



## Activities in geriatrics and gerontology education and research

Virginia Center on Aging

Virginia Geriatric Education Center

Virginia Department for the Aging

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## Case Study: Geriatric Interdisciplinary Team Training

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The authors are members of the Planning Group Committee for the Geriatric Interdisciplinary Team Training (GITT) Project. GITT is a project of the Virginia Geriatric Education Center (VGEC), in partnership with Sentara Health System and Eastern Virginia Medical School in Norfolk, Bon Secours-Richmond Health System and Medical College of Virginia Hospitals of Virginia Commonwealth University. GITT is being funded (1997-2000) by a grant from the Department of Health and Human Services. The authors represent MCVH/VCU's Schools of Medicine (Internal Medicine, Division of

Geriatrics, and Physical Medicine and Rehabilitation), Social Work, Nursing, and Pharmacy, and the VGEC, Department of Gerontology in the School of Allied Health Professions. Other Schools involved in GITT include Dentistry, Education, and the College of Humanities and Sciences. Other Departments include Occupational Therapy, Physical Therapy and Rehabilitation Counseling in the School of Allied Health Professions. The objectives of the grant are three-fold: (1) to provide education to health care professionals in the areas of gerontology/geriatrics and interdisciplinary team training, (2) to create a graduate-level video-based geriatric inter-disciplinary team course for current graduate students and health care professionals, and (3) to establish new clinical placement sites for VCU students in interdisciplinary team settings.

## **Case Study Educational Objectives**

1. To demonstrate the importance of training health care professionals in inter-disciplinary teamwork and geriatric health issues.
2. To increase one's knowledge of the roles and responsibilities of the various disciplines involved in interdisciplinary teamwork.

## **Case Study**

### **Introduction**

The planning committee designed a training exercise titled, "Name that Discipline!" This exercise involved the presentation of a case study and summaries of different disciplines' clinical responses to it. The exercise was intended to demonstrate that, although health disciplines have distinctive roles and responsibilities in treating older adult patients, there is enough overlap between disciplines to make delineation difficult. The other salient issue is that team effectiveness is greatly diminished if members of various disciplines lack a clear understanding of the roles and contributions of their colleagues. The challenge for the planning committee was to write each clinical response to the case in such a way that the role of that discipline was clear but, at the same time, the overlap with the responsibilities of the other disciplines on the team was recognized.

### **Method**

GITT trainers presented the case study to participants who consisted mainly of those whose primary discipline was social work or nursing. Following the case presentation, the participants were asked to listen to eight clinical responses, each of which was read by a GITT planning group member or health care professional assisting in the training. The participants were asked to write down which discipline they thought had made the clinical response. Upon completion of the training session, the participant answer sheets were gathered to determine how accurately each of the eight responses was ascribed to the appropriate discipline.

### **The Case**

A 70-year old female was admitted through the ER of your community hospital at 4pm for an acute change in mental status. Evaluation in the ER revealed normal electrolytes, mildly impaired renal function, mild anemia, and evidence of a urinary tract infection by urinalysis. As best you can tell from the ER note, the physician (who is no longer available until the morning) also obtained an EKG (evidence of an old inferior wall myocardial infarction, but no acute changes), a chest X-ray, and a blood gas (normal). She was seen by Psychiatry, who spoke briefly with the family (who have now left and apparently do not have a working phone), who reported several weeks of declining function and behavior that they labeled as "depression." The consulting Psychiatrist felt a medical work up was indicated prior to considering psycho-tropic medications, but agreed to follow the patient in the hospital.

You interview and examine the patient, and note the following: She is a short, moderately obese female who is lying comfortably on the bed. She appears lethargic and "puffy" (including eyes, neck, hands, feet). She is arousable for 1-2 minutes at a time when questioned. She is oriented to name, "hospital", and "January 1999." Some of her responses include:

*"I have been feeling tired, real tired for a long time. I just can't get up out of bed in the morning. Sometimes, I even fall asleep while I'm on the toilet. Lately, I've been wetting myself at night because I don't wake up. I've gotten so weak I can't even walk to the bathroom myself."*

*"Are you the man from Medicare? Who is paying you for this? You're such a nice man, can you call my daughter and tell her to come get me? Why are you asking me all of these questions? Do I know you? Dr. Scaggs is my doctor, but he's retired now. I've had an opportunity to meet the new doctor, but I can never get a ride there. He's one of those new doctors from the medical college. You're a nice doctor."*

*"No, I haven't had a problem with my heart, just pressure and sugar. The doctor had me on some water pills, but I only take them when I need them. My feet and hands just 'swol' up overnight. No, I'm not short of breath and my chest doesn't hurt. It will if you keep pressing on it like that! That stethoscope is cold!"*

*"I'm worried about my hair, it keeps falling out. It's probably my mother-in-law. She's 90 years old and lives with us. I take care of her because she isn't in the best of health and can't live alone. She's a lot of work."*

*"I've been eating well. My joints hurt sometimes, especially when it rains: you know "Arthur" comes to visit me then. I've been sleeping too much lately, no energy. I feel a little worried about my bills, but I'm not sad or depressed like my children say. Suicide is against God's words. Besides, I've got to take care of my 'granbabies.'"*

*"I take a little pink pill, a blue one, two yellow ones, and those two big white ones, and my sugar diabetes shots. My niece checks my sugar. I used to take a pill for my neck, hemorrhoids or something, but I ran out of that around Christmas. My niece is a nurse and she's been watching my pressure and sugar. She gives me the fluid pills when I keep water on. They haven't worked as well lately."*

*"I don't drink or smoke. I barely eat anything, just breakfast, lunch, and dinner, but I keep gaining weight. My rings don't even fit anymore. My daughter told me to stop eating them ham biscuits, but it's my only treat. Besides, my brother, who lives with us, just loves my cookin' and he sure hates to eat alone. I only use a little salt, a little lard, and a little pepper."*

Her physical exam is significant for the following: BP: 110/70; P: 64 Regular; R: 20; T: 101.4 orally; mild diffuse hair loss without scalp abnormalities; neck fullness, no tenderness JVD; thyroid is enlarged and nodular; no meningismus; rare rales-rhonchi at lung bases bilaterally; normal cardiac exam, regular, no murmur; non-tender abdomen with no mass and active bowel sounds; 2+ pitting edema in both legs; 50% help (moderate assistance) for bed mobility, transfers, and gait with a walker (new for patient); cognitive dysfunction as demonstrated in history with no focal neurological deficits.

What assessments do you make of this challenging patient?

The following are the eight clinical responses that training participants had to attribute to different disciplines. See how well you do. The answers appear later, along with the percentages of correct attributions from the participants.

Response 1: The individual has had a new onset of functional decline related to an at least partially treatable acute illness. She was able to function independently at a household level several weeks prior to her admission, and there does not appear to be any irreversible motoric deficits. Therefore, she should be expected to return to her premorbid condition with appropriate rehabilitation interventions. Factors that need to be more clearly elucidated in order to support this prediction are: social support systems (both informal and formal), premorbid cognitive functioning, and ability to participate in and tolerate therapy.

Response 2: For more information, I would ask the following questions: (1) What were you able to do before you started feeling so tired? Were you able to dress and bathe yourself? Cook and clean? Laundry? Shopping? Money management? Hobbies? (2) Do you use any adaptive equipment to complete daily tasks? Reacher? Tub bench? Bedside commode? (3) Which joints hurt you from your arthritis? (4) How has your decline in health affected your strength and ability to move your arms and upper body? (5) Are you comfortable lying in your bed and sitting in a chair? Do you have any bedsores?

Based on the information provided, I would write up the following treatment plan: (1) positioning 2° edema, (2) prescription for edema, (3) ADL retraining, ILS retraining, (4) functional transferring (toilet and bath), and (5) modality prescription for arthritis.

Response 3: Her function and behavior had been declining for several weeks. The patient appears to have several chronic medical problems including hypertension, diabetes, arthritis, and edema. She also has a urinary tract infection. She reports taking four prescription pills daily (a pink one, a blue one, two yellow ones, and two white ones), a daily insulin injection, and a diuretic when needed. Her compliance

with these medications and her use of over the counter medications is unknown. Her niece monitors glucose in her urine, her blood pressure, and gives her the diuretic when she seems to need it. A conversation with her niece would be helpful to identify all of the medications she is taking and whether she takes them as prescribed, particularly since the patient has not been seeing a doctor regularly recently. Each of her medications needs to be evaluated to determine whether it is effective, necessary, and has minimal side effects.

Response 4: Obviously, there are biological issues that need to be addressed immediately with this patient. I would wonder about her diabetes and how well that is controlled, and would assume that she may have hypothyroidism, given the symptoms described. Parallel to the physiological issues, there are a number of psychosocial needs that require addressing. Her support system appears to be somewhat limited in that her family is not present, has no working telephone, and does not have transportation available to get to her physician. She is responsible for the care of her 90-year old mother-in-law who is reportedly "a lot of work," and she also cares for her grand-children. Physically she is too tired to care for herself, much less her family members, and with the appropriate diagnosis and intervention, hopefully, some of her strength can be restored. For the time being, however, she needs the appropriate supports to get her to that point and that would be my major concern right now.

Response 5: First of all, she has some confusion. I will need to provide an environment in which she will be safe. I will see if I can place her in a room close to the nurses' station. I will have to move some other patients around, but I need to monitor her closely. I am concerned about her cardiac functioning. I will weigh her everyday, and put this in my care plan for others to follow. I will monitor her intake and output. Her diagnosis of impaired renal function and her questionable cardiac history are sources of concern. I wonder if the physician prescribed a renal diet? Although her electrolytes are normal, I think she would benefit from this. I would assist her with her care. If she is too weak to use the bathroom, a bedside commode will be better. Research indicates that patients expend more energy using a bedpan than bedside commode (this information influences my decision).

Response 6: This patient has demonstrated a marked decline in functional mobility from her prior level. If a walker is new to the patient, she must have been an independent ambulator prior to this episode. The patient would require further gait training with this assistive device or a trial of devices to see which is appropriate for her use in regards to safety and her home situation. After this, the appropriate equipment would need to be ordered and fitted to the patient. The patient would also require bed mobility and transfer training, as she now requires moderate assistance and, again, it appears that the patient was previously independent. It also means that the patient would not be able to perform ADLs independently at this time.

Response 7: I would like to obtain the following: patient's height, current weight, usual body weight, current lab values - more specifically: albumin/ prealbumin, sodium, potassium, chloride, carbon dioxide, Blood Urea Nitrogen, Creatinine, Glucose, Calcium, Ion Calcium, Phosphates, Magnesium, Triglycerides, and Cholesterol. I would like to be able to complete a 24-hour dietary recall with the patient, since the patient states she has been eating well and then states that she barely eats anything.

How much is the niece involved in her care? Is the niece aware of the importance of nutrition? A complete list of meds and amounts should be taken daily. And how much of weight gain is excessive fluid?

**Response 8:** There are some immediate acute problems. Primarily, she has a fever, probably from a UTI. There is also evidence for delirium, which could be attributed to the UTI but might have other causes. I'd like to know something about her glucose reading and the status of her diabetes. Obviously, it is important to know the names and doses of her medications as soon as possible. There is a strong suggestion of hypo-thyroidism as a factor for both her delirium and her recent functional decline. The issue of depression can't be adequately evaluated until the delirium is resolved and hypothyroid state, if present, is treated. The anemia needs to be further explored. It is not really explained by the apparent diagnosis. There are significant concerns about the caregiving environment, given her apparent non-compliance and the delay in seeking attention/medications.

## Results

The disciplines that produced the eight clinical responses follow. Training participants ascribed the responses correctly 62.5% of the time. Accuracy for each clinical response is also given.

Response 1: Psychiatry	0% correct
Response 2: Occupational Therapy	64% correct
Response 3: Pharmacy	24% correct
Response 4: Social Work	84% correct
Response 5: Nursing	92% correct
Response 6: Physical Therapy	88% correct
Response 7: Nutrition	96% correct
Response 8: Physician	52% correct

## Background

### Interdisciplinary Teamwork

Interdisciplinary teamwork is not a new concept. Throughout the history of teaming, various terms have been introduced to identify the different types of teams (e.g., multidisciplinary, interdisciplinary, trans-disciplinary) found within healthcare (Tsukuda, 1998). Each of these types of teams has distinct characteristics which influence the care provided to the patients being served. Rather than differentiating between the terms, Tsukuda (1998) chooses to use Brill's definition of teamwork, which contains components that are crucial for an effective team. Brill (1976, as cited in Tsukuda, 1998) describes teamwork as work conducted by a group of individuals, each of which has a specific area of expertise; members of the group make individual decisions, with a common goal, and meet, in order to share and combine knowledge to form plans which influence future decisions. This definition describes the common goal that each team member shares without placing primary responsibility on any one individual.

## **Interdisciplinary Team Training with Older Adults**

Geriatric Interdisciplinary Team Training is designed to increase knowledge of the needs of the older adult population. As is well known, older adults frequently have multiple health conditions that require treatment from a variety of health care specialists. These specialists often prescribe their own regimen for the older adult. Although providing specific treatment for specific impairments is beneficial to the individual seeking services, treatments may overlap and/or medically conflict when these specialists do not consult with one another. Difficulty arises when these team members work independently instead of acting as a cohesive whole. This, in turn, can cause further medical complications. Without interdisciplinary teamwork, lapses and health hazards may arise which can result in significant harm to the older adult.

Because of the heterogeneity of the older population, diverse social, biological, and psycho-logical histories must be clearly explored and considered when treating older persons, and a highly individualized approach must be utilized (Pfeiffer, 1998). This individualized approach requires multiple health care participants, each with his or her own specialization.

Three major points can be deduced from this case. First, when Geriatric Interdisciplinary Team Training is conducted, it demonstrates the complexity of older adults. Second, Geriatric Interdisciplinary Team Training highlights the unique perspective of each discipline and what each discipline adds to the assessment of older individuals. Third, Interdisciplinary Teamwork requires a clear understanding of what other disciplines do. In summary, Geriatric Inter-disciplinary Team Training stresses the importance and necessity of bringing multiple disciplines together in order to provide the best and most effective healthcare for the older population.

## **Study Questions**

1. What does each discipline add to this case in terms of assessment?
2. Why is it important to recognize what each discipline would do in this case?
3. Why is it important to use an interdisciplinary team approach when working with older adults?

## **References**

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## **From the Executive Director, *Virginia Geriatric Education Center***

*Iris A. Parham, Ph.D.*

The VGEC has been very busy this fall working on the HRSA grant and several other projects. The interdisciplinary trainings for the GITT project that took place this fall were: "What Makes an Effective Inter-disciplinary Team" held on September 23rd, "Pharmacy" held on September 28th, and "Diabetes Management from a Team Approach" held on December 2, 1998. We are currently in the process of scheduling more training sessions as part of the GITT project, as well as more training conducted in conjunction with the Department of Social Services.

In addition, the Case Study of this newsletter has been developed as a component of the training that took place this fall; this case will also be used in the development of the video course on geriatric interdisciplinary team training, which is slated to be presented next fall. This video production is being developed now with the core staff and expert help from Dr. Ellen Netting and Dr. Howard Garner, both experts in this area.

Lastly, we have some more goodbyes to say. Dr. Joan Wood, the Associate Director of the VGEC, will be leaving us to start a new job with the American Society on Aging in San Francisco. Dr. Wood will serve as the Director of the new National Learning Center. There are no words to express the loss we all feel. Dr. Wood has been an exceptional partner from the beginning and we will greatly miss her both professionally and personally.

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## **From the Director, *Virginia Center on Aging***

*Edward F. Ansello, Ph.D.*

Greetings at the New Year! We at the Virginia Center on Aging wish you a meaningful 1999.

Our attention is already directed forward. On January 20th we report to the General Assembly on our activities during calendar 1998. The setting, our Legislative Breakfast, should give attending legislators and aides something good to digest. This Winter and Spring VCoA will continue the caregiver and the wellness forums that we originally began as the educational content of our 20th Birthday celebrations held across Virginia. Participant response has been so positive that we are continuing these training programs for elders and agency staffs (but, unfortunately, without the birthday cake). Call us if you would like an outline of our training sessions or to schedule us in your community.

This next quarter will also see us continuing our work on the Geriatric Interdisciplinary Team Training (GITT) project in Richmond and Tidewater. This work strives to build geriatric teams whose complementary expertise lends a fuller spectrum of resources to problems of older patients. This issue's Case Study demonstrates not only the range of disciplinary responses possible in a given situation, but also the educational task that GITT is assuming in bringing team members into a fuller appreciation of other professionals' potential contributions.

Finally, during this quarter we hope to accomplish some internal housework as well. We'll be selecting our new Assistant Director of Education from among the finalists in a large pool of impressive candidates. We will also complete some reassignments of staff responsibilities.

In all, the New Year begins as most do, with abundant doses of hope. We wish you your share.

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## **From the Commissioner, *Virginia Department for the Aging***

*Ann Y. McGee, Ed.D.*

In the last issue of Age in Action, I told you about the growth in the number of centenarians in Virginia. I indicated that when Virginia last celebrated a state-wide centenarians day back in 1987, we estimated that there were 720 Virginians who were aged 100 or older. Today, we have actually identified more than 1,000 centenarians living in Virginia, and I suspect that this may be a low figure. I believe that there may be other centenarians whose lifestyles or social/physical isolation have not yet brought them into contact with the federal Social Security and Medicare systems or Virginia's Aging Network. I believe that centenarians are Virginia's demographic future.

As a way for the Governor and the Secretary of Health and Human Resources to call this future to the attention of the public, the department held a Centenarian Celebration on November 13, 1998, in the Marble Hall of the Virginia Museum of Fine Arts in Richmond. Invitations were mailed to those Virginians aged 100 and older who had been identified by the department. I had hoped to have perhaps 20 or 30 centenarians join us at the Museum. You can imagine my surprise when the department received replies from almost 100 centenarians who indicated their willingness to come to Richmond to participate in the Centenarian Celebration. I am very pleased to report to you that close to 80 centenarians joined us on November 13th to sing Happy Birthday with the Governor and to share in cake and fellowship. As part of this celebration, all centenarians in Virginia received a Birthday card and a proclamation from Governor Gilmore. A special guest at the celebration was Mrs. Mary Spotswood Payne, the great, great granddaughter of Virginia's first Governor. Mrs. Payne lives in Lynchburg and was concerned about the long ride to join the celebration in Richmond. She asked if the Governor could send one of his helicopters to Lynchburg to take her to the event. Although the Governor of Virginia no longer owns a helicopter, Virginia Power stepped forward and graciously agreed to fulfill Mrs. Payne's

wish to ride in a helicopter. Through Virginia Power's generosity, she was able to participate in the Centenarian Celebration.

I believe that it is important for Virginia to identify and to celebrate older citizens like Mrs. Payne who have learned the secret of aging successfully. Mrs. Payne, like all the centenarians who participated in the celebration, is a wonderful role model for our Commonwealth, especially our youth. She was lively, alert, and beautiful! She and her fellow centenarians could give us all lessons in how to make the most of our lives and how to grow old, not just gracefully, but successfully.

I am committed to making sure that, as we serve those Virginians who are frail and most in need of our services, we do not forget that the majority of our older citizens are relatively healthy and independent. With the help of family and friends, most older Virginians not only live independently, but also give back to their community through volunteer, civic, and spiritual activities. This rapidly growing population of independent seniors is still a largely untapped resource of skills, experiences, and energies that we must learn to utilize for the good of our Commonwealth. Older citizens, such as my friend Charley Bittenbring, the Virginia State Director for AARP, give so much more to their community than they will ever receive in services. This is the model of successful aging that I want to call to the attention of all Virginians.

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## **Focus on the Virginia Geriatric Education Center**

*Katie Benghauser*

Katie Benghauser is the Program Coordinator for the Virginia Geriatric Education Center. Katie began working for the VGEC in late July as a part-time employee. Katie's responsibilities include the planning of training seminars, identifying trainers, and coordinating training schedules and sites in eight locations throughout Virginia, in partnership with the Department of Social Services. She is currently planning training sessions on "Stress and the Staff Caregiver" and "Individualized Service Plans," tentatively scheduled for early 1999.

After 20 years in the banking industry, Katie decided to change careers. Frequent contact with a variety of health care professionals influenced her decision to work with older adults. Katie is currently in the Masters degree program in Gerontology at VCU, specializing in Education. Upon completion of her degree, Katie would like to develop new training programs for older adults, as well as for family caregivers.

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## Focus on the Virginia Center on Aging

*Susan Mullen*

Susan Mullen has shared her infectious enthusiasm with participants in each of the 155 Elderhostel programs that she has supervised as VCoA's Site Coordinator at the Chamberlin Hotel in Hampton. The rich history and grand view of the setting, on the grounds of Fort Monroe overlooking the Hampton Roads waterway, have combined with her energy level to produce a string of successful educational experiences for our Elderhostelers. Under her guidance, the site has become an ideal location for programs exploring the area's history and its connections to marine life, art, music, and literature. (A young Edgar Allan Poe was stationed at Fortress Monroe; the Chamberlin provided the setting for generations of ballroom dancing.)

Susan grew up in what she calls "the great state of Long Island." From here she embarked upon her first career as an Army wife. Her husband Jim and she were stationed across the United States and in Germany and Korea during his career in aviation and infantry. She says that the "sometimes gypsy existence" of military life both encouraged and expanded her appreciation of history and culture, as their postings allowed them excursions to Italy, England, Ireland, Poland, Hong Kong, China, the Netherlands, Korea, and Austria. These and various roamings throughout the United States have provided numerous opportunities for what her children affectionately call "history headaches."

Susan, characteristically, wedged in other experiences that provided both personal growth and service to others. Along the way she attended Austin Peay University and volunteered in a great number of organizations, including the Red Cross, Army Community Services, the Fort Leavenworth Museum, the U.S. Military Academy Constitution Island Museum, the Fayetteville Museum of Art, and the Casemate Museum.

Husband Jim recently retired as Colonel from the Army. Susan, Jim, daughter Kerry, and son J.P., live in Yorktown and still maintain their lifelong affiliation with New York. Susan says that she is now devoting herself to her "second career" as our Elderhostel Site Coordinator. We are all the better for it!

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## The Virginia Handbook for Guardians and Conservators

The Virginia Handbook for Guardians and Conservators has been revised! The Handbook is a tremendous resource to those serving as guardian or conservator and has been revised to include information which complies with law which went into effect January 1, 1998. The original printing of the Handbook was so popular that it sold out shortly after the Virginia Guardianship Association Annual

Conference. The Handbook may be ordered through the VGA office at (804) 828-9622. The Handbook is priced at: 1-25 copies \$10.00 each, 26-50 copies \$9.00 each, 50+ copies \$8.00 each, with an additional charge to cover shipping. Call the VGA office to receive your order form. Everyone involved with guardianship or conservatorship will want this valuable resource.

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## **Older Adults with Chronic Pain**

One of the most frequent consequences of the illnesses and conditions experienced by older persons is chronic pain. Left untreated, chronic pain robs older adults of their autonomy and changes self-reliant individuals into persons of varying degrees of dependence. Dr. Karen A. Roberto, Professor & Director of the Center for Gerontology at Virginia Tech and Dr. Deborah T. Gold (Duke University) recently developed a new consumer-oriented educational pamphlet entitled, *Chronic Pain: Managing Successfully in Later Life*, that informs older adults and their family members about various aspects of chronic pain. The pamphlet's content is based on their joint research project, funded by the AARP Andrus Foundation, in which they prepared a comprehensive review of the multidisciplinary research literature on chronic pain in later life. Single or multiple copies of the pamphlet (up to 50) are available by contacting Ms. Renee Chandler at 540-231-7657 or [renee@vt.edu](mailto:renee@vt.edu).

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## **Excerpts of Comments by Hermes A. Kontos, M.D., Ph.D. Vice President for Health Sciences, Virginia Commonwealth University**

We are gathered to recognize the significant contributions of two friends of older Virginians and their families whose careers of public service have together contributed almost a half century of labor to the betterment of Virginia's elders, their families, and their communities overall. We are here to celebrate the service of the Honorable Benjamin J. Lambert, III, of the Senate of Virginia, and the Honorable Franklin P. Hall, of the Virginia House of Delegates.

Senator Lambert was first elected to the General Assembly as a Delegate in 1977, becoming a member in January 1978. He served in the Houses of Delegates until 1985, when he was elected to the Senate of Virginia. His service in the General Assembly has been notable for his commitment to education, seeing education as a key to improving life across the lifespan....His focuses include working to improve education for the Health Professions, -- he has been a valued resource at Virginia Commonwealth University --, encouraging access to public education for all, and advancing the development of gifted

students....Senator Lambert has encouraged developments in the quality of care by the health professions, so that the quality of life of Virginians benefits....Senator Lambert's commitments to health and education have meant encouragement in many ways of our work at Virginia Commonwealth University. Among them, he initiated a pilot project to reinvigorate older workers in Virginia through career assessment and planning, and sponsored an increase in appropriations for the Alzheimer's and Related Diseases Research Award Fund, which fosters innovative pilot studies of the causes, treatment, and results of dementing illnesses. Both programs have been administered by the Virginia Center on Aging. Senator Lambert was a valued member of the Center's Advisory Committee for many years.

The Honorable Franklin P. Hall was first elected to the Virginia House of Delegates in 1975, becoming a member in January 1976....Delegate Hall brought to the House of Delegates a commitment to bettering the quality of life in our communities....We recognize him today for his special leadership and sensitivity in issues related to growing older meaningfully in Virginia. Delegate Hall has championed support and growth for Richmond's senior centers. He has encouraged numerous initiatives by the Capital Area Agency on Aging to bring not only food and transportation to the area's elders, but also opportunities for learning and socialization. He has been chief patron of the Caregivers Investment Bill the last three General Assemblies, which seeks to recognize and reinforce the critical role that families play in providing long-term care to their relatives....We recognize Delegate Hall's steadfast support, and at times, defense of the Virginia Center on Aging, encouraging its work in research, model program testing, and training in aging-related matters, and in the education of older learners. His support has been steady through fiscal good times and bad. He continues to serve on the Advisory Committee of the Virginia Center on Aging. It is reasonable to conclude that the conditions of growing older in Virginia would not be as positive as they are without the many years of commitment of Delegate Franklin P. Hall.

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## **In Memoriam: Bill Fascitelli**

When I saw Bill at our 1998 Legislative Breakfast in January, he looked jaundiced. I said as much to him and inquired about his health. With typical self-effacement, or perhaps it was his equally typical privacy, Bill said that it was nothing much. Just recently did I learn that he had just been told or was about to learn that he had Stage IV Leukemia at the time of that Breakfast. Bill lost his personal struggle December 26th. He was 56.

Bill Fascitelli worked for the Virginia Department for the Aging and its previous incarnations for over 20 years. He was a Senior Planner at VDA and the aging network's expert on the federal Older Americans Act. He was committed to the issues of aging and to its people. Bill had depth. Beneath his reserved, seemingly stern behavior was a gentle, caring man, one deeply, probably spiritually, concerned about the well-being of his fellow Virginians. He sought that level of commitment in others.

Bill had studied for the priesthood. While most of us were unaware of this bit of his personal history, we behaved in ways which tapped into this reality, by relying upon him for advice and for sober, well-balanced analysis of given situations. Similarly, it was easy, once one knew him, to trust one's innermost professional hopes or fears to him, knowing that they'd not travel outside the bounds of the relationship.

At the same time, Bill's modest physical frame could contain his wonderful sense of humor only so long before it burst out. Once I discovered this feature, I looked forward to the occasional long drive alone with him, off to some meeting or other.

We shall truly miss him. To Bill's family and those who held him as friend we send our deepest sympathies. Friends may make a contribution in Bill's memory to the Leukemia Society of America, 2101 Executive Drive, Hampton, VA 23666. Cards and letters may be sent to his son, David, and former spouse Alice Tousignant, at 822 Blanton Avenue, Richmond, VA 23221. EFA

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## **ARDRAF Project Summaries Available (Alzheimer's and Related Diseases Research Award Fund)**

Plain language summaries from 1997-98 research projects are available from the Virginia Center on Aging (804-828-1525).

**T.C. Foster**, Dept. of Psychology (UVA), "Mechanism for Memory Impairment and Pathophysiology Associated with Aging and Alzheimer's Disease."

**E.T. Keller**, Glennan Ctr. for Aging & **P.F. Aravich**, Dept. of Anatomy & Neurobiology (EVMS), "Do Free Radicals Induce Interleukin-6 Expression in the Rat Hippocampus? A Model for Alz. Disease."

**F.J. Liuzzi**, Dept. of Anatomy & Neurobiology (EVMS), "Does Estrogen Protect Basal Forebrain Neurons from Neurodegenerative Changes?"

**R.H. Swerdlow**, Dept. of Neurology (UVA), "Cytochrome Oxidase Associated Patho-physiology in Alz. Disease."

The 1999-2000 ARDRAF Call for Proposals has just been issued. Please call VCoA.

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## Volunteers Needed

Daily contact is a valuable antidote to older adults who are lonely or isolated. Community volunteers at the Jewish Family Services of Richmond make weekday phone calls that provide contact and offer friendship. Furthermore, these telephone reassurance calls serve as a lifeline for the older adult. If the client cannot be reached by the volunteer, staff at Jewish Family Services will follow up.

There is no fee for this vital community service. Anyone interested in receiving this service or becoming a volunteer should call Pearl Karp Markham, Volunteer Coordinator, Services for Older Adults at Jewish Family Services at 804-282-5644, ext. 25.

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## Reports Available on Nursing Assistant Shortages

*by Gordon Walker, Chief Executive Officer, Jefferson Area Board for Aging*

Nursing assistants (NA's) provide an estimated 90% of the hands-on formal long-term care services received by this nation's growing population of elderly and young disabled. The 50% per year turnover rate that is endemic to the NA profession is an untenable condition that undermines the ability of any health care institution that utilizes NA's to provide cost-efficient, high quality care. As the size of the aging population continues to increase, the current labor shortage will only worsen unless there is a comprehensive, long-term effort to stem the growing crisis. Through our efforts to provide for the needs of the at-risk elderly and their family caregivers, the Jefferson Area Board for Aging (JABA), has increasingly come to regard the challenges associated with recruiting, training, and retaining a sufficient and qualified Nursing Assistant workforce as among the more critical facing the long-term health care industry today.

In 1996, JABA convened an Area Task Force to examine and address the shortage of skilled NA's in Virginia. Comprised of area health care agency administrators, NA instructors, and NA's, the Task Force has begun to identify the key issues creating the NA shortage, and continues to foster and promote a community-wide dialogue to address these issues.

In June of 1998, JABA was awarded a grant by the Blue Ridge Area Health Education Center (AHEC), for the purpose of commissioning a regional study of NA recruitment, training, and retention, the three areas that the NA Task Force had identified as key to understanding and resolving the NA shortage. The study included a phone survey of 49 Nursing Assistants, in-depth interviews with five Certified Nursing

Assistants who had left the field, a phone survey of 25 long-term care facilities and home care facilities, and an exhaustive literature search. The phone survey revealed that about 80% of responding agencies were experiencing an NA shortage, and turnover ranged from 44% to 75% per year for those agencies keeping figures.

In the study, the most important barrier to recruitment and retention identified by NA respondents was financial in nature. Specifically noted were the low wages and poor benefits in many work settings, especially when considering the high stress and responsibility level of the work.

JABA has developed a proposed action plan that incorporates the findings of the study, task force recommendations, and the input of other concerned community members. JABA has already begun to institute some elements of this plan. Study findings have been sent to the mass media. In addition, JABA has finalized an agreement with Williamson Pharmacy whereby a Williamson NA instructor will contribute ten hours per week toward developing and providing training for the "Aging Training Institute."

Contact JABA for a copy of the following two reports published in 1998: 1) *A Proposed Comprehensive, Regional Response to the Ongoing and Increasing Shortage of Professional Nursing Assistants (NA's): Short and Long-Range Action/ Implementation Plan*, and 2) *Nursing Assistant Recruitment, Training, and Retention Study*. Call JABA at (804) 978-3644, ext. 104 or [JABA@Avenue.org](mailto:JABA@Avenue.org).

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## Calendar of Events

### February 9-10, 1999

"Alzheimer's Research and Care: Pathway From the Past, Gateway to the Future." The Thirteenth Annual Joseph & Kathleen Bryan Alzheimer's Disease Research Center (Duke University Medical Center) Conference. Sheraton Imperial Hotel, Research Triangle Park, NC. For information call (919) 660-7510.

### February 11-12, 1999

Virginia Center on Aging's Annual "Love of Learning" conference in Hampton, VA. A two-day introduction to Elderhostel and other lifelong learning opportunities for adults aged 55 and over. For information call Kimberly Smith at (804) 828-1525.

### February 12-13, 1999

"Gerontological Research and Practice in the Next Century." The Tenth Annual Southern Regional Student Convention in Gerontology and Geriatrics. Georgia Southern University, Statesboro, GA. For

information contact Elaine Hapshe at demhap@gsaix2.cc.gasou.edu.

### February 21-24, 1999

“Aging in the Americas: Frontiers of Care, Policy and Research.” Pan-American Congress ‘99. The Menger Hotel, San Antonio, TX. For information call Cortex Communications, Inc. at (850) 422-1105.

### February 25-28, 1999

“Blending Pedagogy and Technology: The Virtual Classroom of the 21st Century.” 25th Annual Meeting of the Association for Gerontology in Higher Education. Regal Riverfront Hotel, St. Louis, MO. For information call AGHE at (202) 289-9806.

### March 4-7, 1999

“Rhythms of Life: Seasons, Song, Spirit.” American Society on Aging’s 45th Annual Meeting. Disney’s Coronado Springs Resort, Orlando, FL. For information call (800) 537-9728.

### April 7-10, 1999

“Thinking Forward, Looking Back.” The 20th Anniversary Celebration of the Southern Gerontological Society. Sheraton Colony Square Hotel, Atlanta, GA. For information call SGS at (850) 222-3524.

### April 15-18, 1999

“Interdisciplinary Geriatric Team Training.” Co-sponsored by the Rhode Island Geriatric Education Center and the Virginia Geriatric Education Center. Hotel Viking, Newport, RI. For information call the Rhode Island GEC at (401) 874-5311.

### May 17-19, 1999

“Twelfth Annual Issues in Aging Continuing Education Program.” The Management Education Center, Troy, MI. For information call Janice Freytag at the Office of Continuing Medical Education at (313) 577-1180.

### March 25-28, 1999

“Creating Integrative Healthcare: A Conference for Healthcare Practitioners Interested in Alternative and Complementary Therapies.” The Fourth Annual Alternative Therapies Symposium and Exposition. New York Marriott World Trade Center, New York, NY. For information call (800) 899-0573.

### July 18-21, 1999

“Diversity in Caregiving: Exploring the Possibilities.” The Eighth National Alzheimer’s Disease Education Conference. Long Beach Convention Center, Long Beach, CA. For information call (312) 335-5790.

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## New Lifetime Learning Opportunities

The Virginia Center on Aging is continuing its offerings of brief, enjoyable educational programs for adults age 55 and over, held in pleasant surroundings that add to the overall experience. During the early months of 1999, VCoA will again be hosting its *“Love of Learning”* near **Valentine’s Day**. This year’s program will be February 11 & 12 at the Chamberlin Hotel on the grounds of historic Fort Monroe in Hampton. As always, the educational “package” will include first-rate instruction, plus dining, dancing, and the legendary Chamberlin setting. Tuition is \$120-140/single, \$100-120/double.

**New!** For the first time, VCoA will be offering overnight educational programs at the Duke of York Hotel in Yorktown, at the river’s edge. VCoA’s experienced lifetime learning instructors will offer two brief courses that capitalize on Yorktown’s history, as well as its future: (1) *By Land and Sea: Yorktown and the Peninsula Campaign in the Civil War* will be taught by an outstanding military physician whose interest in Civil War-era events and documents relating to the area make him an exceptionally informed and entertaining instructor. Offered Wednesday - Thursday, February 24 & 25, and repeated on Wednesday - Thursday, March 24 & 25. (2) *The Tides of Change: The Chesapeake and Its Watermen in the New Age* brings into focus the watermen, harvesters of the Chesapeake’s bounty, and the contemporary approach to maintaining both their traditional livelihoods and the ecological balance of this treasured environment. The instructors include an experienced female waterman. Offered Monday - Tuesday, March 8 & 9. Each course includes one night’s lodging, tours, instruction, dinner, and breakfast. Tuition is \$95/person, \$180/couple.

For information on any of these courses, call VCoA at (804) 828-1525.

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Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at 804/828-1525 or Dr. Iris A. Parham, VGEC, at 804/828-1565.

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Responses to case studies and comments on other newsletter features are invited and may be published in a future issue. Please include your name, title, institution, and signature. Mail comments to: Kimberly Smith, Age in Action, P.O. Box 980229, Richmond, VA 23298-0229, 804/828-1525, fax to 804/828-7905, or e-mail to [kspruill@hsc.vcu.edu](mailto:kspruill@hsc.vcu.edu).