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NGIG Publication

'The official publication of the National Geriatrics Interest Group

Hand in Hand by Victoria YY Xu (2016), Queen's University

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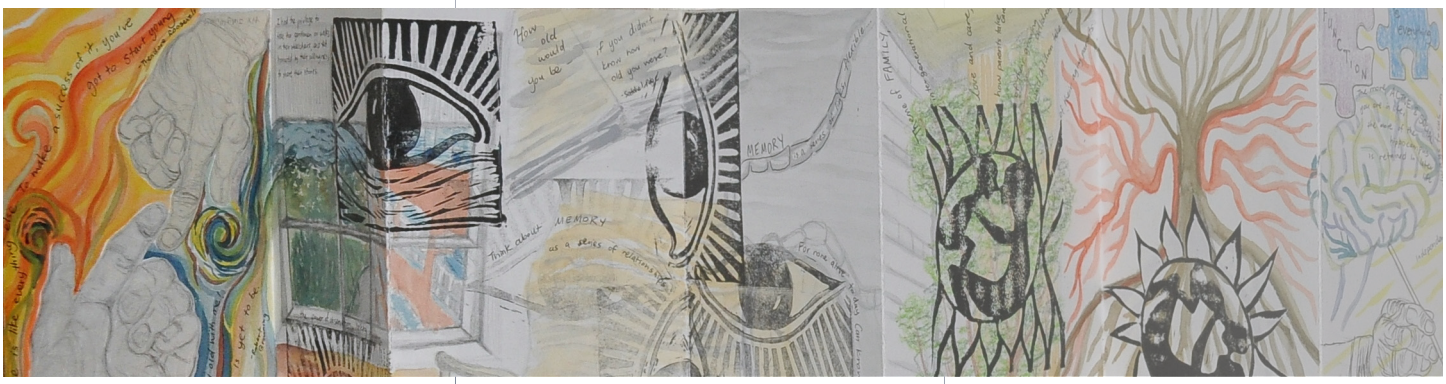

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Hand in Hand

Victoria YY Xu (2016), Queen's University

A sketch of my own hand as it is now and a sketch of my hand as I imagine it to be when I am 80. The process of drawing the "older" hand brings up the theme of reflecting on our perceptions of aging, and the position of the hands highlights the theme of younger and older generations "reaching out" to each other.

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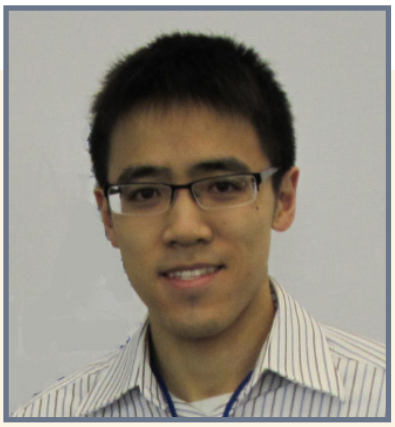
Letter from the Editor



Dear Readers

It's been a great year for NGIG, and I am once again pleased to present another issue of the official NGIG Publication. Following the successful publication of our inaugural issue last year, we have continued to work hard at producing another compilation of insightful pieces for our readers. A number of students passionate in geriatrics have worked extremely hard on putting together the 2014 issue, so I really do hope that you enjoy the publication.

For this year's issue, we have also partnered with the Canadian Academy of Geriatric Psychiatry (CAGP) to bring our readers a variety of geriatric psychiatry themed pieces. In addition to a case report and detailed overview of ECT in the elderly population, we are also featuring an interview with Dr. Marla Davidson, a geriatric psychiatrist who was instrumental in establishing this partnership with the CAGP. Given the importance of geriatric psychiatry, we are lucky to have such expert support in developing material for this year's publication.

In addition to these geriatric psychiatry focused pieces, we will also be continuing our tradition of showcasing excellent work submitted by medical students across the country. This includes an interview with a 94-year-old couple, full length articles and essays, and a variety of poetic pieces. For a look at what local GIGs are doing across the country, one can browse through the NGIG Internal Updates section.

Many students have worked tirelessly on this publication, and I would like to specifically thank all members of the NGIG Publication Committee (Megan Clark, Elizabeth Niedra and Christopher Young) and Kathryn Bezzina (NGIG President) for their valuable contributions this year. I would also like to thank Dr. Tricia Woo (McMaster), who was instrumental in the creation of this publication and continues to be an exceptional mentor for all NGIG related issues.

With this being only the second issue of the NGIG Publication, we hope that you enjoy reading about the geriatrics world from a Canadian medical student perspective. If you have any suggestions on how the publication can be improved, please do not hesitate to contact the NGIG team. And most importantly, enjoy the publication!

Wilson Kwong (Queen's University, 2015)
NGIG Editor-in-Chief

LETTERS

Letter from the Chair

Dear Readers

It is my privilege to present you with our second edition of the National Geriatrics Interest Group's (NGIG) student-led unique publication. This publication represents the collaboration of medical students on a national scale, with a common interest in geriatrics, and is the only entirely student-led publication with a geriatric-focus in Canada. On behalf of our talented editor, Wilson Kwong, the NGIG executive team, and our supporters, I would like to thank you for your interest and support. This publication showcases the hard work and dedication of medical students who are making a difference in the provision of care to geriatric patients across the country.

My name is Kathryn Bezzina and I am the 2013-2014 Chair of NGIG. NGIG is a centralized student-led group with the hope of uniting medical students, from across the country, with a common passion for geriatrics. The group is aimed at building partnerships amongst individual local geriatrics interest groups, as well as acting as a platform for Canada-wide education initiatives and discussion regarding the field of geriatrics and aging. This year has been a dynamic one for NGIG.

Along with producing the second issue of this publication, we also continued to strengthen our relationship with the Canadian Geriatrics Society (CGS), the Resident Geriatric Interest Group (RGIG), and the Alzheimer's Society of Canada (ASC), and to build new partnerships with organizations such as CARP, an institution which will be funding NGIG student awards. This year, we also successfully began a new initiative, the Patient Outreach Program (POP), which aims to provide medical students with an opportunity to gain experience with geriatric patients in a leisurely setting, in part to better equip them for later clinical encounters. We will be hosting our third National Geriatric Student Conference in April 2014, and hope that you will join us in Edmonton for this exciting event.

This publication would not be possible without the support of numerous dedicated individuals and organizations. I would like to extend sincere thanks to Dr. Marla Davidson (University of Saskatchewan), for her organization and assistance in securing funding for this issue. Thank you to the Canadian Academy of Geriatric Psychiatry (CAGP), for their generous financial support, without which this issue would not have been otherwise possible. I would like to thank the CGS for their support, and Dr. Tricia Woo for her continual mentorship and involvement. I would also like to commend Wilson Kwong for his dedication to this publication, the members of the NGIG executive team (especially Elizabeth Niedra, VP Research and Knowledge Translation; Christopher Young, Conference Chair; and Megan Clark), and all of the contributors for helping this initiative come to fruition.

Last, but certainly not least, I would like to thank you for your readership and interest in the field of geriatrics. I hope that you find the contents of this publication to be both enjoyable and informative.

Kathryn Bezzina (University of Ottawa, 2015)
NGIG Chair, 2013-2014

Electroconvulsive Therapy in Depressed Older Patients

Elizabeth Niedra (2015), McMaster University

Depression in patients older than 65 years is currently characterized by a complex and atypical course, with a high risk of further functional decline, social burden, increased morbidity and mortality. It has been associated with increased burden & depression for caregivers[1], disproportionally increased medical resource utilization[2], and functional impairment beyond that caused by several other major chronic medical conditions[3]. As up to 10% of older adults presenting to primary care currently meet criteria for a major depressive disorder[4], failure to adequately treat this complex disease may result in considerable health & social costs as the population continues to age.

Treating Depression in the Elderly – Standard Treatment, Nuances and Pitfalls

The mainstay treatment of geriatric patients with mild, moderate & severe depression is currently a combination of pharmacotherapy, psychotherapy and risk modification (lifestyle factors, comorbid diseases and medication optimization[5]). Currently, selective serotonin-reuptake inhibitors (SSRIs) are considered first-line treatment in the geriatric population because of their relatively favorable side effect profile[6].

Current optimal treatment of geriatric depression is limited by a number of factors. Evidence for second-line pharmacological alternatives is weak, due to established potential for harmful side effects in the elderly[7], the limited applicability of adult studies to older patients and a paucity of research specifically investigating the geriatric population. Further, there is a high non-response to initial pharmacotherapy in the depressed elderly[8], as well as a tendency of recurrence in as high as 50-90%[6] of cases. For these patients, as well as those with severe or complex depression, effective treatment algorithms have yet to be optimized; it is in these cases that non-pharmacological interventions, including electroconvulsive therapy (ECT), have the most promising potential[9].

ECT in the Elderly

ECT is the safe induction of a series of generalized epileptic seizures for therapeutic purposes, using a brief-pulse stimulation technique under anesthesia and muscle paralysis[10]. In the elderly, current evidence suggests that ECT be considered in patients who do not respond to pharmacotherapy, severely depressed patients presenting an acute risk for suicide or mortality secondary to self-neglect or severe physical exhaustion, and depression with psychotic features[5].

While its mechanism of action remains unclear, ECT has been demonstrated by numerous trials to be an effective short-term treatment of severe depression in adults, which is likely to have greater efficacy than drug therapy[11]. Along with symptom remission, a recent study found that ECT resulted in significant gains in health-related quality of life in severely depressed patients, in whom pre-therapy quality of life scores tend to lag considerably behind the general

population[12]. In geriatric patients, research has found similar results; a review of 121 studies found that evidence strongly supported the short-term efficacy of ECT in severe geriatric depression[13].

The safety and tolerability of ECT is currently high, as the intervention has undergone considerable technical improvements since its inception. This has been most significantly marked by a switch from an unmodified to a modified technique of ECT, which uses general anesthesia and muscle relaxants as adjuncts to seizure induction, as opposed to ECT alone10. The modified form is currently considered standard practice, while the earlier, unmodified form is absolutely contraindicated. Still, according to the WHO, this more poorly tolerated form of ECT is still in use secondary to practice inertia & resource limitations[10], potentially weakening the reputation of ECT as a safe & reliable intervention.

Adverse events associated with ECT use include risk of postictal confusion & delirium, major & minor cardiovascular complications[13], symptom relapse and cognitive side-effects[14]. The incidence and severity of postictal confusion & delirium in the elderly is currently unclear; however, evidence suggests that any such side effects are acute and short-lived[13]. Cardiovascular complications secondary to ECT in the elderly, as reported by a variety of studies, include transient ictal asystole, arrhythmias & hypertension; these adverse events are generally rare, occur more frequently in patients with existing cardiovascular morbidity, and have no known correlation to increased mortality or morbidity after ECT[13]. A randomized, controlled trial of 290 adult patients found that 84% of adult patients with major depression relapsed within 24 weeks of ECT, in the absence of further treatment[15]. Thus, in both the adult and geriatric populations, it is currently recommended that short-term ECT not be applied alone, but rather in tandem with long-term maintenance ECT or pharmacologic therapy[16]. Finally, preliminary evidence from non-randomized studies suggests that cognitive functioning in geriatric patients may not be seriously affected post-ECT; a recent prospective study found no evidence for declining performance on standard neurocognitive testing after treatment, and found that in fact, several domains of cognitive functioning saw statistically significant improvements[17].

Despite promising evidence in support of ECT in the severely depressed elderly, the therapy still encounters considerable taboo and underuse in contemporary health care settings. A study from the Netherlands showed that although current guidelines recommended ECT as a treatment of choice in severe subtypes of geriatric depression, less than 5% of practitioners supported it as a management option; this discrepancy was attributed to sociocultural taboo dating back to ECT misuse in the 1970s. The generalizability of these sociocultural findings to North American medical practice is currently unconfirmed. Still, a study on the use of ECT in American hospitals found that the application of ECT in severely depressed geriatric patients has fallen markedly in recent decades, despite evidence supporting its use[18].

Moving Forward

Depression in the elderly represents a considerable medical and social burden. However, effective treatment algorithms are currently best established for patients with less severe, uncomplicated & pharmacologically sensitive disease. Due to well-founded efficacy in both the adult & geriatric patient populations, as well as a strong and improving safety profile, ECT may be considered a viable first-line treatment for the management of severe, complicated and treatment-resistant depression in older persons. Still, further studies, particularly randomized, controlled trials, are needed to further strengthen the rationale for ECT in the geriatric population, and dispel any social misgivings regarding its use. Particularly, this research should aim to establish the long-term efficacy of ECT through longer follow-up studies; further clarify short- and long-term safety; and tease out the risks and benefits of ECT for key subgroups of geriatric patients, for example those suffering from specific cognitive and systemic diseases[14].

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For additional information on ECT (including a useful module) and resources on other topics in geriatric psychiatry, please visit the Canadian Coalition for Seniors Mental Health's website: www.ccsmh.ca

Elizabeth Niedra

Elizabeth Niedra attends the Michael G. DeGroote School of Medicine at McMaster University, in the MD Class of 2015. She currently serves as co-chair of the McMaster Interprofessional GIG, as well as VP Research & Knowledge Translation for the NGIG. She earned her B.Sc. in Physiology with a Minor in International Development from McGill University in 2012. Elizabeth is passionate about pursuing a career focused on geriatric care, either as a geriatrician or at the primary care level.

Geriatric Psychiatry – An Interview with Dr. Marla Davidson

Christopher Young (2015), McMaster University

Geriatric Psychiatry, a psychiatric subspecialty that focuses on the assessment, diagnosis, and treatment of complex mental disorders uniquely occurring in late life, is a relatively new subspecialty. Most medical students are not exposed to it until late in their clerkship training[1]. The Royal College of Physicians and Surgeons of Canada only first approved geriatric psychiatry as a psychiatry subspecialty in 2009. Now, just five years later, three Canadian medical schools offer fellowships in geriatric psychiatry, with a number of others applying for accreditation. I had the opportunity to speak with Dr. Marla Davidson – a geriatric psychiatrist in the Saskatoon Health Region and an Assistant Professor and Clinician Educator in the Department of Psychiatry at the University of Saskatchewan – about this quickly growing subspecialty.

"There are four distinct populations living with mental illness in later life," says Dr. Davidson, "which include those growing old with a chronic mental illness, those experiencing late-onset mental illness, those who develop behavioral and psychological symptoms associated with dementia and those living with chronic medical problems with known correlations with mental illness." When you think about the broadness of these categories, it's not surprising to hear that 20-25% of people over the age of 65, and 60-90% of those living in long-term care facilities, will be affected by mental illness. In considering the common problems faced by geriatric psychiatrists, Dr. Davidson presented some psychiatric diagnoses common to all age groups including "depression, anxiety, psychotic disorders (bipolar disorder, schizophrenia) [and] substance use disorders". However, that's where the similarities between psychiatry and this geriatric subspecialty stop.

"Geriatric psychiatry differs from general adult psychiatry," Dr. Davidson explained, "as elderly with mental illness present unique challenges – their combined physical and mental frailty affects both the presentation and course of their mental illness." There are also diagnoses unique to geriatric psychiatry such as dementias with primarily neuropsychiatric symptoms (Lewy Body, Frontotemporal and Vascular dementias), late onset depression and psychosis, complex presentations of delirium, psychiatric complications of neurodegenerative disorders (Parkinson's and Huntington's), and cerebrovascular accidents. The realm of geriatric psychiatry extends beyond just the unique pathophysiology facing the elderly, but includes expertise in the iatrogenic etiologies (polypharmacy), treatments (psychotropic use and ECT in the elderly) and consequences (capacity assessments) of these diagnoses.

I asked Dr. Davidson how she found herself in the challenging field of geriatric psychiatry. In response, she told me her heart-warming story:

"From a very early age I wanted to work with seniors. My mother was a home care nurse and later became the director of home care in the small rural community where I grew up. I was exposed to my mother's career of working with seniors and enjoyed my interactions

with this population as I found they had many life experiences to share. As a teenager, my grandfather, who had dementia, lived with my family."

She went on to explain that she always knew she wanted a career that centered on the care of seniors and thus focused on the only two specialties of which she was aware that would allow her to achieve this goal – a family physician with a specialization in care of the elderly or a geriatrician. It wasn't until her clerkship year of her medical undergraduate that she discovered her passion for psychiatry. At an impasse between two competing interests, she was relieved upon discovering geriatric psychiatry. Of this, she expressed, "geriatric psychiatry allowed me to provide care for seniors who had complex mental illness and frailty, which impacted their quality of life."

Dr. Davidson completed her Bachelor of Science in anatomy (2001), her Doctor of Medicine (2004) and a psychiatry residency (2010) all at the University of Saskatchewan before venturing east to complete her one year fellowship in geriatric psychiatry at Dalhousie University (2011). Now, she is exactly where she wants to be, back home at the University of Saskatchewan and helping mentally ill seniors in their own supported environments: private home, personal care homes, and nursing homes. Dr. Davidson emphasizes that "geriatric psychiatrists work as part of a multidisciplinary team and often provide services outside of hospital settings as elderly are best served in their place of residence."

Of geriatric psychiatry, Dr. Davidson says, "it's a very rewarding career. One of my areas of interest is dementia and a career in geriatric psychiatry allowed me to provide care to individuals and their families who are experiencing neuropsychiatric symptoms of dementia with the goal of improving their quality of life."

The field has grown tremendously since the approval of the subspecialty five years ago. Dr. Davidson expressed of the future of the field, "as the population ages, an increasing number of geriatric psychiatrists will be needed to care for elderly with complex mental illness complicated by frailty and cognitive impairment."

The growing field of geriatric psychiatry offers another avenue that future doctors may pursue as a way to care for our seniors. While geriatricians focus on the physical complaints of the elderly, geriatric psychiatrists focus on the often neglected mental aspects of health. As the world population over age 60 doubles by 2050, the elderly will require a greater population of physicians able to care for both their physical and mental ailments.

More information about geriatric psychiatry can be found at the Canadian Academy of Geriatric Psychiatry website (www.cagp.ca).

Reference

1. Definition of a Geriatric Psychiatrist, www.cagp.ca, accessed on February 9, 2014.

Christopher Young

Chris Young has a Bachelor of Health Sciences (Honours) from McMaster University and is currently a second year medical student at McMaster. Last year he was the co-chair of the McMaster GIG group, and this year he is the Conference Chair for the NGIG, as well as a reviewer and contributor to the NGIG publication.

Cachexia and Low Mini Mental Status Exam Score in a 69 Year Old Man: A Case Study

Megan Clark (2014), University of Saskatchewan

Based on a real case seen by Megan Clark, 4th year medical student, University of Saskatchewan

On his visiting specialist clinic day in a rural Saskatchewan town of 5,000, a regional centre psychiatrist (with his keen medical student in tow) is asked to see a 69 year old man on the medical ward for "dementia and capacity assessment". The family doctor's Mini Mental Status Examination (MMSE) scored 17/30, signifying moderate cognitive impairment.

CASE PRESENTATION

History of Presenting Illness

Mr. B.W. was admitted for cachexia and community-acquired pneumonia 3 weeks ago. The pneumonia is now treated, and the family doctor is trying to plan discharge. His past medical history is significant only for hypertension, which is well-controlled on hydrochlorothiazide. He has no psychiatric diagnoses. His past surgical history is significant only for one orthopedic surgery for a knee fracture in 1972. His current medications are hydrochlorothiazide for hypertension, a statin for dyslipidemia, and a multivitamin.

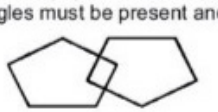
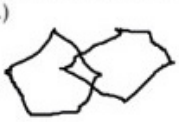
He finished Grade 9 with no school difficulties, but then left school to work on the family farm. Throughout his life, he worked on various farms and in various trades. He lives alone in an apartment in a nearby village. He was divorced in the early 1970s, and never remarried. He keeps up with his activities of daily living and instrumental activities of daily living independently. He refuses Meals on Wheels and homecare, and is still driving. He has a sister and two nieces who live in the same village, but he does not see them more than once a week, and does not accept most of their offers of support. He has three children and several grandchildren, who live in Saskatoon and Edmonton. He is getting by financially on the Canada Pension Plan.

His psychiatric review of systems is positive for low mood for the past few months and poor sleep with early morning awakening (terminal insomnia) for the past few months. He denies symptoms of anxiety, hallucinations, delusions, or suicidal ideation.

Physical Examination

He is orientated to person, place, and time. He has good attention and is not distractible, answering questions logically and in detail. He has a good memory for the details of his medical and surgical histories and his life history (in terms of education, work, and family life). On mental status examination, his affect is slightly restricted, but he denies suicidal ideation.

On Mini Mental Status Examination for cognition, he interjected twice with, "Why do I have to do this? It's like I'm 3 years old." 19-24/30 indicate mild cognitive impairment. His result was (see next pagre):

Maximum Score	Patient's Score	Questions
5	5	"What is the year? Season? Date? Day? Month?"
5	5	"Where are we now? State? County? Town/city? Hospital? Floor?"
3	3	The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
5	"No."	"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) "Can you spell the word 'world' backwards?" Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3	"I don't know."	"Earlier I told you the names of three things. Can you tell me what those were?"
2	2	Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1	1	"Repeat the phrase: 'No ifs, ands, or buts.'"
3	3	"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1	1	"Please read this and do what it says." (Written instruction is "Close your eyes.")
1	1	"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.) Sentence was: "Why do I have to do this?"
1	1	"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)  Response: 
30	23	TOTAL

What is this patient's likely diagnosis?

Depression

DISCUSSION

This patient seems cognitively quite intact. The defects on his Mini Mental Status Examination (MMSE) are due to non-participation, not due to actually being unable to answer the questions. In dementia, patients tend to try to answer the MMSE questions, but get the answers wrong. His mood is low, and he also has weight loss from decreased appetite and decreased sleep, which are signs of depression.

15% of adults 65 and older in the community are thought to have depression. Depression presenting in late life is often thought to have a challenging long-term course, but a 2009 study published in the British Medical Journal found that 68% of adults 55 and older with depression treated in primary care recover (become symptom-free) in three years.

The Geriatric Depression Scale is a screening tool developed in 1986 at Stanford University, and has now been translated into 35 languages. It has a 92% sensitivity and a 89% specificity for depression. It can be found at: https://www.stanford.edu/~yesavage/GDS.html.

The best medications to treat depression in the elderly are likely selective serotonin reuptake inhibitors (SSRIs), especially sertraline (Zoloft) and citalopram (Celexa), due to their effectiveness and more favourable side-effect profiles. Antidepressants remain effective in the elderly, but at a reduced efficacy, so geriatric patients usually require higher doses.

Medications not to use in depression, according to the Beers list, include tricyclic antidepressants (TCAs), benzodiazepines, and non-benzodiazepine hypnotics. TCAs, an older generation of antidepressants, are effective in treating depression in the elderly, but are not recommended because of their anticholinergic and sedating side-effect profile. Both benzodiazepine and non-benzodiapine hypnotics (such as eszopiclone, zolpidem, and zaleplon) agents are not recommended for long-term use for insomnia because of their increased risk of cognitive impairment, falls, delirium, fractures, and impact on sleep architecture.

Other proven treatment methods include exercise and electroconvulsive shock therapy (ECT). ECT has a faster onset than antidepressant medications, but is often reserved for severe depression involving suicidal ideation or not responding to other modes of therapy.

Case Resolution

The psychiatrist did not sign the form and Mr. B.W. was started on sertraline. His rural family doctor should follow up with him about counselling, exercise, and mobilizing social supports.

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Megan Clark

Megan Clark is a fourth year medical student at the University of Saskatchewan at a distributed northern clerkship site, Prince Albert. Out of her interest in social accountability, she served as her local GIG co-chair from 2011-2013. She will be starting her residency in family medicine in Regina in July, and plans to work with geriatric patients as part of a full-service family medicine practice.

Fun, Food & Friendship: Schulich School of Medicine & Dentistry's Intergenerational Gala

Jasmine Davies (2016), University of Western Ontario

As we enter the hall where the gala is being held, we see many guests of varying ages dressed in their best for a night of food and entertainment. We are soon matched with our dates for the night, residents from a local retirement residence. Following introductions, we seat ourselves at an empty table in the beautifully decorated hall to begin to get to know our new friends. Before dinner begins, we are able to learn a little about each other; we exchange stories about where we grew up, and they tell us how things have changed over the years since they were our age. Soon dinner arrives and the conversation continues. We hear about the careers in which they spent most of their lives, and the exciting trips and fun activities they have taken part in since retiring from the workforce. They ask us about our reasons for pursuing a career in medicine, and we share our stories of what inspired us to follow this path. Many of us hear stories of our date's interactions with health care professionals, and they advise us on the characteristics they find most important in those working with older individuals. Following dinner the entertainment begins; the school band and choir perform a couple songs and we agree on how great they sound. Our dates are excited when they hear the band playing songs that they recognize, and they reminisce about the memories these songs bring back. Around the room you can see people singing, clapping, and tapping their feet along to the music. Following the musical entertainment, a group of actors perform numerous comedic and musical sketches. These sketches set in different eras and with different themes such as Broadway and country-western, have everyone in the room laughing. At the end of the night everyone is given a photo of themselves with their date, as a memento of their new friendship and the fun they have had. As it comes time to say our goodbyes, many handshakes and hugs are exchanged. We leave the gala realizing that regardless of differences in age, we share many similarities with our dates; we can only hope to have as many interesting stories as they do when we reach their age. In the end, we all agree that we will definitely be attending the gala again next year!

This upcoming year will mark the 10th anniversary of the Intergenerational Gala hosted by Schulich School of Medicine and Dentistry and Grand Wood Park Retirement Residence. This event, which is loved by both the students and the residents of Grand Wood Park, helps to give students a glimpse into the life of a senior, and attempts to break down stereotypes students may hold about older people. This non-clinical interaction allows the seniors a safe space to share the positive and negative aspects of aging with students, and provide the students with advice on their future interactions with older people. Students concurred that the event challenged pre-

existing negative stereotypes, and both students and seniors alike agreed that the event was a positive experience[1]. The event has also been shown to significantly increase student's consideration of a career in geriatric medicine[2].

As Canada's older population is increasing, it is important for students to feel comfortable working with older patients and to familiarize themselves with the common issues that may impact their patients' lives. This event is a fun way for students to learn more about the life of an older patient, and an innovative attempt at changing student's attitudes towards geriatrics.

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Jasmine Davies

Jasmine is a second year medical student at the University of Western Ontario. She is currently the co-chair of her local GIG as well as being the NGIG's VP external communications and VP Events. Jasmine became interested in pursuing a career in geriatric medicine after volunteering at a local long-term care residence while completing her Bachelor of Medical Sciences Degree.

FEATURED ARTICLES

Geriatrics Through the Lens of Arts-Based Learning

Victoria YY Xu (2016), Queen's University

Last summer, I participated in the Baycrest Centre for Learning, Research and Innovation (LRI) Summer Internship. Baycrest, located in Toronto, is a world leader in geriatric care and research. During the six-week-long experience, I was engaged in a program evaluation project, visited residents in long-term care, attended talks, and took part in interprofessional activities. In addition, the program offered the interns a unique arts-based learning experience, facilitated by Melissa Tafler (an Arts-Based Learning Specialist at LRI) and Rochelle Rubinstein (a Toronto-based visual artist). Every week, we spent about two hours in the art studio. In the first session, I was given an accordion book with twelve blank pages and was told to think of a theme related to geriatrics/healthcare and come up with one or more prints to reflect on our internship experiences.

In contrast to the carefully planned and laid-out learning I was used to, arts-based learning challenged me with the abstract and undefined, on both visual and conceptual levels. Without the familiar comforts of definition and structure, coming up with a theme was much more difficult than I had expected. In fact, the really creative and meaningful ideas came to me when I was least expecting it, strolling through the halls or participating in another activity. Being exposed to arts-based education put me in the mindset of paying closer attention to my surroundings. One of the take-away learning concepts for me was the importance of mindfulness, that is, astute observation and continual awareness. Indeed, maintaining a receptive and reflective mind is key, not only to arts-based learning, but also to healthcare.

FEATURED ARTICLES

In order to illustrate the benefits of arts-based learning in relation to geriatrics, healthcare, and medical education, I will use my book – the end product of the arts-based project – as a showcase. Now a special keepsake that documents my journey through the internship, my book highlights the most meaningful themes about geriatrics and healthcare that I observed at Baycrest. The themes and prints grew out of two images: 1) an artistic rendition of my own eye and 2) a statue of a mother and child outside Baycrest's entrance that I passed by every day.

Communication, perspective and empathy:

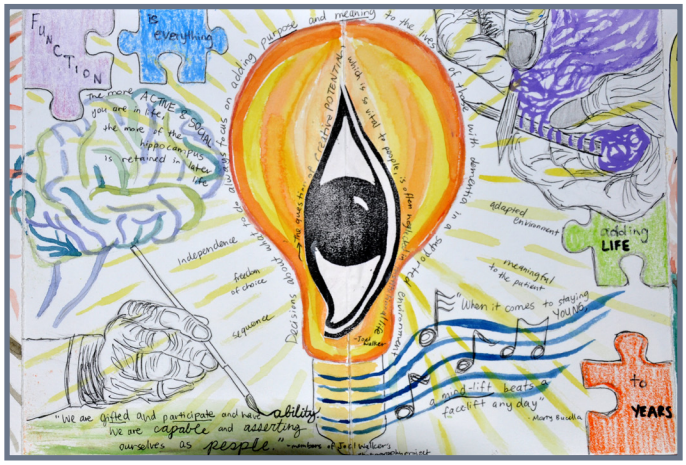
Depicted to the right is the view from a window of the Apotex, the long-term care component of Baycrest. As I visited the residents throughout my internship, chatting with them at the nursing station or taking them for a stroll in the halls, I was reminded of the power of eye contact, a key component of human connection. I took one gentleman for a walk in his wheelchair and was honoured by his willingness to share stories of his past. Despite some barriers to communication, such as impaired speech and mild cognitive decline, his eyes conveyed and communicated powerful emotions. The eye also represents perspective and insight, or,the ability to see through another person's lens. This is essentially the idea of empathy, for which I gained a better appreciation for through interacting with the Baycrest residents.

Intergenerational connections:

This panel shows the juxtaposition of roots and branches of a tree with networks of blood vessels, imagery that evokes the concepts of family trees and blood lineage. I have found the theme of family and intergenerational love and care to be important values at Baycrest and in geriatrics in general. We can learn about our family history and get a glimpse into history through the vivid anecdotes of the older generation Age not only adds depth to life, but it also ties one generation to the next, in families and in societies.

FEATURED ARTICLES

Creativity in the elderly:



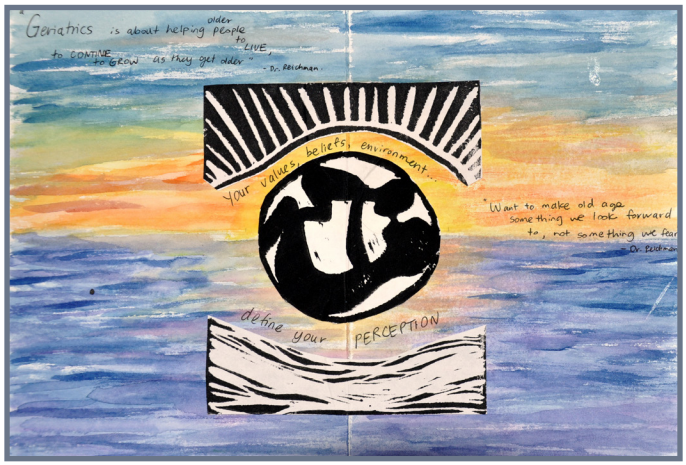
Featured on the right are depictions of the creative endeavours that I witnessed older adults engage in at Baycrest. I drew inspiration from a tour of the Freeman Day Centre, where older adults from the community participate in interactive programs, ranging from ceramics to painting, current issues discussions to bridge games. Some people were learning new skills for the first time, such as pottery making, supporting the notion that it is never too late to continue to grow. I observed that successful aging has so much to do with active engagement in a positive community.

During the internship, I also learned about the Montessori Method for Dementia, founded by Gail Elliot, a retired gerontologist from McMaster University. With a philosophy of focusing on the person rather than on the disease, this method involves providing meaningful activities that capitalize on the remaining abilities of a person with dementia to enhance quality of life and sense of purpose. We are in need of more programs with supportive environments to harness the creative potential, independence and well-being of older adults. Notably, art therapy is an emerging therapeutic medium for patients with dementia, recognized for its potential to provide meaningful stimulation and a means for self-expression to improve social interaction and enhance self-esteem.[1]

Intergenerational connections:

The next panel features at its centre a sketch of a caregiver and elderly patient. It highlights the power of relationships in geriatrics and healthcare in general, that "family" can go beyond blood relations to include caregivers and healthcare personnel. During the internship, I had the opportunity to shadow a personal support worker (PSW). From this experience, I gained great appreciation for the challenging work taken on by a PSW, the kind of work that is often taken for granted. In the patient-PSW interactions, I witnessed the act of entrusting another with highly personal tasks, such as bathing and, in return, being treated with dignity and respect. Throughout the internship, I witnessed the bonds of trust between personal caregivers and elderly patients, whether it be sharing a laugh in the cafeteria or taking a walk in the garden, hand in hand.

Finally, I combined the two images by transforming the mother-child print into the pupil of the eye, signifying that one's values and beliefs define one's perception. In my case, the positive light in which I see the world of geriatrics is rooted in my values and upbringing. Through my conversations with various geriatricians, I have noticed that a common thread for initial interest in geriatric medicine is a close connection with older adults, such as ties with grandparents at a young age.



This arts-based learning experience, while initially quite daunting, turned out to be a uniquely rewarding journey for me. It enabled me to rediscover my love for visual art in the new context of healthcare and reaffirmed the power of art as a vehicle for reflection and expression. As a medical student, I can see the benefits afforded by integrating visual art into the world of medical education.

First, I see arts-based learning as a potential platform for cultivating observational skills. Although the importance of inspection in the physical exam has been emphasized in my clinical and communication skills course, and the ability to recognize subtle visual details is essential to an astute clinician, the formal teaching of observational skills is rarely included in the medical curriculum.[2] In one innovative medical educational program created through collaboration between Weill Cornell Medical College and The Frick Collection (an art museum in New York), medical students examined painted museum portraits and then applied the observation and interpretation skills to photographs of patients' faces.[3] The program, which was well received by students and faculty, not only improved the students' observational skills, but also increased their awareness of expressions and emotions in the human face.[3]

Second, I see arts-based learning as a unique and effective way to enhance empathy, communication and reflection. A study conducted in Taiwan examined the use of artwork in hospitals as triggers for reflection.[4] Participants were asked to choose a piece of hospital artwork that they would share with a sick child and explain why. The participant feedback revealed themes of enhanced empathy toward patients, and greater awareness of the impact of the hospital environment on patients.[4]

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By viewing my internship experience through the lens of arts-based learning, I have gained further insight into geriatric medicine. I saw first-hand the complexity that is intrinsic to the patient population. I appreciated the wide spectrum of psychosocial and ethical issues in the field, which offer the opportunity to make human connections, preserve personhood and engage in interprofessionalism. I can now agree wholeheartedly with Arts-Based Learning Specialist Melissa Tafler that, "the arts promote the development of key clinical skills in geriatrics such as finding ways of communicating when language fails, seeing clients through a holistic versus discipline-specific perspective, and professional growth through reflection - skills and insights [that] are not easy to teach in didactic learning environments and will serve students well in their future careers." Since the standard medical school curriculum does not usually include such opportunities, I would earnestly encourage fellow medical students to seek out these enlightening experiences.

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Those interested in learning more about the program can visit: http://www.baycrest.org/educate/baycrest-centre-for-learning-research-and-innovation/summer-internships

Victoria YY Xu

Victoria YY Xu is a second year medical student at Queen's University. As one of the Senior Co-Chairs of the Queen's Geriatrics Interest Group, she has a passion for improving the care of older adults and promoting interest in the field of geriatrics among the student community.

FEATURED ARTICLES

Masquerade Ball:
An inter-generational event connecting seniors and future physicians through dance

Juan Ruiz (2015), University of Calgary

On February Friday 21st, the Calgary Geriatrics Club hosted the 2013 Masquerade Ball. The event consisted of swing dance lessons taught by two members of the famous Gangbusters Calgary's Swing Dancing Team, a DJ playing classic swing music and a semi-professional photo booth. The seniors and the students enjoyed lessons and learned some amazing dance moves.

The seniors were very good on the dance floor. They taught us some of their own dance moves and showed us that dancing is timeless. If rest was needed from dancing, students and seniors sat and enjoyed dessert while engaging in riveting conversations.

On one of my rest breaks, I had one of my most memorable conversations of the night. I received golden advice about relationships from a lady who was forced to live separated from her husband during World War II. She told me that if I loved someone, I should be with them and not let anyone or anything stop me. She left the safety of Canada and went to war-torn Britain to be with her husband. The Atlantic Ocean or the war could not keep her from her husbands' side. The conceived 'frailty' of this woman vanished and I could see who she really was- a brave soul, a believer of true love, and an excellent dance partner.

FEATURED ARTICLES

The purpose of the event was to allow medical students and seniors to share moments like this. Seniors have a wealth of life experience and the most exciting stories to tell – all you have to do is ask about their past and listen.

Juan Ruiz

Juan Ruiz is currently a third year medical student at the University of Calgary. Prior to this, he completed a Bachelors of Science with Honors in Cell Biology at the University of Alberta. Juan is one of the leaders of the Calgary Geriatrics Interest Club and he enjoys sharing his interest in Geriatrics with his peers.

INTERVIEW PIECE

A heart-to-heart interview with a 94-year old couple:

Still strong and going on 95

Stephanie Kwolek (2015), McMaster University
Susan Tran (2015), McMaster University

Canada's oldest surviving Olympian and his wife share their story, wisdom and secrets to aging gracefully

As 3 o'clock approached on a cold and rainy Saturday afternoon, Canada's oldest surviving Olympian, Dr. Norman Lane, and his wife, Mrs. Doris Lane, prepared for an interview with two McMaster medical students, and their geriatrician, Dr. Tricia Woo, at their retirement home. The weather may have been miserable but it did not matter; we were excited to hear the stories of two people with a great deal of wisdom and life experience to share.

Dr. and Mrs. Lane both greeted us at their apartment door with smiles and anticipation. As we stepped into their living room, we saw countless frames with pictures of their grandchildren, a floral print couch (the kind you can just sink into), and two regal armchairs. We took our positions and prepared for our interview. Mrs. Lane, a hospitable 94 year old woman, kindly offered us beverages and snacks.

On the television screen, the Queens vs. Guelph homecoming football game was playing. Dr. Lane told us about the season and that this game would be a good match-up. He is a 94 year old retired Mathematics professor from McMaster University who continues to follow university football.

"Shall we begin?" And so, the interview began.

On Olympic Glory

We first started the interview by asking Dr. Lane about his experience at the Olympics. "I competed in canoeing…singles 10 000m." Dr. Lane proudly spoke about his two Olympic performances – one in London, England in 1948 where his mastery of the sport earned him a bronze medal, and the second in Helsinki, Finland in 1952. Not surprisingly, he believed his greatest accomplishment was competing in the Olympics.

He described the honour of representing Canada on the Olympic podium. "It was amazing. I remember tears coming to my eyes. Even talking about it now is quite an experience." Dr. Lane was visibly moved, although it was decades after this once in a lifetime experience.

When asked why he pursued canoeing, he stated, "I grew up in the east end of Toronto near a canoe racing club…and we lived a block away from the canoe club…I won a run off in Toronto and that gave me an opening into the Canadian Olympic team." Dr.

Lane reminisced about his 15-year training regimen, "I coached myself mostly. I would do the distance the race would be and I would do it everyday." He mainly trained on the water, but also kept fit by running and excelling in gymnastics. His athletic abilities even allowed him to win him a Toronto championship in tumbling!

Dr. Lane's experience at the Helsinki Olympics was quite different from the London games as Mrs. Lane was expecting their first child and was 9 months pregnant during the competition. Mrs. Lane recalled, "I was pregnant with our first son. He was supposed to be born while Norm was away but fortunately, he was late." Luckily, a late delivery allowed Dr. Lane to make it back to Canada to witness the birth of their first child. Dr. Lane stated, "I got back to Canada as soon as I possibly could. After my race was over and the formalities finished, I came right home…I could have stayed for a week or two but I wanted to see how she was getting along."

Dr. Lane brought us out of the living room and into the dining room where he proudly pointed to the wooden frames on the walls. He first showed us a picture of him kneeling in his canoe right before his race in the 1948 Olympics in London, England. He then showed us a framed certificate from his second Olympic performance. Another frame proudly exhibited his bronze medal from 1948 and a medal of participation from 1952.

Returning to the living room, we continued our discussion on topics of healthy aging, life and love.

On Health and Healthy Aging

With 71 years of marriage, 5 children and 9 grandchildren, the Lanes had many experiences to share. Both felt that they were blessed with "good genes" that have allowed them to live a long and fulfilling life.

When asked what their recipe was for healthy aging, Dr. Lane shared, "I guess it's getting lots of sleep and good food and training every day - pretty well in one

way or another." Mrs. Lane also contributed, "I do think it pays to obey the old rules of not smoking and not a lot of liquor. I think that does pay off in the long run." Their advice was simple, yet powerful.

Furthermore, Dr. Lane stated that as he prepared for the Olympics, a food trainer recommended consuming 12 oranges a day as a way to stay strong. Dr. Lane told us that he still consumes at least 2 oranges a day.

Both Dr. and Mrs. Lane continue to maintain their brain health. Dr. Lane's interest in mathematics started at a young age. "I guess, well, I first went to high school, I was interested in algebra in grade 9…I managed to perform fairly well. And then I was interested in geometry." He pursued a mathematics degree at Queens University and then went on to study at the University of Toronto where he received his MA and PhD in mathematics. In 1952, Dr. Lane began his 34-year teaching career at McMaster University. When asked what his favourite course was to teach, he replied, "I suppose linear algebra, really. I had to supervise about 5 or 6 PhD students in… abstract algebra." Nowadays, Dr. Lane keeps his brain active by doing daily Sudoku and crossword puzzles, in addition to reading the paper every day.

Mrs. Lane, who studied English at Queen's University, spoke about her experience with the healthcare system. She stated, "I have macular degeneration…but I still read. I am very grateful to the doctors in Hamilton who have kept me going. I have been getting shots in my eyes for two years now." She observed, "There is more help around for people. I know we need more - a lot more - but we have made progress."

Mrs. Lane's resilience and excellent medical care have allowed her to continue reading – something very important for an English major. "And of course that is the result of the healthcare system and the improvements that have come over time…that are coming all the time…If I had had my disease with my eyes 10 years ago, it couldn't have been helped. But since it came in the last, I guess, 3 or 4 years, I still have my eyesight. I can still read the paper."

She concluded by saying, "I'm very happy about the hospitals in Hamilton. We've always had excellent care."

On Love

With a marriage lasting seven decades, we had to ask the couple about their secrets to a strong marriage. Dr. and Mrs. Lane described how they first met at a dance at Queen's University in 1939. "The boys were on one side of the hall and the girls were on the other." Mrs. Lane caught Dr. Lane's eye. "You are supposed to choose a partner for dancing. I chose Doris…Why did I pick her? Well she is very pretty. I didn't know her at all," he recalled. "I never lost my love for her." That was the beginning of their beautiful love story. They married in 1942 and have never been apart for longer than a month when Dr. Lane was travelling to compete in various parts of the world.

Interestingly, Mrs. Lane and Dr. Lane each have a different attitude and perspective towards life. Mrs. Lane admitted, "I tend to be looking a bit on the gloomy side…He [Dr. Lane] is a very happy - life's great and I'm not worried about it and everything's going to turn out well, and I'm the other way…I

INTERVIEW PIECE

would recommend his attitude!" Dr. Lane added, "She holds no grudges at all…She never holds on to this worry."

What is their secret to an enduring marriage? "We still care very much for each other and try to put the other first."

On Change

When asked about a significant change that has happened in their lifetime, Mrs. Lane remembered, "The [Second World] War. Even though we were not involved…all our friends were because we were just at the age…It started and you saw one after the other of your friends go off to war… The war news that we got was various friends or sons and daughters of friends were gone and it was really shocking. It was very hard to believe and accept that this had happened…I hope it doesn't happen again."

Mrs. Lane also recounted several blissful changes in her life. "Then of course the birth of your children is a big thing…Everybody's graduation is a highlight, too!"

On Life

It was a privilege and an honour to speak to this wonderful couple and learn their remarkable life stories. As we concluded the interview, Dr. Lane expressed his appreciation for living an incredible 94 years. "I wake up in the morning, open my eyes and say, 'I'm still here.'" We were curious: what did he think was the best part about being 94? "Being alive… The nice thing is to wake up in the morning and still be here. That's a really nice thing." These are words to live by, and a wonderful message we should all remember.

Susan Tran

Susan Tran is a second year medical student at McMaster University. Prior to medical school, she completed a Bachelor of Applied Science degree at the University of Guelph and following this, she completed a clinical research project for her Master of Science degree where she was introduced to the unique health concerns of a geriatric patient population. During her clerkship, she has undertaken several internal medicine electives and continues to enjoy her experience working in geriatric patient care..

Stephanie Kwolek

Stephanie Kwolek is a second year medical student at McMaster University. Prior to medical school, she completed a Bachelor of Health Sciences with an Honors Specialization in Health Promotion at Western University. Stephanie's passion for older adults stems from many experiences with her inspiring grandparents. She is the current Vice President of Finance on the National Geriatrics Interest Group.

POEMS

Old Age

Karan Shah (2016), University of Ottawa

Old age.

Life of a sage.

Then, why this personal rage?

It's just another chapter of life, just another page.

Yet, the tsunami of isolation drowning this wretched stage,

Is creating havoc and destruction I could not precisely gauge.

And now, I am ready to sacrifice all of life's wage,

To liberate my young spirit trapped in a biological cage.

Old age.

Life of a sage.

Then, why this personal rage?

Every cloud has a silver lining, so do these golden years.

I cannot help but believe there must be reasons to hold back my tears.

Every moment serves a purpose, no matter where life steers.

As the End nears and as my vision clears,

Perhaps I will find some solace and cheers,

In knowing that soon I will escape life's greatest fears.

Old age.

Life of a sage.

Then, why this personal rage?

Karan Shah

My name is Karan Shah and I am a second year medical student at the University of Ottawa. "Old Age" captures one perspective of trials and tribulations of ageing as told by an old person living through the experience of preparing for the End. Getting old is an inevitable part of life. Old age can be a state of tremendous struggle and confusion. On the one hand, you have a lot of stories and experiences to share, but no one to share them with; your spirit is young but body is giving up; you desire eternal peace soon, but want to hang on just a little bit longer. Hopefully, some of these thoughts resonate with you!

POEMS

Focus

Elizabeth Niedra (2015), McMaster University

Triangles of white light danced quietly around the walls and floor of the otherwise dim room. Dark, soft walls, a rich, bright wood floor, well-aged furniture and pictures of young loved ones filled the room with a cool, clean warmth. In the middle of all of this, set against the big window with its sweet lace drapes, was a hospital bed. The bottom all wheels, brackets and metal bars, the top set like a cradle too big for a child, piled high with soft blankets, colorful pillows and the dancing triangles of white light. On the bed was a woman, as incongruous as her crib. Lightly wrinkled skin, softened with age, seemed inviting and warm but too exposed by her worn, sleeveless nightgown. Her nightgown was bright blue, with a faded neon Caribbean beach across the front; it must have been a hand-me-down, or souvenir from a vacation of decades-past. One arm peeked out from beneath her pale fleece blanket, revealing a tiny, ancient watch and a plastic rosary clutched in her knotted hand. She dozed lightly, the triangles of light dancing over her face. Only the crude rubber tubing of the oxygen tank, and the unnatural looseness of her cracked lips, revealed her to be anything else than a peaceful, aged child.

A group of women, bedraggled and jumpy with nerves, were sequestered in the opposite corner of the room, as if unwelcome in the serenity of the old woman's company. Among them stood a soft-faced, heavy-set woman with a stethoscope around her neck. This woman said nothing, only shaking her head in sweet, practiced empathy. Before gathering her bag and driving off to her next patient, she firmly hugged each woman in turn, and kissed the sleeping lady on her soft, wispy head.

The only sound in the room was the gurgling, labored breathing of sleep on the edge of death. Our women, different in age but alike in their sunken eyes and un-brushed hair, reformed their bedside vigil of days, as if around an altar. Their pain was palpable, their exhaustion suddenly stifling the air. The youngest placed a carefully steadied hand on the wrinkled one, pressing it into the blue fleece blanket. She whispered, her voice strained: "*Vecmama*, grandma, I love you". The sleeping woman woke and looked up at her granddaughter, a stubborn twinkle in her dull eyes. "I do…not love you too", she croaked. As she turned her head toward the window and closed her eyes again, a happy, mischievous smile managed to cling to her slack lips.

POEMS

Standing Ovation

Elizabeth Niedra (2015), McMaster University

Sometimes someone goes into that black hole, that fringe-land on the end of the earth, and comes back. They come back to a place where, although their struggle is not done, they can, once again, smile like you, talk like you – speak your language. They can tell their story in words you understand, using markers and clichés that mean something to you to tell you what they saw, and how they survived. Through this, in your eyes, they become Rocky, Sandra Bullock in Gravity, an Amelia Earhart back from the dead – a hero, a success story, someone like you who went down into the caverns of the dark and the unknown and returned to share their glory, to shake your hand. These people, in this moment, are your equals or your betters; in this spotlight, their struggle is beautiful, is glorious, is not only real, but in Technicolor. For one brief moment, you yourself become a champion for their cause; you support the fight against mental health, by rallying for the victor. You give them a standing ovation.

This is not to say that you should not. That person has gone to hell and back, they have fought through, blood and tears (often literally), twenty-four hours a day, seven days a week, for days, weeks, months, sometimes even years on end. And they did not give up. And they did not die. They came out alive, and a standing ovation in Madison Square Garden wouldn't sufficiently honor the struggle they continue to endure, and the strength that they have shown by showing it to you.

This is to say, be mindful of who gets your standing ovation, your smile, your awe. It is the person who has returned to you; the person who speaks your language. The person who has already succeeded enough in their struggle to again dwell in the land of the living. They are mental health neatly packaged for your easy consumption, wrapped in culturally kosher signals of normalcy and relatability. They are articulate, touching, anecdotal mental health. They are not anxious, inconsistent, incoherent, unrelatable mental health. They are no longer forcibly concealed under the boggy ten-ton cloak of their symptoms. Be mindful that they are the tip of the pyramid. Be mindful, that whomever else you meet in the realm of mental health, the classmate, the friend, the supervisor, the patient, the disheveled, the unhygienic, the belligerent, the vicious, the tearful, the rude, the entertaining, the angry, the silent, the skinny, the scarred – they too lay claim to your awe. Perhaps they are more in need of your help than your applause; but that fight you gave a standing ovation? They are fighting it, hard, right now. And if your protest is, but she was brave enough to share it with me – realize, they have come to you, by whatever means. That's exactly what they're doing.

NGIG Internal Updates

Alberta

Our group has been organizing lunchtime seminars for medical students with the goal to provide exposure to geriatrics medicine as a FM or IM specialty, and to promote awareness in the area of geriatrics care. Our introductory talk was from Dr. Adrian Wagg, a gerontologist at the U of A. He spoke of his work as a clinician, researcher, and the director of Alberta Centre on Aging, and engaged students in an informal Q&A session. Our second talk was from Dr. Parmar, who provided the family medicine "care of the elderly" perspective on geriatrics medicine, and spoke about assessing capacity in the elderly. In addition to lunch talks, our GIG also partners with the Alberta Centre on Aging Student Liaison Group, which hosts networking events between health sciences students, researchers, and clinicians at the UofA and is a resource to all students about careers in the field of aging.

UWO

Western's GIG under the supervision of Dr. Diachun, has offered some great events to further expose students to the field of geriatric medicine. We started with a "Why Geriatrics?" event where a geriatrician, family physician, and geriatric psychiatrist told the students about their respective fields and why it is so great to work with the aging population. As part of the NGIG patient outreach program, our group attended a Valentine's Day Social held at one of London's local retirement residences. The students were also able to learn more about dementia and hear about personal experiences with the disease at the Alzheimer Initiative Talk. Upcoming events are a clinical skills day where geriatricians will guide students through some cases related to polypharmacy and mobility issues and the 10 year anniversary celebration of the Intergenerational Gala where students and seniors will come together for a night of fun.

Queen's

So far this year, the Queen's Geriatrics Interest Group has featured an assortment of lunchtime talks. In addition to old favourites (such as the geriatrics career panel), we hosted a few new talks, including a presentation by an Alzheimer Society of Kingston representative and a caregiver from the community, as well as a talk on elder law by Queen's law students. Our Geriatrics Observership Program, in its second year running, gives medical students an opportunity to do an observership with a geriatrics resident and has been very well received by students so far. Looking ahead, we are excited for the upcoming speaker series talks, including one by an occupational therapist and a collaborative talk with the Oncology Interest Group. Our two Junior Co-Chairs, Keya Shah and Janice Lee, have been working hard on our third annual Geriatric Skills Night, which will be happening in late March!

UPDATES AND NEWS : NGIG INTERNAL UPDATES

McMaster

The 2013-2014 McMaster GIG has been hard at work supporting geriatrics-focused healthcare students in the MD, PT, OT, Nursing and PA programs at McMaster University. Events held so far this year include a Virtual Dementia Tour in partnership with the Alzheimer's Society of Canada, as well as Geriatric Skills Day, an annual, full-day workshop event aimed at promoting skills and knowledge acquisition in the field of geriatrics for students from the various professional schools. Events that are still forthcoming include a lecture event on polypharmacy, and an intergenerational coffee house social at a local retirement facility. The overarching goals of this year's executive have been to continue to provide opportunities for in-depth student learning in geriatrics at McMaster, promote warmer interface between students and work with the elderly, and maintain a strong partnership with the national GIG.

UBC

UBC GIG has had a great academic year thus far. We kicked off first term with a "Dealing with Dementia" speaker's night in collaboration with the Alzheimer's Society of Canada. The audience really appreciated listening to an elderly patient and their caregiver recount their experiences, both good and bad, with dementia and the healthcare system. The second event we hosted last term was a clinical skills night taught by internal medicine and geriatrics residents. Students had the chance to practice history taking skills with a geriatric focus, and the event was very popular and well received. Things aren't slowing down in second term – we have multiple events lined up, from a geriatrics skills night with stations on delirium, neurology, and CV exams, to our Speaker Series on mental health in the elderly. All of us at UBC GIG are excited to continue sharing and promoting geriatrics at UBC.

UofT

The University of Toronto's Geriatrics Interest group has been very busy this year! Our aim is to fulfill a need for greater student awareness and engagement in issues relating to the health and wellness of older adults, through mentorship, knowledge sharing, and education that complements the established curriculum. We have a mentorship program that involves matching students to geriatricians, family physicians with a focus on care of the elderly and geriatric psychiatrists. This year we hosted a variety of events including a Geriatric Career panel, a movie screening of the documentary "House calls", an Interprofessional Geriatric Experience Day and a Clinical skills day, a medical student visit to a local long term care home, an Alzheimer's Society workshop with a Caregiver, a meet and greet dinner with geriatric physicians and residents and finally a lunch and learn with RN Lee Ringer on the Gentle Persuasive Approach.

Manitoba

The U of MB GIG began the year with a event focused on inter-generational communication, opening with a member of the Department of Medical Education providing an overview of traits that broadly characterize different generational cohorts (Traditionalists, Baby boomers, GenX, Millenials). We then had a panel of physicians who represent various stages of a medical career (Med 3 student, Resident, 15 years of practice, and 30 years of practice). Topics discussed were giving/receiving of feedback, communication styles, and the use of technology.

In February, we held our Geriatrics Skills Day. Led by our generous local geriatricians, we learned about driving & the elderly, aphasias, blood pressure in the elderly, and poly-pharmacy.

Then, we warmed up our voices for our first-ever "Gigs by GIG". Armed with songs from the 40's and 50's, as well as classics from The Sound of Music and Wizard of Oz, we visited a PCH to lead a sing-along. It seemed like the residents were teaching us the songs! This was tremendous fun for everyone involved, so we hope to make this an annual event.

We are looking forward to wrapping up the school year with a lunchtime event featuring the Alzheimer's Society of Manitoba.

Dalhousie

It has been another successful year for the Dalhousie GIG. We held the Alzheimer Society Initiative in the fall and the response from students was excellent. We have most recently organized opportunities for students to participate in programs for seniors run by a local community group called Happily Ever Active. We are looking to finish a great year by hosting collaborative events with the Psychiatry Interest Group and the Internal Medicine Interest Group at Dalhousie.

Montreal

We recently hosted our first conference on Alzheimer's and dementia. Our invited speaker was Dr. Dolly Dastoor, Psychologist at Douglas Hospital in Montreal. At present she is the clinical-administrative manager of the Program in Dementia and specializes in assessment of dementias. She has extensively published and lectured on the subject of Alzheimer Disease and was the 1990 recipient of the Roberts Award of Douglas Hospital for outstanding achievement. We are very excited to have our first conference as well as to have such an amazing speaker.

Ottawa

Ottawa GIG has had a good success hosting various events so far this year. Among different talks have included inviting practicing geriatricians (both internal medicine/Royal College and family medicine plus 1/PGY 3) to share information about their career choices, training paths, life style, etc. Other talks have discussed hot topics such as Alzheimer's disease and palliative care. Collaborations with other interest groups have led to interesting talks such as interprofessional care in geriatrics and geriatric psychiatry. A documentary film called "The Elder Project" was shown. We also encouraged members to read "Still Alice" and provided an opportunity for the book discussion afterward. Overall, at Ottawa we have been able to organize events addressing a diversity of topics and get good turnouts and active participation from our club members.

NGIG would like to thank the Canadian Geriatrics Society (CGS) for supporting all our local GIG initiatives.

CARP

A new vision of aging for Canada

Sponsoring NGIG Annual Research Award

In recognition of the value of our organization, we are grateful for the generous donation of $500 from CARP, to be put towards NGIG's annual research prize (winner to be announced at the 2014 Annual Meeting). CARP is the largest and most influential association of advocacy for Canadians as we age. The core value of CARP is a commitment to the rights and dignity of every individual, regardless of age, with good health and freedom from discrimination. This core value aligns perfectly with the goals and values of NGIG. This contribution from CARP will go toward research in our shared interest.

Third Annual Medical Student Education Day

Presented by

NGIG
National Geriatrics Interest Group

in association with

CGS · SCG

Edmonton, Alberta
April 11th & 12th, 2014

Become A Member

We're Growing...Grow with Us!

Who can become a member of the Canadian Geriatrics Society?

We encourage all physicians with an interest in geriatrics and other allied health care professionals, medical students, residents, and fellows to join the Society.

Residents, graduate students and medical student memberships are free.

Benefits of Membership

The annual membership provides members access to the following services:

Subscription to **Canadian Geriatric Journal** published quarterly, is the only Canadian journal dedicated to original research related to the care of the 4.4 million Canadians over the age of 65

- Member-exclusive and accredited online CME courses
- Reduced rate to attend the Annual General meeting
- Reduced fees to key conferences and other members-only resources

Become a Member / Renew Your Membership

Please download and complete the application form: http://secretariatcentral.com/registration

NGIG would like to thank the Canadian Geriatrics Society (CGS) for supporting all our local GIG initiatives.

CANADIAN ACADEMY OF GERIATIRC PSYCHIATRY NATIONAL TRAINEE STRATEGY INITIATIVES

- The CAGP is pleased to offer complimentary memberships to medical students, residents and geriatric psychiatry subspecialty residents in the membership category Member-in-training (MIT)
- The CAGP Facebook page has launched. It is used as a platform to communicate upcoming events and opportunities for MIT
- The CAGP funds bursaries for a proportion of trainees, including medical students and residents, to attend the CAGP Annual Scientific meeting and National Review Course
    - Opportunities will be posted on the Facebook Page
- The Annual scientific meeting will be held jointly with the Canadian Coalition for Seniors Mental Health in Toronto, ON Sept 9-10, 2014 and will be themed: Innovations in Senior's Mental Health Care: **Insights from the Frontiers of Research and Service Delivery**
- The CAGP will be exploring partnerships with the Canadian Geriatrics Society to support the National Geriatric Interest Group

ABOUT THE CANADIAN ACADEMY OF GERIATRIC PSYCHIATRY

The Canadian Academy of Geriatric Psychiatry (CAGP) is a national organization of psychiatrists dedicated to promoting mental health in the Canadian elderly population through the clinical, educational, research and advocacy activities of its membership. It was founded in 1991, and is recognized as the voice of Geriatric Psychiatry in Canada.

The activities of the CAGP include:

- National Trainee Strategy, which began developing new initiatives in 2012 in support of members in training
- Advocacy
    - Providing a voice for Geriatric Psychiatrists in Canada at national and international meetings
    - Sponsoring promising residents and future researchers through the CAGP Education awards
    - Sponsoring an annual award for Outstanding Achievements and Lifetime contributions to Geriatric Psychiatry in Canada
- Education
    - National Review Course
    - On-line Study Group
    - Developing the core competencies of resident training
    - Hosting an annual Scientific Meeting each fall
- Leading the development of newly approved subspecialty in geriatric psychiatry
- Investigating ways of advocating for ways of ensuring pathways to certification remain open and optimized
- Partnerships, with the Canadian Psychiatric Association and International Psychogeriatric Association

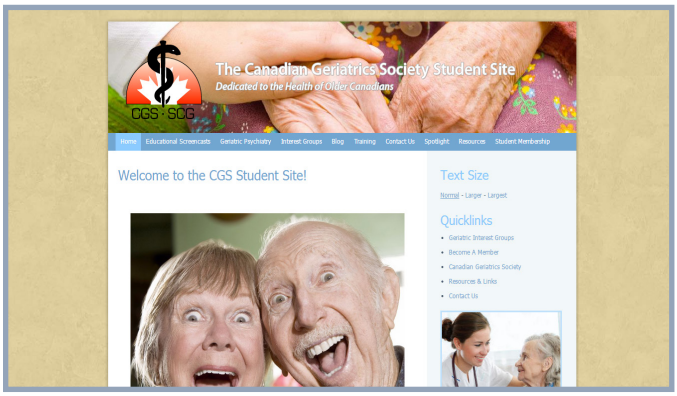
BENEFITS OF MEMBERSHIP

- By joining CAGP, you are supporting the growth of geriatric psychiatry as a subspecialty in Canada.
- You will receive a quarterly e-newsletter containing regional updates, links to resources and events
- Access to the CAGP website with Members Only Section that provides an opportunity to connect with colleagues across Canada
- Discounts on meeting registration

Geriatrics Resources and Websites

Canadian Geriatrics Society Students Website

http://www.canadiangeriatrics.ca/students/



Tools and Guidelines

http://canadiangeriatrics.ca/students/index.cfm/resources/tools-guidelines/

List of Geriatrics Journals

Canadian Geriatric Journal: the official journal of the Canadian Geriatrics Society. It is a peer-reviewed medical journal that publishes research and articles of interest to physicians and other health professionals who provide medical care to older Canadians. Instructions to Authors.

The Canadian Journal on Aging: a refereed, quarterly publication of the Canadian Association on Gerontology. It publishes manuscripts on aging with a focus on biology, health sciences, psychology, social sciences, and social policy and practice.

The Journal of the American Geriatrics Society: a comprehensive and reliable source of monthly research and information about common diseases and disorders of older adults.

Clinical Geriatrics: practical information for clinicians whose patient base increasingly includes older patients. The Journal is committed to publishing superior, evidence-based, up-to-date, clinical information for clinicians who diagnose and treat patients ages 50 and older; it is also a practical resource for all healthcare providers.

Journal of Geriatric Psychiatry and Neurology: brings together original research, clinical reviews, and timely case reports on neuropsychiatric care of aging patients, including age-related biologic, neurologic, and psychiatric illnesses; psychosocial problems; forensic issues; and family care. The journal offers the latest peer-reviewed information on cognitive, mood, anxiety, addictive, and sleep disorders in older patients, as well as tested diagnostic tools and therapies.

Annals of Long-Term Care: Clinical Care and Aging: a peer-reviewed medical journal of the American Geriatrics Society, focusing on the clinical and practical issues related to the diagnosis and management of long-term care residents.

Cochrane Systematic Reviews: systematic reviews of primary research in human health care and health policy. They investigate the effects of interventions for prevention, treatment and rehabilitation. They also assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting.

Thanks for reading!

Canadian Geriatric Society/ Société Canadienne de Gériatrie

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