

# ADVANCES IN GERIATRICS



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## Behavioral Geriatrics: Supporting Training in Social-Psychological Research

As the nation's aging population increases significantly in the coming years, the need for developing independent investigators capable of conducting patient-oriented research in geriatrics is urgently needed. At NewYork-Presbyterian/Weill Cornell Medical Center, a prestigious National Institutes of Aging Postdoctoral Training Program in Behavioral Geriatrics (T32) Award is supporting just such efforts with an aim to improve the quality of life and care of older adults. Co-led by principal investigators **M. Cary Reid, MD, PhD**, Director of the Office of Geriatric Research in the Division of Geriatrics and Palliative Medicine, and **Holly G. Prigerson, PhD**, Director of the Center for Research on End-of-Life Care, the two-year program accepts both MD and PhD postdoctoral trainees who seek careers at the intersection of biomedical and innovative social and behavioral approaches to improve care and care outcomes in older adults.



*Holly G. Prigerson, PhD, and M. Cary Reid, MD, PhD*

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**"These trainees are providing new ideas and a source of passion and energy for the work. They serve as vehicles to address many of the challenges that we face when delivering care to aging adults."**

— Dr. M. Cary Reid

"This is a highly competitive award and we are honored to be able to train two postdoctoral fellows each year for five years who will conduct research on important and pressing issues in the field of aging," says Dr. Reid, who defines behavioral geriatrics as a discipline that addresses the complex and often interacting issues that impact the health and well-being of older adults. "It's fine and good to think about treatment at a cellular and genetic level, but we also recognize that there are multiple factors such as the emotional, psychological, and sociologic or social

state of a patient that can have a very large impact on outcomes. These factors should be considered in studies about issues related to aging."

"The social-psychological behavioral study of geriatrics incorporates both medical and physical aspects of care along with the social, psychological, spiritual, and existential aspects of care," says Dr. Prigerson, whose own research has focused on psychosocial and behavioral influences on medical care and care outcomes for patients and families confronting life-threatening illnesses and death. "Our behavioral geriatrics program is the only one in the country that weaves together both medical geriatrics with social science gerontology and behavioral medicine."

In the first year, the Behavioral Geriatrics Didactic Core covers topics that include clinical and psychosocial epidemiology, community-based participatory research, health services research, and trial design as related to the study of older adults. Trainees participate in monthly work-in-progress sessions, and a monthly Trainees' Forum provides instruction in the presentation and publication of results, ethical conduct of research, grant preparation, and assistance in building career development skills. The centerpiece of the

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**NewYork-Presbyterian Geriatrics ranks #6 in the nation.**

## Behavioral Geriatrics: Supporting Training in Social-Psychological Research (continued from page 1)

training is co-mentored research in year one, culminating in a year two research project for which the trainee serves as principal investigator under co-mentor supervision. Research mentors and their areas of expertise include Dr. Reid on management of multifactorial pain in later life; Dr. Prigerson on care of patients and families at end of life; **Ronald D. Adelman, MD**, on palliative care; **Mark Lachs, MD**, on elder abuse; and **Karl Pillemer, PhD**, and **Elaine Wethington, PhD**, on social isolation/integration.

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**– Dr. Holly G. Prigerson**

“The program promotes bidirectionality,” says Dr. Reid. “Communication flows between practitioners who benefit from the knowledge gained from these studies and the trainees who benefit from the expertise of these clinicians. Everybody wins.”

### Innovative Research Underway

Postdoctoral associates **Elissa Kozlov, PhD**, and **Keiko Kurita, PhD, MPH**, who entered the first cohort, are now in their second year of training. Dr. Kozlov earned her doctorate from Washington University in both clinical and aging and developmental psychology and completed her clinical internship in geropsychology at the Palo Alto VA Health Care System. Dr. Kurita received her PhD in psychology and MPH from the University of Southern California and completed her clinical internship at Duke University Medical Center.

Dr. Kozlov’s past research focused on access to palliative care and barriers to palliative care integration looking specifically at patients’ knowledge deficits. Her current research centers on access to mental health care in patients with life-limiting illness and developing mental health and palliative care interventions.

“I have been concentrating on psychological care within palliative care,” says Dr. Kozlov. “In my first year at Weill Cornell, I conducted several studies to better understand what type of psychological care was being provided by palliative care teams across the country. The first was a literature review that looked at multi-component palliative care intervention studies conducted during the last five to 10 years. The results were disheartening in that they revealed that there was no consistency in what was being done – at least in the research – in terms of psychological intervention. Also, more often than not, there was no description of what the intervention was, nor was there any indication of who provided it or if there was any measure of whether it was effective or not.”

In a paper published in the *American Journal of Hospice and Palliative Care* in January 2017, Dr. Kozlov called for the need to elevate the science of psychological care within palliative care. “We need to develop specific guidelines on how to screen for psychological distress, identify the team member responsible for it, and determine what has to happen if psychological distress above a certain threshold is detected.”

In another study, Dr. Kozlov surveyed 230 clinicians from all disciplines across the country to learn more about what they do to help patients with psychological care. “The results were similarly vague,” she says. “It seems people are assessing for psychological distress in a multitude of ways and not necessarily consistent across individuals. There doesn’t seem to be a standard of care. My future directions are to start to develop interventions to manage anxiety in the inpatient palliative care setting because anxiety is one type of psychological distress that is most frequently endorsed by clinicians.”

In her research at Weill Cornell, Dr. Keiko Kurita seeks to understand how declines in cognitive function and the course and treatment of chronic illnesses interact with one another, and use this knowledge to improve the psychological well-being of older adults. “When I entered the Southern California program, I wanted to study health and aging in the context of clinical psychology,” says Dr. Kurita. “One reason is because I believe older adults want to live happy, healthy, and long lives, but they also want independent lives, too. However, two issues put them at risk in meeting this equation – one is disease and the other is cognitive impairment. Advanced age is a risk factor for both.”

Dr. Kurita also focuses her research on caregivers of older adults, some of whom are older adults themselves. “A lot of older people have spousal caregivers or adult children who take care of them,” she says. “For example, an adult child of a 90-year-old person can be 65 or 70 years old. Caregivers may also have a decline in cognitive function. I’m very interested in how mild cognitive impairment in caregivers and patients affects the patient’s hospitalization outcomes, medical decisions, and advanced care planning.”

The situation in which an older adult patient, caregiver, or both have mild cognitive impairment is challenging clinically because it may impede a patient from receiving optimal care, for example, an appropriate discharge location. Dr. Kurita has just launched a pilot study to gauge the prevalence of these issues where she is interviewing hospitalized older adult patients and their caregivers and administering the Montreal Cognitive Assessment, a screening tool for mild cognitive impairment. The study will examine the extent to which cognitive status (cognitively intact or not) of the patient, caregiver, or both is associated with longer lengths of stay, readmissions within one month, completion of living will, and other outcomes. She plans to use the preliminary findings to apply for an NIH mentored patient-oriented research career development award.

“One of the strengths of the T32 program is that we are trying to make it clinically relevant,” says Dr. Prigerson. “This research is not just an academic exercise; we want to identify and address real-world clinical problems in the care of older adults.”

“These trainees are providing new ideas and a source of passion and energy for the work,” adds Dr. Reid. “They serve as vehicles to address many of the challenges that we face when delivering care to aging adults. We’re privileged to shepherd what we believe will be the next generation of researchers to address the important and pressing issues in the field of aging.”

### For More Information

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## Championing Palliative Care at the Bedside

An innovative program is supporting a growing cadre of palliative care champions that is enhancing the lives of critically ill patients and transforming the culture of care. Developed in 2011 by the Division of Geriatrics and Palliative Medicine at NewYork-Presbyterian/Weill Cornell Medical Center, the Palliative Care Champion Program trains social workers and nurses to apply the principles of palliative care to their clinical work. Upon completion of the program, the champions help train and mentor the next group of champions, thus expanding the scope and reach of palliative care at Weill Cornell.

“The Palliative Care Champion Program is an on-the-job training model that was designed to teach social workers and nurses how to provide expert palliative care at the bedside,” says **Dory Hottensen, MSW, LCSW**, Social Work Supervisor, Palliative Care Team, and Social Work Coordinator of the Palliative Care Champion Program. “The program empowers participants with the knowledge, skills, and confidence they need to care for critically ill patients and their caregivers, and to discuss and advocate for their patients’ needs with the medical team. As a result, the program has instilled a greater awareness and acceptance of palliative care throughout the hospital.”

“Nurses and social workers provide frontline care for the seriously ill and the dying, so they are uniquely poised to provide palliative care services to these patients,” says **Elizabeth E. Schack, GNP-BC, ACHPN, CNS**, Palliative Care Nurse Practitioner and Nurse Coordinator of the Palliative Care Champion Program. “The program teaches nurses not only how to address their patients’ physical needs, but to also offer a layer of emotional support to patients and their caregivers.”

Both Ms. Hottensen and Ms. Schack are members of the Palliative Care Consult Service team at Weill Cornell. This interdisciplinary group of physicians, nurses, nurse practitioners, social workers, and chaplains provides adult patients with chronic, serious, or terminal illness a comprehensive range of supportive care, including pain and symptom management, and emotional and spiritual support. The team also educates patients and their families with the information necessary to make informed decisions regarding care.

Ms. Hottensen and Ms. Schack developed the Palliative Care Champion Program in close coordination with **Ronald D. Adelman, MD**, Co-Chief, Division of Geriatrics and Palliative Medicine at Weill Cornell, to address deficits in palliative care training and staffing at the institution. “Over the past decade our team has seen an increasing interest in palliative care and a corresponding rise in palliative care consults,” says Ms. Hottensen. “Our training model grew out of the need to manage the expanding caseload by teaching nurses and social workers how to provide generalist palliative care to patients and to know when to refer more complex cases to the team.”

The program curriculum is comprised of 10 to 12 didactic, case-based and role-playing sessions that address topics that include effective communication, grief, bereavement, adjustment to illness, and the cultural and spiritual considerations regarding illness, dying, and death. In addition to these sessions, nurses participate in symptom management training based upon the End-of-Life Nursing Education Consortium, a national education



*Dory Hottensen, MSW, LCSW, and Elizabeth E. Schack, GNP-BC, ACHPN, CNS*

initiative to improve palliative care established by the American Association of Colleges of Nursing. The program participants also receive one-on-one, individually tailored training at the bedside with clinical supervision. “Effective communication is perhaps the most important skill we teach,” says Ms. Hottensen. “We devote two sessions to learning how to break difficult news to patients and families and how to manage and participate in family meetings.”

After the first year of the program’s inception, an evaluation based on pre- and post-program participant surveys demonstrated that the participants had achieved increased knowledge, improved skills, increased confidence, and professional development.

“Our nurse champions feel more comfortable taking an active role in the care of critically ill or imminently dying patients,” says Ms. Schack. “The program teaches nurses how to tease out active symptoms that are not being appropriately managed and bring this information to the medical team to initiate more aggressive care.”

“The social worker champions really value what they have learned in the program,” adds Ms. Hottensen. “Not only are they now able to apply these skills at the bedside, they also have the confidence to broach difficult topics with patients and caregivers and engage with the medical team to discuss what is best for the patients.”

“Perhaps the most important benefit of the program is that it inspires true camaraderie among participants and it gives them a safe zone to discuss the problems and concerns that arise from caring for the severely ill and the dying,” says Ms. Schack. “Nurses find it gratifying and comforting to talk with other nurses and realize that they share the same struggles.”

Since its beginnings six years ago, the program has been extended to internal medicine residents to meet their palliative care educational and skill-building needs. “Our goal is to build a strong core of champions on every unit who can take ownership of the program, help to teach it, and further its growth,” says Ms. Schack.

“The program has helped staff learn palliative care skills and attain a level of comfort in dealing with this difficult topic with patients, and it provides patients and their caregivers with support, comfort, appropriate intervention, and invaluable resources,” adds Ms. Hottensen.

### For More Information

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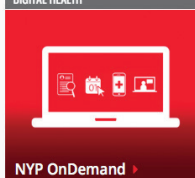
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