

These elderly “actors” may be retired, but they’re not retiring

I’m really looking forward to playing someone with senile dementia,” says Joyce Griffen. A retired anthropology professor who lives at Kendal, a retirement community in Hanover, N.H., Griffen spends many hours a week rehearsing and playing roles. She’s not involved in theater, however; in fact, she’s been in only two plays in her life, back in high school and college. She is, instead, a standardized patient (SP) for Dartmouth’s Northern New England Geriatric Education Center (GEC).

She works closely with GEC education specialist Beth Harwood, who provides Griffen with a fictional case history and background on the disease she is playing. Among the conditions she has assumed are alcoholism, congestive heart failure, chronic pain, and heavy smoking.

Affect: Standardized patients “have to be able to manifest the affect,” says Harwood. “I encourage them to get into it and feel it and picture it and say, ‘What’s missing?’” Griffen preps for her roles by observing people around her. “I’ve been trying to watch for those subtle symptoms,” she says of her current effort to model senile dementia. “There’s a certain eye contact which shifts away when they go into another frame of reference.”

Griffen is one of the GEC’s 15 SPs. They range in age from 68 to 93 and help health professionals in New Hampshire and

Vermont train for their work with the elderly. For example, the GEC recently ran an all-day training session for about 50 caseworkers from New Hampshire’s Bureau of Elderly and Adult Services, which investigates cases of possible physical neglect and/or financial exploitation among the elderly.

Cases: Before the session, Dr. Stephen Bartels, a professor of psychiatry at DMS and the director of the GEC, had asked the caseworkers for examples of “their most complicated and challenging cases.” That feedback was then synthesized into one complex persona for the SPs to play: someone who has numerous medical problems, is developing Alzheimer’s, has fallen several times, and isn’t taking prescribed medications.

The day of the session, the caseworkers split into groups and each group did several mock home visits on a single SP over a simulated six-month period; on each return “visit,” the SP’s condition would deteriorate. Even the rooms the interviews took place in mirrored the patient-actors’ decline, with alcohol bottles, stale food, and stacks of newspapers strewn around during later visits.

Goals: The caseworkers tried various methods to help the SPs, including motivational interviewing—a form of counseling that guides people toward deciding themselves to change health behaviors based on their own goals and values.

The caseworkers’ feedback on the session was overwhelmingly positive; they even gave the SPs

FACTS & FIGURES

Taken for granted



\$10.4 billion

Extra funds for the National Institutes of Health (NIH) in the 2009 federal economic stimulus package

300,000

Number of jobs now supported by NIH grants to external organizations

6

Number of years the NIH budget has failed to keep pace with inflation

13%

Loss in purchasing power by the NIH budget over that period

14,000

Estimated number of scientifically meritorious research proposals that the NIH had approved but had been unable to fund

2:1

Return on every research dollar from the NIH in business activity (increased output of goods or services) at the state or local level

\$90 million

Grants from the NIH to New Hampshire institutions in 2007

\$182 million

Estimated new business activity generated in the state by those funds

69%

Percentage of NIH awards to Dartmouth Medical School funded on the first submission in 2002; the national figure that year was 64%

37%

Percentage of NIH awards to Dartmouth Medical School funded on the first submission in 2007; the national figure that year was 39%

SOURCES: ASSOCIATION OF AMERICAN MEDICAL COLLEGES, DARTMOUTH MEDICAL SCHOOL

HOMETOWN NEWS: Milton and Fred Ochieng' (DC '04 and '05, respectively) were ABC News Persons of the Week in January. The brothers built a clinic in their Kenyan hometown while in medical school. See dartmed.dartmouth.edu/w08/v01 for the full story.



a standing ovation at the end of the day. "Some were almost ecstatic with having had a chance to [try] a procedure . . . they could [use] when they went to various houses around the state," says Bill Griffen, Joyce Griffen's husband and an SP himself.

Plans: Bartels and his group have many more plans for using SPs. They have developed a program called eGEM, which stands for Electronic Geriatric Education Module. The web-based modules show an SP who has assumed a given condition being interviewed by a physician, with training tips inserted at appropriate points. Third-year DMS students are now using eGEMs, followed by one-on-one interviews with SPs. Bartels is also designing eGEMs to help clinicians change their practice settings "to better accommodate older adults," he explains.

As far as Bartels knows, Dartmouth's GEC is the only geriatrics center in the U.S. that makes such heavy use of standardized patients. "We have specialized in the frail, older, at-risk person who has multiple complex problems that are challenging to diagnose . . . and evaluate in the real setting," says Bartels.

This is a "huge priority for us," he adds, and "is quite unusual."

Marion Grassi, at age 93, is the GEC's oldest mock patient. Bartels is indebted to her and all the SPs. "They're all just inspirational—incredibly smart, talented people who bring such energy to the role and take it incredibly seriously," he says. "We're only as good as they are, and they are really good."

Grassi, however, makes the job sound like a snap: "You just use your wits," she says wryly.

MATTHEW C. WIENCKE



Mock patient Marion Grassi, left, simulates someone with a drinking problem, as geriatrician Steve Bartels demonstrates techniques for interviewing such a patient.

Trustees establish a department and two chairs

Drs. Gregory Holmes, a neurologist; Elmer Pfefferkorn, a microbiologist; and Paul Batalden, a pioneer in the field of health-care improvement, all had reason to celebrate after the November 2008 meeting of the Dartmouth College Board of Trustees. The Board—in addition to discussing the fiscal challenges facing Dartmouth as a result of the nation's crumbling economy—voted to confer department status on DMS's Section of Neurology and to establish named professorships honoring Pfefferkorn and Batalden.

Range: Dartmouth's neurology program was founded in 1939, with one neurologist, as a section within the Department of Medicine. Its programs have since grown to encompass treatment for, as well as research and teaching in, the full range of neurological disorders. Neurology today has 17 faculty members, 11 residents and fellows, five nurse practitioners, and seven postdoctoral researchers.

The department has plans to expand its outreach services in Manchester, N.H., and elsewhere and is also increasing its research collaborations with other institutions, including the Montreal Neurological Institute and the University College of London.

"As the patient population gets older, neurological disorders are becoming more and more important," explains Holmes. He has been chief of the neurology

section since coming to Dartmouth in 2002 from Harvard's Children's Hospital Boston, and he has been named chair of the new department. Holmes notes that neurology has department status at all but two of the nation's academic medical centers.



Gregory Holmes

The Trustees also approved two new endowed professorships at the Medical School—the Elmer R. Pfefferkorn, Ph.D., Professorship in Microbiology and Immunology and the Chair for Health Care Improvement Leadership, which will bear Paul Batalden's name upon his retirement.

"I'm honored to see established a chair in my name and deeply grateful to all who contributed to its endowment,"

says Pfefferkorn. He is a popular teacher of parasitology and virology and is also internationally recognized for his research on *Toxoplasma gondii*, a parasite that behaves like a virus.

Pfefferkorn came to DMS from Harvard in 1967, chaired the Department of Microbiology and Immunology from 1980 to 1992, and has



Elmer Pfefferkorn

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