Message from the Project Director

Spring seems to be hit and miss this year. I definitely seem to be missing it. We have been very busy with our grant activities and we are currently working on multiple projects. We have just finished adding geriatric content to the 3rd year medical school curriculum and will be working on year 4 curriculum soon. We have also been working on the refinement of geriatric content in the first and second year curriculums.

We will, again, be presenting geriatric focused lectures at the Michigan Osteopathic Association (MOA) 116th Annual Spring Scientific Convention on Friday May 15, 2015. We will be recording our presenters and adding these presentations to our enduring materials geriatric website for additional viewing. For those of you who may have missed last year’s lectures or for those of you who haven’t yet visited our website, below is the link to browse the FCM-IM Geriatric website.

http://com.msu.edu/FCM/Geriatrics.htm

We would like your feedback on what other content you would like to see included to stimulate your interest and education in geriatric medicine. We will continue to work on our website development to make it a useful site for all types of information and education on caring for geriatric patients. Future plans for this site include additional resource information and library links.

We have been working hard on our grant objectives for Year 4. Our development of educational modules for medical education has continued. These educational modules will eventually be made available in several formats, including course outlines, content and materials, and video and audio presentations to use online and for distance learning. This will give instructors many options for how they can use the educational modules in working with their students.

One of the most exciting strategic objectives for year 4 is discussions with our partners for the development of an alternative pathway geriatric fellowship. This alternative pathway would allow our fellows to be employed part-time and be in a geriatric fellowship on a part-time basis. The requirements of this fellowship alternative would be the same as those of our current one year fellowship, but the rotations would instead be spread over a period of two years. This alternative pathway would allow our fellows the opportunity for employment with income while qualifying for a certificate of added qualification in Geriatric Medicine.

We continue to report our educational statistics and accomplishments to HRSA. Thank you to all who contributed their excellent work toward completion of reports and further movement towards our grant goals for Optimal Aging in Michigan.

(Continued on page 2 )
American Geriatrics Society*

**Message from the Project Director** (Continued from page 1)

We continue to move forward with our mission to increase Geriatric medical education in Michigan.

Our ongoing partnership with the SCS (State-Wide Campus System) has offered venues to distribute our newsletter and educational materials to an even wider audience. Our efforts to reach out to the Governor’s Office on Services to the Aging has encouraged further commitment from them to distribute our newsletter across Michigan. So if you are new to our newsletter, we welcome you. We want to involve all caregivers and patients in Michigan to Age Optimally with education from MSUCOM and SCS.

**HELP US RECRUIT GERIATRICIANS FOR MICHIGAN!**

**Position Available for Geriatrician**

The department is looking to hire a geriatrician to work with faculty. **If you are interested in applying for this position, you are encouraged to contact:**

Family & Community Medicine Chair, Dr. Edward Rosick at (517) 353-1998.

**Geriatric Fellowships**

Attention graduating residents or currently practicing physicians:

Our grant supports Geriatric Fellowships at the following sites: Lansing Sparrow, St. Joseph Lakeland Health Care, Grand Rapids Metro Health, and Detroit (FQHC) Federally Qualified Health Center.

If you (or someone you know) are interested in applying for a Geriatric Fellowship or want more information about grant activities and educational material development, please contact our grant office at:

Michigan State University
College of Osteopathic Medicine
Family & Community Medicine
Division of Geriatrics
(517) 432-2280 or TOMANL@MSU.EDU

Carol L. Monson, DO, MS, Project Director

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**Hospice and Palliative Care**

Per the World Health Organization, Palliative Care is defined as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness. Palliative Care has become a subspecialty of medicine but often coincides with geriatrics. Many of palliative care patients are elderly, as many older adults are facing serious illness. A complete geriatric assessment often addresses advanced directives but palliative care usually goes a little further. Palliative Care helps patients and their families define goals of care as well as address any symptoms. Symptoms may include physical, spiritual, and emotional discomfort. Patient needs may also include financial, caregiving, placement and cognitive. The complete palliative care team includes physician, nurse, social worker, and chaplain as core.

Palliative Care is most commonly done in the hospital but has recently begun to expand into home care, nursing homes and the outpatient setting. This service has become a very important part of acute care in terms of improved patient and family satisfaction, improved symptoms, reduced length of stay, reduced ICU days and more patients going home. Palliative care fellowships are one year in length, available nationally and growing in number. The American Academy of Hospice and Palliative Medicine (AAHPM) is a site with information for providers. The Center to Advance Palliative Care (CAPC) is a site with information about starting a new program or supplementation of a current program.

Annette Carron, DO
Mind Spirit Healing

As medical caregivers, most of us typically focus on, and are generally much more comfortable with, working with our patients regarding what is going on in their bodies, rather than in their mind and spirit. In Osteopathic Medicine, we learn to treat the patient as a whole person, composed of body, mind and spirit. In our grant work, we have placed importance on developing modules of care that incorporate the concept of Optimal Aging into our working philosophy. For review, Optimal Aging is 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 conditions.

When we wrote our geriatric grant in 2011, we chose to highlight the similarity in philosophy between both Optimal Aging and Osteopathic Medicine. Now, according to the most recent survey by the National Institute of Health, National Center for Complementary and Integrative Health (NIH, NCCIH), 76 million people (1 in 3 Americans) use complementary and Integrative Medicine Health approaches. This number continues to increase on a regular basis. The most common reasons given by those surveyed for this use is the reduction of pain and reduction of stress in their lives.

The survey found that the most-used intervention remains the use of natural products. However, it also finds that the most significant increases in personal use, since the last survey, have been in Yoga, Chiropractic and Osteopathic Manipulation, Meditation and Massage. In our Mind-Spirit Modules we have included all of these interventions, and others, as being potentially helpful in healing our patients.

According to NCCIH, yoga is a meditative movement practice with historical origins in ancient Indian philosophy. In people with chronic low-back pain, a carefully-chosen set of yoga poses may reduce pain and improve function. Like other forms of regular exercise, yoga may also have health benefits, such as reducing stress and improving overall physical fitness, strength, and flexibility. The NCCIH includes Tai Chi and Qi Gong in this category. In evidence-based studies, these interventions have been shown to be useful in smoking cessation, fatigue in cancer patients, inflammatory bowel disease, and they continue to be researched with regard to changes in brain function in other disease processes.

Osteopathic practitioners, chiropractors, and some other health care professionals use a technique generally called spinal manipulation. According to NCCIH, practitioners perform spinal manipulation by using their hands or a device to apply a controlled force to a joint of the spine. Evidence shows, this technique can provide mild-to-moderate relief from low-back pain and may also be helpful for headaches. Osteopathic and chiropractic researchers continue to study the additional health benefits, including shortened hospital stays, and more rapid healing after treatment. We, osteopathic physicians, have known for years that OMT works, and we continue to strive to prove this in our evidence-based research studies. It appears that the American public as well has begun to increasingly appreciate the efficacy of this approach.

According to NCCIH, in meditation, a person learns to focus attention. Most meditative techniques started in Eastern religious or spiritual traditions, but today, many people use meditation outside of traditional religious or cultural settings. In the NCCIH 2012 survey, meditation included Mantra meditation, Mindfulness meditation, Spiritual meditation, and meditation used as a part of other practices (including yoga, Tai Chi, and Qi Gong). In evidence-based studies, meditation has been shown to alter the autonomic nervous system and the neurological system with improvement in occupational stress, cardiovascular disease, chronic pain, and sleep disorders.

Our Mind-Spirit Module group is compiling information about these interventions and others to help educate and inform our medical students, residents and practicing physicians. Stay tuned - there will be more to come in the near future.

Carol L. Monson, DO, MS
Zest for Life—Inspirational True Story...

Note: This is one of a series of articles about 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!

LM, when we last checked, was a mentally vigorous but starting-to-get a little bit physically frail 94 years old.

Born in Fort Worth Texas, she slowly made her way north, getting degrees from different schools, ending up with a PhD from Michigan State University. It seems you can take the girl out of Texas, but you can’t take Texas out of the girl, and LM never lost her Texas drawl or fondness for Texas things.

She gave a lifetime of service to the people of Michigan, through her work in public service and unheralded behind-the-scenes constant generosity to individuals and organizations.

A brilliant woman, her interests were always as varied as her friends. She considered herself a world citizen and always had an on-going and active concern for politics, both local and national. She played violin and viola and thoroughly enjoyed listening to and playing chamber music with dear friends. She was active in employee’s organizations and took prominent roles in some of them.

Most importantly, LM was a life-long learner, an avid reader, a constant student, always seeking, always willing to learn and share what she learned, and often dragging friends into learning with her! Just to give a few ideas of her wide-ranging interests, she took classes in gardening, Hebrew Prophets, Buddhism, computers, Spanish, Shakespeare, Islam, yoga, preventative auto mechanics, German, Hebrew poetry, Jean Houston’s Mystery Schools, Reiki, therapeutic touch, and esoteric healing. She took many classes and courses in Transcendental Meditation. She credited TM with being a critical part of her spiritual foundation, because in TM one regularly goes within, and within was where she found God.

When she was 50, LM decided travel was not going to get any cheaper, and she wasn’t getting any younger, so she set out upon a series of trips that took her around the world, to all seven continents and more than 50 countries.

As with so many other things, LM was passionate in her activities, and was active in many organizations calling for rights, especially for the LGBT community.

LM had a knack of supporting and encouraging others to reach for their dreams and that always meant that people around her were in the never-ending delightful process of developing their full potential, as was she!

You would consider yourself quite lucky if you had a chance to get to know LM!!

Jan Bocskay, MSCMH, MSW