

Thomas T. Yoshikawa, MD

Q&A



Thomas T. Yoshikawa, MD, became the director of the Greater Los Angeles Healthcare System's Geriatric Research, Education and Clinical Center (GRECC) in late June, 2007. He brings to this position high energy, great vision and strong organizational management skills. This new position provides a full circle back to UCLA, where he first trained as an internal medicine resident at the Harbor-UCLA site in 1967.

There are two main themes that are woven through much of Dr. Yoshikawa's life: productivity and integration. To understand how he is approaching his newest position, we need to quickly review Dr. Yoshikawa's earlier achievements.

Question: *Tell us about your early career and what led you to geriatrics.*

Dr. Yoshikawa: My training was in internal medicine at Harbor-UCLA from 1967 to 1970, where I first met David Solomon, MD, who had just become

Chair of the Department of Medicine for UCLA. From there I spent the next two years with the U.S. Public Health Service, in lieu of going into military service, managing a large clinical trial on hypertension at the San Francisco public health hospital. I came back to Harbor-UCLA in 1970 to begin fellowship training in infectious disease. Upon completion, I joined the UCLA faculty and served as Associate Chief of Infectious Disease from 1975 to 1981.

At about this time I had a "mini" male mid-life crisis, wondering whether this was really what I wanted as the sole focus for my career. UCLA and the Veterans Administration (VA) were laying the groundwork for the Multicampus Program in Geriatric Medicine and Gerontology (MPGMG). The GRECC had been established in West Los Angeles in 1976 under the leadership of Takashi Makinodan, PhD. I reconnected with David Solomon and became convinced I should expand my career interests into geriatric medicine. So in 1981 I became the Clinical Director of the West Los Angeles VA GRECC. I was doing research on immunology and infectious disease, and I could see that the research in this field was rapidly moving into molecular biology. This became another career crossroads decision, and I chose to focus more on medical administration.

In 1988 our family moved to the Washington D.C. area where I joined the VA Central Office for Geriatrics and Extended Care as their Assistant Chief Medical Director. At the WLA GRECC I hadn't been happy with the VA Central Office decisions, so this was the perfect opportunity to modify policies and develop programs within the VA.

Question: *What were your major accomplishments at the VA Central Office?*

Dr. Yoshikawa: We were able to expand the GRECC programs from 12 to 16 locations; we established the Geriatric Evaluation & Management (GEM) units and a hospice consultation program at all VAs. We worked very hard to establish a separate merit review (study section) for VA geriatrics and aging research — this was accomplished just as I was leaving. That was in 1995 when I left my VA position to take a job back in Los Angeles at the Charles M. Drew University.

Question: *You had some key positions at Drew/King; tell us about those years.*

Dr. Yoshikawa: My title at the university was Chairman, Department of Internal Medicine. I was Chief of Medical Services at the hospital. My main task there was to improve the respectability of the Department of Internal Medicine; the residency program was on probation at various times, and there were other quality concerns. I like large organizational challenges and I like to fix problems. In my tenure as Chairman, we were able to get the residency program accredited with commendations; we increased the research dollars from \$1 million to \$12 million and improved our internal medicine board exam pass rate of residents from 24% to 86%. My goal of 100% pass rate wasn't realized until the year after I left. These improvements took a lot of time — these were a hard 10 years.

In 2005 I retired as Chair and became interim president of the Charles Drew University of Medicine and Science while a national search was being conducted. In this position, I had two jobs to do: get the residency program approved after two non-satisfactory ACGME reviews and fill the open positions for 9 department chairs. In the span of seven months, we filled 5 of the 9 vacancies and got a satisfactory review of the resi-

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Director's Column MPGMG Director David B. Reuben, MD



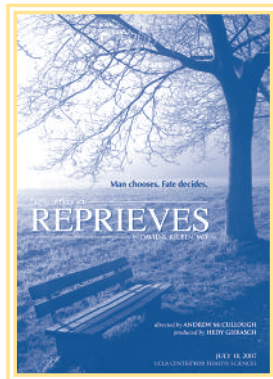
It is autumn and we have had the first rains in Los Angeles in many months. The UCLA campus is gearing up with an influx of bright-

eyed students and a new Chancellor, Gene Block. This year is very different for the Multicampus Program in Geriatric Medicine and Gerontology as two of our core sites, the Greater Los Angeles Veterans Affairs Geriatric Research, Education and Clinical Center (GRECC) and the Harry and Anna Borun Center for Gerontological Research have new directors. Both Tom Yoshikawa, MD (GRECC Director) and Debra Saliba, MD (Borun Center) are still learning their new jobs but bring tremendous enthusiasm and experience into these positions. They will undoubtedly lead their centers in new and exciting directions. These changes are also a terrific opportunity to increase collaboration across the Multicampus' three core programs.

We are also fortunate that several of our recent grant applications have been successful. UCLA's Resource Center for Minority Aging Research (RCMAR) has been renewed and UCLA's role as the Coordinating Center for the RCMAR program nationally will also continue. Building upon last year's renewal of the UCLA Claude D. Pepper Older American Independence Center, we are taking steps to increase the linkages between these two National Institute on Aging-funded centers. Two other educational programs, the California Geriatric Education Center and the Faculty Development Training Program in Geriatric Medicine, Dentistry, and Psychiatry, which were eliminated with the loss of Title VII funding, have been restored through competitive applications and resumed Federal funding. These new grants will promote the development of a new generation of clinician-scientists and clinician-educators.

However, the national picture for geriatrics is still worrisome. After more than a decade of steady increases in the number of fellows entering geriatrics, recruitment into the field has declined over the last two years. In 2006-2007, only 211 first-year fellows entered geriatrics—a 28% drop in 1 year! Moreover, only 32 fellows nationwide were enrolled in advanced training. Much of this stems from the decline in medical students' interest in entering primary care, which is aggravated by low reimbursement from Medicare (including no coverage for many of the services that geriatricians provide), poor infrastructure to provide geriatric care, and lifestyle issues. These trends must be reversed if America expects to provide high quality health care for older persons.

On a personal note, this summer the UCLA Division of Geriatrics staged a reading of my play, *Reprieves*, about decision-making at the end of life. More than 100 persons, including NIA-funded MSTAR Students, faculty, and friends, attended the reading. It was a wonderful experience to hear my words spoken by actors and watch the audience respond to the kind of drama that geriatricians experience every day. I am working to bring the play to other groups with the hope that *Reprieves* can be a vehicle to increase professional and public understanding about these difficult issues and promote better communication between doctors and patients. There are many ways that geriatricians can promote change to improve the health care of older persons.



UCLA Academic Geriatric Resource Center

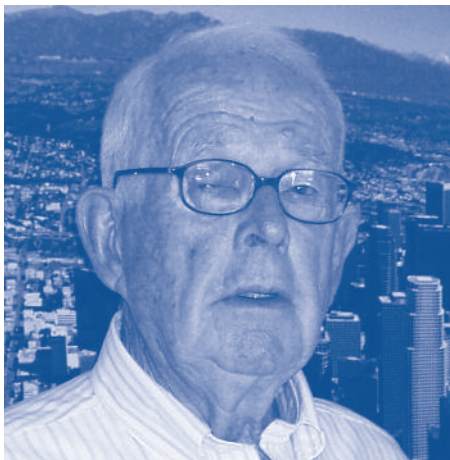
"This conference more than exceeded my expectations. The pearls I took home could make a necklace, and I am now reviewing my own clinical programs and strategic business development with a fresh viewpoint." These are the words of a participant who attended Leadership and Management in Geriatrics (LMG, formerly known as Geriatric Medicine Leadership Training). The UCLA Academic Geriatric Resource Center (AGRC) is proud to present the 6th annual LMG conference on March 14-15, 2008 at the Hilton Executive Center in Long Beach. LMG, under the course direction of Dan Osterweil, MD, CMD, is a unique leadership and management training program that offers an intensive and interactive program for physicians, nurses, nurse practitioners, and allied health professionals who want to develop and lead successful geriatric medical practices.

Since 2002, more than ninety-five participants from all over the United States and abroad and at varying stages in their medical career trajectories have come together at LMG to learn how to apply leadership and management strategies to improve and/or create models of geriatric practice. Faculty experts in the fields of business, geriatric medicine, leadership, and management provide instruction and mentoring throughout the two days, as well as after the conference. LMG has developed a program design that motivates participants to identify a leadership challenge at their worksites and then to create and implement plans to address the challenges. Using a long-term evaluation design, LMG has been able to identify significant changes resulting from these action plans. Participants have been extremely positive in their praise of LMG as an opportunity for exploration unlike anything they had ever encountered in their training.

If you would like more information about LMG, please contact Diane Katz, MA, MPH, Course Coordinator, at (310) 312-0531 or dkatz@mednet.ucla.edu

MPGMG Leadership in “Retirement”: A Conversation with John C. Beck, MD

Interview and article by Janet C. Frank, DrPH



A leader is a person who not only has the vision to identify priorities and goals, but also has the know-how to chart the course for their achievement. UCLA MPGMG has been lucky to have a few such people involved in its development and success. John C. Beck, MD, is the founding director of the MPGMG, having served in this role from 1979 to his retirement from the university in 1992. Dr. Beck has continued as an active leader in the pursuit of improving the quality of life of older adults through clinical advancements, education and research. At age 84, he shares his history, accomplishments, concerns and current activities with us.

Question: Tell us a little about your background and early career.

Dr. Beck: My path to geriatric medicine is a complicated story spanning five or six different “careers,” each taking up a decade — or more — of my life. My “first” career in biochemistry and endocrinology research began in the early 1950s while at University College in London. Upon returning to McGill University, I became director of the Division of Endocrinology where my most important contribution was in research on growth hormone. After being appointed Chair of Medicine at McGill, it was during morning reports that my future agenda to improve the care provided to older people was set.

Dr. Beck took a few important detours on his way to geriatrics however. In his next career, he ventured into the Foundation world.

Dr. Beck continues: I wanted to understand how foundations worked and wanted their help in mounting a program to create a new kind of physician: one that had excellent clinical skills, but also was prepared to do research at the doctoral level in the social sciences. Together with colleagues, I was able to convince the Carnegie and Commonwealth Foundations to fund a pilot program at 5 medical schools for 5 years to develop and test this innovative approach, now known as the Clinical Scholars Program. As the pilot program was ending, the Robert Wood Johnson (RWJ) Foundation was interested in programs with national visibility. I was able to parlay the pilot program into a national program with RWJ funding, secured with my agreement to join them and run the program at the University of California, San Francisco. The Clinical Scholars program is the only surviving RWJ program since it became a national foundation, and it continues to produce stars. Leaders from this program, such as David Satcher, MD and our “own” Robert Brook, have made huge contributions to medicine and society as a whole. After running the Clinical Scholars Program for 5 years at UCSE, I took a sabbatical leave and spent a year at the RAND Corporation.

So it was during this “third” career that Dr. Beck received his entrée into geriatric medicine. While at RAND, he joined David Solomon, MD, chair of medicine and Robert Kane, MD, professor of medicine at UCLA. Dr. Beck’s goal for the year at RAND was to equip himself in geriatrics. He participated in the first studies on work force projections for physicians in geriatrics and began the tasks of establishing competencies and assessment processes for geriatric medicine. Dr. Solomon convinced him to join them permanently and take the lead in developing the geriatrics program at UCLA.

Question: What was your vision in developing the UCLA Multicampus Program in Geriatric Medicine & Gerontology?

Dr. Beck: I first identified people to help us look at the “aging problem” and

noticed that some of the best talent and greatest strengths were based at the two affiliated Veterans Administration (VA) hospitals at Sepulveda and Wadsworth/West Los Angeles. I wanted to strengthen what was going on and embarked on what can only be described as “primitive” development activities. I saw the advantage of engaging critical clinical resources outside of academe, thus resulting in the alliances with Jewish Homes for the Aging and Jewish Family Services.

These programmatic building blocks became the architecture for the MPGMG and its 3-part mission of clinical service, education and research to improve the quality of life of older people.

Question: What were the major challenges you faced in your initial work in academic geriatric medicine?

Dr. Beck: I identified several major challenges at the outset. Despite the support of Dr. Solomon as the Chair of Medicine, the leadership of the medical center was not convinced that geriatrics should be developed as a separate entity in medicine. Due to this view, coupled with physical space limitations, our new group was relegated to inadequate accommodations on the “outskirts” of campus. This location seemed hardly a suitable place for the development of the highly visible unit I had envisaged.

With the help of others, I was able to secure physical office space for the program on the West Los Angeles VA grounds. This provided the program a setting for major national impact, capitalized on the geriatrics strengths and interests at the VA, and strengthened the relationship between UCLA School of Medicine and the VA. To this day, I believe that the success of geriatrics development at the UCLA MPGMG hinged on this offer of space at the VA for the program.

Question: What do you believe to be your biggest contribution to the field of geriatric medicine?

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Dr. Debra Saliba Named Director of Borun Center for Gerontological Research



Dr. Debra Saliba, Associate Professor of Geriatrics at the David Geffen School of Medicine, has been named the new Director of the Anna and Harry Borun Center for Gerontological Research.

Saliba is an expert in long term care of the elderly. Her research has focused on questions with immediate relevance to quality of life for frail and vulnerable older adults.

Saliba spoke of her goals for the Center: "It is an honor to be selected to lead the Borun Center. Older adults and the families who care for them face significant hurdles in accessing high quality, compassionate long-term care. The Borun Center is uniquely situated to bring together interdisciplinary teams to address these challenges at the individual, systemic and policy level. I look forward to moving the Center toward a fresh emphasis on developing useful tools for understanding and meeting the needs of frail older adults and those trying to care for them. I want to thank the Borun Foundation for its support of this important and timely work."

Saliba received her MD from the University of Alabama at Birmingham, where she also did her residency in internal medicine. She completed fellowships in health services research and geriatric

medicine at UCLA where she also received a master's degree in public health with an emphasis on epidemiology. Saliba is currently a research physician with the VA Geriatric Research Education and Clinical Center and the long-term care strategic planning lead for the Center of Excellence for the Study of Healthcare Provider Behavior at VA Health Services Research and Development. In addition to her position as Associate Professor in the UCLA/VA Multicampus Program in Geriatrics, she is also a natural scientist with the RAND Corporation.

Saliba was selected after a national search because of her strong track record in applied research to improve the quality of life of frail older persons. She has developed methods to identify inappropriate transfers from nursing homes to hospitals; researched disaster response and resident safety; developed quality measures for vulnerable adults in long-term care; and examined the relationship between nursing home structure and quality.

She is principal investigator on a large national project for the Centers for Medicare and Medicaid Services and a related national consortium of nursing home researchers funded by VA HSR&D

to revise how nursing homes evaluate and report on the health status of their residents. This research has already shown that incorporating the voices of residents and families into assessments is feasible and improves the quality of assessments as the basis for care planning. Saliba's work with vulnerable populations has also led to the development of a 13-item survey (VES-13) for identifying elders at risk for health decline. The VES-13 has been widely adopted by providers and researchers to rapidly screen and identify at-risk elders with special care needs.

Her research on quality of care and vulnerable populations has earned her awards from the Journal of the American Medical Directors Association, VA Health Services Research & Development, and the American Geriatrics Society. She is chair of the Clinical Practice Committee of the American Geriatrics Society.

The Anna and Harry Borun Foundation established the UCLA Borun Center for Gerontological Research in 1989 as a center for research and education to improve quality of life in nursing homes.

Education Core, UCLA Alzheimer Disease Center

The Education Core (EC) of the UCLA Alzheimer Disease Center (ADC) has been part of the MPMG for more than a decade. Due to a Center reorganization, in August the EC transitioned back to the ADC.

The EC collaborated with the University of Southern California Alzheimer Disease Consortium and the Alzheimer Association, California Southland to present *Research Advances: Reducing Risk for Dementia Through Physical Activity and Vascular Health* on June 8, 2007. This

conference was sponsored by the California Association of Long Term Care Medicine (CALTCM) with support from the California Geriatric Education Center (CGEC), the UCLA Academic Geriatric Resource Center (AGRC), and the County of Los Angeles Department of Public Health. The goal of the conference was to present cutting edge dementia risk reduction research related to physical activity and vascular health to both researchers and community and university-based health professionals. Faculty for

this half-day conference was Helena Chui, MD (USC); Carl Cotman, PhD (UC Irvine), Lissy Jarvik, MD, PhD (UCLA), Gloria Rodriguez, RN (UCLA), Margaret Gatz, PhD (USC), and Debra Cherry, PhD (Alzheimer's Association). More than one hundred physicians, nurses, psychologists, social workers, and allied health professionals were in attendance, learning ways to translate this research into improved practice for older adults.

Thomas Yoshikawa Q&A

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gency by ACGME. I had applied for the presidency position, but in the end did not get selected. I really wanted to be president – this was truly a big disappointment.

During my tenure at Drew, I stayed in touch with David Solomon, whom I consider to be my mentor and role model. I'd call him up and talk over the challenges we faced, and he'd give me advice. Dr. Solomon encouraged me to come back to the VA "where I belonged." He helped me find my place in geriatrics and academic medicine, and he convinced me to apply for the GRECC directorship, which was changing.

Question: What are your goals for the GRECC under your leadership?

Dr. Yoshikawa: The National VA Advisory Committee set our goals: integrate the two VA GRECC campuses, Sepulveda and West Los Angeles, into one functional unit and improve the performance measures of the GRECC. I have given myself one year to accomplish the integration. The goal of integration is — by far — the most difficult. It is a process and has everything to do with helping people change.

The integration needs to happen at many levels: at the internal medicine and program level, at the facility level and as a network resource. I'll know we're moving towards success when I see faculty who have offices at Sepulveda helping with the general internal medicine and GEM rounds at the main hospital in West Los Angeles. I hope eventually that our talented GRECC faculty will see we have one GRECC that they participate in and support fully, no matter where their offices are located.

On the performance measure side, our GRECC has many areas that we can improve: clinical care, teaching and research productivity in particular. The performance improvement is linked to integration: working together is best for all of us.

There are a few areas of research that I am also interested in expanding: one is the frailty research area and the other is

in ethnogeriatrics. Both of these areas are key to improving service to the VA population we serve. I plan to put resources into these areas and also to benefit from promising junior faculty who are already involved in this work.

Question: I understand you actually have several major roles within your new GRECC directorship?

Dr. Yoshikawa: Yes, I have at least four responsibilities at the VA. I am also the Associate Chief of Staff for Geriatrics & Extended Care. This is the programmatic unit that is responsible for healthcare of older veterans in the non-GRECC clinical units, like nursing homes and home-based care. Often a separate person holds this position, but I see the two as complementary. I believe that geriatrics is one program at the VA, regardless of where care is delivered, and I insisted the two positions be integrated as a requirement of my accepting the directorship.

I am also the Lead for Geriatrics and Extended Care for our VISN Network. There are 22 VISNs (regional care networks) nationwide; ours includes the VAs at San Diego, Loma Linda, Las Vegas, Long Beach and greater Los Angeles. We have been involved in strategic plan development that includes integration of geriatrics into all major clinical services. This is important and is motivated by congressional mandate for all VAs to have long term care plans.

In addition, I take my role as an MPGMG partner seriously. GRECC data have suggested that the GRECCs with the highest productivity work closely with their neighboring academic partners. I have a close relationship with David Reuben, and look forward to opportunities to forge a closer relationship between the GRECC and the MPGMG partners. With such talented junior faculty, this is a win-win situation for the GRECC and MPGMG.

Question: What is the best part of your new position?

Dr. Yoshikawa: Doing it "all": teaching, clinical care, learning and, of course, the administration. This variation allows me to see young people succeed and take leadership positions, to make administrative decisions in the context of what's

best for patients and providers and the clinical realities of geriatric care. I like fixing things and enjoy large organizational challenges — this is my idea of "fun". I'm 66 years old now — I want to accomplish the tasks at hand and eventually find a successor for this position. Then I'll move on to my next adventure.

Question: I also understand that you have moved the Journal of the American Geriatrics Society (JAGS) to the VA?

Dr. Yoshikawa: Yes, we've moved the operation just down the hall. I became the Editor in Chief of JAGS in 2000 and was just renewed for another five years (through 2010). My wife, Cathy, is the Editorial Assistant and helps run the office since our managing editor, Ms. Flory Ferns-James is part-time. Our son, Scott, who is part-time faculty at the Bible Institute of Los Angeles (BIOLA) University, also works part-time in the JAGS office. The Editor in Chief job is very time consuming, but the benefits are substantial: I have learned a tremendous amount about geriatrics and I can see the directions the field is moving. I also have met a lot of great people.

Question: Does the VA System have similar challenges as the field of geriatrics?

Dr. Yoshikawa: The VA is the biggest stakeholder in the field of geriatrics. We have the same challenges: how to recruit the top people into geriatrics, how to get more funds for aging services and research. The VA health care system is often influenced by politics and is very focused on the needs of the current veterans returning home from Iraq.

Compared to other wars, the veterans today are returning with injuries that they would not have survived previously. Traumatic brain injuries are much more common. We are being asked to set aside a portion of institutional long-term care beds for injured younger veterans. There is also an emphasis on post-traumatic stress disorder (PTSD), with major VA funds being designated for mental health. This is understandable, but it puts geriatrics into the position of having to compete for dollars for its service needs. Over half of all veterans using our facilities are age 65 and older, so there are huge demands on our health care system.

John C. Beck, MD

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Dr. Beck: I wouldn't know how to answer that question. I worked intensely to involve other schools at UCLA in geriatrics and gerontology and, over time, engaged the Schools of Dentistry, Social Welfare, Nursing and Public Health. In 1984, I worked with UCLA Chancellor Young and my esteemed colleague, Philip Weiler, MD, at UC Davis, to get legislation passed in California for the Academic Geriatric Resource Program (AGRP). This program brought greatly needed infrastructure dollars and a mandate for geriatrics and gerontology development, to every University of California campus with a health sciences program.

Question: You have been very effective in legislative policy to support geriatrics. How did you learn how to do this type of work?

Dr. Beck: I'm "self-taught" in policy and legislation development. While at RAND, I began working with legislative aides, Congressman Henry Waxman, and the VA Central Office. In the early 1980's, I was able to help develop legislation and appropriations to create special programs for faculty development and training (now ongoing with the HRSA Bureau of Health Professions). I assisted in developing the concept and program model for the VA Geriatric Research, Evaluation, and Clinical Centers (GRECCs) programs; and helped to establish post-graduate fellowships and specialty board certifications in geriatrics (both medicine and psychiatry).

I had always been active in research. Towards the end of my time at UCLA, we secured funding from the Kellogg Foundation for an In-Home Assessment program that tested a model of using gerontological nurse practitioner home visits to delay and prevent disability in community dwelling older adults.

This program model and two Swiss physicians he mentored while they were being trained in the UCLA geriatric medicine fellowship program would continue being an important part of Dr. Beck's professional life for the foreseeable future.

Question: What have been your major professional activities since retiring from UCLA?

Dr. Beck: My current career is that of independent entrepreneur and researcher. I have found the European countries to be much more interested in major prevention efforts like the initial Kellogg study than funders in the U.S. I am currently involved with Dr. Stuck on a major randomized clinical trial of over 10,000 older people with funding from the European Union and Swiss insurance companies. My earlier work with Drs. Lester Breslow and Jonathan Fielding in Health Risk Appraisal assessment systems is also continuing, with promising new tools for falls prediction and risky alcohol use.

I have been active in Switzerland, in support of the career paths of two previous trainees: Drs. Bula and Stuck. I helped establish two departments of geriatric medicine in Swiss medical schools: one in Les Seon with Chris Bula installed as director in July, 2007, and the second in Bern led by Andreas Stuck. Last year I spent two months in the U.K. as a Royal Society of Medicine visiting professor and in the prior year, consulted in Australia with leaders on developing a national framework for care of the elderly.

Question: Has your age brought any new perspectives on geriatrics?

Dr. Beck: Yes and no. Looking back over the past 30+ years of activity in the field, I'm concerned with how slowly things are moving. This is a problem for the field.

From a personal view, I'm blessed with good genes: both my parents lived to 100 — I don't know if I'll make that! Plus I have always been physically active. I need to be intellectually active and creative and haven't experienced any concerns.

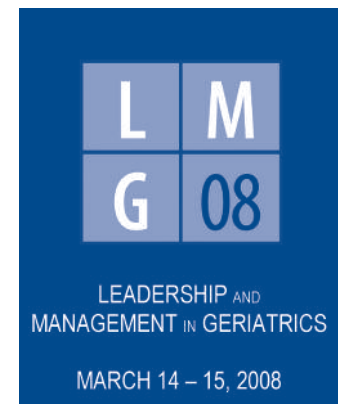
Question: What do you believe are the biggest challenges in the field of geriatric medicine today?

Dr. Beck: The challenges in the U.S. are similar to those I identified early on in my career: the need to develop a better financing system for elder care, the need to train qualified professionals in a variety of disciplines to provide better care, and the need to set up a whole host of research studies to answer the many questions that remain untouched.

I am disturbed that the U.S. does not have an overall conceptual frame and agreed-upon system of care for older adults. We have a financing system, but not a "national will" that demands a rational solution to ensure quality in the care of older adults. Having seen the success of grass roots movements abroad, I'm doubtful of our ability to develop a broad constituency that includes the political system, the population at large, powerful stakeholders, in addition to a national federation of aging organizations to address these issues. Don't get me wrong, the quality of care provided in the U.S. to older adults has greatly improved, in step with the development of geriatric medicine principles and practices. But there is still much we don't know and much work we need to do.

Question: What advice would you give the "new" generation of academic geriatric leaders?

Dr. Beck: Fix the problems that need fixing! There are very powerful stakeholders in the U.S. who are fundamentally opposed to establishing a rational solution to the care of the elderly. We will only be able to succeed by developing a much stronger constituency that involves the political system and the population at large.



Physicians, nurse practitioners, nurses, and allied health professionals:

Attend LMG 2008, an intensive and interactive program where you will be encouraged to consider novel business strategies for geriatric care. For more information, please contact Susan Kwan at (310) 312-0531 or skwan@mednet.ucla.edu.

The SAGE Project Initiates Educational Competency Reviews

“A Systems Response to Improving Education on Aging in California,” funded by the U.S. Department of Education Funds for Improving Post-Secondary Education (FIPSE) program has a new name: **A Systems Approach to Gerontology Education (SAGE)**. The adoption of this user-friendly moniker was just one of many first steps for project faculty as they launched their new program.

The SAGE project, which was funded in January 2007, will develop competency-based curricula for two-year, four-year and graduate programs in gerontology, nursing and social work. It will then initiate faculty development programs to provide curricular materials for increasing the aging content relative to competency standards within each of these disciplines. SAGE faculty began by reviewing the course curricula for their nursing, social work, and gerontology programs and analyzing the ways each of

their program’s content addresses established published competency standards.

SAGE has two nursing Associate Degree program partners: Ventura College and Santa Barbara City College. Nursing competency standards from the American Association of Colleges of Nursing (AACN) & John A. Hartford Foundation Institute for Geriatric Nursing (2000) are being mapped onto these nursing programs. The undergraduate minor in gerontology programs at UCLA and California State University, Northridge will utilize the gerontology competencies published by the Association of Gerontology in Higher Education (1993). The UCLA social work program will utilize the aging competencies published by the California Social Work Education Center (CalSWEC) Aging Initiative (2006).

This needs assessment process has provided many insights into the comparabili-

ty of competency standards across these disciplines, and has also emphasized important differences between them. SAGE leadership developed special extraction tools for each program and also mapped the competency areas for each discipline onto each other. Twelve broad competency areas were determined to be relevant to all three disciplines. The number and specificity of competencies within each area varied by discipline. SAGE faculty leadership discussed these activities and concomitant methodology domains with its national advisory and steering committees in October. The SAGE program model and competency assessment process will be presented at the Association for Gerontology in Higher Education (AGHE) Annual Meeting poster session in February 2008.

UCLA Mini-Fellowship Spotlight: Platform Skills

As a part of UCLA’s Donald W. Reynolds Foundation grant to strengthen the expertise of clinician-educators in geriatrics, UCLA developed the Mini-Fellowship Program. This three-day intensive course provides clinician-educators the opportunity to train with leaders in geriatric education. Since April 2005, UCLA has conducted six successful Mini-Fellowship Programs, training over 100 clinician-educators from 65 different institutions across the nation.

For educators to successfully communicate, they need to have the skills to create interest and excitement within the audience. David B. Reuben, M.D. leads the “Platform Skills” session at each UCLA Mini-Fellowship Program. The purpose of this session is to teach participants the key essentials on how to give an effective presentation by improving body language, voice and content.

Dr. Reuben serves as the “acting coach,” while each participant delivers a 3-



Participants have fun while learning a variety of techniques to improve their presentation style.

minute presentation to the entire group. Each participant is critiqued and given feedback by both Dr. Reuben and the audience. By watching one another, the participants broaden their range of styles and learn how to tailor presentations based on the audience and topic. The session is videotaped and participants receive a DVD of their own presentation. “I think I will benefit enormously from actually seeing how my presentations come across to students,” says one participant, who learned the importance of

making eye contact and connecting with the audience.

Two Mini-Fellowship Programs have been scheduled for 2008: February 20-22 and June 25-27. For more information or to request an application, please contact the Reynolds Program Coordinator, Anne Hu, MPH at annehu@mednet.ucla.edu or (310) 312-0531. You can also visit us at www.geronet.ucla.edu/centers/reynolds

UCLA Minority Aging Research Programs Receive Continued NIH/NIA Funding

The UCLA Center for Health Improvement of Minority Elders (CHIME) and the National Resource Centers for Minority Aging Research (RCMAR) Coordinating Center were successful in their recent competitive renewal applications. The National Institute on Aging (NIA) announced that both CHIME, directed by Carol Mangione, MD and the RCMAR Coordinating Center based at the UCLA MPGMG and directed by Janet C. Frank, DrPH, were selected for continued funding for the third RCMAR funding cycle, 2007-2012.

The mission of the RCMAR national initiative is to “decrease health disparities by increasing the number of researchers

who focus on the health of minority elders; to enhance the diversity in the professional workforce by mentoring minority academic researchers for careers in minority elders health research; to improve recruitment and retention methods used to enlist minority elders in studies; to create culturally sensitive health measures that assess the health status of minority elders with greater precision; and to increase the effectiveness of interventions designed to improve their health and well-being.”

As part of its dissemination plan, the RCMAR Coordinating Center received additional funding through the NIH R13 mechanism to provide further training

opportunities for RCMAR Scholars (junior faculty who receive pilot funding and mentorship through the centers) and other minority aging researchers. This will be the sixth such conference organized as a GSA pre-conference, and scheduled for November 16, 2007. The focus of this year’s conference, “Making Your Research Count: Addressing the Academy of Sciences Research Agenda on Diversity Issues,” is to discuss priority recommendations and collaborate on plans for new research that is needed and of interest to the NIA. For more information on this, or other RCMAR-related opportunities, please visit our website: www.rcmar.ucla.edu.

UCLA Pepper Center Announces New Career Development Award

The Career Development Award is a major feature of the UCLA Pepper Center’s Research Career Development Core (RCDC). The RCDC goal is to train junior faculty members to become future academic leaders in translational basic, clinical and health services research directed toward improving the independence of older persons. Related goals involve attracting new faculty from various disciplines into aging research and serving as a resource in aging education and research to the UCLA community.

Following a competitive review process, one new UCLA Pepper Center Career Development Award was announced in September. Selection criteria included quality of performance in post-doctoral training, research experience and productivity to date, proposed training environment and primary mentor, and a strong commitment of the candidate to an academic career in aging research.

David A. Ganz, MD, PhD

Assistant Professor, UCLA Department of Medicine

“Improving the Quality of Primary Care for Falls and Mobility Disorders among Older Veterans”

Primary Mentor: Paul G. Shekelle, MD, PhD, Acting Chief, General Internal Medicine, VA Greater Los Angeles Healthcare System and Professor, UCLA Department of Medicine

The goal of Dr. Ganz’s CDA research is to improve the quality of care for older adults with falls and mobility disorders within primary care. The first research phase investigates the organizational factors that influence how primary care providers care for patients with falls. The second phase of his research will use results from the first phase to develop a pilot quality improvement intervention to improve care for falls.

For more information about the UCLA Pepper Center and future funding opportunities, please contact the Administrative Manager, Lucio Arruda at larruda@mednet.ucla.edu

MPGMG Receives BHPPr Fellowship Funding

The U.S. Health Resources and Services Administration’s Bureau of Health Professions (BHPPr) announced that UCLA MPGMG will receive 3 years of funding for the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals Grant Program.

This program will provide funding for one Geriatric Psychiatry fellow, one Geriatric Dentistry fellow and one Geriatric Medicine fellow, each for 2 years. The goals of the program are to address the serious shortage of faculty in geriatrics. The program will prepare selected faculty fellows to teach, manage patients, conduct research and administer academic programs for the elderly, especially in minority and underserved areas.

Recruitment of fellows will begin immediately. For more information, please contact Robin Catino, at rcatino@mednet.ucla.edu.

Faculty News

Shawkat Dhanani, MD, MPH, Clinical Professor of Medicine/Geriatrics and **Nancy Harada, PhD**, Adjunct Professor at UCLA School of Medicine, received a grant from the VA Rehabilitation Research and Development Center to develop and implement a home tele-rehabilitation program for deconditioned older veterans discharged from the hospital.

Rita Effros, PhD, Professor of Pathology & Laboratory Medicine, was selected as the recipient of the 2007 Kleemeier Award. The Robert W. Kleemeier Award is given annually to a member of the Gerontological Society of America in recognition of outstanding research in the field of gerontology. The award will be officially presented on November 20, 2007 at the annual meeting of the Gerontological Society of America in San Francisco.

Bruce Ferrell, MD, Associate Professor of Medicine/Geriatrics, received 3 years of funding for the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Professionals Grant Program from the U.S. Health Resources and Services Administration's Bureau of Health Professions

Janet C. Frank, DrPH was awarded funding to continue the National Resource Centers for Minority Aging Research (RCMAR) Coordinating Center based at UCLA for the funding cycle, 2007-2012. Dr. Frank also received funding for the reinstatement of the California Geriatric Education Center (CGEC) by the U.S. Health Resources and Services Administration's Bureau of Health Professions. She was also awarded a contract to participate in the National Technical Assistance Coordinating Center (NTACC) that will provide evaluation expertise to the national geriatric education center network.

Theodore Hahn, MD has been selected by the Veterans Administration Central Office to be the recipient of the prestigious Marsha Goodwin-Beck award for excellence in Geriatrics. This award recognizes someone who has demon-

strated excellence through exceptional support for direct patient care providers, for geriatric education and training, or for geriatric health policy leadership, including support of innovations enhancing the quality of direct geriatric patient care delivery, education, and training.

Alia Khan-Hudson, MD, Advanced Geriatric Fellow at the Veterans Administration West Los Angeles, received a Presidential Poster award on Geriatric Syndromes at the 2007 American Geriatrics Society Annual Conference for her study, "Sleep Disturbances In Assisted Living Facilities: Evidence and Contributing Factors."

Brandon Koretz, MD, Assistant Clinical Professor of Geriatric Medicine, has been awarded the Donald W. Reynolds Faculty Development to Advance Geriatrics Education (FD~AGE) grant to evaluate the quality of care provided by a nurse practitioner to co-manage five chronic conditions of UCLA Geriatrics patients: falls, incontinence, dementia, heart failure and depression.

Carol M. Mangione, MD received funding to continue the UCLA Center for Health Improvement of Minority Elders (CHIME) as part of the NIA Resource Centers for Minority Aging Research (RCMAR) initiative for 2007 - 2012.

Alison Moore, MD, Associate Professor of Geriatric Medicine received a Mid-career Investigator Award in Patient-Oriented Research (K24) from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The purpose of the award is to allow Dr. Moore to continue her research in alcohol and aging, develop a new research focus on older Latino drinking and to mentor junior clinician scientists in this area.

Bruce Teter, PhD, Associate Professor in the Department of Medicine at UCLA, received a grant from GlaxoSmithKline R&D for his research on the effects of PPAR γ agonists and apoE genotype on brain glucose metabolism.

New MPGMG Staff and Faculty

Rhonda Aizenberg, PhD, joined the Center on Aging as Executive Administrator. She earned her doctorate from Duke University and completed a postdoctoral fellowship at the Ethel Percy Andrus Gerontology Center and Population Research Laboratory, USC.

Lucia Loredana Dattoma, MD joined the MPGMG faculty as an Assistant Clinical Professor of Medicine in July. Dr. Dattoma received her MD degree in 2001 from the Universidad Autonoma de Guadalajara and Fifth Pathway Certificate of Completion in 2002 from New York Medical College. She completed her residency and a combined Faculty Development Fellowship and year as Chief Resident at Harbor-UCLA Medical Center.

Norma Emilian recently moved to the MPGMG Geriatric Education & Coordination Center as Administrative Assistant/Receptionist in August 2007. Norma originally joined MPGMG in 2003 when she took a position with the Division of Geriatrics' Research Center at Alhambra.

Richard Lam, joined the MPGMG as an Administrative Assistant/Receptionist at the Division's Administrative office. Mr. Lam received his Bachelor of Science in Neuroscience from UCLA in 2006.

Victoria Muravlenko joined the MPGMG at the Geriatric Education & Coordination Center as an Assistant Association Manager in July 2007. She received her Bachelor of Arts in International Studies and Bachelor of Science in Computer Information Systems from Lees-McRae College, NC in 2004 and completed her Masters in Public Policy from Pepperdine University in 2007.

Elizabeth Trevino joined the MPGMG in June as an Administrative Specialist. Ms. Trevino hails from Texas, but was raised in Pasadena, CA. She earned her bachelors degree in English, and Masters degree in Organizational Management.

VA-UCLA Geriatric Medicine Fellowship Program

The fellowship program continues to attract high quality applicants who are often recruited to excellent positions when they graduate. Our '06-'07 graduating fellows took positions at UCLA Division of Geriatrics, University of Southern California, Kaiser in both San Bernardino and Palm Desert, California, Health Care Partners in Pasadena, and the Gallup, New Mexico Indian Medical Center, among others. We are proud of our graduated fellows and wish them success in their future endeavors.

Our '07-'08 fellowship class began in July with twelve fellows, successfully filling all our fellowship slots. Eleven of the current fellows come from Internal Medicine backgrounds, and one comes from Family Medicine. One Geriatric/Oncology fellow will start his geriatric rotations in November. Recruitment has gotten a little easier since we began using the Electronic Residency Application Service (ERAS) this year. This service allows applicants to transmit their application packet directly to us and other residencies on line.

The fellowship will have two new rotations this year. One rotation is the Geropsychiatry rotation at the West Los Angeles and Sepulveda VA campuses. This rotation is being supervised by Dr. David Sultzer at the West Los Angeles



2006-2007 Fellowship Class

VA, and Dr. Randy Mervis at the Sepulveda VA. The second rotation, also at both VA campuses, is Palliative Care, supervised by Dr. Kenneth Rosenfield. Starting this year, we will also begin a faculty advisor program. This program includes one-on-one meetings throughout their fellowship year with a faculty advisor to provide personal career counseling.

As part of the curriculum this year each fellow has the opportunity to give a community lecture at a new location, Sunrise Assisted Living in Santa Monica. The topics of these community lectures are

all general topics in geriatrics and have been very well received at other assisted living locations in the past.

The program continues to support a wide range of learning opportunities. The weekly core lecture series and research seminar is held every Thursday afternoon from 3:00-5:00 pm at the West LA VA Medical Center, Building 500, room 3232, and all trainees and faculty are welcome to attend. Monthly schedules are available from the program coordinator, Robin Catino at rcatino@mednet.ucla.edu.

The UCLA Alhambra Center Research Update

Teaching Diabetics about Healthy Lifestyles: The Diabetes Prevention Program Outcome Study

The UCLA Research Center at Alhambra is one of 26 sites participating in the Diabetes Prevention Program and the follow-up study, the Diabetes Prevention Program Outcome Study (DPPOS). These studies were begun by the National Institutes of Health in 1992 to evaluate the effects of lifestyle modification and the drug Metformin on the development of type 2 diabetes and diabetes-related health problems over a period of 10 years.

At the UCLA site, led by Karol Watson, MD, 150 participants ranging in age from 51 to 77 are enrolled in Year 6 and attend lifestyle classes 4-6 times a year. Classes focus on celebrating participants' steps toward meeting their individual goals, an important strategy to successfully keep participants committed to the program.

The classes are very practical and also fun! A highlight last year was a festive demonstration cooking class at a local Mexican restaurant where participants learned from the chef and a nutritionist how to prepare a healthy and inexpensive meal.

Besides nutrition, the DPPOS study has presented a large variety of interactive lifestyle classes such as dance (salsa, belly dancing and country line dancing to name a few) and yoga. In addition, discussion of videos ranging from the eye opening "Super Size Me" to Oprah Winfrey's own motivational presentation have provided study participants with new perspectives about diet, nutrition and staying healthy. Overall, the participants have gained useful knowledge and developed practical skills that they can use on a regular basis to make a big difference in their health.

The California Geriatric Education Center — Back in Business!

The California Geriatric Education Center (CGEC) based at the UCLA MPGMG, received a 3-year grant from the Bureau of Health Professions, Health Resources and Services Administration (HRSA). The CGEC has had continuous federal funding since 1987 until the federal funding hiatus in 2006. The reinstatement of federal funds provides important program dollars to address the health professions' preparedness in geriatric medicine and gerontology.

The newly reorganized CGEC includes four participating campuses: University of California (UC) San Diego, UC Irvine, California State University at Northridge and UCLA; each with education, training and research programs in aging and 19 health professional schools among them. In addition to these academic resources, another important CGEC partner is the California Council on Gerontology & Geriatrics (CCGG), a statewide profes-

sional association of individuals and organizations that provides leadership in education in order to promote research, policy, and practices that enhance the quality of life of the State's diverse older population.

CGEC themes will be organized within two major training initiatives, *Using the Evidence-base to Improve Geriatric Education*, and *TEAM San Diego: A Community-Academic Partnership*. The Evidence-based Education Initiative encompasses three statewide projects: (1) academic faculty and curricula development in evidence-based prevention that coincides with the roll out of an Administration on Aging Evidence-based Disease Prevention program; (2) elder abuse and (3) health literacy. The target audiences for these programs are California college faculty, students and current professionals providing care to older adults. Each of these programs is linked to statewide and

national priorities and will focus on competency-based outcomes.

TEAM San Diego will create a countywide training program to support a new system of "virtual" care teams. The target audiences for *TEAM San Diego* are health science students and service providers who touch patients' lives, including primary care physicians and their office staff, nurses, social workers, pharmacists, caregivers, social service providers, and other interested stakeholders. These providers, whose primary means of interaction is electronic, will work together to improve access to comprehensive and coordinated health and social programs for individuals with complex needs.

For additional information on the CGEC, please contact Rachel Price, MSG, CGEC Coordinator, at rprice@mednet.ucla.edu or by phone at (310) 312-0531.

The 24th Annual UCLA Intensive Course — A Huge Success

The 2007 Intensive Course in Geriatric Medicine and Board Review and its concurrent program, Geriatric Pharmacy and Board Review, was held September 26 – 29th to a packed house. Over 285 physicians, pharmacists, nurse practitioners and other care providers attended the 4-day program in Marina del Rey. This course is a national powerhouse of geriatric expertise with 63 faculty and comprehensive coverage of all aspects of geriatric care. Of note for the 2007 program, Linda Fried, MD, MPH, Professor of Medicine, Epidemiology, Health Policy and Nursing at Johns Hopkins Universities in Baltimore, Maryland, was the David H. Solomon Award Lecturer. Gregory M. Cole, PhD, Professor of Medicine and Neurology at UCLA was the invited speaker for the Arthur Cherkin Memorial Award Lecture. Dr. Cole presented "Prevention of Alzheimer's Disease: What You Can Do Now and What We Will Try in the Future."

Special thanks go to the Course Director, Cathy A. Alessi, MD, Professor of Medicine/Geriatric Medicine; Associate Director, Clinical Programs, VA Greater Los Angeles Healthcare System GRECC; for her time and leadership on behalf of the MPGMG Intensive Course. We would also like to recognize course co-directors, Drs. Susan Charette, Shawkat Dhanani, Randall Espinoza, L. Jaime Fitten, and Dan Osterweil. The Pharmacy program was organized by Peter J. Ambrose, PharmD, R. Ron Finley, BSPHarm, RPh, and Kirby M. Lee, PharmD, MA. Finally, the success of the course was assured by the expert coordinator and management of Pamela Jackson-McCall, Minh Q. Ly and Doug Anderson of the UCLA MPGMG.



2007 David H. Solomon Award Lecturer, Linda Fried, MD, MPH (left) and Intensive Course Director, Cathy A. Alessi, MD (right)

2007-2008 Calendar of Events

November 16, 2007

**Resource Center for Minority Aging
Research Pre-Conference Workshop:
Making Your Research Count-
Addressing the Research Agenda on
Diversity Issues**

Hilton San Francisco
San Francisco, CA

November 27, 2007

**Social Work Colloquium: Alzheimer's
Disease Diagnosis and Treatment
and the Social Work Role**

UCLA
Los Angeles, CA

February 20-22, 2008

**Donald W. Reynolds FD-AGE Mini
Fellowship Program**

UCLA
Los Angeles, CA

March 14-15, 2008

**Leadership and Management in
Geriatrics**

Hilton Executive Meeting Center
Long Beach, CA

April 18, 2008

**California Council on Gerontology
and Geriatrics (CCGG) 2008 Annual
Meeting**

Sacramento, CA

June 25-27, 2008

**Donald W. Reynolds FD-AGE
Mini Fellowship Program**

UCLA
Los Angeles, CA

For more information, please call
(310) 312-0531 or visit
www.geronet.ucla.edu

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