
Published as a service to the GEC network by the Geriatric Education Center of Michigan, Michigan State University,
A210 East Fee Hall, East Lansing, MI 48824-1315; phone: (517) 353-7828; fax: (517) 353-1879;
Email: gecm@msu.edu; NAGEC Web site: www.nagec.org; Editor: Jan Yonker, MSA; Copy Editor: Ronda Bunnell

Dedicated Health Care Professionals Complete 40-Hour Geriatrics Certificate Courses to Become Geriatric Champions

*Laura Niles, MPH, Research Assistant
Houston Geriatric Education Center*

In the last year, The Houston Geriatric Education Center (H-GEC) successfully launched two new geriatrics certificate courses: *The Baby Boomer Imperative: Working Together to Care for the Aging Population* and *The Principles of Geriatric Care*. The intent of both courses was to prepare the health care workforce in the Texas Medical Center and greater Houston community for the increasing numbers of older adults who will be seeking geriatric-specific health care. While the Baby Boomer Imperative course has been geared toward interprofessional health care professionals, the Principles course placed an emphasis on pathophysiology, medication management and complex patient management for physicians and nurses in clinical settings.

The Principles class, held two evenings a month from September 2011 to June 2012, required a spirited commitment from the clinicians to attend the classes after long work days and continuously over a nine month period. A total of eight health care professionals completed the Principles class in June 2012. These dedicated geriatrics champions included four physicians; one Doctor of Education; one registered nurse; one nurse practitioner; and, one PhD student with a Bachelor of Medicine, Bachelor of Surgery degree. The overall course evaluation revealed an average 3.9 out of 4 approval score from the course participants, who indicated that this type of comprehensive geriatric education is rarely offered in a medical curriculum and very valuable and applicable to the future of their careers.

The Baby Boomer Imperative class, held one Friday per month over the course of four months, has graduated a total of 20 health care professionals between the fall 2011 and spring 2012 course cycles. These 20 professionals came from a variety of disciplines including social work, speech-language pathology, nursing, physical and occupational therapy, and non-profit organizations, and completed all in-person class sessions, as well as an additional 13 hours of online education to obtain the full course certificate. An additional 16 participants have completed all class sessions, and are currently completing the online course component. Several other participants are making up missed classes this fall in order to achieve their certificate in geriatrics. The course was designed in cycles so that students could complete the certificate in one cycle or over the course of several cycles, in order to provide flexibility around their work schedules.

The average evaluation scores for each Baby Boomer Imperative course day ranged from 3.2 to 4.0, with 4.0 being the highest level of approval. A measure of participants' e measured each course day ranged from 4.9 percent to 29.7 percent. Enrollment for the fall 2012 course cycle has been steadily increasing based on word-of-mouth from previous participants alone. Feedback solicited from participants in the Baby Boomer Imperative course includes enthusiastic praise for the program such as, "thank you for this very informative, practical and thought-provoking continuing education;" and, "it has really opened my eyes and challenged me to think about the person *inside* the body of the elder in front of me." The experienced course instructors, all experts in their respective fields with an emphasis on geriatrics, were highly rated by participants, as well.

The courses are designed to provide an increase in participant knowledge of best geriatric practices and help health care professionals identify strategies for treating older adults, including those with multiple chronic illnesses. Course topics include the Biology of Aging; the Hazards of Immobility and Hospitalization; Dementia; Depression; Delirium; Executive Function and Capacity; Polypharmacy; Osteoporosis; Palliative and End of Life Care; and, Caregiver Issues, among many others. Both courses offer continuing education credit for a variety of health care disciplines. *The Principles of Geriatric Care* is being restructured into two weekend course offerings for the fall and spring 2012/2013 academic year. More information about this restructured course and the Baby Boomer Imperative course, currently open for registration, is available at www.houstongec.org.

**Falls Prevention Series at American Physical Therapy Association's National Meeting
June 7 – 9 Tampa, FL**

*Tiffany E. Shubert, PT, PhD Project Manager, Falls Practice Improvement Network
Jan Busby-Whitehead, MD, Principal Investigator, CGEC
Carolina Geriatric Education Consortium, UNC Chapel Hill*

The Geriatric Education Consortium's commitment to the dissemination of evidence-based falls risk management practice was well represented at the American Physical Therapy Association's National Meeting held in Tampa Florida. Over 300 people attended the sessions, with several individuals attending all 18 hours of programming. Dr. Tiffany Shubert of the Carolina GEC was a presenter and part of an expert panel which offered 6 three-hour sessions on evidence-based fall risk management. Dr. Shubert conducted four sessions ranging from building a continuum of care for falls risk management to defining a "GEC." Dr. Mindy Renfro with the Nevada Geriatric Education Center and Touro University organized the content and the speakers for this series, and provided several hours of programming. Representatives from the Centers for Disease Control and the National Council on Aging presented on the epidemiology of falls, evidence-based falls prevention practices, and local, state-wide and national resources including the Falls Free Coalitions. Other speakers included the following leading experts in the field: Dr. Jane Mahoney from the University of Wisconsin, Dr. Leslie Allison from Eastern Carolina University and Carolina Geriatric Education Center partner, Mr. Suman Barkhas, Director of Holistic Healing Institute and master trainer for Tai Chi, Moving for Better Balance, Ms. Terry Shea from University of Wisconsin, Patti League, Program Manager for A Matter of Balance, and Anita Bemis-Doherty from the American Physical Therapy Association. The topics included an introduction of the Centers for Disease Control's STEADI tool, evidence-based falls risk screening, management, intervention, introduction to evidence-based falls prevention programs (Matter of Balance, Tai Chi Moving for Better Balance, Stepping On, and the Otago Exercise Program), and practical ways to integrate falls risk management into clinical practice.

**Meharry Consortium Geriatric Education Center (MCGEC)
Nashville, TN**

*Grace Smith, LMSW, Project Manager
Ruth Garrett, PhD, MCGEC Consultant
Anna Lea Dozier, Program Coordinator*

The Meharry Consortium Geriatric Education Center, comprised of Meharry Medical College (MMC), Tennessee State University and Vanderbilt University, recently hosted a successful inter-professional Geriatric Update conference attended by 152 health professionals representing medicine, nursing, social work, pharmacy and dentistry. Four general sessions covered: Health Disparities and Older Adults, What's New in Hypertension in Older Adults, A Team Approach to Medication Reconciliation and Transitions of Care, and Legislative Updates Impacting Older Adults and Caregivers. Afternoon breakout sessions included: Mental Health & Aging, Pain Management and End of Life Care, Cancer Screening Update, Assessing Risk for EIFFE,

Patient Centered Care, Why Medical-Dental Partnerships Matter and an Inter-Professional Approach to Wound Care. Next year's conference will focus on Alzheimer's and related dementias.

For July and August, we have a number of trainings scheduled. Meharry will partner with the VA to offer an Alzheimer's Update Series. Sessions will be offered on three Fridays in July (13, 20 & 27) from 8:30-3:00 each day. Each day has a unique theme - Understanding Memory and Dementia, Treating Patients with Dementia & Quality of Life Issues - and topics include: Dementia Assessment, Understanding the Stages and Challenges of AD, Latest Clinical Guidelines for Treating AD/related dementias, Clinical Trials, Creative Arts as Dementia Intervention, Inter-Professional Team Treatment in the Context of Multiple Morbidities, and Caring for the Caregiver. This series will be repeated at the VA in November.

Our GEM in-service training at the Nashville VA will continue on July 10 and Aug. 14 led by Kiffany Peggs, MD, on the topic of cardiovascular issues in older adults. These brief, early morning interactive sessions, arranged by Dr. Ruth Garrett, have been attended for over two years by the departing and arriving shift nurses, 7:30-8:00 a.m.

Vanderbilt will also offer the Geriatrics and Gerontology Interest Group (GGIG) lunchtime lectures on July 10 with "The Brain Game: Understanding Mental Fitness." Beverly Sanborn, LCSW, Vice President of Program Development for Belmont Village Senior Living, is the featured speaker. Beverly has over two decades of experience designing and managing older adult services. At Belmont Village Senior Living, Inc., Beverly led the design and implementation team for the MBA Club for Mind/Body/Awareness to maintain mental fitness. She played a key role in design and implementation of Circle of Friends, a specialized program for residents with mild dementia. She designed the activity-based-care program for the secured perimeter dementia neighborhood, and she designed and conducted the Belmont Dementia Training program and the Train-the-Trainer component of the training.

The Portal of Geriatric Online Education (POGOe) is a free public repository of a growing collection of geriatric educational materials in various e-learning formats, including lectures, exercises, virtual patients, case-based discussions, simulations, as well as links to other resources. Last month, 16 archived VU GGIG lectures were uploaded as new products available for viewing.

Dr. Ruth Garrett, MCGEC Consultant, will deliver a two-hour lecture to approximately fifty nurse practitioner students at Trevecca Nazarene College on July 26, "End of Life Issues of Successful Aged."

VU begins the Geriatric Didactic series for the First Year Geriatric Residents on Thursday, July 5th. Dr. Garrett will lecture August 2nd on the topic of *Communication and the Elderly*.

The Geriatric Journal Club also begins on Thursday, August 2nd. Both the didactics and journal clubs offer inter-professional speakers and target many different professions interested in geriatrics.

The "Improving Antipsychotic Appropriateness in Dementia Patients"

Clinical Tools and Training Program

Ryan Carnahan, PharmD, MS, BCPP

Assistant Professor (Clinical), University of Iowa College of Public Health

Co-PI, Iowa Geriatric Education Center

GEC: Iowa Geriatric Education Center

The Iowa Geriatric Education Center is pleased to announce a new program, "IA-ADAPT: Improving Antipsychotic Appropriateness in Dementia Patients," produced in collaboration with the University of Iowa Health Effectiveness Research Center, Health Literacy Iowa, Telligen, PMC Studios, and stakeholders, and supported by the Agency for Healthcare Research and Quality. The program can be found at: <https://www.healthcare.uiowa.edu/igec/iaadapt/>.

This program includes clinical decision aids and training to improve the management of challenging behaviors and psychosis in dementia. Free continuing education credit is available for physicians, pharmacists, and nurses. Laminated decision aids are also available at our cost, with electronic versions accessible free through the website. An app with the decision aids is available for Android devices, and a web app for iPhones and iPads will be added to the website soon.

The Centers for Medicare and Medicaid Services (CMS) recently announced a major initiative to improve behavioral health and reduce antipsychotic use in nursing home residents, underscoring the importance of this topic. Evidence suggests that antipsychotics are often used inappropriately in people with dementia, and can contribute to adverse events including stroke and death. Approximately 22% of antipsychotics in nursing homes are used inappropriately according to CMS standards, suggesting room for improvement. Proper management of behaviors and psychosis starts with assessment and management of possible contributing causes, including pain, uncontrolled medical disorders, delirium, and environmental factors. Non-drug methods to prevent and manage behaviors can be very effective, but providers are often undertrained in their use. If an antipsychotic is necessary, it is essential to understand how to select, dose, and monitor its effectiveness and side effects based on patient comorbidities and symptoms.

With the help of stakeholder organizations and healthcare providers who care for people with dementia, we have developed this training and resources to help providers deliver optimal evidence-based care for these challenging problems. Our training program includes brief lectures covering the spectrum of assessment, non-drug management, and antipsychotic use, along with evidence-based reviews. We have also developed a fact sheet for patient families to encourage shared decision making on antipsychotic use, written using health literacy principles. This was developed in collaboration with Health Literacy Iowa, with feedback from the New Readers of Iowa and an Alzheimer's Association caregiver support group. The website includes links and brief videos for patient families.

We hope that our training and resources will have a positive impact on the care of people with dementia. We encourage you to visit our website and create a login to learn more about the available resources.

New Technology used by SGEC to Extend the 'Reach' to More Participants
Stanford Geriatric Education Center (SGEC)
Kala Mehta, DSc, MPH, Program Evaluation Consultant, &
Dolores Gallagher-Thompson, PhD, ABPP, Director

The Stanford Geriatric Education Center (SGEC) has been using new technologies to extend the 'reach' of its programs to new audiences.

Webinars: The webinars covered topics relevant to diverse older adults, such as: diabetes, depression, pain/palliative care, falls and delirium. In each instance, SGEC recruited content experts as the speakers. They were requested to cover the evidence base for the particular topic as well as tips/tools to bring these best practices to diverse older adults. Through our use of new technologies, we are able to reach more participants and more diverse audiences in 2012. Overall registration increased from 2011 to 2012, from 260 to 396 registrants. In 2012, attendees came from 26 US states, were from 30 disciplines, and represented 25 race/ethnic groups. These metrics increased from 2011, where attendees were from 18 US states, represented 28 disciplines and represented 22 race/ethnic groups. All past webinars are now archived for viewing on YouTube; if you choose to attend a webinar training we kindly request you to document your participation by filling out the qualtrics survey. [<http://sgec.stanford.edu/events.html#Archives>]

Behavioral Activation Training for Professionals: Of particular interest to those who are working on depression in the elderly, Drs. Dolores Gallagher Thompson and Dr. Kim Bullock developed two experiential trainings on behavioral activation, an evidence based practice for depression. These trainings are really

important to extend this evidence based practice to health professionals in the community who may not be able to access more time-intensive trainings. The first training entitled "[Behavioral Activation for medical personnel](#)" is intended for physicians, medical residents, psychiatry residents, medical students, nursery staff, nursing students and staff and students from related medical disciplines who want to incorporate a brief version of Behavioral Activation into their medically-based practices (e.g. the primary care setting). The second is a five segment extensive DVD "[Behavioral Activation for mental health professionals](#)" is intended for mental health professionals and trainees in mental health disciplines who would use Behavioral Activation as part of ongoing psychotherapy. For more information on these trainings, please visit <http://sgec.stanford.edu/training/behavior-activation.html>

Extensive technical support is provided by Marian Tzuang (program coordinator), Nate Gardner (media coordinator) and Chris Motola for the filming of the behavioral activation segments.

OVAR/GEC Programs Featured At 2012 UK Summer Series on Aging Conference

Arleen Johnson, PhD, Director, Ohio Valley Appalachia Regional GEC

When the Summer Series on Aging began in 1983, it was the only conference of its kind targeting professionals in aging. Now, in the 29th year, the conference attracted 290 health care providers from 12 states. During three days of educational sessions, lectures and workshops, participants chose from topics on clinical issues, mental health, health promotion, emergency preparedness, elder abuse, long term care, public health, spirituality, end-of-life, dementia research/dementia care, care giving, ethics, medications, among many other topics and issues. The OVAR/GEC co-sponsors this conference to provide continuing education for an interprofessional audience from 12 disciplines.

The current state of healthcare issues was captured by the Keynote Speaker Gregg Warshaw, MD, Institutional Director for the OVAR/GEC and Director of Geriatric Medicine at the University of Cincinnati. He presented on *Caring for an Aging America: Is the Healthcare Workforce Prepared*, which chronicled the considerable progress that has been made over the past 30 years to enable primary care and other health care professionals to provide optimal care to older adults and outlined the barriers to providing such care.

Older farmers were featured by Deborah Reed, PhD, MSPH, RN, and University of Kentucky OVAR/GEC core faculty, who shared her expertise with a presentation on *Winds of Change: Multiple Perspectives on Aging and Farming*. She discussed the culture of farm work, the family engagement, and the unique challenges of aging farmers who represent one of the most vulnerable work groups in the nation, and the occupation with the highest fatality rate for older workers. For links to Dr. Reed's webinars related to falls and to mental/behavioral health and older farmers see <http://www.mc.uky.edu/aging/gec.html>.

Robert Cluxton, PharmD, MBA, OVAR/GEC Core Faculty for the University of Cincinnati presented *Case Studies in Medication Misadventures* that provided scenarios where medication changes resulted in a new medical condition or change in health status. He introduced the appropriate use of the concepts of "dechallenge" and "rechallenge" to help establish causation.

The need for emergency preparedness and response for aging was stressed in two sessions. A presentation on *Care and Protection of Our Elders Before and After Disaster: Lessons From Joplin*, by Charity Hunter, BA, Disaster Response Coordinator, MO Department of Health and Senior Services, Division of Senior and Disability Services, discussed the damaging effects of a storm of this magnitude with a focus on lessons learned and best practices by collaborating with emergency management and voluntary organizations when advocating for seniors. Moira Shea, MPA, from the USDHHS, Office of the Assistant Secretary for Prevention and Response led a panel discussion on *Effective Preparedness and Response for Older Adults and Persons with Disabilities* with Pat Seybold, MA, Executive Director of the Kentucky Council on Developmental Disabilities

and Arleen Johnson, PhD, Director OVAR/GEC. They discussed comprehensive community planning, existing resources, long term care considerations and systems that promote community resilience.

The 30th Anniversary of the University of Kentucky Summer Series on Aging will be celebrated in June 2013 with an added day of free CE related to the diagnosis, treatment and care of persons with Alzheimer's disease. See <http://www.mc.uky.edu/aging/summerseries/summerseries.htm> for details.

**"Finding a CURE" for Geriatrics Physician Education
Wisconsin Geriatric Education Center**

Edmund Duthie, MD

Deborah Simpson, PhD

Diane Brown, MS

The Medical College of Wisconsin in partnership with the Wisconsin Geriatric Education Center conducted a series of six (6) academic half-day sessions for Family Medicine residents (n=59) entitled "Coordinated/Core Units in Residency Education"(CURE) designed to enhance evidence-based clinical skills within a classroom environment during academic year 2011-12. Our goal was to address two major paradigm shifts in geriatrics education: the transition to "active learning" consistent with lifelong learning per health professions' accreditation standards, and changing faculty behavior to provide instruction based on the science of learning principles.

This past year, the focus for CURE was patient-centered medical homes (PCMH) and Geriatrics. A multi-disciplinary collaborative consisting of MDs (family physicians and geriatricians), PhD educators, MSWs, and trainees [fellows, residents and students] was formed. Labeled Geriatrics Education Teams (GETs), groups worked with CURE leadership to create a curriculum combining geriatrics with PCMH. Traditional didactic/lecture-based sessions were minimized as much as possible allowing resident learners to actively participate, reflect upon ideas, and comprehend how they might apply session materials presented into their daily clinical encounters with geriatric patients. Session topics included cognition, functional assessment, wellness and prevention, social domains (with an emphasis on abuse, neglect and decision making capacity), and common geriatric syndromes.

With the onset of the new project and some faculty resistance to making major curricular changes at first, the kick-off session was lecture-dominated. Initial session results produced disappointing ratings despite strong overall effectiveness ratings for teachers. Review of these results generated an opportunity to motivate teachers to introduce teaching methods associated with deep and sustained learning in subsequent sessions such as using standardized patients during role play exercises, case based problem solving sessions, activities using assistive devices (e.g., vision impaired glasses, sock pullers, reachers), game playing (e.g., incontinence bingo), an exercise focusing on dysphagia using "Thick-It," video triggers and team quizzes.

Although the initial session was disappointing, our collaborative effort that included trainees' input in the overall planning process including topic selection and teaching methods, ultimately resulted in positive learning experiences including significant pre-post changes in resident's geriatric knowledge and an overall effectiveness rating of 5.6 (Scale 1=poor to 7 = excellent). Residents were lively contributors to discussions, appreciative of the active learning exercises and interactive nature of each session. Our approach to active learning facilitated meaningful learning by empowering and engaging residents in manipulating new knowledge and skills. GECs are able to facilitate these collaborative interdisciplinary teams with geriatrics content experts, primary care physician faculty, and skilled medical educators so they can effectively synergize to improve physician knowledge that positively impacts geriatric patient care.

VGEC Graduates 12 FDP Health Care Professionals

Edward F. Anello, PhD, Director

The Virginia Geriatric Education Center (VGEC) is pleased to announce successful completion of its first Faculty Development Program (FDP). We designed our 160-hour interprofessional FDP in geriatrics based on the six domains of core competencies established by the Partnership for Health in Aging Workgroup. Our Plenary (core) group from Virginia Commonwealth University, the University of Virginia, and Eastern Virginia Medical School developed curriculum content, delivered presentations, and conducted evaluations of all sessions. During summer 2011 we recruited 12 health care practitioners from six professions (gerontology, medicine, nursing, pharmacy, physical therapy, and social work) from several regions of Virginia to participate in this FDP. On June 15, 2012, all 12 of these health care professionals successfully completed our 160-hour program. The 12 FDP Scholars began monthly training meetings at the Virginia Center on Aging in Richmond in September 2011, meeting five hours each time, plus having two-day weekend retreats in October in Staunton, January in Virginia Beach and April in Richmond.



VGEC Graduates

Pictured are: (back row) Jean Ellen Zavertnik, MSN; Natasha Harrigan, PharmD; Emmy Wheeler, DPT; Pam Gwathmey, MD; Arthur Meyers, BSN; Madeline Dunstan, MS, Bruce Britton, MD; Lana Sargent, NP; (front row) Mary Rubino, MD; Martha Sawyer, DSW; Ron Gregory, PharmD; and Cameron Sgroi, MSW.

WVGEC - Elder Investment Fraud and Financial Exploitation Prevention Program (EIFFE)

Hanna Thurman, LGSW, MPA, Training Coordinator

The WVGEC is partnering with the WV State Auditor's office and various stakeholders to educate medical professionals about the Elder Investment Fraud and Financial Exploitation Prevention Program (EIFFE). The program seeks to identify older adults, particularly those with mild cognitive impairment, who may be at risk of investment fraud or financial exploitation and to train professionals on how to report fraud and exploitation to the appropriate entity. The initial goal is to train 200 medical professionals and later to target other health professionals.

After working with the statewide palliative care network to roll out our evidence-based project on-line training on Pain Assessment in the Cognitively Impaired Older Adult (accessible at <https://www.surveymonkey.com/s/WVGECParticipantProfile>), we are reaching out to staff at a long term care facility to complete the training. In the intervention phase, chart reviews will be conducted for evidence that intervention follows assessment in response to any abnormal findings.

The Geriatrics Leadership Summit was held at Glade Springs Resort on June 14 – 15. Stakeholders from a variety of settings came together to discuss the development of a comprehensive plan to educate and train all levels of providers who care for people with Alzheimer's disease and related dementias (ADRD) and their families in West Virginia. Action steps were developed based on common vision concepts identified by Summit participants. The formation of an Alzheimer's Education Council was identified as a next key step toward greater collaboration, and advocacy and policy development around ADRD. Participants showed personal

commitment by reporting what she or he could contribute individually or as an organization to the plan in the coming months.

The WV Geriatrics Society's 8th annual continuing education assembly titled "Primum Non Nocere (First, Do No Harm)" is being held on September 21, 2012 at the Robert C. Byrd Health Sciences Center, Charleston Division. A variety of topics will be covered including safer transitions of care, the pros and cons of residential care for people with dementia, the new Beers List, and the EIFFE program.

Lastly, the WVGEC is in the process of developing a schedule of Geriatrics Lunchtime Learning events and Geriatrics Journal Club meetings to supplement education and curriculum for students, residents and geriatrics fellow(s) from a variety of health professions disciplines.

Upcoming Calendar of Events:

Date	Name of Event	Location	Contact Information
July 19 (12-1pm PST)	"Pain Management in Diverse Older Adults" Presented by: Anne Hughes, RN, MN, PhD	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website http://sgec.stanford.edu/events.html . Questions: Contact Marian Tzuang, Program Coordinator, at (650)721-1023 or at mtzuang@stanford.edu
July 25 – 26, 2012	Summer Geriatric Institute – Promoting Elder Independence	Oklahoma City, OK	Janene Lindsey Janene-lindsey@ouhsc.edu 405 271-8558 www.ouhsc.edu/okgec
August 9 (12-1pm PST)	"Cultural Humility: The Next Level of Cultural Competence" Presented by: Nancy Hikoyeda, DrPH, MPH	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website http://sgec.stanford.edu/events.html . Questions: Contact Marian Tzuang, Program Coordinator, at (650)721-1023 or at mtzuang@stanford.edu
August 15, 2012	Respecting Choices @ POLST Paradigm Program Advance Care Planning Facilitator Course	Charleston Town Center Marriott	Cindy Jamison@hsc.wvu.edu 877-209-8086
August 24, 2012	University of Cincinnati with Alzheimer's Association/ Council on Aging training	Cincinnati OH area	Irene Moore 513-584-0798 moorei@ucmail.uc.edu
August 29, 2012	Respecting Choices @ POLST Paradigm Program Advance Care Planning Facilitator Course	WVU Health Sciences Ctr, Eastern Division Martinsburg WV	Cindy Jamison@hsc.wvu.edu 877-209-8086
September 11, 2012 8am to 5pm	Annual LTC Conference: Transforming Hawaii's Aging Future: Innovate, Integrate, and Invigorate	HONOLULU, HI	Aida Wen, M.D. aidawen@hawaiiintel.net 808-523-8461
September 13 (12-1pm PST)	"HIV and Aging: Cultural Implications" Presented by: Arnold Leff, MD (Co-sponsored by the	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website http://sgec.stanford.edu/events.html . Questions: Contact Marian Tzuang, Program Coordinator, at (650)721-1023 or at

	San Jose AIDES Education and Training Center)		mtzuang@stanford.edu
Sep 19-22, 2012	UCLA Intensive Course in Geriatric Pharmacy and Board Review	Hyatt Regency Century Plaza, Los Angeles, CA	Kami Chin, MSG kamichin@mednet.ucla.edu 310-312-0531
Sep 19- 22, 2012	UCLA Intensive Course in Geriatric Medicine and Board Review	Hyatt Regency Century Plaza, Los Angeles, CA	Kami Chin, MSG kamichin@mednet.ucla.edu 310-312-0531
September 20, 2012	WV Partnership for Elder Living	WVU – Robert C Byrd HSC Charleston WV 25304	Phil Schenk pschenk@wvltpartnership.org
September 21, 2012	WV Geriatrics Society	WVU – Robert C Byrd HSC Charleston WV 25304	Carmella Walker crwalker@hsc.wvu.edu
September 28, 2012	East Tennessee State University – Emergency Preparedness training	Johnson City TN area	Peggy McConnell, OVAR GEC MCCONNEL@mail.etsu.edu 423.439.4508
To be determined, September or October 2012	East Tennessee State University – annual Medical Challenges conference	Johnson City TN area	Peggy McConnell, OVAR GEC MCCONNEL@mail.etsu.edu 423.439.4508
October 15, 2012	The ABC's of Alzheimer's Disease: Assessment, Behavioral Management, Caregiving and More	Billing, Missoula & interactive sites in Montana	Terry Egan Terry.egan@umontana.edu 32 Campus DR. SB #319 Missoula, MT 59812-1522 406-243-2480 http://mtgce.umontana.edu/
October 16, 2012	Comprehensive Care of Parkinson's Disease	Billing, Missoula & interactive sites in Montana	Terry Egan Terry.egan@umontana.edu 32 Campus DR. SB #319 Missoula, MT 59812-1522 406-243-2480 http://mtgce.umontana.edu/
October 11 (12-1pm PST), 2012	“Why Culture Matters in Cases of Elder Mistreatment and Self-Neglect” Presented by: Carmel Dyer, MD, AGSF, FACP	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website http://sgec.stanford.edu/events.html . Questions: Contact Marian Tzuang, Program Coordinator, at (650)721-1023 or at mtzuang@stanford.edu
October 17, 2012 – October 19, 2012	Donald W. Reynolds FD~AGE Mini-Fellowship	University of California, Los Angeles	Christy Lau, MSSW, ChristyLau@mednet.ucla.edu 310-312-0531
November 8 (12-1pm PST)	“Comprehensive Evaluation and Management of Behavioral Complications of Dementia in Diverse Populations” Presented by: Ladson Hinton, MD	Anywhere internet can be accessed.	Detailed registration information is available on the Stanford GEC website http://sgec.stanford.edu/events.html . Questions: Contact Marian Tzuang, Program Coordinator, at (650)721-1023 or at mtzuang@stanford.edu

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