



Transforming professional performance through the power of interaction

The Joys and the Pain of Working with Geriatric SPs

By Kris Slawinski, University of Chicago, Pritzker School of Medicine

If you're lucky, your educational program includes plenty of opportunities to employ seniors as SPs. At University of Chicago, we have a formative second year Geriatric OSCE covering topics such as end of life counseling, assessing ADLs and IADLs, gait assessment and proper cane use, depression, caregiver stress, and how to conduct an MMSE. We also have various clerkship OSCEs which require more elderly patients for student encounters. Our senior SPs love the work, they're eager for more, and they bring a professionalism and maturity to the workplace that can help balance the energy in your SP break room and trainings. So when does the pain come in?

The first time was Barbara C, a lovely woman who everybody adored—calm, grounded, always pleasant and full of good humor, and very conscientious. After using her for face to face feedback, which she excelled at, I once recruited her for Head to Toe. She just couldn't handle the rigor, and though I fretted about having to drop her she actually laughed with relief when I told her, because she was so worried about letting *me* down! I felt terrible about the stress she endured trying to do something she knew was just too much for her. I was out of town when I got the news that Barbara had died and, saddened and helpless, I toasted her memory that evening with SP ed friends of mine who felt my pain. Later I wrote her daughter a letter about how much I had appreciated her mom.

ChaQuita, beautiful, kind, and so generous with her students, was a lifelong smoker who changed her habit after participating in a smoking cessation program with us. She caught a cold that just didn't go away, and after some time she had to have a tumor removed from a lung. Though she swore she'd be back to work--"I'm gonna fight this," she said--the cancer won. And there is Marge S, and others, and I still get teary when I think of them.

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Sometimes they can't remember their case or they make too many errors on the checklists, and, knowing something is wrong but not what, frightened and embarrassed, they stop confirming dates. Or I stop offering assignments when errors persist after additional training, and they don't seem to notice. Sometimes an adult child whisks them away and their phone or email goes unanswered, and there's no closure for anyone involved.

Fifteen years ago, when I returned to the field as an SP educator, I phoned Carol, a senior SP I had last hired four or five years previously. I eagerly asked if she and her best friend Pearl could work for me at my new center, and was shocked when she said, "I'm an old lady now. I never leave the house." I remembered Pearl and Carol as vibrant, energetic, and experimentive, taking community college literature courses and not understanding much of it but finding it exhilarating—and hilarious--anyway. I think I stammered out something lame before hanging up. Though I have a better idea what to do or say now, I still get shaken up and grieve.

We've all had similar experiences, and I invite you to share yours with our community. What actions have you taken when someone in your program has become mentally fragile or terminally ill? How can we better support these people who contributed so much to our programs, and won our hearts? If you'd like to join this conversation, submit your thoughts/ experiences to Val Fulmer at vlf2@pitt.edu to be included in future issues of *ASPE eNews*.

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