeritus

William J. Pintal, D.O.

By Stephanie Six, MSA

When I was asked who might be a good candidate for our Zest for Life story, the first name that came to my mind was Dr. William Pintal. After interviewing him, it was difficult to focus on all of his amazing accomplishments and fit them in such a short article. However, it is perhaps his spiritualistic nature, desire to promote learning in all individuals, and persistence to live life to the fullest that stand out. Over the years, he has been an inspiration to so many people, especially the students at MSUCOM.

Before becoming a physician, Dr. Pintal spent several years as an educator in a variety of settings. His first exposure to teaching was in the K-12 arena where he taught math and science for two years. He then went into the military during the Korean War. In this venue, he taught English to GIs that had not finished their education, and English as a Second Language (ESL) to Koreans during night school. In addition, he was a tutor at the American Embassy for a child of one of the ambassadors. After his two years in Korea, he returned to the United States to teach at the high school level. Two years later, he enrolled at the Chicago College of Osteopathic Medicine to obtain his medical degree.

Neither Dr. Pintal’s spirit nor his desire to educate has slowed down with time. If you were to follow Dr. Pintal for a day, you would never know that he is actually over 80 years old. He teaches Osteopathic Manipulative Medicine (OMM) to first and second year MSUCOM students in East Lansing. He consults on the OMM service at McLaren Lansing Hospital where he educates both students and residents. He also leads an elective spirituality class each fall semester available to all MSU medical students. When Dr. Pintal is not actively teaching students or seeing patients, he can often be found working on his farm with his wife, Brenda, raising cattle.

It becomes evident that Dr. Pintal is truly an amazing individual with an absolute zest for life. I know I hope to be as active as he is when I am his age. The advice he gives on optimal aging is quite simple. “You always need to have goals.”