



Breaking News. . .Specialized Geriatric Services

Welcome to the RGPc Newsletter. Breaking News brings you current information related to Specialized Geriatric Services (SGS) while offering our Regions a venue for sharing news, events and initiatives with others. If you have news that you would like to share across RGPc please email jhorvat@stpetes.ca

Issue 12

December Newsletter 2005

Special points of interest:

- Highlight on Wellington Dufferin
- RGPc Update
- Education Calendar for December
- Recommended Reading List

Please email this newsletter to all appropriate contacts & networks. If you would like to be added to our distribution list, please contact Jenifer Horvat:

jhorvat@stpetes.ca

Highlight on Wellington-Dufferin

Delirium Education Brought to Life

Delirium education was targeted as a key theme when a group of educators and consultants met with representatives of the RGPc in the fall of 2004. The group felt that traditional educational events are not always effective and do not always reach the right audience. The idea of using a standardized patient to help teach health care workers about delirium was generated at that meeting.

It was decided that two problem-based learning cases would be developed. One would portray an elderly client who becomes delirious while in hospital, and the other would paint a picture of an elderly client who becomes delirious while living independently in the community. Cathy Sturdy-Smith, a psychogeriatric resource consultant and Tricia Stiles, a community-based clinical nurse specialist for geriatrics, both from the Wellington-Dufferin area joined forces to create the scenario for the community-based client.

Enter Mrytle Smith.... Mrytle, is a fictional character, who was first created on paper. She was portrayed as a woman aging in place in small town Ontario. She is proud, spunky, and loves her two cats. Cathy and Tricia believe they have created the type of woman that many health care providers see in their daily practice.

As the problem-based scenario neared completion, the Standardized Patient Program (SPP) through McMaster University was approached to find an actress to



bring Mrytle to life. Two actresses have been taught the role. Mrytle can be booked through the SPP at McMaster. RGPc made the decision to video tape Mrytle's encounter with her son and the health care team.

This video and the problem-based case will be available shortly through the RGPc. Educators across the affiliated regions of RGPc will then be able to use the case scenario and the video tape in learning sessions with their health care workers.

It is believed that this problem-based case has many concepts embedded in it and as such will allow all levels of health care providers to learn something from Mrytle.

Update from Wellington Dufferin, continued...

GERIATRIC RESOURCE TRAINING PROGRAM

During the fall of 2005, an exciting training program was launched through one time funding from the Wellington County Hospitals Network. The program was implemented on a pilot project basis to increase the capacity of the staff of local health care organizations to provide responsive care to elderly patients/clients.

The structure and content of the program was developed by a collaborative working group made up of local individuals with advanced skills and knowledge in the care of the elderly. A program consisting of nine days of education on a range of topics related to geriatric care was coordinated and offered to twelve selected front-line staff members of the hospitals in Wellington and Dufferin plus two long-term care facilities. The program applied adult learning principles and included a variety of teaching methods including lectures, facilitated discussion, guest speakers, case studies, videos, conferences, and observation/shadowing experiences. A key component of the program was the assignment of a mentor to each participant. The mentors are individuals with advanced geriatric care expertise who work with our local community and are able to support the application of learning within the practice settings of each participant.

The formal training component of the program concluded on November 18, 2005. At that time, each participant reflected on the nine training days and then identified several on-going learning objectives that they will work on, with their mentor and organizational support, for the next six months. They also proposed a small change project that they will implement within their hospital unit or LTC facility during that time period.

While a complete evaluation of the results of the Geriatric Resource Training Program will not be possible until summer 2006, the initial feedback from participants and the people who have worked on the program has been very positive. One participant poignantly stated, "This program has helped me grow personally. It has reminded me of why I love to nurse, despite the challenges with 'interesting clients' and mostly it has helped motivate me to motivate [others]." Yet, another stated, "As a new grad I felt like a fish out of water for so long and so it is wonderful to have resources and know people to go to for information and to have mentors is just incredible." The participants have remained engaged and enthusiastic about their exposure to a wide range of information that supports their front line clinical role with elderly patients/clients and their families. They have also benefited from being made aware of the rich array of resources that exist in our community, which will increase their ability to connect to other programs and services that can support the needs of elderly people and their families.

The real test of program success will be the extent to which the learning that was fostered through the program can be applied and sustained over time. However, all who have been involved in the initial piloting of this program are optimistic that our twelve new Geriatric Resource staff that work across Wellington and Dufferin health care organizations will continue to make a difference one person at a time.

Many thanks to Tricia Stiles, Clinical Nurse Specialist for this contribution from Wellington-Dufferin.

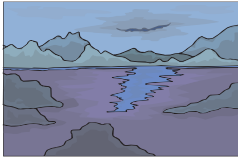
Please watch for News from Brant in the New Year.

Happy Holidays!



RGPc Update

Service Awards for Geriatric Excellence—Update



Save the date! This year's awards event, hosted in Wellington Dufferin, promises to be another exciting celebration that is not to be missed. It will be held on **Friday May 26, 2006** at the beautiful River Run Centre, located along the picturesque bank of the Speed River in downtown Guelph.

Good News! The deadline for Nominations for the 3rd annual Service Awards has been extended to January 15, 2006. Please do not hesitate to nominate your colleagues for outstanding work in the field of Geriatrics. Nomination forms and all relevant information can be found at www.rgpc.ca

Handbook of Geriatric Services

After many months of research, writing and collaboration among all five Ontario RGP's (Toronto, Hamilton, Kingston, Ottawa and London) the Office of Applied Research is pleased to announce that "*A Handbook of Organizational Design for Specialized Geriatric Services*" is in final review and will be available in the Spring. The evidence based handbook is intended for use by administrators, managers and planners of Specialized Geriatric Services. It provides the latest best practice recommendations, compiled from research, on how to organize core services, determine staffing requirements, select assessment tools and choose evaluation strategies. Chapters include Inpatient Care, Inpatient Consults, Geriatric Assessment Units and Geriatric Rehabilitation Units, Outpatient care, Day Hospitals, Geriatric Primary Care and Outreach. For more information about the Handbook, please contact Dr. David Lewis, dlewis@stpetes.ca

Employment Opportunity: Department of Aging, Health & Society, McMaster

Applications are invited for a Chair of a newly formed Department in the Faculty of Social Sciences at McMaster University. The Department is the result of the merger of two very strong undergraduate programs: Health Studies and Gerontology. These two programs currently share four broad areas of faculty research and teaching interests: policy and institutions; culture, meanings & experience; social inequality; and support & care.

The successful candidate may be appointed at the level of Associate or Full Professor and will have an externally funded research program in health and/or aging in any social sciences discipline. Preference will be given to candidates whose work brings a critical perspective to the intersection of health and aging. The appointee will be expected to conduct an externally funded research program yielding peer-reviewed publications as well as teach undergraduate and graduate students and supervise graduate students, once a graduate program has been approved.

The Chair will also provide dynamic leadership for undergraduate curriculum development for the new Department as well as the establishment of a graduate program offering both MA and PhD degrees. The successful candidate will also help to ensure a smooth transition from the merger as well as build bridges across Faculties in the areas of undergraduate and graduate education and research. The newly formed Department is expected to become a flagship for the University's *Collaborations for Health* initiative defined as a priority in the University's academic plan, *Refining Directions*.

Applications should be sent by post or courier to: Dr Susan Elliott, Dean, Faculty of Social Sciences, KTH 132, McMaster University, 1280 Main Street West, Hamilton, Ontario, Canada, L8S 4M4. Email or FAX applications will not be considered. An application should include as a minimum an application letter outlining the candidate's contributions to leadership in the areas of teaching, research and administration; a curriculum vitae; and names and contact information of three referees. Applications will be reviewed beginning December 15, 2005 and continue until a successful applicant is selected.

This Ad is posted on www.rgpc.ca

RGPC Education Calendar December 2005

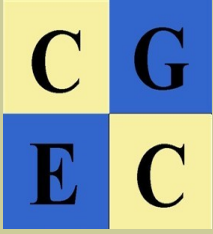
For more information, please visit the Education calendar online: www.rgpc.ca

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6 Internet Savvy for Nurses	7	8 ELDER ABUSE A WORKPLACE ISSUE	9 Geriatric Rounds	10
11	12	13	14 Train the Coach training for GPA curriculum	15 Train the Coach training for GPA curriculum	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Long Term Care Resource Centre Holiday 2005 Reading List

Compiled by Shannon Buckley, LTCRC Coordinator

**"When you absolutely positively have to know, ask a librarian!"
American Library Association (ALA)**



Schmalenberg, C. et al (2005) Excellence through evidence: securing collegial/collaborative nurse-physician relationships, part 1. *Journal of Nursing Administration*, 35(10), 450-

Arford, P.H. & Zone-Smith, L. (2005) Organizational commitment to professional practice models. *Journal of Nursing Administration*, 35(10), 467-

Schmalenberg, C. et al (2005) Excellence through evidence: securing collegial/collaborative nurse-physician relationships, part 2. *Journal of Nursing Administration*, 35(11), 507-

Cresci, M.K. (2005) Older adults living in the community: issues in home safety. *Geriatric Nursing*, 26(5), 282-

Midthun, S. & Bruce, A.W. (2005) The Clinical Laboratory Improvement Amendment: how it applies to the use of urine dipsticks in the long-term care facility. *Geriatric Nursing*, 26(5), 309-

Richardson, W.S. & Dowding, D. (2005) Teaching evidence-based practice on foot. *Evidence-Based Nursing*, 8(4), 100-

Hansen, L. et al (2005) Family caregivers making life-sustaining treatment decisions: factors associated with role strain and ease. *Journal of Gerontological Nursing*, 31(11), 28-

Adams-Wendling, L. (2005) Quality improvement in nursing facilities. *Journal of Gerontological Nursing*, 31(11), 36-

Salsbury, S. (2005) Evidence-based protocol: fall prevention for older adults. *Journal of Gerontological Nursing*, 31(11), 9-

Voyer, P. et al (2005) Managing disruptive behaviors with narcoleptics. *Journal of Gerontological Nursing*, 31(11), 49-

Alverzo, J.P. (2005) Predictors of disorientation among brain injury and stroke patients during rehabilitation. *Rehabilitation Nursing*, 30(6), 230-

Horwarth, M. et al (2005) Taste preference and rating of commercial and natural thickeners. *Rehabilitation Nursing*, 30(6), 239-

Warm, C.A. et al (2005) There are a few things you did not ask about my pain: writing on the margins of a survey questionnaire. *Rehabilitation Nursing*, 30(6), 248-

Ward, R. et al (2005) What is dementia care? 1. Dementia is communication. *Journal of Dementia Care*, 13(6), 16-

Chapman, B. & Worthington, M. (2005) Case study: using taped memories. *Journal of Dementia Care*, 13(6), 35-

Hamill, L. & Sullivan, B. (2005) Stimulating the senses. *Journal of Dementia Care*, 13(6), 37-

Nnodim, J.O. & Alexander, N.B. (2005) A comprehensive fall evaluation to reduce fall risk in older adults. *Geriatrics*, 60(10), 24-

Solomon, P.R. & Murphy, C.A. (2005) A review of the evidence for and against screening for Alzheimer's disease in primary care practice. *Geriatrics*, 60(11), 26-

Richards, C.L. (2005) Infections in long-term care facilities: screen or clean? [Editorial] *Infection Control and Hospital Epidemiology*, 26(10), 800-

Wu, H.M. et al (2005) A norovirus outbreak at a long-term care facility: the role of environmental surface contamination. *Infection Control and Hospital Epidemiology*, 26(10), 802-

Mylotte, J.M. (2005) Nursing home acquired bloodstream infection. *Infection Control and Hospital Epidemiology*, 833-

Coveart, T. & Shannon, D. (2005) Falls: two takes on an important subject. *Long Term Care*, 15(3), 12-

Murton, M. (2005) New hope for residents at risk for wandering. *Long Term Care*, 15(3), 19-

