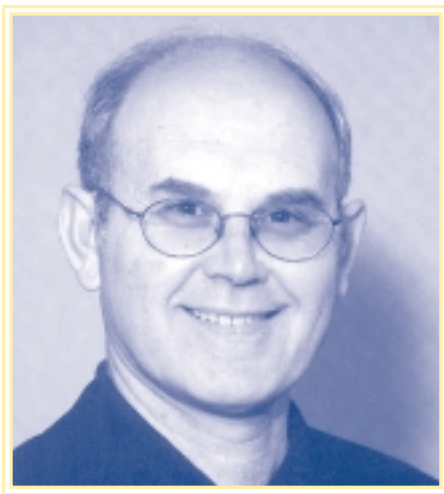


Dan Osterweil Q&A



Dan Osterweil, MD, is a geriatrician with a global perspective. Born in post-World War II Germany, his pursuits as student, teacher, and practitioner have brought him to such disparate locations as Italy, Israel, South America, and Southern California. His association with UCLA began in the early 1980s as a fellow in the UCLA/VA Geriatric Fellowship Program. His current roles include clinical professor of medicine/geriatric medicine, UCLA School of Medicine, associate director of the UCLA Multicampus Program in Geriatric Medicine and Gerontology, research associate with the UCLA Borun Center for Gerontological Research, and editor-in-chief of the *Journal of the American Medical Directors Association*.

Q: *Tell us about your background and what influenced your interest in pursuing a career in geriatrics.*

A: I was leaning towards geriatrics during my internship at a rural hospital in Northern Israel where I observed that elders discharged from acute care were often readmitted just a few weeks later. I began researching assessment of home care needs for the elderly and the relationship between disability and access to community services. Data from this project helped implement policies prohibiting age discrimination against elders on waiting lists for eye surgery.

During a fellowship in 1980 in the USC Department of Medical Education, I was invited by a faculty member to present my research to an Inter-University Geriatric and Gerontological Interest Group. We had spirited discussions about the differing approaches to medical care between the Israeli socialized medical system, and the fee-for-service private system of the United States. I was subsequently invited to meet UCLA geriatrics senior faculty John Beck and David Solomon, along with several other geriatrics faculty members. In fact, I was being informally interviewed. I accepted the offer of a fellowship position in 1982, and the rest is history.

Q: *You bring a global perspective to the field. Have you found significant cultural differences with geriatric professionals in other countries, such as their attitudes and approaches to clinical care for the elderly?*

A: I did see differences in attitudes toward aging and elder care when I lived in Europe, the Middle East, South America, and currently in the United States. One area of difference was in patient expectations. Individuals in South America have low expectations regarding

reversing changes associated with aging, whether they are natural physiological changes, or within the context of disease processes. In the United States, particularly in California, many people expect the medical profession to reverse the aging process or “fix everything.” Israel’s quasi-social medicine system has produced many medical professionals who are less active in their approach and have less incentive to treat the more time-consuming challenges (i.e., dementia-related conditions, falls, urinary incontinence).

Another area where there are some noticeable differences is in end-of-life care. In countries like Israel, where religious laws have a significant impact on state laws, there is no self-determination (i.e., one cannot refuse cardiopulmonary resuscitation). Hospices have only recently been introduced, and even in that setting, the curative versus palliative approach is debated. In some South American countries, the culture is more accepting of end-of-life palliative care.

Q: *Among your professional activities is the medical directorship of community-based and long-term care organizations. What aspects of the role of medical director appeals to you?*

A: Initially, the appeal of being a medical director was that I saw the opportunity to make a difference in how frail elders are cared for in long-term care (LTC) facilities. Medical directorship in LTC has evolved from a poorly defined job with a low knowledge base, to a defined profession that now has training curriculum developed by the American Medical Directors Association. We (UCLA) had the opportunity to be pioneers in this area. Publications that have come out of this work include the book, “Medical Care in the Nursing Home,” co-authored by Joe Ouslander, myself, and John Mor-
Continued on page 6.

Director's Column

MPGMG Director David B. Reuben, MD

It is spring. Even in Los Angeles, there is a slight change in the seasons and new flowers are in bloom. The springtime also is a time for us to take stock of how the past year has progressed and where we are headed in the coming year.

As far as our progress, we have several yardsticks of our important missions of research, education, and clinical care. In May of each year, we look forward to the American Geriatrics Society's Annual Meeting. Students and junior and senior faculty are busily preparing their paper and poster presentations. This year 5 of the 43 abstracts selected for oral presentation, including one of the three plenary papers, were from UCLA Multicampus Program in Geriatric Medicine and Gerontology (MPGMG). An additional 21 abstracts will be presented as posters, several by students and fellows. Each spring, our Claude D. Pepper Older Americans Independence Center External Advisory Committee also visits us. This is the 11th consecutive site visit that I have observed and I was singularly impressed by our junior faculty who are supported by Pepper Center or Mentored Clinical Scientist (K-12) career development awards. These talented young faculty members were passionate about their research and the science was exciting. Moreover, they are becoming quite skillful in presenting. From a program director's perspective, watching this growth creates a warm glow inside.

In the spring, we are also evaluated by our house staff at a retreat that reviews teaching. The census of the geriatric inpatient service has grown and the mandatory rotation for third year residents is now recognized as one of the busiest and most difficult rotations. Despite the challenge, the rotation was exceptionally well received and the residents suggested adding more residents (e.g., from affiliated hospitals) to the service rather than altering the structure of the rotation. As a recipient of one of the John A. Hartford Foundation/Association of American Medical Colleges grants to

increase geriatrics training in medical schools, we have been under constant surveillance by the dean's office. By the midpoint of this year, we had implemented approximately 90% of our intended goals. Moreover, we have a continuing grant from the Funds to Improve Post-secondary Education to provide technology-enhanced teaching methods specifically for geriatrics throughout the medical school curriculum. As a result, we have developed some amazing CD-ROM and web-based cases and teaching tools.

From a clinical perspective, each of the MPGMG sites is prospering. For example, the University-based faculty and fellow practice has grown by 29% over last year and we are on target to provide approximately 19,000 outpatient visits this year. Because we are an integrated health care system, the medical center and other clinical practices benefit enormously from the services generated by our primary care geriatrics patients. In turn, they have been remarkably supportive of our broad mission.

The past 6 months have been a period of personal growth for me. At the time of my last Director's column, we were still under the cloud of the terrorist attack of September 11. None of us has forgotten that terrible tragedy. Yet, life has moved on and we have resumed our roles and work. There are many lessons about the bleakness of the worst of times but for us as a society and as individuals, these too shall pass. When our junior (and senior) faculty are faced with paper and grant rejections and bumpy episodes when teaching or providing clinical care, it is so important to keep these troughs in perspective; they are transient. I also have had the opportunity, along with 25 other health professionals, to participate in the California Healthcare Foundation's Health Care Leadership program. This 2-year program will help me become a more effective leader by further developing my leadership and management skills. The first component has been

learning about myself as a leader—how I like to use information, my natural management style, and what my direct reports, peers, and boss think of me. Although such self-examination is difficult and sometimes painful, it has been exceptionally valuable for me. I believe that all program leaders could benefit from such a process.

Finally, I reached a major chronological milestone, turning 50 years old in March. The event has prompted considerable reflection on how I have spent my life thus far and what lies ahead.

Although so much has changed over the past five decades, I look upon the UCLA MPGMG with great pride, excitement, and optimism. Despite the ever-present day-to-day stresses and crises, in so many respects, these are the best of times.

Fellowship Class of 2002

June 20 marks the day this year's nine geriatric medicine fellows will celebrate graduation at the annual banquet held at the UCLA Faculty Center.

One fellow continues here at UCLA, in the MPGMG faculty training program sponsored by the Bureau of Health Professions. Future plans for other fellows include geriatrician positions in San Francisco and Denver.

Congratulations and Good Luck

AGRC Distinguished Professor Award Given to Robert Butler, Founding Director of the National Institute on Aging and Pulitzer-Prize Winner for “Why Survive? Being Old in America”

On April 18, the UCLA Academic Geriatric Resource Center (AGRC) hosted Dr. Robert Butler, who was named the Distinguished Professor for 2002. The AGRC is an interdisciplinary consortium representing the Schools of Medicine, Nursing, Dentistry, Public Health, Department of Social Welfare, the College of Letters and Sciences, and the Center on Aging. Since 1990, the Campus Advisory Committee of the AGRC has annually selected an outstanding individual who has made considerable contributions in the field of aging to receive this award. Past recipients include James Birren, Robert Kane, James Jackson, Alexander Capron, Joseph Newhouse, Richard Besdine, Cornelia Beck, Thomas Prohaska, and David Satcher.

Following the award presentation, Dr. Butler spoke about “The Longevity Revolution: Celebration or Calamity?” He engaged in a question-and-answer session with the audience, and attended a reception in his honor. Numerous staff, faculty, and students had the opportunity to informally chat with Dr. Butler.

In 1975, Dr. Butler became the founding director of the National Institute on Aging of the National Institutes of Health, serving in that position for the next seven years. Dr. Butler was awarded the Pulitzer Prize in 1976 for the land-



left to right: James Lubben, DSW, MPH, professor, department of social welfare, school of public policy and social research; Mary Ann Lewis, DrPH, RN, professor, school of nursing; AGRC award recipient Robert Butler, MD; Steven Wallace, PhD, professor, department of community health sciences, school of public health; David Reuben, professor, school of medicine/geriatrics, director, MPGMG, and chief, division of geriatrics

mark book “Why Survive? Being Old in America.” He is coauthor of the books “Aging and Mental Health” and “Love and Sex After 60,” as well as the author of over 300 scientific and medical articles. Dr. Butler chaired the advisory committee for the 1995 White House Conference on Aging. He is the founder, president, and CEO of the International

Longevity Center-USA, part of a multinational nonprofit research, policy and education consortium. In 1982, he founded the first department of geriatrics in a U.S. medical school at the Mount Sinai School of Medicine in New York, where he is currently professor of geriatrics and adult development.

UCLA Center on Aging

- Gary W. Small, MD, Parlow-Solomon Professor on Aging and director, UCLA Center on Aging, has a new book being published this June. “The Memory Bible” describes the latest research on brain aging and what people can do to keep their brains young.
- The Center honors renowned philanthropist Robert H. Ahmanson and Hugh Downs, the former longtime anchor of ABC’s primetime news magazine show “20/20,” at the Center’s Annual ICON Awards June 8. Mr. Ahmanson and Mr. Downs were selected for their continuing outstanding contributions to society and their active lives that exemplify the Center’s motto, “living better longer.” Proceeds from the event will help support the Center’s ongoing activities aimed at improving quality of life for older adults. For more information, call: (310) 794-0676.

UCLA Older Americans Independence Center

Linking Individualized Care with Quality of Life Outcomes for Nursing Home Residents



Lené Levy-Storms, PhD

With the goal of improving nursing home (NH) residents' quality of life, the concept of individualized care (IC) has increasingly become the focus of geriatric researchers, educators, and clinicians. IC can be generally described as tailoring, as much as possible, the manner in which NH residents receive daily care to match the residents' needs and preferences. However, research to date on IC has focused primarily on conceptual aspects, with no universally accepted measurement protocols.

One OAIC researcher working in this area is Lené Levy-Storms, PhD, assistant professor of medicine/geriatrics at UCLA. According to Levy-Storms, IC consists of two core aspects – the way the care is

customized to residents' needs and preferences, and the interpersonal support between caregiver and care recipient, a primary relationship that affects a residents' quality of life. Caregiving thus becomes a two-way process that is exchanged rather than delivered, and is focused not only on what care services are provided, but also the manner in which they are provided.

Previous research has shown a link between social relationships and health outcomes such as mortality and morbidity in community-dwelling elders. In the nursing home setting, elders' day-to-day social relationships are mostly with staff and other residents. A research question that arises from this is: How do interpersonal relationships between nursing aides and family caregivers influence clinical health outcomes of institutionalized elders?

According to Levy-Storms, "One of this project's goals is to identify steps in the interaction between staff and residents that can be modified to improve patient

satisfaction rates. A key component of identifying these steps and possible modifications is examined in the next research phase, which focuses on communication behaviors of both nursing home staff and residents during their daily interactions."

Research results are expected to contribute to the development of an empirically grounded model of IC, as well as methods to measure the interpersonal exchange between informal and formal caregivers and NH residents that is inherent in the care process. Initial data analysis is yielding some preliminary findings, described in an upcoming article in the journal *Gerontologist* co-authored by Levy-Storms.

It is also anticipated this research will lead to future intervention studies that will establish the IC measurement protocol as another quality of care indicator in the NH. The UCLA OAIC provided research support through a Career Development Award to Levy-Storms.

Look for these recently published findings supported by the OAIC:

- **Chodosh J**, Ferrell BA, Shekelle P, Wenger N. Quality indicators for the management of chronic pain among vulnerable older persons. *Annals of Internal Medicine*. 2001, 135:731-735.
- **Harris-White ME**, Chu T, Miller SA, Simmons M, Nash D, Teter B, Cole GM, Frautschy SA. Estrogen (E2) and glucocorticoid (Gc) effects on microglia and A β clearance in vitro and in vivo. *Neurochemistry International*. 2001, 39(5-6):435-448.
- **Hu P**, Seeman TE, Harris TB, Reuben DB. Is serum uric acid associated with all-cause mortality in high-functioning elderly persons: MacArthur Studies of Successful Aging. *Journal of the American Geriatrics Society*. 2001, 49(12):1679-1684.
- **Reuben DB**, Choh AI, Harris TB, Ferrucci L, Rowe JW, Tracy RP, Seeman TE. Peripheral blood markers of inflammation predict mortality and functional decline among high functioning community-dwelling older persons. *Journal of the American Geriatrics Society*. 2002, 50(4):638-634.
- **Saliba D**, Elliott M, Rubenstein LZ, Solomon DH, Wong L, Keeseey J, Young RT, Kamberg CJ, MacLean CH, Shekelle PG, Sloss EM, Wenger NS. The vulnerable elders survey (VES-13): A tool for identifying vulnerable elders in the community. *Journal of the American Geriatrics Society*. 2001, 49(12): 1691-1699.
- **Sarkisian CA**, Liu HH, Ensrud KE, Stone KL, Mangione CM. Correlates of attribution of new disability to "old age." *Journal of the American Geriatrics Society*. 2001, 49:134-141.
- **Schnelle JF**, Smith MD. Quality indicators for the management of urinary incontinence in vulnerable community dwelling elders. *Annals of Internal Medicine*. 2001, 135:752-758.
- **Simmons SF**, Osterweil D, Schnelle JF. Improving food intake in nursing home residents with feeding assistance: A staffing analysis. *Journal of Gerontology: Medical Sciences*. 2001, 56A(10):M790-794.

UCLA Student Receives Award from California Department of Health Services for Contributions to Alzheimer's Disease Guidelines Project

Dana Miller Martinez, MPH, is a hard-working UCLA School of Public Health doctoral student who agreed to "help out" on a California Geriatric Education Center project to update the "California Guidelines for Alzheimer's Disease (AD) Management." The Guidelines were first published in 1998 through the efforts of the California Workgroup, with leadership provided by the California Department of Health Services (DHS) and the Los Angeles chapter of the Alzheimer's Association. The update, like the original, focuses on evidence-based recommendations in the areas of AD assessment, treatment, caregiver and patient education and support, and regulatory requirements.

The California DHS recently recognized Ms. Martinez for her excellent work on the project. Her tasks involved assisting in the reorganization of the 40-person statewide workgroup; planning and implementing two in-person consensus meetings; identification, collection, review and analyses of some 285 peer-reviewed articles published on AD care since 1998; and finally, drafting the evidence-based report to support the Guideline recommendations. Congratulations to Dana for her excellent work and thanks to the DHS for taking time to provide this well-deserved recognition. More information about the Guidelines and report is available on the Los Angeles Alzheimer Association's Web site, www.alzla.org.



Dana Miller, MPH, with her special recognition award from the California Department of Health Services

Care Management Summit: Exploring Best Practices

The California HealthCare Foundation Program for Elders in Managed Care (PEMC) convened an invitational "Care Management Summit" April 8-10 in Santa Barbara to explore the opportunities and challenges of care management. The summit brought together key personnel from PEMC projects utilizing care management approaches with national and international leaders in care management research and service delivery.

Featured care management practice and research expert faculty included David J. Challis, PhD, and Scott Miyake Geron, PhD. Dr. Challis is professor, community care research, and director, Personal Social Services Research Unit, at the Uni-

versity of Manchester in Manchester, England. Dr. Challis is co-author of the recently published book "Unmet Need and Older People: Towards a Synthesis of User and Provider Views." Dr. Miyake Geron is associate professor of social welfare policy and research, and co-director of the dual degree program in the schools of social work and public health at Boston University. He has developed teaching and training materials for case managers, geriatricians, mental health professionals, and others who work with the elderly and the chronically mentally ill.

The meeting focused on a number of current challenges in determining care

management best practices in service delivery and research, the process of providing care, the role of the consumer, and selection of outcomes measures. Participants also identified and discussed current gaps in knowledge about care management processes, programs, and research. The summit appropriately ended with a group discussion facilitated by PEMC Program Office co-directors David Reuben, MD, and Janet Frank, DrPH, of the UCLA MPGGMG. "Lessons Learned and Critical Questions" laid the groundwork for future directions to improve care management programs and research.

Cluster Course Links Classroom with Community-based Services for Older Adults

In January 2002—only midway through their first year at UCLA—freshmen college students traveled from campus classrooms into the community to experience first-hand long-term care service delivery to older adults.

“Frontiers in Human Aging: Biomedical, Social and Policy Perspectives,” the newest of seven UCLA undergraduate general education clusters, is an interdisciplinary team-taught course designed to introduce freshmen to aging and demonstrate how different disciplines – biology, sociology, psychology, and public policy – can address a common issue. Leading the course are UCLA faculty members JoAnn Damron-Rodriguez, PhD, department of social welfare, Rita Effros, PhD, department of pathology and laboratory

medicine, and Lené Levy-Storms, PhD, school of medicine/geriatrics.

During the winter quarter, “Frontiers in Human Aging” earned the distinction of being the first cluster course to introduce freshmen to the concept of “service-learning.” Dr. Damron-Rodriguez spearheaded the course project, administered by the UCLA Center for Educational and Experiential Service Learning (CEESL), which specializes in facilitating opportunities for students to link classroom lessons with community experiences. To introduce students to community-based sites, CEESL director Dr. Kathy O’Byrne created a Service Learning Fair that included representatives of the Center for Healthy Aging in Santa Monica, AltaMed, Jewish Family Services, and the Ingle-

wood Senior Center. Students selected their sites from this array of organizations and CEESL provided transportation to the sites.

Throughout the five-week internship, students kept journals to record their thoughts and observations. Afterwards, students formed small “service-learning groups” and presented to the class what they experienced and how it linked with concepts from the readings and lectures. Presentations were created using a variety of media, including a video documentary, and a “real” Web site resource for older adults with information about various community-based long-term care services in Los Angeles. Plans call for this resource guide to be posted on the UCLA GeroNet Web site later this year.

Dan Osterweil Q&A

(continued from page 1)

ley (latest revision 1997).

It is gratifying to see that many of the approaches we have implemented at the Jewish Home for the Aging have been adopted by other long-term care facilities. Current research projects at the Borun Center are investigating whether certain systematically applied clinical practices may yield better resident health outcomes.

Q: You’ve been leading an ongoing series of conferences with the theme “Training of Trainers: Community-Based Care.” The most recent, “Caring for Elders with Cognitive Impairment,” takes place this spring in the San Francisco area. What do you find most challenging about teaching these courses?

A: The primary challenge is applying academically developed assessment methods and processes of care to the “real world.” Sponsored by the California Geriatric Education Center (CGEC), we started seven years ago with a comprehensive geriatric assessment course,

training leaders in family and internal medicine how to train and teach geriatric assessment skills. The CGEC continues to sponsor the Train-the-Trainer Community-based Long-term Care series. The course teaches comprehensive geriatric assessment skills to clinical trainers for implementation by a multidisciplinary team in community-based practices. That project was in collaboration with Dr. JoAnn Damron-Rodriguez (associate professor, department of social welfare, School of Public Policy and Social Research), and was a “big hit” with health professionals. We traveled around the state, training teams in the use of such tools as a community resources pocket guide that we developed. We were very gratified to see trainees demonstrate application of the skills they learned.

Q: There’s a new conference scheduled for the fall, “Geriatric Services Management Training.” Who is the conference designed for, and what lessons would like participants to take away from it?

A: This new course is sponsored by the CGEC and the Academic Geriatric Resource Center (see “AGRC Distinguished Professor...” on page 3). The

three-day program is designed for faculty and community-based health care practitioners with training responsibilities, geriatric health care professionals with management responsibilities, or those seeking to enhance their current management skills. We developed a curriculum relevant to physicians, nurses, and administrators with roles across different disciplines in different settings. The course provides in-depth training in management principles of geriatric health care services. Course topics include organizational structure, creating effective teams, multicultural issues, business development strategies, health law, and continuity of care from home through acute to chronic care.

Q: Any other activities being added to your “full plate” in the near future?

A: Not right now. I’m focusing on current projects, continuing my work to improve geriatric healthcare services delivery to elders across sites and disciplines. I still see tremendous opportunities to do this through training and education that gives health professionals the tools to understand, identify, and implement effective systems of care.

Faculty News

UCLA faculty recently participated in a scientific congress in Valencia, Spain held in conjunction with the United Nation's Second World Assembly on Aging. Several faculty members represented the School of Public Policy and Social Research (SPPSR). **JAMES LUBBEN, DSW, MPH**, professor, and **JOANN DAMRON-RODRIGUEZ, PHD**, associate professor, SPPSR-department of social welfare, were co-organizers of several symposia. Dr. Lubben, a technical consultant with the World Health Organization-Kobe Centre, assisted with the WHO-sponsored symposium "Critical Issues in Health and Welfare Systems Development for Aging Populations." Dr. Damron-Rodriguez assisted with the symposium "Immigration and Aging: Demand and Supply in Long Term Care." Other UCLA faculty presenting at the April forum include **TED BENJAMIN, PHD**, professor and chair, department of social welfare, **FERNANDO TORRES-GIL, PHD**, associate dean and professor, SPPSR, **EMIL BERKANOVIC, PHD**, professor, and **STEVEN WALLACE, PHD**, associate professor, school of public health, department of community health sciences. The meeting was held under the auspices of the International Association of Gerontology with the goal of bringing together a wide range of the world's leading researchers, educators, and practitioners in aging.

RITA EFFROS, PHD, professor, pathology and laboratory medicine, and associate director of the UCLA OAIC research development core, has been appointed to the Elizabeth and Thomas Plott Endowed Chair in Gerontology. The five-year appointment is for a UCLA professor with active educational and research programs related to aging and longevity in the fields of molecular biology, neuroscience, and immunology. Dr. Effros is an internationally recognized expert in the cellular and molecular aspects of aging, with a focus on age-related changes in the immune system and telomerase dynamics relative to immunosenescence. Dr. Effros has also recently received a UCLA AIDS Institute Seed Grant of \$50,000 for a project to develop and test a new method for measuring telomere lengths in individual cells.

BRUCE FERRELL, MD, associate professor, school of medicine/geriatrics, in his role as chair of the American Geriatrics Society Panel on Persistent Pain, will announce revised practice guidelines at a special symposium May 16 during the AGS Annual Meeting. "Management of Persistent Pain in Elderly Persons" emphasizes recommendations for assessment of pain in persons with dementia, as well as discussion of new drugs and other treatment strategies that have become available since the first guidelines on chronic pain were published in 1998.

CATHERINE SARKISIAN, MD, assistant professor, school of medicine/geriatrics, and a member of the UCLA Medical Student Well-Being Committee, recently spoke at the American Medical Student Association national meeting in Houston on "The Injustice of Living in an Ageist Society: Medicare Gaps and Other Problems of Older Adults."

The American Geriatrics Society is honoring **DAVID SOLOMON, MD**, professor of medicine emeritus, by naming their "Distinguished Public Service Award" for him. This award will be presented for the first time during the 2002 AGS Annual Meeting, May 8-12 in Washington, DC, to Senator Harry Reid of Nevada. Dr. Solomon recently received an award himself, from the American College of Physicians-American Society of Internal Medicine. He was recognized for his contributions to geriatric medicine with the organization's oldest award, the John Phillips Memorial Award, "Outstanding Work in Clinical Medicine."

BRUCE TETER, PHD, assistant adjunct professor, school of medicine, and former OAIC Career Development Awardee, is principal investigator of a recently funded pilot research project through the American Parkinson Disease Association Center of Excellence for Parkinson Disease Research at UCLA, "Neuroprotection and Neuroplasticity in the Basal Ganglia."

AGS Comes to California

A group of California geriatric and gerontology health care professionals from a variety of disciplines are working together to form a California affiliate of the American Geriatrics Society – the California Geriatrics Society (CAGS). The CAGS is a nonprofit organization dedicated to improving the health, independence, and quality of life of older people. To this end, CAGS activities include interacting with health care providers in all disci-

plines to improve understanding of age-related changes and health care needs of seniors; encouraging geriatric education and research; collaborating with other professional organizations to advance geriatric practice; and enhancing geriatric care by promoting development and standards of care for geriatric practice.

Anyone in California with an interest in geriatric health care is eligible to join

CAGS. AGS membership is not required. Current members include physicians, nurses, researchers, medical educators, pharmacists, physician assistants, social workers, health care administrators, and others. For more information, send an e-mail message to:

californiageriatrics@yahoo.com

2002 Conference Calendar

June 12-16

Faculty Development in Cultural Diversity
Fresno, CA

August 23-24

6th Annual Controversies in Women's Health
Disneyland Hotel
Anaheim, CA

September 25-28

19th Annual Intensive Course in Geriatric Medicine and Board Review
Los Angeles, CA

September 25-28

Intensive Course in Geriatric Pharmacy
Los Angeles, CA

October

Geriatric Services Management Training
Los Angeles, CA

For more information, contact Mr. Lucio Arruda, larruda@ucla.edu; (310) 312-0531

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