



**AGEC/ GWEP Quarterly Newsletter - Volume
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From the Director's Desk

*By Robin McAtee, PhD, RN, FACHE, Director,
Arkansas Geriatric Education Collaborative (AGEC),
a Geriatric Workforce Enhancement Program (GWEP)
at the University of Arkansas for Medical Sciences
(UAMS) Donald W. Reynolds Institute on Aging
(DWR IOA)*

The AGE C received news earlier this year that we might receive a 4th year of funding from HRSA without rewriting for the grant! We are optimistic as a federal budget has been approved and the GWEPs are still included. We now patiently await news from HRSA!

While we wait on that, we are busy with programs all over the state! Our health professional programs are consistently reaching over 100 healthcare professionals for each program as we have expanded our coverage with live and webinar formats! This spring we are exploring the new Shingles vaccine as well as other vaccines for adults. Please join us on May 8th at the UAMS RAHN Auditorium from 11-1 for that event! We have also...

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**Re-thinking an
interprofessional education**

Upcoming Events

**Save the Dates for
the AGE C Free 2-
Hour Spring Video
Teleconference!!**

May 8th, 2018

**“Understanding the
New Shingles
Vaccination and Other
Adult Vaccinations”**

presented by Robert Hopkins, M.D., Professor at the University of Arkansas for Medical Sciences and Kara Halverson, Pharm.D. at the University of Arkansas.

***2 hours FREE
Continuing education
credits available for a
variety of disciplines.***

**11AM - 1 PM
UAMS Rahn Building
Room G225**

Questions? Email us at

agec@uams.edu

**Educational
Opportunity!**

Are you working with
older adults and want to

forum: Are we leaving out the most important team member?

By Chad Lairamore, Duston Morris, Heather Martens, Lorrie George-Paschal, Myra Grantham, Towino Paramby, Angie Cheves, Rachel Schichtl, and Zack Damon
University of Central Arkansas

Interprofessional education (IPE) focusing on patient-centered care provides opportunities for students to learn the roles of other healthcare professionals while developing skills in leadership, teamwork, communication, and clinical decision-making.¹⁻⁷ Collaborative practice is particularly critical when working with older adults to meet their complex medical, cognitive, functional, psychosocial, and daily living needs.⁸ To facilitate interprofessional collaboration, a faculty team at the University of Central Arkansas (UCA) implemented a case-based IPE forum where students worked together to delineate professional roles and establish a plan of care based on written “paper-cases”. One of the “paper cases” used for the IPE forum involved a 76 year-old female with medical conditions commonly seen in the elderly population including diabetes, hypertension, depression, mild cognitive impairment, frequent falls, and difficulty performing activities of daily living. Our research demonstrated the IPE forum was...

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A Matter of Immunizations: Preventing Illness in the Older Adult Population

By Jessica Camp, MSN, APRN, AGCNS-BC; Brinda McKinney, PhD., MSN, RN; and Mandy Koekemoer, MSN, RN
Arkansas State University

learn more about the disease conditions and illnesses that affect this population? We have just the program for you --- ***Arkansas Geriatric Mentors and Scholars Program***, also called ***AR-GEMS***. AR-GEMS is a 60-hour self-study program for all health professionals across disciplines who work with older adults and want to learn more about the aging process as well as improving the delivery of care. For more information on AR-GEMS, visit us at www.aged.org/argems/.

As healthcare professionals, we are all charged with keeping our patients as well as possible. If you are reading this article, your patients are likely older adults. That further elevates the need to be ever-mindful of illness prevention as more older adults are already receiving care for chronic illnesses and may have multiple comorbidities. The Centers for Disease Control and Prevention (CDC) report the following illnesses can be prevented through vaccination: chickenpox (varicella), Diphtheria, Flu (Influenza), Hepatitis A & B, Human Papillomavirus (HPV), Measles, Meningococcal Disease, Mumps, Pneumococcal Disease, Rubella, Shingles (Zoster), Tetanus, and Whooping Cough (Pertussis). This article will remind each of us of the significance of preventing illness through vaccination and provides just-in-time information for those that may need support (CDC, 2016).

All providers should have a means of staying up to date on the immunization schedule for their patient population. One simple method is to...

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Tips for Accurate Blood Pressure Monitoring

By Theresa Horton, MNsc, CNP, GNP-BC, CADDCT, CFRDT

Director of Education, South Central Center on Aging

New guidelines on classifying and treating hypertension were released on November 13, 2017, the first change since 2003. Under the old guidelines, 3 out of 10 Americans had hypertension. With the new guidelines, nearly 5 out of 10 will fall into either Stage 1 or Stage 2.

Because of these changes, assessing blood pressure accurately is extremely important, both in the clinical and home setting, to develop an effective plan of care for the individual. There are actions that can decrease blood pressure readings anywhere from 8 to 50 mm Hg and provide a more accurate resting blood pressure reading. These include...

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Treatment of Chronic Pain in Older Adults

*By Meredith Stefanik, PharmD,
UAMS PGY2 Geriatric Pharmacy Resident*

It is well-known that there is an opioid epidemic in the United States. While the number of opioid prescriptions has decreased over the past few years, there is still room for improvement. In Arkansas, there were 169 opioid-related deaths in 2016, with 132 deaths attributable to prescription opioids.¹ In 2015, providers prescribed approximately 111 opioid prescriptions per 100 persons, which was above the national average of 70 opioid prescriptions per 100 persons.²

Use of opioid medications is especially troublesome in older adults. Disease states such as chronic obstructive pulmonary disease (COPD), obstructive sleep apnea, and renal dysfunction can increase the risk for adverse events, most notably a decrease in respirations.³ Older adults also take more prescription medications, which increases the risk for drug-drug interactions.⁴ In addition, long-term effects of opioid use include...

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Arkansas Geriatric Education Collaborative (AGEC)/Geriatric Workforce Enhancement Program (GWEP)
University of Arkansas for Medical Sciences
4301 West Markham, #798
Little Rock, AR 72205
Website: www.agec.org

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