Q: Tell us about your professional roles and interests.

A: Like most geriatricians at UCLA, I split my time among research, education, and clinical care. As a researcher, I focus on improving the quality of health care that older adults receive, particularly in the primary care office. As anyone who’s been to the doctor knows, there’s room for improvement for routine things like being on-time, returning phone calls, and also in terms of your doctor remembering to ask about problems common in older people, such as balance or hearing loss.

I try to orient my clinical service to quality improvement processes and work with the VA Hospital Falls Committee to reduce falls that occur while older patients are in the hospital. This dovetails nicely with my research interest and also helps the hospital service improve how they address issues like falls.

I teach medical students, residents and geriatric medicine fellows. It is terrific to work with bright young, motivated and curious trainees – I always learn so much by teaching. As a teacher, I believe it’s important for our students to know that it’s okay not to know something. In my role as teacher and mentor, I see myself as just a little more experienced than the students. I want to demonstrate being open to exploration, being humble, and conveying the understanding that there are lots of unknowns. We can “learn it together” by supporting the exploration process and showing trainees how to access information and apply it.

Q: What led you to the field of geriatrics?

A: Even though both my parents were physicians, I didn’t plan to go into medicine. I had strong academic tendencies, but with very broad interests. I learned multiple foreign languages, loved humanities, and was curious about everything. When I started college at Harvard, I majored in German Literature, but took pre-med courses and was drawn to the practical nature of medicine. I realized I wanted to help people so I decided to be a primary care physician. I quickly saw how hard it was to be a primary care physician given the problems in the healthcare system. I saw what needed to be fixed and began thinking about how to address them. I also tried lab work but was clumsy with the test tubes and the work seemed isolated, without the opportunity for collaboration.

The biggest challenge I have as a researcher is motivating people to act on what we know is the right thing to do.

A number of things brought me into geriatrics. I always liked older people since all of my grandparents were alive and lived nearby. However, it was hard to find people interested in geriatrics. It seemed like very few people were paying attention to older persons, and this was an area that I could make important contributions.

In 1997, after my first year in medical school, I attended what was then the Ford/AFAR summer medical student program at UCLA. I was paired with Carol Mangione to understand why older patients were not getting the medicines that would be of great benefit for them after a heart attack. I was absolutely amazed--actually shocked is a better word--that older patients were not being given the care that the evidence said would be of benefit.

During that summer, I shadowed Nancy Weintraub, who was attending at UCLA and had a patient who was depressed. Nancy was so kind and empathetic; she gave the patient (who was crying) a tissue and listened. The care I saw epitomized the attentiveness that geriatricians give to their patients. Geriatric patients, for many reasons, are vulnerable and can’t vocalize their needs. Frail elders are sometimes more passive and it’s easy for physicians to ignore their concerns. This led me to apply my interest in “getting physicians to do the right thing” to the world of geriatrics. I also particularly like working in teams because they have a kind of intelligence that is greater than the sum of the individuals involved. Some people have a vision of science as a lone researcher discovering a cure for an intractable disease. But work seems to go better collaboratively, and it’s certainly more fun that way!

Q: Who has been the most influential in your life?

Definitely my family members, including my parents, grandparents, and nanny. All of these people in their own way were always questioning established lines of...
In preparing this column, I reviewed my piece in the Autumn 2009 newsletter. At that time, the big topics were the recession in California, the hope of passing a health care reform bill, and the launch of the GeroNet website.

My, how things have changed. The California recession has become a way of life and we have adapted. Our staffing is leaner and we have increased the clinical practice to bring in additional revenue and sustain our teaching roles and infrastructure. We have been successful enough to invest in recruiting new faculty and providing the resources they need to develop academically. Even in a very competitive research funding environment, we have been able to hold our own.

Healthcare reform is now the law of the land and the next few years will see dramatic changes in how care is provided and financed. It is time for the hard work of practice innovation and redesign to accommodate to a new health landscape.

And launching GeroNet has been slower than we had hoped. Deciding how to create a user-friendly site and populating it was much more difficult and time-consuming than anyone expected. Nevertheless, GeroNet is now up and running, though some areas still need to be developed and populated. We are very proud of the version that is currently available, which is easy to navigate and will be comprehensive in describing the educational, research, and clinical programs in aging at UCLA. In addition to providing resources locally, GeroNet includes practice improvement materials, patient educational tools, and linkages to websites to make it a national resource. Please visit www.geronet.ucla.edu and provide any feedback on ways to improve the site.

The Department of Veterans Affairs Greater Los Angeles (DVA GLA) Geriatrics Research, Educational, and Clinical Center (GRECC) had several leadership changes. Thomas Yoshikawa, MD has assumed the newly created position of Deputy Chief of Staff for Geriatrics and Extended Care and Special Projects. Cathy Alessi, MD has been appointed Interim Director of the GRECC and Shawkat Dhanani, MD is serving as Acting Assistant Chief of Staff for Geriatrics and Extended Care. We congratulate these physicians on their new leadership positions and believe that they will lead the DVA GLA’s geriatrics programs to new heights.

Our John A. Hartford Center of Excellence has been renewed, which included funding for three advanced fellows and three junior faculty. The Division of Geriatrics has also recruited its first basic science clinician-scientist, Jonathan Wanagat, MD, PhD and the Department of Medicine has provided him with superb laboratory space and start-up funds.

Finally, I am on the verge of starting my year as Chair of the Board of Directors of the American Board of Internal Medicine and the work has already begun. Internal medicine, including geriatrics, needs to respond to the new accountability that health care will be held to. Physicians will be expected to be more knowledgeable and provide high quality patient care as measured by accepted quality indicators. We can expect to see renewed interest in primary care but with new models to take advantage of the unique skills of physicians while emphasizing the roles of other members of the health care team. Much of the vision for primary care can be found in the culture and practice of geriatrics including Maintenance of Certification, which has been a requirement since geriatrics certification began in 1988. I am proud of our discipline and its leaders who have crafted an approach to health care that will help guide the nation as it moves forward with reform.

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BLAST OFF! GERONET IS LAUNCHED

The UCLA Division of Geriatrics and the UCLA Academic Geriatric Resource Center (AGRC) proudly announces the launching of the new GeroNet website at WWW.GERONET.UCLA.EDU. The original GeroNet was developed in the late 1990s in order to promote opportunities for funding of academic programs related to aging. From its early days of residing in the office of Steven P. Wallace, PhD, Professor, School of Public Health, GeroNet has expanded enormously to become, in its latest incarnation, the electronic information hub for all things related to aging at UCLA. Supported by funds from the AGRC, the Donald W. Reynolds FD~AGE Program, and the UCLA Division of Geriatrics, GeroNet includes portals for patients, health professionals, researchers, students, faculty, and the general public. GeroNet is a one-stop shop whether it is finding the date and location of an event, signing up for a research study, downloading an educational video or practice improvement tool, applying for an educational program, or making a donation to support programs in geriatrics. The site is updated and maintained by a dedicated website administrator. Please send updates, questions and inquiries to us at DOMgeronet@mednet.ucla.edu. Please visit us often.

USC/UCLA CENTER ON BIODEMOGRAPHY AND POPULATION HEALTH

As global perspectives on health have continued to receive emphasis, describing and documenting the health of all populations becomes a critical enterprise. Teresa Seeman, PhD, UCLA Division of Geriatrics and Eileen Crimmins, PhD, USC Andrus Gerontology Center, support this effort through the USC/UCLA Center on Biodemography and Population Health, a multi-site center specializing in the demography of aging (www.usc.edu/dept/gero/CBPH). The Center links health professionals, enabling the translation and integration of biological, epidemiologic, and medical risk information to understand and project demographic trends and differences in population health.

The Center supports this integration through multiple activities. One need for health studies is the validation of data collection methods and protocols that had previously been used in clinic-based settings for use in community settings. Our efforts evaluate the use of portable, automatic blood pressure devices (as opposed to traditional sphygmomanometers). We also compared measures such as cholesterol from spots of blood collected through fingerprick to traditional blood draws. Results of these studies will inform studies in the US, Mexico, China, Costa Rica, and Indonesia.

Another unique effort by the Center is providing expertise in genetic analyses to the demographic community. Dr. Steven Cole from UCLA led a workshop at the Population Association of America annual meeting on the understanding and use of genetic information in population based studies. Over fifty scientists attended, resulting in exciting and informative discussions about research that is advancing our understanding of health at a population level in ways not often examined.
UCLA FD~AGE’S EFFECT ON THE UNIVERSITY OF COLORADO

For the last six years, the Donald W. Reyn-olds Faculty Development to Advance Geriatric Education (FD~AGE) Program at UCLA has provided training activities for non-geriatric faculty and strengthened the geriatric education programs nationwide. Our trainees have made great strides to improve their geriatric education programs. One shining example is the University of Colorado, Denver.

Dr. Ethan Cumbler (middle) with the UCH ACE Service Team

The University of Colorado Hospital (UCH) designed an Acute Care for the Elderly (ACE) to train the next generation of physicians who will care for the hospitalized geriatric population. The UCLA FD~AGE Program provided education and support for four ACE hospitalist faculty. Ethan Cumbler, MD, the ACE director and three other ACE faculty (Jean Youngwerth, MD, Jeannette Guerrasio, MD and Judy Zerzan, MD) attended the Mini-Fellowship program.

As a result of the Mini-Fellowship, Dr. Cumbler implemented his action plan to design a geriatric curriculum and incorporate activities modeled at the Mini-Fellowship, including field trips to a skilled nursing facility. Dr. Cumbler also received a tuition scholarship to our Leadership and Management in Geriatrics Course where UCLA faculty, Dan Osterweil, MD, mentored his project to incorporate physical therapy into the ACE interdisciplinary team.

Dr. Cumbler also took advantage of the Reynolds On-Site Consultation Program, when Brandon Koretz, MD, UCLA geriatrician, visited the clinic. As a result, they recruited a Geriatric Clinical Nurse student to design a new nursing educational program on delirium prevention, assessment, and management. Dr. Cumbler also collaborated with Sonja Rosen, MD at UCLA to validate a competency-based test of clinical management of the hospitalized geriatric patient.

“The University of Colorado Hospital story is a stunning example of what is possible when you have bright, motivated faculty and provide them with nurturing and a few lessons gained from years of experience. The Colorado team has hit a grand slam home run” said Dr. David Reuben, director of the UCLA Reynolds program.

To date, the UCLA Reynolds Program has:
- Trained over 220 faculty-educators from eighty different academic health institutions through Mini-Fellowships.
- Conducted fifteen on-site consultations
- Awarded eight junior faculty quality improvement stipends
- Sponsored three advanced geriatric fellows, including one in geriatric psychiatry
- Awarded sixty tuition scholarships to the UCLA Intensive Course in Geriatric Medicine and the Leadership and Management in Geriatrics Course.

For more information about the UCLA Reynolds Program, please contact Ms. Anne Hu at annehu@mednet.ucla.edu.

THE UCLA AGRC MOVES AHEAD

The UCLA Academic Geriatric Resource Center (AGRC) completed another program year with a focus on faculty development for the AGRC disciplines at UCLA: nursing, social welfare, dentistry, medicine, psychiatry, neurology and undergraduate gerontology minor program.

Thirteen faculty attended the 2nd annual AGRC Gero Mini-Fellowship (GMF) on February 10-12, 2010. The GMF was created in 2009 in collaboration with the Donald W. Reynolds faculty development grant to target AGRC faculty with little or no background in aging in order to enhance their teaching skills in gerontology and geriatric medicine. Four faculty received scholarships to the Leadership and Management in Geriatrics program, April 9-10, 2010.

The AGRC recognizes the importance of creating a pipeline from undergraduate programs to graduate programs to careers in aging. As part of the national Careers in Aging Week, the AGRC collaborated with the California Council on Gerontology and Geriatrics to present the first Careers in Aging event at UCLA on April 9, 2010. The AGRC plans to harness the energy from this event and continue to bring together students and faculty from the various disciplines and majors at UCLA that directly and indirectly pertain to aging.

For more information about the UCLA AGRC, please contact Ms. Diane Katz at dkatz@mednet.ucla.edu.

CENTER ON AGING

The UCLA Center on Aging will host its Annual Research Conference on Aging on June 16, 2010, at the UCLA Faculty Center. UCLA faculty will present the latest gerontological discoveries to the campus and community.

Plenary presentations include Jesus A. Araujo, MD, PhD presenting “How Does the Air We Breathe Affect our Hearts,” and L. Stephen Coles, MD addressing his gerontological research findings on “Secrets of the Older Old.” Keynote speaker, Deborah M. Burke, PhD, W.M. Keck Distinguished Service Professor, will give her talk, “I’ll Never Forget What’s-Her-Name: Language, Memory and Successful Aging.”

For more information, please contact the Center on Aging at (310) 794-0676.
UCLA CENTER OF EXCELLENCE RENEWED

In 1988, the UCLA Center of Excellence (CoE) was among the first ten Centers funded by the John A. Hartford Foundation and the Center will be renewed in July 2010. Co-directed by Drs. David Reuben and Alison Moore, the UCLA CoE builds upon its existing institutional and extramural resources to support the development of clinician-scientist and clinician-educator faculty.

The new grant will provide a small amount of support for infrastructure but primarily supports five geriatricians and one geriatric psychiatrist. “The candidates this year were outstanding. They come from diverse disciplines and have diverse research interests. We are excited about this renewed CoE program,” said Dr. Moore.

MSTAR: CLASS OF 2011

The Medical Student Training in Aging Research (MSTAR) T35 program applied for renewal this year and received an excellent score. The new program will continue its partnership with UCSF and the University of Colorado at Denver, as well as a new partner, the University of Washington. Locally, the program is led by Alison Moore, MD and Jonathan Wanagat, MD, PhD and supported by Robin Catino and Paul Camerena. The program is funded by the John A. Hartford Foundation, the MetLife Foundation, National Institute on Aging, and the Lillian R. Gleitsman Foundation.

Students accepted into the program spend 8-12 weeks conducting aging research under the supervision of a mentor and learning about clinical geriatrics. At the conclusion, they present their research at the UCLA MPGMG seminar and at national meetings such as the Annual Meeting of the American Geriatrics Society.

This year a record number of applicants (33) listed UCLA as their first choice. Twenty students were accepted from a variety of medical schools nationwide.

For more information about the MSTAR program, please contact Ms. Robin Catino at rcatino@mednet.ucla.edu.

THE 8TH ANNUAL LMG

The 8th Annual Leadership and Management in Geriatrics (LMG), under the direction of Dan Osterweil, MD, Clinical Professor, Medicine/Geriatric Medicine, David Geffen School of Medicine at UCLA, was held April 9-10, 2010 in Long Beach, CA. Thirty-two health professionals and administrators came together to develop leadership knowledge and skills for direct application to their careers. Each participant will have the opportunity to translate their gains to their worksite under the mentorship of LMG’s faculty mentors. For more information about LMG 2011, please contact Ms. Diane Katz at dkatz@mednet.ucla.edu.

THE 8TH ANNUAL LMG

Three advanced fellow awardees:
• Ahmad von Schlegell, MD, MPH
• Melissa Cohen, MD
• Carol Chung, DO

Three junior faculty awardees
• David Ganz, MD, PhD
• David Merrill, MD, PhD
• Jonathan Wanagat, MD, PhD

The UCLA CoE has a strong track record to have major impact, both locally and nationally.

For more information about the UCLA Center of Excellence, please contact Alison Moore, MD at aamoore@mednet.ucla.edu.

BORUN CENTER UPDATES

Barbara Bates-Jensen, PhD, RN, Associate Director of the Borun Center, joined a team of UCLA clinicians who volunteered in Haiti after the January 12th earthquake. Dr. Bates-Jensen applied her expertise in wound care to serve as chief of wound care services during her deployment. She provided wound care to over 250 persons in a tent hospital near the Port Au Prince airport, trained volunteers, medical students, nurses and surgeons in wound care techniques and prevention of complications.

Shinya Ishii, MD, VA Advanced Geriatrics Fellow, used data from the MDS 3.0 national study to explore potentially modifiable resident factors associated with rejection of care behaviors. Four potentially treatable conditions, delirium, depression, delusion and pain, were associated with rejection of care behaviors. His poster won the Howard Gutterman Poster Award at the AMDA Annual Meeting in March.

Debra Saliba, MD, MPH, Director of the Borun Center, was asked by the Centers for Medicare & Medicaid Services (CMS) to lead trainings on how to interview residents, evaluate hearing and communication needs, evaluate cognitive patterns and identify mood disorders. Dr. Saliba led these trainings at a conference for over 500 nursing home leaders who are responsible for training nursing home personnel. The training included the Video on Interviewing Vulnerable Elders (VIVE) developed by the Borun Center and funded by the Picker Institute. Starting October 2010, CMS will require all nursing homes to use the MDS 3.0 to assess their residents.

The Anna & Harry Borun Center for Gerontological Research is a collaboration between the UCLA David Geffen School of Medicine and the Jewish Home for the Aging.

Dr. Barbara Bates-Jensen evaluated and cared for approximately 100 wounds per day

LMG faculty (left to right): Dan Osterweil, MD; Diane Katz, MPH, Cheryl Osborne, EdD, RN; Alfredo Czerwinski, MD; Ron Cohn, EdD
VA-UCLA GERIATRIC MEDICINE FELLOWSHIP

Our 2010-2011 fellowship class starts July 1, 2010. This fellowship class is full at twelve fellows, including one in geriatric oncology. Eight of our incoming fellows have Internal Medicine backgrounds and four have Family Medicine backgrounds.

We are delighted that Constance Fung, MD from this year’s class will present a poster at the Sleep Research 2010 Annual Meeting, and received a First-Time Travel Award from the Sleep Research Society. We started this fellowship year with eleven fellows, and ended with four little additions to our fellowship family, all boys.

Our 2009-2010 graduating fellow plans are: Ahmad von Schlegell, MD will continue as a VA Advanced Fellow, enrolling in the UCLA Masters Program in Public Policy. Alia Tuqan, MD will be a Donald W. Reynolds FD-AGE Advanced Geriatrics Fellow at UCLA. Constance Fung, MD will enter the UCLA Sleep Medicine Fellowship. Unnati Sampat, MD will enter a Research Fellowship in Cardiology at UCSD. Peter Ward, MD will continue as a second year Bureau of Health Professions fellow in Geriatric Oncology. Maija Sanna, MD will join the UCLA faculty in General Internal Medicine. Thinzar Htut, MD will be a geriatrician at Little Company of Mary in Long Beach, and Girum Feyissa, MD will be a geriatrician in North Carolina. Mickey Liao, MD accepted a position in Oncology at Kaiser San Diego, and Edward Mossop, MD will be a hospitalist at White Memorial Hospital. Congratulations and best wishes to all of these graduates.

The VA-UCLA Geriatric Medicine Fellowship has initiated an alumni association this year. If you are an alumni of the VA-UCLA Geriatric Medicine Fellowship and have not received an invitation to join our alumni association, please contact Ms. Robin Catino at rcatino@mednet.ucla.edu.

UCLA PEPPER CENTER NEWS

The UCLA Pepper Center is now on GeroNet, www.geronet.ucla.edu. Click on “Research” and then on “Research Centers” to learn about the Pepper Center including funding opportunities and a linkage to the national Pepper Center program.

As the UCLA Pepper Center enters the final year of its current cycle, the leadership is already preparing for the renewal application. As part of this process, the Center has created a remarkable database indicating the research projects supported during the past four years as well as the impressive products of this research including papers and new grants. Current Pepper Center projects:

Probing the role of rare gene expression outliers in neurodegenerative dementia
Giovanni Coppola, MD, Neurology

Investigation of a novel sponge platform for bone formation and regeneration
Maie St. John, MD, PhD, Surgery

Implementation of a geriatric surgery clinical pathway to increase post-operative function and independence
David C. Chen, MD, Surgery

In addition, two one-year pilot studies have been funded to begin in Year 5.

Examining genome alterations in gene expression in long-lived Drosophila mutants
David Walker, PhD, Physical Science

Histone acetylation and cognitive aging
Cui-Wei Xie, PhD, MD, Psychiatry and Behavioral Sciences

For more information about the UCLA Pepper Center, please contact, Mr. Lucio Arruda at larruda@mednet.ucla.edu.

CGEC PROGRAM: A SUCCESS

The California Geriatric Education Center (CGEC) (2007-2010) offered 28 education and training opportunities for faculty, practitioners, and students to enhance the quality of health care for older adults. During this cycle, the CGEC focused on producing evidence-based faculty and clinical training programs in three areas: Evidence-based Health Promotion, Health Literacy and Elder Abuse.

To capture an interdisciplinary audience for all programs offered, trainees from medicine, nursing, social work, dentistry, public health, pharmacy, gerontology, and allied health were recruited to attend all programs. Course curricula (teaching modules, reference lists, Power Point slides) may be found on CGEC website, hosted at: www.geronet.ucla.edu.

A total of 2,977 health professionals and faculty in post-secondary education were trained and 4,848 health professions trainees received CGEC curriculum! The CGEC completed its third and final training program on Evidence-based Health Promotion on April 29-30, with 41 faculty and community providers participating.

For more information, please contact Ms. Rachel Price at rprice@mednet.ucla.edu.

NEW FIPSE PROJECT

The Evidence-based Health Promotion Career Technical Education (CTE) Program was funded through the Funds for Improving Post-Secondary Education (FIPSE) program within the U.S. Department of Education. In response to a special invitational grant cycle focused on community colleges, Janet Frank, DrPH, created a collaborative including UCLA, College of the Canyons and Santa Barbara City College. This innovative program builds upon the previous MPGMG FIPSE project, the work of the CGEC and the expansion of community based programs in evidence-based health promotion and disease management funded by the Administration on Aging (AoA) and managed by the National Council on Aging (NCOA). For more information, please contact Ms. Rachel Price at rprice@mednet.ucla.edu.
The Resource Centers for Minority Aging Research (RCMAR) Coordinating Center is pleased to offer the third workshop in its annual series of scientific research conferences that focus on “State-of-the-Science” in minority aging research. Key themes and agenda topics for each conference were selected from the research agenda developed by the National Research Council (NRC), “Understanding Racial and Ethnic Differences in Late Life,” and address one or more of NIA’s crosscutting research priority themes: life course perspectives, biopsychosocial mechanisms and linkages to health differences, and the comprehensive approaches to evaluation of interventions designed to reduce health differences.

The next workshop in this series is titled “Making Your Research Count: Strategies for Informing Minority Aging Policy,” and provides a forum for junior and senior faculty researchers to address nationally identified research recommendations in racial and ethnic differences in late life. RCMAR investigators will share examples of successful research on important policy-relevant programs. Potential programs include: 1) linguistic access to services for limited English proficient older adults, 2) health for caregivers of patients with Alzheimer’s Disease, 3) pain and palliative care in older diverse populations, and 4) Native American elder health. This training will be offered as a pre-conference workshop on November 19, 2010, preceding the Gerontological Society of America 63rd Annual Scientific Meeting in New Orleans, LA.

For more information about RCMAR or the pre-conference workshop, please contact Ms. Victoria Kemp at vkemp@mednet.ucla.edu or visit www.rcmar.ucla.edu.

**RCMAR EXPLORES MINORITY AGING STRATEGIES**

The budget constraints continues to affect the VA locally and regionally. Nevertheless, the GRECC remains focused and successful in meeting its primary goal of improving the health and well-being of older veterans through research, education and innovative clinical care activities.

The GRECC research programs include: preclinical and clinical research on dementia; research on bone metabolism and related diseases; clinical and health services research on falls and exercise programs in older adults; descriptive and interventional research on sleep in older adults in a variety of settings; and research to improve nursing home quality continue to thrive. Educational activities include ongoing extensive programs for trainees in geriatrics and gerontology from a variety of disciplines, widely disseminated enduring educational materials (e.g., Geriatric Assessment Pocket Guide, satellite conferences, DVDs with lectures) and national educational programs such as the VA Office of Rural Health Geriatric Scholars Program, which provides hands-on education in geriatrics for VA providers practicing in rural areas).

The VA GLA GRECC continues to develop new models of care for the aging veteran via its program of clinical demonstration projects. Recent examples include a medication review clinic, and a clinical redesign of its inpatient geriatric evaluation and management unit to focus on earlier transfer to acute geriatric care, more timely rehabilitative therapies, and comprehensive discharge planning activities.

Finally, several key GRECC leadership changes were recently announced. Dr. Thomas Yoshikawa was promoted from his position as GRECC Director to his new role as VA GLA Deputy Chief of Staff for Geriatrics and Extended Care (GEC) and Special Projects. Dr. Yoshikawa also remains the Lead for VISN 22 (the regional VA area) Geriatrics and Extended Care Programs. Dr. Cathy Alessi is now Acting Director of the GRECC.

For more information about GRECC activities, please contact Dr. Cathy Alessi at cathy.alessi@va.gov.

**DAVID GANZ, MD**

CONTINUED FROM PAGE 1

thinking, whether around the dinner table, or in their work lives. I didn't realize until later on what a privilege it was to grow up in an atmosphere where very little was actually taken for granted.

Q: What do you do for fun?

I have a pretty simple life. My significant other, Linda, and I enjoy taking walks and cooking together. Between that and visiting with family members, the time passes! Over the past few years, I was actively involved in caregiving for my grandfather. He had dementia and I watched the progression over many years. This was a life changing experience and has made me a different kind of doctor. When my patients’ loved ones say they have “good days and bad days” I truly understand what they mean. My grandfather passed away last November.

Q: What are your biggest challenges?

A: The biggest challenge I have as a researcher is motivating people to act on what we know is the right thing to do. We know how hard it is to maintain good habits for ourselves – eating right, exercise, and so on. Now imagine that doctors, nurses, and other health care professionals have gotten in the habit of doing their work a certain way. It’s not easy to change behavior to improve the quality of health care, since it involves changing ingrained habits. In our research, we strive to make it easier for health care professionals to do the right thing. For example, we’ve developed electronic templates that guide nurses and doctors on how to identify patients who are at risk for falling and then how to reduce their risk of future falls.

The more I get involved in quality improvement research, the more convinced I am that we need non-traditional ways of studying these things. We must address how to get doctors to focus not only on the technical aspects of care, but also the interpersonal aspects – and to pay attention to the things that can change people’s lives – this is my career agenda. You can’t win this effort in six months or even five years. I’ll keep plodding along like a turtle until I can see that things are getting better.
BRUCE FERRELL, MD was awarded the Philo W. Van Wagoner Chair, funded by a gift of $1,000,000 to The Regents of the University of California from the estate trust of the late Philo W. Van Wagoner. The Chair will have key roles in geriatrics education of medical students, resident trainees, geriatrics fellows, and practicing physicians as well as engage in related educational research.

MICHELLE ESLAMI, MD received an honorable mention on a poster at the American Medical Directors Association (AMDA) Annual Meeting this March. Her poster, “Lack of Knowledge of SNF Care by Internal Medicine Residents” includes co-authors Katie Ward, MD, Jodi Friedman, MD, Heather McCreath, PhD and David Reuben, MD.

SHINYA ISHII, MD won the Howard Guterman Award for best poster at the annual AMDA meeting March, 2010. He is a VA Advanced Fellow and his poster “Are They Stubborn or Are They Sick?” was co-authored with Joel Streim, MD and Debra Saliba, MD.

DEBRA SALIBA, MD was elected to the Board of Directors for the American Geriatrics Society.

GARY SMALL, MD received a $250,000 award from the Rainwater Foundation for FDDNP-PET studies of progressive supranuclear palsy. He was also appointed to the Credentials Committee of the American College of Neuropsychopharmacology.

For more information about our upcoming events, visit our website at: www.geronet.ucla.edu