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