Geriatric Medicine and Community Health: The Hartford-Reynolds Summer Program

Ritabelle Fernandes MD, MPH, Renato Reyes MD, and Valerie Yontz MSN, MPH, PhD

Introduction
The American Federation for Aging Research (AFAR)/Hartford-Reynolds Medical Student Geriatric Scholars Program encourages and supports medical students’ interest in geriatrics, with the ultimate aim of preparing future leaders in geriatric medicine.1 Since its inception in 1994, 700 medical students representing 80 medical schools have participated in the program. The program provides an eight-week opportunity in clinical geriatrics and aging research. These students come away with a greater appreciation of the challenges and rewards of geriatrics. Following the scholarship, Scholars participate in aging research and/or related activities under the supervision of their home institution faculty sponsor. At the University of Hawaii, John A. Burns School of Medicine, the faculty sponsor is Dr. Kamal Masaki. Outpatient clinical rotation at Kokua Kalihi Valley (KKV) Health Center is available for those students interested in community geriatrics.

One of eleven community health centers in Hawaii, Kokua Kalihi Valley Comprehensive Family Services was formed in 1972 as a non-for-profit corporation by the Kalihi Valley community in Honolulu, Hawaii.2 Today, one hundred staff offer services in seventeen languages and from five locations, three in public housing. The services include dental, medical, perinatal, family planning, nutrition, behavioral health, elderly, youth, health education, transportation, translation, outreach and community advocacy. KKV’s mission is to be “an agent for the promotion of health and reconciliation in the Kalihi Valley community.” It is the only community health center in Hawaii to have two fellowship trained, board certified geriatricians. Four scholars rotate through KKV spending two weeks each and are involved in a variety of community geriatric experiences.

Curriculum
The four goals of the KKV community geriatrics training initiative are to:

- Application of basic science knowledge to clinical medicine and the development of clinical skills;
- Appropriate use of community resources for the medically underserved senior; and
- Transcend cultural and ethnic barriers in the elderly.

Specific Clinical Experiences
Because of the diversity of clients and staffing of KKV with two geriatricians, a gerontological nurse and a public health gerontologist, the scholars are exposed to a wide range of clinical experiences. The eight components are explained below.

1) Home-Based Primary Care: Frail elderly, home-bound and terminally ill patients in Kalihi Valley receive regular physician visits at their home. The home visit team comprises of the physician, medical assistant and case manager. Interpreters are available if necessary. Scholars learn to assess and assist in maintaining patients in their own homes. They are exposed to the assessment of homebound patients that includes interval history, physical examination, addressing families needs and referral to appropriate service providers. Examination of the home environment and gathering accurate nutritional and medication history is included.

2) Clinical Geriatric Medicine: Scholars are introduced to the evaluation of common geriatric syndromes. Comprehensive Geriatric Assessment is taught at consultation and continuity clinics. They are exposed to multicultural and underserved seniors, linking them to appropriate resources like Immigrant Health Initiative (IHI), Breast and Cervical Cancer Control Program (BCCCP) etc.3 Scholars are also trained to communicate to patients of different ethnicity with the aid of interpreters.

3) End-of-life Care: Scholars are exposed to palliative care both in the office and at home. Didactic sessions on advance directives and end-of-life care
are conducted. See one, do one, teach one philosophy is encouraged. Supervised patient interaction with faculty feedback is provided.

4) Interdisciplinary Team Meetings: Monthly team meetings are conducted at the Elder Center. The team comprises of a board certified gerontological nurse, public health gerontologist, case managers, outreach workers, and two geriatricians. Complex cases are discussed in depth to arrive at an appropriate plan of care. The focus of discussion is clinical management, psychosocial issues and ethical problems. Scholars are permitted to attend these meeting with the aim of introducing them to workings of an interdisciplinary team, and to teach them how to become team players in this new era of health care.

5) Health Maintenance Groups: KKV offers health maintenance groups in two places at Kuhio Park Terrace and at KKV Elder Center. There are three different groups that meet from 10:00 am to 12:00 noon. Health Maintenance is available to all Kalihi elders who are 60 years and older. The group offers exercise plus educational sessions, hands-on activities, self-improvement classes, general socialization and congregate dining through partnership with Lanakila Meals on Wheels. At these groups the scholars interact with the seniors, taking their blood pressure and assisting with the group activities.

6) Community Education: To increases their community awareness and public speaking ability, scholars are given the opportunity to present health talks to the seniors at the health maintenance groups.

7) Caregiver Support Groups: KKV offers caregiver support groups twice a month to reduce caregiver burden and burnout. Problem-solving approaches, stress-reduction and relaxation techniques, educational sessions, linkage to resources, and socializing with other caregivers are offered. Scholars are permitted to attend these groups to improve their understanding of caregiver stress and burnout.

8) Kupuna Care: This is a home and community-based long-term care program. Kupuna Care services are available for seniors 60 years or older, living at home and who have impairments in 2 or more activities of daily living. It is a state-sponsored program that is administered by the Elderly Affairs Division, Department of Community Services. Services include case management, community referrals like chore services, bathing services, meals etc. Scholars are exposed to Kupuna Care by accompanying the case manager on a home visit.

These components offer one of the richest geriatric experiences in a single organization that a medical geriatric scholar could have. The feedback received from the scholars is that they find the rotation interesting, diverse and challenging especially in dealing with the barriers presented by cultural and low socioeconomic status. This rotation has been reported to strengthen their desire to pursue a career in community geriatrics.

Acknowledgments
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References
1. Medical Student Geriatric Scholars Program: www.alani.org/medstu.html
2. Koku Kalan Valley: www.kkv.net

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David M. Amberger, M.D.
"Best Doctors in America"
Laboratory Director

Phone (808) 842-6600
Fax (808) 848-0663
results@alohalabs.com
www.alohalabs.com