The State of Michigan currently faces significant challenges meeting the health care needs of older adults. Michigan State University (MSU) has a vision of addressing the needs of our aging population by building an innovative model of multidiscipline collaboration and community based education, training and research with the use of distant learning. With the commitment and vision of MSU to successfully address the health care needs of the Michigan citizenry as a reference, the purpose of this grant is to establish a shared Division of Geriatric Medicine in the Department of Family and Community Medicine (FCM) and the Department of Internal Medicine, Division of General Internal Medicine (DGIM) within the College of Osteopathic Medicine (MSUCOM) at MSU.

We have existing internal partnerships with the College of Nursing, the College of Human Medicine and the School of Social Work at MSU. Now we have established a new collaboration with the State of Michigan, Department of Community Health, Office of Services to the Aging. I have met with Director, Kari Sederburg, MPA and staff to discuss our grant in greater detail. They have enthusiastically agreed to collaborate with us and share ideas and existing resources to help us achieve our goals and their goals for Michigan’s aging population.

Another recent collaboration with the Michigan Osteopathic Association’s (MOA) Education Committee will result in the opportunity to present some of educational materials to practicing physicians at the upcoming MOA 114th Annual Spring Scientific Convention in May, 2013. Interest has also been expressed by other associations such as Michigan Association of Osteopathic Family Physicians and the American College of Neuropsychiatrists for similar collaborations. We are pleased that our grant is receiving major attention both locally, state-wide and nationally.
One of the goals of the HRSA grant awarded to the Division of Geriatrics is to build and sustain the development of a series of geriatric education modules that will be available to all network geriatric fellowships and residency training programs. The goal is to achieve a continuum of geriatric medicine through the entire post-doctoral curriculum. For those fellows that wish to continue their geriatric training, a second geriatric fellowship will be created to allow fellow to extend their training and receive an added qualification in Geriatrics. Physicians may be employed and working in a related medical practice while completing the requirements for a certification in geriatric medicine. The skills learned will include the following:

- Extensive training in the care of the geriatric patient from the healthy to the frail.
- Exposure to a wide variety of venues in which the geriatric patient receives medical care – ambulatory sites, the home, the nursing facility, the hospital – with special attention placed on maintaining the optimal functional health of the patient.
- Special knowledge and skills to become educators of other health professionals in geriatric care
- Administrative skills required to manage geriatric programs in the community, assisted living, and long-term care environments
- Experience in writing grants, and performing research with abstracts, papers and presentations at scientific meetings.

The requirements to apply for the fellowship are:

- Medical school diploma
- Certificate for other validation of all previous training
- Copy of present state medical license
- Curriculum vitae
- Graduation from an AOA approved Family Medicine Residency Program
- Board Eligible for Family Medicine
- Three letters of reference written by physicians who have supervised you in clinical settings
- Dean’s letter
- Undergraduate, medical school and NBOME or USMLE transcripts
- Rotations taken during residency

If you are or know anyone interested in applying to the MSU/Sparrow Geriatrics Fellowship, send application materials to:

Francis A. Komara, DO
B211 A West Fee Hall
East Lansing, MI 48824-1312
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Population “Boom” Increases the Need for More Geriatricians

Linda J. Keilman, DNP, GNP-BC

When American troops returned home after World War II, the United States saw an increase in the birth of children from 1946 through 1964. This cohort of individuals has been referred to as the Baby Boom Generation and they began turning 65 on January 1st, 2011. These 78 million Boomers will have a dramatic impact on this nation’s health and health care systems. This generation will live longer and spend more on their health care than any previous generation and by 2015, those aged 50 and older will represent 45% of the US population (AARP). Boomers have made a huge impact on health care innovation and in the explosion of alternative treatments within the traditional health care system.

Understanding the demographic, socioeconomic, and health characteristics of this generation is essential. This is a heterogeneous group but it is easy to generalize about the diverse members. Some members of this generation participated in the Civil Rights Movement (1954 – 1965), protested the Vietnam War (1955 - 1975), lived through the assassination of President John F. Kennedy (1963) and Martin Luther King Junior (1968), witnessed man’s first walk on the moon (1969), traveled to Woodstock (1969), and lived through dramatic advances in sanitation, housing, transportation, feminism, modern medicine, and lifestyle. Collectively they have more education, more racial and ethnic diversity, fewer children in more geographic locations, and most are living with at least one chronic condition.

In the US for 2012, the projected average life expectancy was reported to be 78.5 years old (Annual Review of Public Health, 2012). Physicians who specialize in aging are in short supply and the shortage is worsening even as the Boomers grow older. We need to proactively prepare health care providers to competently and compassionately care for older adults within an ever-changing health care environment. This is precisely what the proposed Geriatric Fellowship federally funded grant is aimed to do.

Based on a strength-based model of optimal aging, and the American Osteopathic Association Core Competencies, it is hoped that medical students will envision a positive future in geriatric medicine through participation in a unique fellowship experience. The innovative model will address the needs of the aging population through interdisciplinary collaboration and community-based education, training, and research with the use of distance learning.

Stay tuned for more information in the next Newsletter update!

Linda J. Keilman, DNP, GNP-BC
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A New Course: The Young and the Aging Adult

Family and Community Medicine is proud to announce the development of a new course for students in their first year of medical school, the Young and the Aging Adult. This course fills a demand that will provide students with the understanding osteopathically how people age and the concerns that arise with aging from pediatrics to the elderly. The topic for the aging adult will include the biology of aging. It will be composed of ageism, medication management, atypical presentation of disease in the older adult as well as pediatric orthopedics, neurology, ophthalmology and more. For the adult this course will cover feminine development including genitourinary, and the endocrine system, just to name a few. This course has been rolled out with the first class beginning in August, 2012.

A New Module for Geriatrics: In-Patient Rotation

The Division of Geriatrics Fellowship Committee Workgroup (DGFCW) has been at work the past few months creating a new module in Geriatrics; In-Patient. The module centers around the American Osteopathic Association (AOA) seven core competencies; Osteopathic Principles and Practices, Medical Knowledge, Patient Care, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice. What sets this module apart from others is the holistic approach to health and aging. Key components included in the module are optimal aging, spirituality, interdisciplinary collaboration, and adult learning strategies. Future modules to be created including these key components are: Nursing Home, Ambulatory Care, Home Care, Hospice and Palliative Medicine, Gero-Psychiatric Rotation, Physical Medicine Rehabilitation, and Neurology, and Culture and Spirituality. The DGFCW is comprised of several physicians within the Statewide Campus System of hospitals. Key individuals providing input on the committee are: Carol Monson D.O., M.S., Francis Komara D.O., Annette Carron D.O., Mark Ensberg D.O., Kristin Gaumer D.O., William Gifford D.O., Eric Zemper Ph.D., and Linda Keilman D.N.P.