GENI CURRICULUM DETAILS
February 20 &21, 2008

	Topic and Time Allocation	Objectives	Content Overview	MR Person	Comments
February 20,2008					
1.	**REGISTRATION:** - **0730-0800**			Dawn Rawlins	* Parking passes at bell captain's desk.
2a.	**Welcome & Overview of 2-day workshop** - **0800-0810 (10 minutes)**	1. To provide participants with logistics and content to be provided by faculty.	- introduce faculty - review schedule and expectations for participants - GENI Jeopardy - parking lot for questions	Marcia Carr Patty Roy: Score keeper - flip chart for parking lot	- Demonstrates interdisciplinary "expert" team who can be resource. - GENI Jeopardy to actively engage participants in their learning - To review in wrap-up whether faculty has answered the parking lot questions.
2b.	**Improving care of older adult population in health service area and health authority** - **0810-0825 (15 minutes)**	1. To provide demographic prevalence, utilization data as rationale for need to improve care of older adults. 2. To provide outcome data from the Geriatric Emergency Nurse Clinician demonstration pilot.	- emphasis on need to have the pre-requisite specialized knowledge of geriatrics and geropsych in order to provide appropriate, timely and safe care to this population - BC-wide need that has been developed locally to be spread globally throughout the province	Marcia Carr	Multi-pronged approach to improve care of older adults in ER: GENI 2-day (depth in learning sessions), GENI 4-hr (integrate into ER orientation), GENC (specialized geri ER nurses), GENN (geri ER nurse network) Demonstrates administrative support and involvement with GENI program.
3.	**Perplexing Clinical Questions** - **0825-0850 (25 minutes)**	1. To examine a case study related to perplexing questions arising from staff's interpretation of	- perceptions of ED staff of acutely ill older adults - list of why they see "problems"	Cathy Sendecki	Introduces Geri ED Nurse Clinician in capacity of change agent and front-line

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	caring for older adults in ED. 2. To engage thinking in what staff view as the care issues and frustrations when caring for older adults in the ED	as "problems" in this population - Do you know what you do not know to ask related to acutely ill older adults?		provider. Flip chart paper on each table with pens. Each table to record related to #2 objective Collate data for later discussion
4. **"ICEBERG" and application of FUNCTIONAL and MAC model approach to care goals and outcomes** **Impact of Chronic Disease and Disorders on Acutely Ill Older Adults** - **0850- 0910 (20 minutes)**	1. To provide a visual and contextual picture by which the ER staff can assure holistic, proactive assessment and care approach for older adults. 2. To introduce the ACGNN Geriatric Giants Quick Reference. 3. To raise awareness of need to recognize and refer chronic diseases to appropriate services.	-The ICEBERG provides the conceptual framework by which all screening and assessment of older adults encompasses. - The FUNCTIONAL model approach addresses the cardinal indicator in older adults for regaining PTA health status. - The MAC model provides a proactive way to prevent Geri Giants through anticipatory assessment and management planning. - Brief overview of CDM model and how it works → need for all components of the HC system to be working together in the assessment and management of CD	Marcia Carr	- Present a case that applies the ICEBERG, FUNCTIONAL and MAC application. - Contextualize why a whole system response is needed to implement care and practice change. - CDM can impact on ER visits and outcomes.
5. Normal Physiological Changes of Aging - **0910-0955 (45 minutes)**	1. To provide baseline knowledge related to physiological changes of aging.	- general overview of body system age changes - review of changes in laboratory and diagnostic tests	Kim Macfarlane	Establish "normal" physiological baseline.
BREAK: 0955 - 1015 (20 minutes)				
6. The Mental Health Geriatric	1 To provide the characteristics of	- delirium watch - depression,	Sandra Whytock–	- Potential exercises

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	Giants: Delirium, Depression, Dementia - **1015-1140 (85 minutes)**	delirium in order to early detect or prevent delirium. 2. To differentiate the 3 D's in order to appropriately care for patient.	anxiety, panic disorder - appropriate care approaches to patients with delirium, depression, anxiety, dementia; includes both non-pharmacological and pharmacological - elder friendly environment	Delirium Marcia Carr-Depression and Dementia	for future workshops are: - List ED staff concerns re: manage-ment of 3 Ds. - Interactive problem-solving to look at what to do and how to improve care of the 3 Ds.
	Head to Toe Assessment: Atypical Presentation in Acutely Ill Older Adults **- 1140-1215 (35 minutes)**	1. To provide differences on how to do a head to toe assessment. 2. To identify key atypical indicators that geriatric medicine looks for in an acutely ill older adult presenting in the ER	- when doing an initial head to toe assessment in an acutely ill older adults, what to observe for – why are they different? - Key high alert , atypical presentations that should be followed up	Dr. Peter O'Connor	Foundational knowledge needed to assess an acutely ill older adult.
	LUNCH: 1215 - 1300 (45 minutes)				
	Chief Complaint - "General Weakness/ Failure to Thrive"/Frailty – **1300-1340 (40 minutes)**	1. To provide key identifiable features when presented with the chief c/o of general weakness or failure to thrive and frailty 2. To identify differentiating diagnostics to lead to a diagnosis. 3. To provide key interventions needed to address the chief complaint.	- NOT a diagnosis but a cardinal Geriatric Giant alert (includes atypical presentation of infections, diabetes, thyroid dysfunction, malignancy, - basic diagnostic workup - interventions to be started and what follow-up is required - when to refer to geriatrician	Dr. Peter O'Connor	Most common chief complaints coming into ED
9.	**Abuse/Neglect/**	1. To assist staff in	Adult Guardianship	Panel:	- Potential

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	Self-neglect - **1340- 1435 (55 minutes)**	identifying and appropriately responding to abuse, neglect, self-neglect of older adults. 2. To assure that patients are informed and agreed to health care. 3. To assure that with incapable patients that the correct TSDM is identified. 4. To assure that patient wishes re: advanced care planning is communicated.	Legislation: - includes health care consent, representation agreement, abuse, neglect, self-neglect and designated agency responsibilities - what to look for and what to do for abuse, neglect and self-neglect - what is capability to make own decisions about health care - advanced directives, Representation Agreement	Kathryn Gademans - SW Dr. O'Connor – geriatrician Bashir Jiwani - FH Ethicist Amanda Brown – VCH (SW) lead for AGL Marcia Carr - CNS	future workshops are: - A case of elder abuse - What do you do?
		BREAK:	**1435- 1455**	**(20 minutes)**	
10.	**Chief Complaint: Substance Misuse** - **1455-1520 (25 minutes)**	1. To screen for substance misuse in older adults. 2. To improve management of substance misuse (alcohol and other drugs). 3. To identify referral resources.	- use of screening tools like CAGE or other evidence-based tools. - difference in how to use CIWA for older adults. - differences in management for withdrawal in older adults. - SWAP and other programs as referral resources	Lorell Pride, SWAP Counselor	- case approach as demonstration of issue
11.	**Chief Complaint: Sepsis** - **1520-1555 (35 minutes)**	1. To identify and improve management of patients presenting with infections.	- refer to geri giants binder	Kim Macfarlane	

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12.	**Evaluation** - **1555-1600 (5 minutes)**	1. To have a formal review of the learning, methodologies and incidentals from the day.	- formal evaluation form to measure outcomes from each topic provided during day one. - formal way to evaluate personal learnings and ways to improve the workshop.	Marcia Carr	- Celebrate winner of GENI Jeopardy Day 1
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1.	**TRIAGE applied to older adults** - **0815-0845 (30 minutes)**	1. To accurately identify acuity and potential problems of the older adult presenting to ER. 2. To provide user-friendly tools to help ED staff with older adult's needs for referral, management	- CTAS with emphasis on presentations specific to older adults - Toolkit - ISAR and TRST - risk assessment - key roles: continuity of care; proactive care planning	Cathy Sendecki	Accurate triage affects patient outcomes and departmental activities
2.	**Medications and Alerts in Older Adults** - **0845-0945 (60 minutes)**	1. To identify drugs that frequently have adverse responses in older adults.	- discuss the principle of "start low and go slow" - review the drugs that should be avoided in the elderly (Beers List)	Carla Ambrosini - Pharmacist	Medication problems frequently bring older adults to ED.
BREAK: 0945-1005 (20 minutes)					
3.	**<u>Chief Complaint</u> "SOB, Lethargy, Syncope, Change in Mental Status"** - **1005-1055 (50 minutes)**	1. To differentiate the presentations of SOB, syncope, mental status changes as they relate to CV/CP and neuro systems in older adults.	- Cardio-Pulmonary/ Neurological Changes and Alerts (includes atypical MI, paroxysmal atrial fibrillation, heart failure,	Kim Macfarlane	Only can cover the priorities in such a short time frame so further in-depth workshops will help increase knowledge practice depth

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	2. To identify care interventions when an older adult presents with the stated chief complaints.	COPD, Adult RSV, CVA, TIA)		
4. **<u>Chief Complaint</u> – "Pain!"** - **1055- 1135 (40 minutes)**	1. Address common misconceptions about pain. 2. Increase participants' knowledge of the newest methods of assessment, intervention and evaluation of pain management. 3. Promote cooperation between professionals in identifying the most effective pain management strategies.	- includes acute, chronic/ - persistent, neuropathic	Janice Brown Lori Blain or Susan Buchowski, Pharmacist	
5. **<u>Chief Complaint</u> – Abdominal and/or epigastric pain, nausea/vomiting, constipation/ diarrhea, urinary dysfunctions** - **1135-1200 (GU – 25 minutes)** - **1200-1225 (GI – 25 minutes)**	1. To recognize and understand the implications of common disorders of the GU and GI system (constipation/ diarrhea) in assessing and managing the acute abdomen.	- GI/GU Changes and Alerts (includes acute abdomen, malnutrition, dehydration, GI or GU obstruction, UTI/urosepsis, abdominal aortic aneurysm) - Key ED interventions to manage GI and GU. E.g. hydration, nutrition, swallowing assessment, toileting, prompted voiding, constipation	Kim Macfarlane (GI) and Janice Brown (GU)	Suggestion is to have RDN for malnutrition and dehydration, dysphagia
LUNCH: 1225 - 1310 (45 minutes)				

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6.	**<u>Chief Complaint</u> Impaired Mobility and/or Function** **Can patient be discharged? Tips from OT/PT** - **1310-1410 (60 minutes)**	1. To be able to know when to refer to OT/PT 2. To be able to know the unique functional mobility needs of the elderly patients. 3. To be able to know if it is safe to mobilize a patient. 4. To be able to know how mobilization can enhance the condition of the patient 5. To identify key issues related to functional abilities for ADLs and IADLs that may prevent d/c home or require home follow up referral	- roles of OT/PT on ER - red flags/functional alerts - special limitations of the elderly - quick test prior to mobilize a patient - facilitate: a) maximize functional mobility b) decrease falls c) decrease length of stay d) decrease frequency of re-admission	Chris Szeto Physio-therapist Karen Gilbert, Heather Burrett, Occupa-tional Therapist	ENERGIZER STRETCH Video and posters
7.	**Assuring Continuum of Care from Assessment to Discharge – into hospital and home** - **1410-1440 (30 minutes)**	1. To provide information on resources and need to assure transfer of patient information.	- Home and Community Health - Lifeline - D/C planning starts with first contact - Care Transitions a) medication reconciliation b) high CDM alerts c) referral and follow-up d) Personal health record	Cathy Sendecki and Maylene Fong	- Care Transitions - Following up on ISAR and TRST for d/c home
	BREAK: 1440 - 1500 (20 minutes)				
8.	**Clinical Decision-making; clinical ED questions in management of Geriatric Giants** - **1500-1550**	1. To apply currently gained knowledge to patient situations being observed in ER. 2. To arrive at solutions and	- revisit perplexing questions and list of care issues and frustrations - is it an atypical	Cathy Sendecki lead; Kim, Patty and Marcia to assist	Group work – case follow up Each group will select one geriatric giant that they will

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(55 minutes)	recommendations for practice changes. 3. To establish focused improvements that GENI can provide a network for progress of implementation.	presentation of chief c/o - geriatric giants can be identified and interventions initiated to prevent them from overwhelming patient and thus adverse outcomes - use of the ACGNN website to have a section only for GENI.		focus on to improve practice and how they want it on the website.
9. Evaluation and Closing - **1550-1600 (10 minutes)**	1. To have a formal review of the learnings, methodologies and incidentals from the day. 2. Establishing GENI as a communication network.	- formal evaluation form to measure outcomes for each topic provided during Day One - formal way to evaluate personal learning and ways to improve the workshop.	Marcia	- Celebrate GENI Jeopardy winner