Diabetes, Dementia and MCCs in Males with Hip Fracture & The Dos and Don’ts of the Mentee-Mentor Relationship

Laurel A. Copeland, PhD
Doris M. Rubio, PhD

HCSRN-OAICs
AGING Initiative
August 30, 2016
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AGING Initiative: Pilot Project on Male Hip Fractures – Focus on the Mentoring Experience

Laurel A Copeland, PhD
VA Central Western Massachusetts
Baylor Scott & White Health

AGING Initiative Webinar
August 30, 2016

Funding: HCSRN-OAIC AGING Initiative Pilot, sub-award of National Institute on Aging Grant 1R24AG045050-01A1; VHA HX-09-335
Project Collaborators

- **L A Copeland**, Baylor Scott & White Health (Temple TX) / VA Central Western Massachusetts Healthcare System (Leeds MA), HCSRN partner, mental health services research in VA and HCSRN
- **C C Quinn**, University of Maryland (College Park MD), Claude Pepper OAIC partner, health policy, gerontology and health services research
- **E M Stock**, VA Maryland Health Care System (Perry Point MD), statistician, mental health services research especially pharmacoepidemiology
- **J Cho**, Baylor Scott & White Health (Temple TX), healthy aging among the oldest old - mentee
- **R Basu**, Baylor Scott & White Health (Temple TX), health economics, cognitive decline associated with aging - mentee
- **J E Zeber**, Baylor Scott & White Health / Central Texas Veterans Health Care System (Temple TX), mental health services research in VA and HCSRN
- **B K Ahmedani**, Henry Ford Health System (Detroit MI), mental health services research in HCSRN, suicide prevention

The MCC-Hips Team

Pilot Project: “Multiple Chronic Conditions Associated with Hip Fracture Outcomes among Males”
Junior Investigators

- **The Project Includes 2 Mentees**
  - **Rashmita Basu, PhD**, who has a special interest in cognitive decline into dementia
  - **Jinmyoung Cho, PhD**, who is studying healthy aging among the oldest old, defined as persons age 85 years or older

Both are junior investigators in the Center for Applied Health Research, Temple TX, with academic appointments at Texas A&M University Health Science Center, Department of Medicine
Background

- 1 in 4 adult Americans, and 3 out of 4 persons >65 years, have multiple chronic conditions (MCC)

- Common chronic conditions associated with increased risk of hip fracture – e.g., dementia and type 2 diabetes
Original Aim 1

- Determine the association of **multiple chronic conditions (MCC)** with **outcomes of hip fracture**
  - 30-day Readmission
  - Mortality

Our Actual Aims

- 4 papers – PI, Partner, Mentee #1, Mentee #2
- Help everybody get something out of the experience
VA administrative data from an IRB-approved project (no IRB process)
System-wide data capture for 6M veterans per year (data-only project)

3,851 male VA patients

- hip fracture diagnosis (ICD-9 code 820.xx)
- hip fracture repair procedure code (CPT codes)
- Oct 2004 - Sep 2009

**Age:** 50-100 years – mean 75.1, SD 11.0 years

- 77% >65 years old (n=2968)
- 23% >85 years old (n=896)

**Mortality**

- 11% within 30 days postop
- 31% within 1 year postop
23% >85 years old

Make Jinmyoung Cho happy: objective achieved!
Independent variables

- Diseases in Charlson Comorbidity Index
- Additional distinct diseases in Elixhauser index
- Mild Cognitive Impairment (MCI)
- Receipt of relevant medications
- Demographics
- VA priority status
Multiple Chronic Conditions (MCC)

34 conditions

- Eliminated 12 overlapping disorders in 15 indicators

Modeled MCC two different ways:

- Sum of MCC
- Individual indicators of MCC
- Charlson includes Dementia, Diabetes
Top 5 Multiple Chronic Conditions

- Hypertension – 67%
- Diabetes – 31%
- COPD – 29%
- Deficiency anemia – 25%
- Depression – 24%
Multivariable Models

- Logistic regression adjusted for demographic and clinical covariates

Dependent Variables

- 30-day readmission
- Death within 1 year postop
<table>
<thead>
<tr>
<th>Effect</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent variable: 30-day readmission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age in decades *</td>
<td>1.22</td>
<td>1.11-1.33</td>
</tr>
<tr>
<td>Widowed (ref: married)</td>
<td>1.06</td>
<td>0.83-1.36</td>
</tr>
<tr>
<td>Divorced (ref: married) *</td>
<td>1.27</td>
<td>1.01-1.60</td>
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<tr>
<td>Single (ref: married)</td>
<td>1.33</td>
<td>0.99-1.79</td>
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<tr>
<td>Missing data (ref: married)</td>
<td>0.97</td>
<td>0.45-2.11</td>
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<tr>
<td>Priority 1 status (no copays; 50-100%</td>
<td>1.13</td>
<td>0.92-1.39</td>
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<tr>
<td>disabled)</td>
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<td></td>
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<tr>
<td>Minority race/ethnicity (ref: white)</td>
<td>0.91</td>
<td>0.72-1.16</td>
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<tr>
<td>Missing data (ref: white)</td>
<td>0.99</td>
<td>0.60-1.63</td>
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<tr>
<td>Medication class count, prior year *</td>
<td>1.05</td>
<td>1.01-1.09</td>
</tr>
<tr>
<td>Multiple chronic condition count *</td>
<td>1.12</td>
<td>1.08-1.16</td>
</tr>
</tbody>
</table>
### Table 7: Specific Multiple Comorbid Conditions Associated with 30-day Readmission among Male Veterans with Hip Fracture (N=3,851)

<table>
<thead>
<tr>
<th>Effect</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
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</thead>
<tbody>
<tr>
<td><strong>Dependent variable: 30-day readmission (stepwise selection)</strong></td>
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<td></td>
</tr>
<tr>
<td>Age in decades *</td>
<td>1.14</td>
<td>1.04-1.25</td>
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<tr>
<td>Medication class count, prior year *</td>
<td>1.07</td>
<td>1.03-1.11</td>
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<tr>
<td>Schizophrenia *</td>
<td>1.74</td>
<td>1.06-2.86</td>
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<tr>
<td>Dementia *</td>
<td>1.31</td>
<td>1.05-1.63</td>
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<tr>
<td>Renal disease *</td>
<td>1.81</td>
<td>1.45-2.27</td>
</tr>
<tr>
<td>Cardiac arrhythmias *</td>
<td>1.28</td>
<td>1.04-1.59</td>
</tr>
<tr>
<td>Obesity *</td>
<td>1.89</td>
<td>1.30-2.74</td>
</tr>
<tr>
<td>Weight Loss *</td>
<td>1.46</td>
<td>1.11-1.92</td>
</tr>
</tbody>
</table>
Table 6: Multiple Comorbid Condition Count Associated with 1-Year Mortality among Male Veterans with Hip Fracture (N=3,851)

<table>
<thead>
<tr>
<th>Effect</th>
<th>Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent variable: 1-year mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age in decades *</td>
<td>1.80</td>
<td>1.66-1.95</td>
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<tr>
<td>Widowed</td>
<td>1.20</td>
<td>0.99-1.46</td>
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<tr>
<td>Divorced</td>
<td>1.17</td>
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<td>Single</td>
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<td>Missing data on marital status</td>
<td>1.46</td>
<td>0.82-2.62</td>
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<tr>
<td>Priority 1 status (no copays; 50-100% disabled)</td>
<td>0.90</td>
<td>0.76-1.08</td>
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<td>Minority race/ethnicity</td>
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<td>0.75-1.11</td>
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<td>0.82-1.75</td>
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<tr>
<td>Medication class count</td>
<td>0.99</td>
<td>0.96-1.02</td>
</tr>
<tr>
<td>Multiple chronic condition count *</td>
<td>1.18</td>
<td>1.14-1.22</td>
</tr>
</tbody>
</table>
Table 8: Specific Multiple Comorbid Conditions Associated with 1-Year Mortality among Male Veterans with Hip Fracture (N=3,851)

<table>
<thead>
<tr>
<th>Dependent variable: 1-year mortality – stepwise selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in decades *</td>
</tr>
<tr>
<td>Chronic heart failure *</td>
</tr>
<tr>
<td>Dementia *</td>
</tr>
<tr>
<td>COPD *</td>
</tr>
<tr>
<td>Peptic ulcer disease *</td>
</tr>
<tr>
<td>Cirrhosis of the liver *</td>
</tr>
<tr>
<td>Renal disease *</td>
</tr>
<tr>
<td>Cancer *</td>
</tr>
<tr>
<td>Metastatic cancer *</td>
</tr>
<tr>
<td>Pulmonary circulation disorders *</td>
</tr>
<tr>
<td>Weight Loss *</td>
</tr>
<tr>
<td>Fluid &amp; electrolyte disorders *</td>
</tr>
</tbody>
</table>
Conclusions

- MCC increased men’s risk of adverse outcomes after hip fracture repair
- Risk increased irrespective of specific types of conditions
- Each addition condition increased readmission risk by ~12%, mortality risk by ~18%
- 30-day readmission risk doubled at 8 MCC
- 1-year mortality risk doubled at 6 MCC
- Supportive services for patients and families may need to incorporate information regarding these risks for patients with MCC
- Medication management following inpatient discharge may be an area worth exploring
Aims Revisited

- Partner Charlene Quinn proposed to study the effect of diabetes.
- Mentee Jinmyoung Cho proposed to study the differences by age group in MCC’s associated with survival, using Latent Class Analysis (LCA).
- Mentee Rashmita Basu proposed to study whether progression from normal cognitive status to MCI or dementia, or from MCI to dementia, predict worse outcomes for these hip fracture patients.
How Did I Plan to Do That?

- Establish monthly teleconferences (email & i-calendar invitations)
- At 1st meeting, review aims & methods, discuss how to accommodate mentees’ and collaborators’ interests
- Agree on 4 papers to be led by (a) PI, (b) Partner, (c) Mentee #1, (d) Mentee #2
- Invite collaborators to suggest a paper at any time in the course of the 1-year study
- Offer to meet with mentees at additional times, & follow through
- Ensure data development and analysis got done
- Keep team informed of everything!
- Draft Methods & Results sections for each paper by April 1 2016 *
- Be a good role model with timely development of the primary paper *
- Discuss and agree on choice of journals for all papers - Take mentee preferences into account
- Be a good role model with submission of the primary paper

* = things that were not completely accomplished
How Was the Mentee Experience?

They reported that they appreciated:
- Invitation from an expert who can help expand research career (topic and network)
- Sharing of all documents from the beginning (even grant application documents)
- Prompt response to questions/requests
- Being provided relevant literature (topics and statistical analysis)
- Monthly conference call to update progress of the project
- Each mentee had their own research focus to develop a manuscript under the project
- Developed a manuscript in a short period time
- Expanded knowledge of EHR
- All team members seemed very engaged into the project: e.g., got feedback on a poster from all team members

They reported experiences that were undesirable or not helpful as:
- Not enough time, no mentee salary support -- had to compete with their other projects
How We Did with Our Goals

- We submitted the 1st paper within the 12-month project timeframe (Apr 2015-Mar 2016)
- All analyses completed by June 2016
- All methods & results sections drafted by July 9, 2016
- One of the mentee papers is ready to submit
- One mentee, Dr. Cho, presented at the AGING Steering Committee
- We submitted abstracts to 2 conferences and were accepted
- One mentee, Dr. Basu, presented at the Pepper Center annual meeting (April 2016)
- Dr. Cho presented a poster at HCSRN 2016 (April 2016)
- Dr. Zeber presented a talk at HCSRN 2016 (April 2016)
- We had 3 calls about follow-up grant proposals and 1 proposal was subsequently drafted
- Mentees made new connections with researchers who share their interests
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Managing Up, Down, and All Around!

Doris Rubio, PhD

Professor of Medicine, Biostatistics, Nursing, and Clinical and Translational Science Director, Center for Research on Health Care Data Center

Co-Director, Institute for Clinical Research Education
Managing up – The Mentor
“Mentoring involves a relationship in which the mentor, usually a more experienced individual, works closely with the protégé for the purposes of teaching, guiding, supporting and facilitating the professional growth and development of a colleague.”

Does mentoring matter?

- High research productivity
- Improved teaching effectiveness
- Increased professional interactions
- Greater job satisfaction
Responsibilities of mentee

- Trust your mentor has your best interests at heart
- Be receptive to feedback
- Communicate openly, honestly
- Be respectful of your mentor
Mentor’s Role

- Vision
- Technical guidance
- Career advice
- Work/Life balance
- Networking
... NO...
IT'S YOUR JOB TO CLOSE THE DOORS...

ROLE CLARITY
Tips for Mentees

1. Be selective
   Mentor qualities:
   – Knowledge
   – Experience
   – Necessary skills

2. Trial period
   – Re-evaluate
   – Switch mentors or secondary mentor
3. Learn about your mentor

"I can't explain it—it's just a funny feeling that I'm being Googled."
4. Be open and non-defensive to feedback

5. Keep mentor informed
   – Academic progress
   – Change in direction
   – Difficulties
6. Use your mentor:
   – Schedule regular meetings
   – Send materials ahead
   – Arrive on time & don’t cancel
   – Create an agenda
7. “Interview” mentor
   – Their life experiences & career path
   – Lessons learned
   – Challenges, obstacles, barriers
   – Advice to make it work
8. Seek career advice

- Understand expectations
- Build a career
- When to seek grant funding?
- Pursue other resources?
- Deal with conflict?
- Life balance
Maternity leave would be a good time to write your manuscript.
Mentor’s Responsibility

- Instill trust
- Integrity, ethics
- Generous (time, projects, credit)
- Respectful
- Honest and timely feedback
- Support mentee
Dealing with Potential Problems

- Mentor’s clone
- Difficulty communicating
- Unresolved problems
- When to fire your mentor
TOM, MENTORING IS ABOUT MORE THAN ENCOURAGING PEOPLE TO BE JUST LIKE YOU!
“You’re wrong and you know it, and I’m right and I know it!”
Conflict Inventory

- Who has experienced a conflict?
- How did you respond?
- What was your “conflict strategy?”
“The silent treatment—that’s your answer to everything!”
Individual Conflict-Handling Modes

- Competing
- Collaborating
- Compromising
- Avoiding
- Accommodating

Assertiveness vs. Unassertiveness

Cooperativeness vs. Uncooperativeness
Separate the People from the Problem

- People vs problem
- Work on resolving the problem
- Listen actively
- Speak to be understood
- Speak about yourself, not them
## Intent from Impact

<table>
<thead>
<tr>
<th>Aware of</th>
<th>Unaware of</th>
</tr>
</thead>
<tbody>
<tr>
<td>My intentions</td>
<td>Other person’s intentions</td>
</tr>
<tr>
<td>Other person’s impact on me</td>
<td>My impact on other person</td>
</tr>
</tbody>
</table>
Difficult Conversations

- Change to a learning conversation
- Learn their story
- Express your views and feelings
- Problem-solve together
Managing Meetings

- Use meetings for discussion, not reporting
- Important items first in agenda
- Intervene if discussion goes off track
- Start & end on time, and don’t recap for latecomers
- < 8 at meeting
- Send minutes with action items
Managing Down – The Mentee
Feedback to Mentees

- Feedback – heard & digested
- Timely feedback

<table>
<thead>
<tr>
<th>Remember:</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch body language</td>
<td>Judge</td>
</tr>
<tr>
<td>Be constructive</td>
<td>Negative feedback</td>
</tr>
<tr>
<td>Pay attention to emotions</td>
<td></td>
</tr>
</tbody>
</table>
Giving Advice

- Sensitivity and patience
- Not about you
- What are your mentee’s expectations?
- Beyond your expertise – refer
- Advice/Feedback – not required to adopt
Mentoring: Diversity Issues

- Race
- Ethnicity
- Sex
- Gender
- Generation
- Sexual Orientation
- Disadvantaged background
- Age
- Culture
- Disciplines
- Race
- Gender
- Culture
“I have a lot of preconceived prejudices that I have to overcome. But as a man...to tell the truth, I don’t have as much trouble cross-mentoring a male African-American as I do with a white female...It is much harder for me to mentor a female than a man simply because I don’t always understand how they are thinking. That has nothing to do with my belief that they should be mentored equally well. I am just not sure I know how to do it.”

from Macy Study 1999-2000
“He was a white male and I am an African-American. I learned a lot from his perspective and I would like to think he learned a lot from mine...we learned by positively challenging...he came from the Midwest out of Indiana and I was probably the second African-American [he had contact with]...he had not had that experience so he and I got to learn about Kosher and about African-American experiences in things that he may have thought of in stereotypes or cultural things, and I learned a lot from him...It was a very good learning experience.”

from Macy Study 1999-2000
Mentoring diversity

- Be open to different approaches
- Appreciate different perspectives
- Ask, clarify, be open
- Don’t assume, judge, stereotype
- Take differences into account
Useful resources

- National Research Mentoring Network (NRMN): [https://nrmnet.net/](https://nrmnet.net/)
  - To register: NRMNet.net/Pitt_SV16

- Professional Mentoring Skills Enhancing Diversity (PROMISED)
  - [http://www.icre.pitt.edu/promised/promised.html](http://www.icre.pitt.edu/promised/promised.html)
  - Career Coaching Training
  - Leadership Training (NRMN Fellowship)
  - CME/CEU credit
Questions?
Managing Down - Staff
What Kind of Boss are You?

Bosses: A Field Guide
DILBERT
BY SCOTT ADAMS

BOSS TYPES
FIND YOUR BOSS ON THIS HANDY REFERENCE

HOSTAGE TAKER: TRAPS YOU IN YOUR CUBICLE AND TALKS YOUR EARS OFF.
BLAH BLAH
OW!!

FRAUD: USES VIGOROUS HEAD-NODDING TO SIMULATE COMPREHENSION.
THEN WE'LL SUBNET OUR IP ADDRESSES.
OH YEAH OR YEAH

MOTIVATIONAL LIAR: HAS NO CLUE WHAT YOU DO BUT SAYS YOU'RE THE BEST.
NOBODY CAN DO WHAT YOU DO!!
EXCEPT A MUSHROOM

OVER PROMOTED: TRIES TO MASK INCOMPETENCE WITH POOR COMMUNICATION.
LET'S QUALITIZE OUR PARADIGM SO WE DON'T OVER INUNDATE WITH DATUMS.

WEASEL: TAKES CREDIT FOR YOUR HARD WORK.
THIS BONUS IS FOR BRILLIANTLY FORCING YOUR STAFF TO WORK 80 HOUR WEEKS.
IT WASN'T EASY!

MOSES: PERPETUALLY WAITS FOR CLEAR SIGNALS FROM ABOVE.
DON'T DO ANYTHING IMPORTANT YET.
NEVER HAVE.

PERFECT BOSS: DIES OF NATURAL CAUSES ON A THURSDAY AFTERNOON.
SHOULD WE DO SOMETHING?
THREE DAY WEEKEND!!
After being a postdoc in the lab, Susan gets her first grant. She sets up her lab and is looking to hire a lab tech. Susan’s friend Jill is looking for a job. Jill is a lab tech in another lab and Susan knows she is not happy there. Because they are friends, Susan offers the job to Jill.

**Good idea or bad idea?**
Be the Leader

- **SEE:** Influence people, provide purpose, direction, motivation, generate ideas
- **BE:** focus on identifying vital force, what is working, amplify that, wisdom to seek a balance
- **DO:** accomplish mission & improve organization, implement ideas
Managing all Around – Peer Mentoring
Peer Mentoring

- Learn best from those closest to your level
- “Been there, done that”
- Show peer mentee “the ropes”
- Formal or informal
- Confidentiality is vital
- May include social activities
For questions about the AGING Initiative or today’s webinar, please contact:

Kathryn.Anzuoni@meyersprimary.org