

A MULTI-SPECIALTY CLERKSHIP COLLABORATIVE TO TEACH GERIATRICS, INJURY & FALLS

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Deborah Simpson, PhD
& MCW TGIF Clerkship Collaborative



At the end of today's session, our goal:

- Outline features associated w/effective cross-clerkship curriculum collaborations.
- Identify key innovative methods for integrating & teaching geriatrics across the clerkships.
- Access e-based educational resources associated w/ AAMC/Hartford's *Minimum Medical Student Competencies in Geriatrics* & associated *AAMC Graduation Questionnaire* results.

Our Aging Population



- Over 50% of the labor force will > 40 by 2010
 - ✓ By 2036 those within the > 65 age bracket will double (Yeatts, Folts, Knapp, 2000; Dohm, 2000; Robson, Hansson, Abalos, Booth, 2006; Toossi, 2007).
- Older adults have more contact with physicians.
 - ✓ Est. **11.7** contacts per yr compared to **4.8** contacts by adults < age 65. (Zulman, Estes, 2003).
- Older adults have multiple, less disease-specific health concerns, such as injury, falls, and the use of numerous medications (e.g. prescribed vs. over-the-counter and their effects).

Population Continues to Age

➤ Increased need for well-trained healthcare professionals with expert knowledge in geriatric medicine including areas of:

- ✓ Falls
- ✓ Injury
- ✓ Medications
- ✓ Health Literacy



Integrate Geriatrics How?

- Limited curriculum time.
- Limited faculty time.
- Competing educational priorities.
- Where to begin?
- Foundation to build upon?



Group Activity...Brainstorming



AAMC/Hartford Geriatric Competencies for Medical Students

GERIATRIC COMPETENCIES for Medical Students

The graduating medical student, in the context of a specific older adult patient scenario (real or simulated), must be able to:

MEDICATION MANAGEMENT

1	Explain impact of age-related changes on drug selection and dose based on knowledge of age-related changes in renal and hepatic function, body composition, and CNS sensitivity.
2	Identify medications, including anticholinergic, psychoactive, anticoagulant, analgesic, hypoglycemic, and cardiovascular drugs that should be avoided or used with caution in older adults and explain the problems associated with each.
3	Document a patient's complete medication list, including prescribed, herbal and over-the-counter medications, and for each medication provide the dose, frequency, indication, benefit, side effects, and an assessment of adherence.

COGNITIVE AND BEHAVIORAL DISORDERS

4	Define and distinguish among the clinical presentations of delirium, dementia, and depression.
5	Formulate a differential diagnosis and implement initial evaluation in a patient who exhibits dementia, delirium, or depression.
6	In an older patient with delirium, urgently initiate a diagnostic work-up to determine the root cause (etiology).
7	Perform and interpret a cognitive assessment in older patients for whom there are concerns regarding memory or function.
8	Develop an evaluation and non-pharmacologic management plan for agitated, demented or delirious patients.

AAMC/Hartford Geriatric Competencies : *“DON’T KILL GRANNY”*

8 Domains/26 competencies

- Medication Management
- Cognitive/Behavioral Disorders
- Self-Care Capacity
- Falls/Balance/Gait Disorders
- Healthcare Planning/Promotion
- Atypical Presentation of Disease
- Palliative Care
- Hospital Care for Elders



**Why TGIF/How
Established
Deb Simpson, PhD**

Why Establish a Collaborative?


To Go Fast, Go Alone... To go Far, Go Together →

- Geriatrics is an Essential Competency
 - ✓ Name a specialty/discipline that ≠ Geriatrics
 - Alignment of focus with competencies & Hospital Priorities
- Curriculum Time, Expertise, & Resources
 - ✓ Infrastructure and leveraging of resources (\$'s)

How Develop TGIF Collaborative?

- Teaching Geriatrics, Injury & Falls
 - ✓ SME - Geriatricians, Community & Literacy
 - ✓ Educators
- 5 clerkships participating:
 - ✓ Family Medicine
 - ✓ Medicine
 - ✓ Psychiatry
 - ✓ Neurology
 - ✓ RPM: Trauma (w EM & Anes)
- 1/2 Day Workshops
 - ✓ 12.07 Identified specific areas/topics
 - ✓ 1.09 Progress to date
 - ✓ Updates at clerkship director quarterly mtgs





Integrated Methods: eLearning-based Teaching/Learning Applications

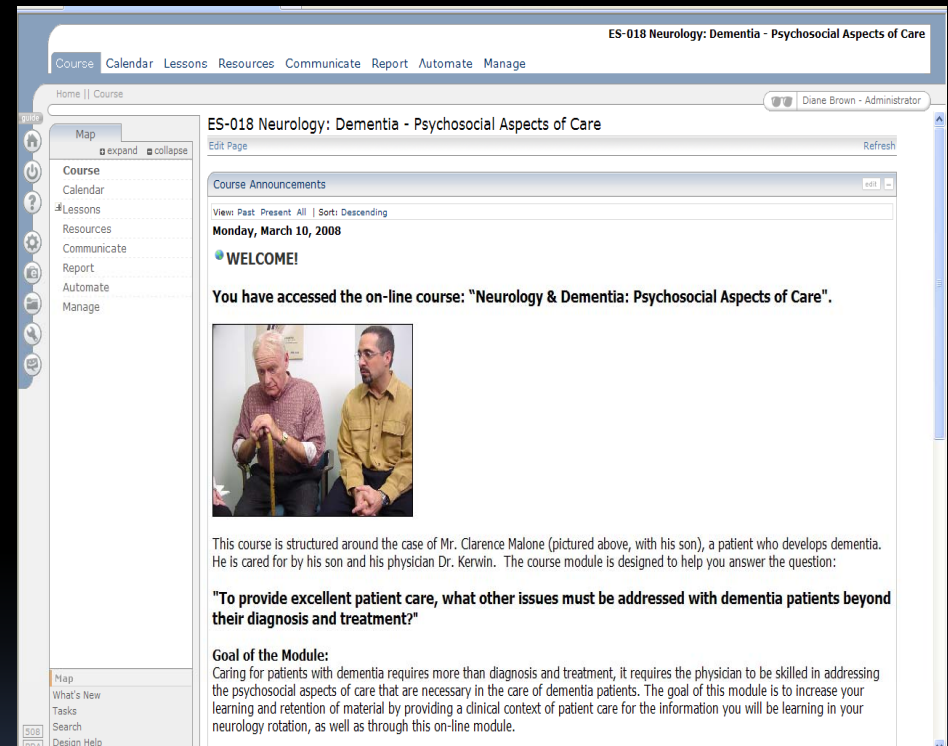


**Online ANGEL module
Neurology & Dementia:
Psychosocial
Aspects of Care**

Kathryn Denson, MD

ANGEL Module: Neurology & Dementia: Psychosocial Aspects of Care

- Online, interactive
- Self-paced
- 1-2 hrs. completion time
- Case-based video triggers
- Quiz, eval



The screenshot shows the ANGEL LMS interface for the course "ES-018 Neurology: Dementia - Psychosocial Aspects of Care". The interface includes a navigation menu on the left with options like Map, Course, Calendar, Lessons, Resources, Communicate, Report, Automate, and Manage. The main content area displays "Course Announcements" for Monday, March 10, 2008, with a "WELCOME!" message. Below the message is a video thumbnail showing an elderly man (Mr. Clarence Malone) sitting with his son. The text below the video states: "This course is structured around the case of Mr. Clarence Malone (pictured above, with his son), a patient who develops dementia. He is cared for by his son and his physician Dr. Kerwin. The course module is designed to help you answer the question: 'To provide excellent patient care, what other issues must be addressed with dementia patients beyond their diagnosis and treatment?'". The "Goal of the Module:" section states: "Caring for patients with dementia requires more than diagnosis and treatment, it requires the physician to be skilled in addressing the psychosocial aspects of care that are necessary in the care of dementia patients. The goal of this module is to increase your learning and retention of material by providing a clinical context of patient care for the information you will be learning in your neurology rotation, as well as through this on-line module."

Neuro Dementia – Virtual Geriatric Patients

Case - Mr. Malone, Advance Directives

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Background: Advance Directives

Mr. Malone (76 years old) is in the clinic for a visit prior to hip surgery. His physician asks if he knows what is meant by "advance directives".

[Watch the video](#)

As Mr. Malone's physician, how could you explain the term "Advance Directives" to him and his son?

"Advance Directives are a way for you to tell your doctor and other healthcare providers what care you would like to receive if you are unable to communicate your wishes in the future. There are two main ways for you to tell us your wishes. One way is to fill out an [Advance Directive Form](#) [State of Wisconsin]. This form allows you to check off certain types of care that you would like to receive, or prefer not to receive in various circumstances, such as if your heart or breathing should stop, if you are unable to eat or drink, or if you become unable to care for yourself at home. A second way to communicate your wishes is by filling out a form to designate a [Power of Attorney for Healthcare \(POAHC\)](#) [State of Wisconsin]. This form allows you to choose someone you trust, and who knows your wishes and goals, to make healthcare decisions for you if you are unable to make them for yourself."

When should a patient with dementia fill out an Advance Directive form?

It is best to have these discussions with a patient and family in a non-rushed setting, ideally when the patient is not in a critical, life-threatening situation. So address this early! This is especially important with patients who have dementia--as this condition generally worsens over time. You must assess your patient's cognitive ability to understand information prior to completion of these forms. The

Neurology Dementia

Senior Housing Options

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Many patients desire to remain in their own homes as long as possible.

What resources can be ordered by the physician to support patients and allow them to live at home?

In-Home Support Services

- **Medical Needs** = HHCN (home health care nursing services)
- **Rehabilitation** = PT/OT/ST (Physical/Occupational/Speech therapy)
- **Home Safety Evaluations**= PT/SW (Physical Therapy/Social Work)
- **Nutrition** = Dietitian/MOW (Mobile meals--"Meals on Wheels")
- **Laundry/Cleaning** = Interfaith Services (a volunteer organization which helps with laundry, cleaning, transportation, yard work, companionship)
- **Transportation** = Dial-a-Ride (or other ride service)
- **Socialization** = Senior centers/ Day care centers (for dementia patients)/Senior volunteers

Sometimes, bringing additional help to the patient is just not enough. As a physician, you may need to work with the patient and family to suggest living options that will maximize independence but not at the cost of the patient's safety. This can be a challenge!

Senior Housing Options

The chart below is an **overview** showing available options for senior housing and care arrangements. The vertical columns show the various living arrangements which exist, and the rows indicate characteristics of the living arrangements. **Continue to scroll down for further explanation of the chart.**

Student Perception

- *"It is much more time efficient to learn on-line... I learn and retain a lot more information from interacting and dealing with this patient's case, rather than having someone describe it in lecture."*
- *"The module covers a wide range of aging - related problems...you get a lot of information without having to spend a lot of extra time."*

Student Performance: MCQ & OSCE

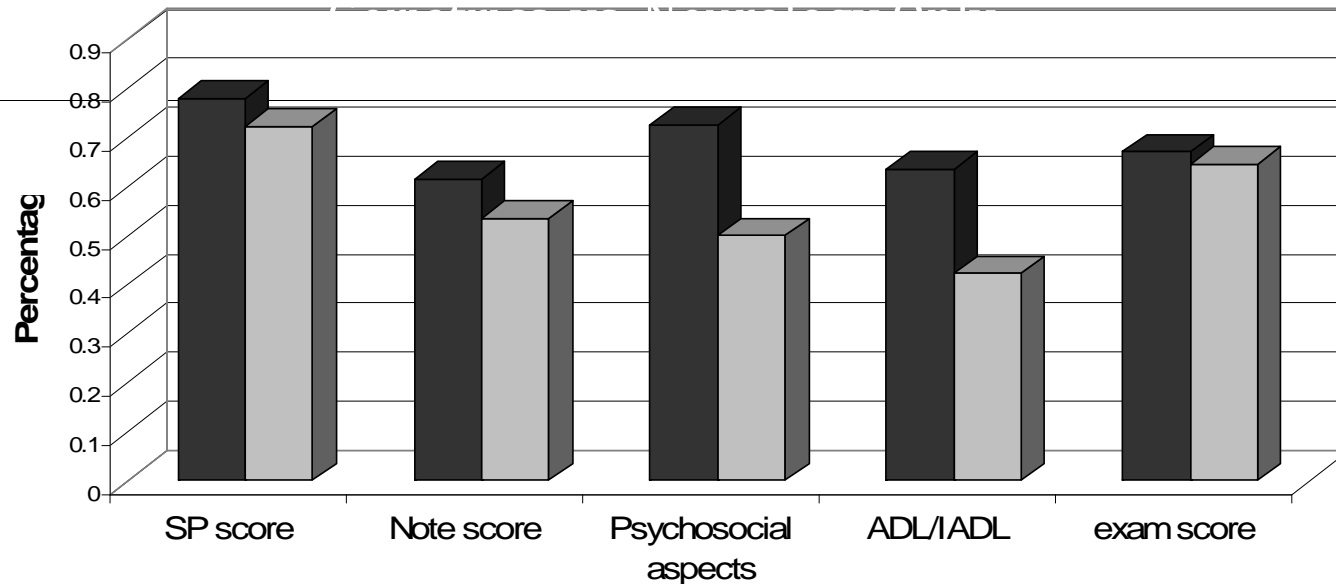
- M3 Clerkship
- Module offered, “optional”

All (N=92) → 72% Geriatric Group (N=66) - Completers

↘ 27% Neurology Only Group (N=26)

OSCE & Exam Results: Geriatrics vs. Neurology Only

Figure 1. Geriatrics vs Neurology Only



■ Geriatrics
■ Neurology Only



**Online ANGEL module:
Psychiatry, Dementia,
Depression and Aging**

Gunnar Larson, MD

ANGEL Module: Psychiatry, Dementia, Depression and Aging

Psychiatry: Dementia, Depression and Aging

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WELCOME to Psychiatry: Dementia, Depression and Aging



Goal of the Module: This module's goal is to increase your learning and retention of psychiatry material by presenting the material in the context of patient care. This module will help prepare you for key topic areas associated with the psychiatry subject examination.

Course Objectives: At the end of this module, you should be able to:

- Identify and propose an assessment and plan for two common problems/chief complaints in older adults related to mental health.
- Identify causes of reversible and irreversible cognitive decline in elderly patients.
- List 5 "don't kill granny" medications and their potential associated risks.

Module Structure: This module is composed of:

- 1 lesson covering topics you will be studying in class. The lesson begins with learning objectives, then a patient case, and ends with various other bits of clinical information.
- Brief quiz to assess your knowledge related to the patient case.
- Course Evaluation to provide information on how we can improve the module in the future.

"Is this going to be on the test?" Completion of this module and the related quiz questions may influence your grade directly or similar content may be included in the final examination and/or in an end of the rotation OSCE (Objective Structured Clinical Examination).

"How do I start?"

To start, go to the "Lessons" tab at the top of the ANGEL course module. You will see the lesson, resources/hot topics, and the course

Areas of Focus

Inappropriate Medications in Older Adults

Beer's List

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- The Beer's list is a consortium paper put together by a group of geriatric pharmacists, initially to use in evaluating nursing home care, and then expanded to older adults in general. This list of medications identifies those drugs that were felt by the consortium group to be of greatest risk/concern for elderly patients.
- These guidelines are widely disseminated and are used, at times, in evaluating quality of nursing homes and other living facilities, as well as quality of physician care in some health care systems. While these medications may still be appropriate in some patients under some circumstances, increased vigilance and caution be used as in general if the medications are prescribed.

Click here to download [Medication Management and Polypharmacy Beer's List](#)

- Geriatric Pharmacotherapy
- Prescribing Cascade
- Inappropriate Medications
- Cased-based, journal articles and other resources

Geriatric Pharmacotherapy

Geriatric Pharmacotherapy

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Medications Accounting for Most Adverse Drug Events (ADEs) in Older Adults (cited from a PowerPoint presentation entitled ACOVE - Medication Use, University of Kansas Medical Center, Kallenbach, 2008).

Medications in elderly patients can be very helpful (and necessary) yet also very harmful. Physiologic changes with aging alter clearance /metabolism of certain medications. In addition, the aging body has less physiologic reserve to compensate for medication side effects. The combination of multiple medications in a frail elderly adult can be a set-up for dangerous, and perhaps life-threatening, complications and events. Some medications are more likely than others to result in ADEs in elderly patients.

Particular drug classes include:

- Psychotropic medications
- Cardiovascular medications
- Anticoagulants
- Insulin
- Antibiotics
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Anti-epileptic medications

To gain more information on this topic please read *Annals of Internal Medicine (2007)* Budnitz

The Extent of Injuries from Medications

- ADEs are responsible for between 5 and 28% of inpatient geriatric admissions.
- 35% of community dwelling older adults experience an ADE annually.

Student Comments

- *"A ton of information...easy to navigate, format is beautiful"*
- *"Lots of great information"*
- *"Learned more about prescribing cascade"*
- *Completion time less than 1 hour*



**Online ANGEL module
RPM: Trauma & Caring
for the Geriatric
Patient**

Travis Webb, MD

RPM: Trauma & Caring for the Geriatric Patient

Case Study: Mr. James Green

85 year old man, fall victim

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BACKGROUND & HISTORY OF PRESENT ILLNESS (HPI):

You are a physician working in a small community hospital. It is in mid-morning and you receive an ambulance call/report of an 85 year old man who is 10 minutes out from the emergency department. The man was cleaning his home's rain gutters and fell off the ladder. He was found laying in the driveway by his wife. You prepare for his arrival. He is wheeled into the emergency department by paramedics on a long spine board and with a c-collar in place. He is alert, but with noticeable small lacerations and significant bruising on his face and head.

PAST MEDICAL HISTORY (PMHx):

- Coronary artery disease, with no past stenting or coronary artery bypass grafting
- Glaucoma
- Seasonal rhinitis

MEDICATIONS:

Atenolol 100 mg po daily
Tylenol PM 1 tablet at bedtime (for aches from working outside in the yard last 2 days)
Benedryl 150 mg at bedtime for allergy symptoms (spring/pollen allergens)
Timoptic ophthalmic drops, 1-2 drops/eye twice daily
Asprin 81 mg daily

VITALS:

Blood pressure 95/60
Heart rate 90 BPM
Respirations 25/minute

RPM: Geriatric Trauma

Interactive Case & Question Format

Case Study: Mr. James Green

85 year old man, fall victim

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You want to be certain that the patient is medically stabilized so that he can then be examined more fully. Please click on the following link to answer some questions for more information.

[What are your next steps in assessing the patient's medical stability?](#)



You believe that the patient is stabilized and you now want to continue to further investigate other injuries that may exist from the fall.

[What are your next steps in assessing the patient's medical condition after his fall?](#)



You have assessed the patient's medical stability and his new medical issues from his trauma. The patient is ready to be admitted to the hospital for further evaluation, monitoring, and treatment of his injuries. He is transferred to the trauma surgery service.

On the trauma surgery service, the patient is complaining of significant, 8/10 pain in his right chest. The team believes that this is secondary to the rib fractures that he sustained from the fall. In efforts to relieve the pain, you order oxycodone, 20 mg orally. He is also complaining that he is unable to sleep and rest. You order lorazepam 5mg x1 now.

RPM: Geriatric Trauma Resources

“FACE List”

“FACE” High-Risk Medication List - (Froedtert Acute Care for the Elderly)

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“FACE” High-Risk Medication List (Froedtert Acute Care for the Elderly)

The Froedtert ACE List is a reference list of medications to avoid in elderly patients based on a compilation of the Beer’s Criteria¹, The Medical Letter², Chutka et al³ and Froedtert geriatric specialists’ expert opinions

Medication / Class	Potential adverse effect	Notes & Alternative(s)*
Class: Benzodiazepines, anxiolytics: alprazolam (<i>Xanax</i>), Diazepam (<i>Valium</i>), Flurazepam (<i>Dalmane</i>), Chlordiazepoxide (<i>Librium</i>), Meprobamate (<i>Equanil</i>)	Prolonged sedation, cognitive impairment, dependence, increased fall risk, addiction risk	Lorazepam, oxazepam (<i>lowest dose, shortest duration of therapy possible</i>) *Lorazepam doses > 3mg = excessive sedation*
Class: Antidepressants: Amitriptyline (<i>Elavil</i>), Chlordiazepoxide/amitriptyline (<i>Limbitrol</i>), Doxepin (<i>Sinequan</i>)	Anti-cholinergic effects, orthostatic hypotension, sedation, cardiac arrhythmias	SSRIs (other than fluoxetine). e.g sertraline, paroxetine
Class: Non-steroidal anti-inflammatory (NSAIDs): Ibuprofen (<i>Motrin</i>) Indomethacin (<i>Indocin</i>), Naproxen (<i>Aleve, Avaprox, Naprosyn</i>), Piroxicam (<i>Feldene</i>), Oxaprozin (<i>Daypro</i>)	Serious GI toxicity. <i>If used, titrate to lowest effective dose and monitor for GI toxicity</i> Possible renal toxicity	Acetaminophen (<4gm/day), tramadol, non-acetylated salicylates (<i>Trilisate</i>), morphine ³ [Ketorolac: <i>If used, titrate to lowest effective dose and monitor for GI toxicity (15mg QID x 5 days maximum)</i>]

RPM: Geriatric Trauma

Evaluation of Module

Module Evaluation

1. What stands out as the curriculum module's strengths?

2. What stands out as the curriculum module's weaknesses?

3. Rate the module's overall effect on helping you apply trauma principles to geriatric trauma care.

- 1- very unhelpful
- 2-somewhat unhelpful
- 3-neither unhelpful or helpful
- 4-helpful
- 5-very helpful

4. What did you learn?

5. What were you hoping to learn but did not?

6. What are your thoughts about learning on-line versus traditional lecture methods?

7. How long did you spend on this module?

Lecture **Discussion** Questions

- What happens “content wise” when collaborate
 - Injury: Falls & Medications
 - Achieve any additional Geriatric Competencies?
- Key elements → Success Collaborative?
 - Across clerkships & contents
 - Across specialities

Geriatrics Across Clerkships

Required MCW Course/Clerkship by Year→	NEUROLOGY	MEDICINE	PSYCHIATRY	TRAUMA/RPM	FAMILY MEDICINE
AAMC/Hartford Eight Minimum Competency Domains ↓					
Medication Management	X	X	X	X	X
Cognitive Disorders	X	X	X	X	X
Self-Care Capacity	X	X		X	X
Falls/Gait	X	X	X	X	X
Healthcare Planning	X	X	X	X	X
Atypical Disease Presentation	X	X			X
Palliative Care	X	X			
Hospital Care of Elders		X		X	

Polled Members...

Key Infrastructure Elements

- Clear, established competencies (geriatric)
- Networking - developing a network of colleagues for further collaboration; get to know each other.
 - ✓ Trust between colleagues.
 - ✓ Need people who are like-minded to get on board.
- Coalition ↑ Impact
 - ✓ Establishes a sense of power
 - ✓ "Protects us" -- not making decisions alone/separately
- "Champion/system" - someone who promotes it.
- Leverage - build on what you have; added resources.
- Scholarship – nice, not necessary.

MCW TGIF Collaborative

M₃ Clerkships

- Emergency Medicine
- Family Medicine
- Medicine/Geriatrics
- Neurology
- Psychiatry
- RPM: Trauma +

Basic Sciences

- Biochemistry
- Physiology
- Bioethics

SME: Geriatricians,
Community, Medical
Educators

Total Membership >22 collaborators

E-based resources for Geriatrics:

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News

Learn about MedEdPORTAL

Watch a 45 minute recording of an online training workshop offered by MedEdPORTAL staff on December 11, 2008. The video consists of an overview of the MedEdPORTAL website, published resources, submission to publication process, and much more. [More>>](#)

MedEdPORTAL Launches Live Help Desk

Beginning the week of February 2, 2009, MedEdPORTAL will maintain a live help desk to provide assistance with select technical troubleshooting issues, submission inquiries, and further general information. The help desk will be staffed Monday thru Friday from 1:00pm-3:00pm North American Eastern Standard Time. [More>>](#)

2009 Team-Based Learning Conference

The Team-Based Learning (TBL) Conference is a two day event (March 5-6, 2009) focusing on best practices and recent innovations for TBL classrooms. The conference will take place at University of Texas in Austin and will focus on the scholarship of teaching and learning in TBL. [More>>](#)

[Read More News \(Latest Updates\)](#)

MedEdPORTAL Partially Funded By



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Featured Publications

The MedEdPORTAL team would like to highlight the following publications:

*Accepted with Acclamation
Teaching the Heart of Medicine: The Medical Internship
Peggy Wegener, Ph.D
Medical College of Georgia

Exercise
Approach to Cough: A Team-Based Learning Exercise
Patricia Thomas, DDS
Johns Hopkins University, School of Medicine

Desktop Application
Basic Human Anatomy
Rand Swenson, D.C., M.D., Ph.D, MS
Dartmouth Medical School

Tutorial
Classic Type I-IV Hypersensitivity Reactions in The Skin
Pranay Sheth, MD
University of Cincinnati, College of Medicine

*The "Accepted with Acclamation" review decision represents the highest possible honor which can be attributed to materials submitted to MedEdPORTAL.

[Browse All Publications](#)

Collections

MedEdPORTAL Training Materials

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ASPE Standardized Patient Collection

McGill Molson Medical Informatics

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TEAMBASEDLEARNING COLLABORATIVE

AAMC Virtual Patient Collection

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"Assistive Devices" Learning Object

Oswaldo Rodriguez

Published 05/25/07

The assistive devices learning object is an interactive multimedia tutorial that teaches learners the basic characteristics, rationale, indications, and contraindications of the use of assistive devices for ambulation. The learning object introduces the learner to these basic concepts through the use of textual content enhanced by multimedia animations and graphics. These computer-based tutorials were created as "reusable learning objects", and are available in CD-ROM and web-based versions. The tutorial takes approximately 20 minutes to complete.



SCORM Compliant = No



Tutorial

U Miami
Leonard M.
Miller SOM

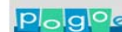


"Caring For Junior" - A Problem-Based Learning Case

Jonathan Flacker

Published 08/20/07

This product is a problem-based learning case targeted at M-1 students. The case follows our patient "Junior" from initial presentation in the outpatient clinic, through an acute hospitalization, and finally to discharge to an assisted living facility. The case, at our institution, unfolds over 3 weeks but is adaptable to many formats. The case touches many aspects of the care of older patients including functional assessment, cognitive evaluation, appropriate medication use, falls, and sites of care. The case materials are designed for easy use by group preceptors who are not Geriatricians.



SCORM Compliant = No



PBL Materials

Emory
University
Sch of Med



"Home Safety Assessment" Learning Object

Jorge Ruiz

Published 12/05/06

The home safety assessment learning object consists of two components: 1. An interactive multimedia tutorial that introduces the learners to basic concepts and rationale for the use of

Tutorial

U Miami
Leonard M.
Miller SOM

MCW Virtual Patient CDs/OSVEs

Visit our site: <http://www.mcw.edu/display/docid596/GeriaticsCurriculum2.htm>

The screenshot shows the top navigation bar of the Medical College of Wisconsin website. It includes a search bar, a menu with links like 'About MCW', 'Contact', 'Employment', 'Calendar', 'Directions & Maps', and 'Staff Login', and a secondary menu with 'Education', 'Research', 'Patient Care', 'Community Health', 'Departments', and 'Give to MCW'. Below the navigation is a banner image of students in a classroom with the text 'Medical School'. A breadcrumb trail reads: 'mcw.edu > Medical School > Educational Services > Faculty Development and Resources > Geriatrics Curriculum'. A secondary menu contains 'Academic Affairs', 'Admissions', 'Curriculum', 'Educational Services', 'Financial Aid', 'STAR Center', 'Student Affairs', and 'Student Records'. Utility icons for 'Print', 'Email', 'Bookmark', and 'RSS' are also present.

- Medical School
- Educational Services
 - About Us
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 - Poster Presentations
 - Who We Are
 - E-Learning
 - Objective Structured Clinical Exams
 - Benchmark OSCE
 - Things to Remember
 - When Will I See SPs
 - Faculty Development and Resources
 - Center for Ambulatory Teaching Excellence (CATE)
 - Faculty Development for Community Preceptors: ExCEED
 - The Docere Fellowship Program
 - Faculty Development: ExCEL
 - Funding Opportunities for Educators
 - Geriatrics Curriculum
 - MCW Society of Teaching Scholars
 - Mentor Program
 - End of Life/Palliative Education Resource Center



Geriatrics Curriculum Initiative

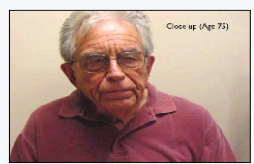
Virtual Patient CD's

With today's health care advances, the geriatric patient can now live many years. However, ages with the associated demands on the health care system, medical educators are challenged into already dense medical school and residency curriculum.

To meet this challenge, we have created a series of geriatric virtual patient teaching resources, each on a CD-ROM. The CD-ROM allows a teacher to access, via disease specialty/discipline links, resources to illustrate key concepts associated with various basic clinical specialties. Each CD is built upon a real patient, to ensure a realistic portrayal and of:

Medical College of Wisconsin and the Wisconsin Geriatric Education Center

Objective Structured Video Examinations (OSVEs) Toolkits



CD #1: Mr. Karl Andrews (2006)

Mr. Andrews' portrayal begins with his recent retirement at age 65. He has a history of smoking, is overweight and has hypertension, diabetes mellitus (Type 2), and hypercholesterolemia.



CD #2: Mr. Clarence Malone (2004)

A 70-year-old white male who presents for general medical care. He admits to feelings of depression and reports he is dissatisfied with life.

References

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- Yeatts, D., Folts, W., & Knapp, J. (2000). Older workers' adaptation to a changing workplace: Employment issues for the 21st century. *Educational Gerontology*, 26, 565-582.
- Zulman, D., & Estes, C. (2003). The geriatric imperative: Educating physicians to care for an aging population. *Gerontology & Geriatrics Education*, 23, 1-18.

