

ICER

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Center News

David Edelman, M.D., Takes Directorship of M.D. Fellowship Program

David Edelman, M.D., has been appointed director of the M.D. Fellowship Program for Durham VA and General Internal Medicine, Duke University Medical Center, as of April 2000.

Dr. Edelman believes that the Durham VA is an excellent place for M.D.s who want to pursue a fellowship and he is enthusiastic about the quality and variety of researchers we have here. "We offer a wide array of research opportunities for fellows. We have funded research in, among other fields, telemedicine, smoking cessation, traditional epidemiology, research ethics, and epidemiology of mental health. James Tulsy performs unique work with qualitative research methods dealing with end of life care. We have expertise in medical informatics and in diagnostic testing in traditional health services research. Our faculty study virtually every chronic disease you could imagine. It's very difficult to imagine what kind of research project you would want to do in health services or related fields that you couldn't find a mentor for in our program."

Fellows take courses through Duke University's clinical research training program and have the option to pursue an advanced degree in Clinical Research. Dr. Edelman says that this is an outstanding didactic program because, unlike many other programs that are available, Duke's clinical research program "is a little more focused on the things you need to know to become a successful researcher ... it's a really intense and prestigious didactic program." The degree option leads to a Master of Health Sciences from Duke University's School of Medicine.

The first year presents the fellow with intensive course work necessary for designing, implementing, and analyzing clinical research in General Internal Medicine. Fellows also initiate mentored clinical research during this year. During the second year, fellows take further courses,

conduct their clinical research, and spend less time in teaching and clinical activities. Fellows are given support to complete their research projects, write a grant, submit an abstract for presentation and prepare manuscripts for publication.

Under his leadership, Dr. Edelman would like to see growth in the fellowship program in two areas: training and recruitment. "First of all, we need to develop our ability to train people from departments other than the department of medicine in a collaborative fashion. To that end I hope to develop relationships with departments such as family medicine and surgery. This would bring us fellows who come from different backgrounds and who can therefore bring unique perspectives into fellowships so that we can learn from them."

He also wants to expand the field of recruitment sources. "Traditionally, most of our fellows are at Duke in some other capacity before they enroll. That's okay, because Duke is a great place and has a tremendous wealth of candidates within its system. But it's always better if you can widen the pool from which to draw. I would like to see us market ourselves more aggressively so that we can find more people outside of Duke. Institutions leave imprints on the people they train and, therefore, people who come from different places address issues differently. Again, that's a useful perspective which allows us to learn from our fellows."

Dr. Edelman wants to leave his imprint on the fellow's program as well. "Something I'd like to have in place when I'm gone is a greater variety of tracks. We now have only one, traditional way that we train people.

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Fellows go through the master's degree program and they pair-up with a health services researcher. Several of us, especially Dr. James Tulsky, have discussed establishing a palliative care research track within the fellowship. I would like to create a unique fellowship experience where a person comes in and obtains clinical and research experience geared towards palliative care by working through Dr. Tulsky's Program on the Medical Encounter & Palliative Care and the Duke University Divinity School's Institute on Care at the End of Life. That could be just one of a couple of different ways to train people by developing skills that work better in research fields other than traditional health services. I think that's something that's in our reach."

The Fellowship Program began in the Department of Medicine at Duke when it established its Division of General Internal Medicine in 1976. The Center successfully competed for Department of Veteran Affairs funding for a General Medicine Fellowship Program which began in 1989. Additional VA funding was awarded for a Health Services Research Fellowship in 1991 and a Women's Health Fellowship in 1994. The Center seeks to attract fellows who have participated in a research activity, who are board eligible or certified, who have acquired sound clinical training, and express a commitment to academic careers. Preference is given to candidates with training in clinical epidemiology, biostatistics, or decision analysis.

Common objectives of the fellowship programs are to provide physicians with clinical research training and opportunities to improve administrative skills necessary to become productive academicians. Fellows work with both M.D. and Ph.D. investigators. Four full-time Ph.D. staff members provide expertise in biostatistics and epidemiology. Thirteen physician research associates, who are staff physicians in Ambulatory Care, are mentors in the program.

HSR&D News

James Tulsky, MD, Named Associate Director for The Duke Institute on Care at the End of Life

James Tulsky, M.D., director of the Program on the Medical Encounter and Palliative Care (PMEPC) at the Durham VA Medical Center, is dedicated to the improvement of care of dying patients, to research on attributes of the quality of dying, and studying and promoting physician-patient communication in managed care.

As a result of his experience and dedication, Dr. Tulsky has been named the associate director of The Duke Institute on Care at the End of Life. The Institute, based

in the Divinity School at Duke University, is an organization dedicated to the improvement and care of suffering and dying patients through scholarship, teaching and outreach.

"The Institute wanted someone who was experienced in the medical aspects of end-of-life care. I have devoted the majority of my career to understanding how to improve end-of-life care and to teaching physicians how to meet the needs of dying patients," said Dr. Tulsky, who holds a joint appointment with the VA Medical Center and the Duke Medical Center. "I'm able to bring my whole medical training, experience and the research of the Program on the Medical Encounter and Palliative Care to the Institute as well."

The PMEPC has a long-standing research interest in the needs of the dying. Dr. Tulsky says that the PMEPC will form much of the initial research core of the Institute, though the Institute will have other research and scholarly activities. "The Program on the Medical Encounter and Palliative Care focuses on health services and clinical research, while the Institute is concerned with a broader array of issues, including pastoral care training, theological scholarship and community outreach, which forms a nice compliment."

Dying patients often confront complex physical, emotional, and spiritual challenges, Dr. Tulsky says, and the spiritual and psychological aspects play a huge role in end-of-life care. "I think that is what sets end-of-life care apart, in many ways, from other aspects of health care. Although the spiritual and psychological infuse all of health care, these aspects come to a crescendo in end-of-life care because one is facing mortality. When people come to the end of their lives they review their lives and they're faced with questions of meaning, with trying to understand their purpose, why they have been in this world, and what's going to happen after they die. Those, by their nature, are spiritual questions and are central to a patient's experience."

Dr. Tulsky states that to treat patients at the end of life and not be aware that these are things going through their mind is not to fully treat the patient, and the physician and care givers miss opportunities for improving the patient's overall quality of life. "What's nice about having the Institute at Duke's Divinity School is that it allows an obvious avenue to explore these kinds of questions and how best to incorporate them into the care we provide patients"

Studies indicate that many patients die slow and sometimes painful deaths, often receiving unwanted, costly and invasive care. In a recent study published in the Nov. 15 Journal of the American Medical Association, the lead author, Karen Steinhauser, Ph.D., a health scientist and the associate director of the PMEPC, found that after the control of pain, the most important thing to patients and their families was being at peace with God.

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“This surprised us,” said Dr. Tulsy. “We anticipated that spiritual issues would be important to patients and families, but the degree they were important, almost on par with being free of pain, we were surprised that it was so central.”

Dr. Tulsy’s interest in dying patients and their comfort developed almost from the start of his medical career. “As a medical student, I was in an independent study program that allowed me to design my own curriculum around ethics and geriatrics. Though my thesis was not on palliative care, it was concerned with the last stages of a person’s life. During my residency in San Francisco, the direction I would take became more and more clear as I cared for patients. In the first week of my first ward rotation one of my patients died. I was present for his death and it moved me considerably.”

During his medical residency he observed that a patient’s suffering through life’s greatest transition can be profound, yet health care providers, clergy and others too often seemed ill-equipped to meet the patient’s physical, emotional, and spiritual needs. “I had a number of like experiences with dying patients and by my third year of residency it was clear that I wanted to work in this area. My first research project looked at how doctors and patients communicate about decisions to withhold cardiopulmonary resuscitation. I wanted to try and figure out how to improve the care generally because I knew it could be better.”

It was through his own encounter with dying patients he found his greatest reward. “From the beginning of my medical training, the most meaningful moments for me were taking care of dying patients. I always felt those times were special and that I was able to offer patients and families more when they were dying than at any other time, which may seem ironic. People often tell me that caring for the dying must be hard work. I feel quite the opposite.”

An increasing awareness by the public and health care organizations of the unique needs of the dying patient has recently placed the need for improved end-of-life care at the forefront of health care issues. The recent PBS television special “On Your Own Terms: Moyers on Dying,” produced by journalist Bill Moyers, is one of numerous efforts underway in a variety of settings to address the problems and concerns of dying patients and improve the process of end-of-life care. Research shows that successful models and procedures can be implemented to provide compassionate and competent care to persons facing the end of their lives.

Dr. Tulsy, through his experience and research, feels that the single most important intervention any of us can provide to a dying person is to listen well. “People at the end of life need to be heard, and by being heard they will feel better, they will be more likely to have their concerns addressed and their preferences respected. And they will be more likely to achieve a good death.”

ERIC News

Durham ERIC to Sponsor Third Annual Epidemiology Summer Session

The Third Annual Epidemiology Summer Session will be held June 4 through June 8, 2001, in Chapel Hill, N.C. It will be hosted by the Durham Epidemiologic Research and Information Center (ERIC) and will be held on the campus of the University of North Carolina at Chapel Hill. The Epidemiology Summer Session is open to administrators, clinicians and researchers employed by the Department of Veterans Affairs.

The three ERICs (Boston, Durham, Seattle) jointly conduct the Epidemiology Summer Sessions. Previous ERIC summer sessions have been hosted by the Boston ERIC in June 2000 and the Seattle ERIC in June 1999. Because these two summer sessions were considered such a success, it is anticipated that the Epidemiology Summer Session will continue as an annual event, alternating between the three ERICs. The objectives of the sessions are:

- to provide state-of-the-art information on epidemiologic principles and methods to VA administrators, clinicians and researchers;
- to provide VA examples that illustrate application of epidemiologic concepts;
- to assist participants through small group problem solving to improve and apply epidemiologic skills to improve their professional effectiveness.

Participants will be able to take up to four courses, with eight courses to choose from. This year, biostatistical courses will be emphasized. Continuing Medical Education credit will be available. Registration will be on a first-come, first-serve basis.

Further details regarding course topics and registration procedures will be distributed this winter. For further information, contact Beth Armstrong at 919-286-6936 or e-mail her at betharmstrong@mindspring.com. Information is also available on the Durham ERIC’s Web site at <http://hsrd.durham.med.va.gov/eric/>

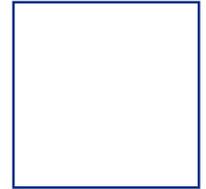
HSR&D News

Sandra Zinn, Ph.D., New Post-Doctoral Fellow

The Center welcomes a new Ph.D. post-doctoral research fellow, Sandra Zinn. Dr. Zinn received her bachelor’s

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HSR&D
VA Medical Center (152)
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degree in psychology from the University of North Carolina at Chapel Hill in 1990 and received a master's and doctorate degree in clinical psychology from the UNC - Chapel Hill, in 1996 and 2000, respectively. She completed a pre-doctoral internship in July 2000, at the Durham VA Medical Center. She is currently a visiting assistant professor at UNC - Chapel Hill and a clinical psychology associate at the Durham Rehabilitation Institute at Durham Regional Hospital, Division of Medical Psychology, Duke University Medical Center.



Sandra Zinn, Ph.D.

Dr. Zinn has research interests in adult development and aging, as well as areas in neuropsychology. She has conducted research on spatial strategies and neuropsychological test performance and has worked in research on the cognitive effects of various neurotoxins, including alcohol and those associated with

psoriasis and liver failure. She's interested in the cognitive effects of chronic alcohol consumption and the wide variation of dysfunction associated with stroke and will be pursuing both areas of research during her fellowship.

Her mentors will be Dr. Ron Horner and Dr. Scott Swartzwelder. Under Dr. Horner, Dr. Zinn will be investigating the role of racial differences in cognitive functioning after stroke and its relation to health care and rehabilitation services. Under Dr. Swartzwelder, she will be investigating the role of selected aspects of executive functioning, i.e., decision-making, planning, self-control, etc., in spatial and memory deficits common to alcohol-related dementia and amnesia.

Dr. Zinn plans to continue these areas of research in the future. "I hope to build on my work with executive functioning and its effect on patients' rehabilitation, as well as increasing awareness of the effects of racial, cultural and individual differences on cognitive status and treatment received."



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The Institute's mission is to provide quality information on issues regarding the organization, financing, and delivery of veterans' health care, and to build the epidemiological capacity of the Veterans Health Administration through the generation, synthesis, and dissemination of epidemiological information. The Institute also has a mission to educate health professionals through a spectrum of training grants in the techniques of health services and epidemiological research.