

- 00:26:27 Conor Sullivan: Dear Colleagues,

Welcome to the Geriatric Emergency Department Collaborative’s webinar, June 6th, “Creating an Educated Workforce in the Geriatric ED”.

Today’s webinar is being recorded and a link the recording and the slides will be on the GEDC website event page by the end of the week.

Link to the webinar recording and slides:

<https://gedcollaborative.com/events/on-demand-webinars/>

Additionally, check out essential GED Resources on the GEDC website
<https://gedcollaborative.com/resources/>

Many thanks,

GEDC team
- 00:26:58 Conor Sullivan: Today’s webinar moderated by:

Don Melady, MD, MSc(Ed)

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

GEDC Faculty

Follow me: @geri_EM

A website for education for doctors and nurses in the ED

<https://geri-em.com/>
- 00:27:26 Conor Sullivan: Education = enhancement of skills, knowledge, and attitudes that allow people to do their jobs better AND that lead to better outcomes for a focus group, older ED patients
- 00:28:14 Rachel Kinzler: good afternoon,
- 00:28:20 Leslie Froome: Leslie - GEM RN Ottawa ON
- 00:28:21 Gregory Farver: Madison, WI Nurse Champion
- 00:28:22 Thaddeus Manczko: Temple, TX, Chief of ED
- 00:28:28 Sarah Connelly: Mount Sinai, Toronto. GEM RN

- 00:28:30 Deanna Kollmann: Cincinnati VA Medical Center, Nurse
- 00:28:33 Stephanie Black: Durham, NC, ED Nurse Mgr
- 00:28:35 Rachele Crawford: Jackson MI, PACT SW
- 00:28:37 Melanie Dauncey: GEM Nurse , Oakville Ontario Canada
- 00:28:40 Lucy Hormberg: Lucy Hormberg- St. Louis Missouri, VA emergency doc
- 00:28:42 Eric Isaacs: Eric Isaacs. San Francisco General Hospital GED Director
- 00:28:44 Todd James: UC San Francisco, California, Geriatrician
- 00:28:47 Conor Sullivan: If you share our vision, your ED can join us, currently for free.
Check out [GEDCOLLABORATIVE.com](https://gedcollaborative.com)
- Follow us: @theGEDC.
- Additionally, please review the GEDC Partnership Criteria and Application.
<https://gedcollaborative.com/partnership/>
- 00:28:52 Michelle Wade: Nurse Practitioners in Vermont, Critical Access Hospital, Lead Hospitalist
- 00:28:54 Courtney Hall: RN Program Development Manager - University of Alabama at Birmingham
- 00:28:58 Kevin Corcoran: Syracuse, NY Director GED
- 00:28:58 Maria Boyes: Maria Boyes, Clinical Nurse Specialist-Geriatrics, Cambridge Ontario
- 00:28:59 Cheryl Brunk: Northern California, Alzheimer's Association, Health Systems
- 00:29:00 Charles Maddow: Houston, Charles Maddow, Dir. Emergency Geriatrics
- 00:29:01 Rachel Kinzler: Rachel Kinzler GEMS APRN at Bridgeport Hospital, Yale NH Health System
- 00:29:02 Ann Vo: GEM, Mount Sinai Hospital Toronto
- 00:29:03 Deb Tomasino: Yale, New Haven, CT, Researcher Associate
- 00:29:05 Allie Piatkowski: Project Manager, GEM, University Health Network, Toronto, ON, Canada
- 00:29:09 Vickie Moore: Vickie Moore RN. Nurse Champion. Asheville NC at CGVAMC

00:29:10 Sari Shuman: Chicago, IL RTI International, Co-Director National Alzheimer's and Dementia Resource Center

00:29:10 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

The John A. Hartford Foundation

<https://www.johnahartford.org/>

Follow us: @johnahartford

The 4Ms framework and Joining the Age Friendly Health System group

<http://www.ih.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

West health Resources Page

<https://www.westhealth.org/>

Follow us: @WestHealth

West's specific work around GEDs here: <https://www.westhealth.org/geriatric-emergency-care/>

00:29:14 Debbie Simpson: Dorn VA, Columbia SC, ER Physician

00:29:18 Marcus Nicholson: Marcus Nicholson Baltimore MD

00:29:24 robbie besel: Northern Navajo Medical Center, Shiprock, NM

00:29:26 Colleen McQuown: Colleen McQuown, Louis Stokes Cleveland VAMC, Cleveland Ohio

00:29:26 Jane Carmody: New York City. The John A. Hartford Foundation
<https://www.johnahartford.org/>

00:29:53 Emily Weaver: West Health Institute, La Jolla, CA

00:30:18 Suzie Ryer: Suzie Ryer, Project Coordinator, Advocate Aurora Health (Milwaukee, WI)

00:30:32 Michael McCormick: SHSCT, Northern Ireland

- 00:30:34 Julie Carthew: Geri Medicine NP Specialized Geri Services North Simcoe Muskoka ON
- 00:30:55 Michael Malone: Michael Malone, MD. Advocate Aurora Health
- 00:30:59 Amy Boehm: Amy Boehm, Health Systems Director - Alzheimer's Association (specifically supporting health systems in Michigan, Ohio, & West Virginia)
- 00:31:02 RuthAnn Craven: RuthAnn Craven, Program Manager with HANYS
- 00:31:13 Kathleen Breda: Cedars-Sinai in LA. Geriatric Fracture Program. Specialize in ortho-trauma and geriatric medicine.
- 00:31:14 aaron malsch: Aaron Malsch RN, Geri ED Program Manager. Advocate Aurora Health
- 00:31:21 Patrice Hall: Southern CA, Alzheimer's Association, Health Systems
- 00:31:56 Joel Gernsheimer: Joel Gernsheimer, MD, FACEP, SUNY Downstate/Kings County Medical Centers, Senior Educational Faculty
- 00:32:29 Marie-Pier Lanoue: Marie-Pier Lanoue, FRCPC, I am the geriatric emergency medicine fellow at University of Toronto, Canada
- 00:32:42 Don Gentry: Don Gentry Assistant Nurse Manager, Baltimore VA ED.
- 00:32:44 Martine Sanon: Martine Sanon, MD ; Mount Sinai Hospital NYC.
- 00:32:47 Eirin Ward: NNMC Shiprock, NM
- 00:33:02 Christopher Carpenter: Physician, St. Louis Missouri, Washington University in St. Louis School of Medicine
- 00:33:04 Marie-Pier Lanoue: Marie-Pier Lanoue, FRCPC, I am the geriatric emergency medicine fellow at Univeristy of Toronto, Canada
- 00:33:29 Rebecca Schonnop: Rebecca Schonnop, EM Physician and past GeriEM Fellow, Alberta Canada
- 00:33:34 Levon Aharonyan: Levon Aharonyan, Geriatric Nurse Cedars-Sinai Emergency Department, Beverly Hills, CA.
- 00:33:42 Rebecca Schonnop: Rebecca Schonnop, EM Physician and past GeriEM Fellow, Alberta Canada
- 00:33:42 Audrey Lam: Cedars-Sinai Emergency Department, CA
- 00:33:47 Conor Sullivan: Knowles' Adult Learning Theory:

1. Adult learners are self-directed
2. Adult learners build on previous experience
3. Adult learners are task-oriented.
4. Adult learners are problem-solvers.
5. Adult learners are internally motivated.

References:

- Knowles, M. (1984). *The Adult Learner: A Neglected Species* (3rd Ed.). Houston, TX: Gulf Publishing.
- Knowles, M. (1984). *Andragogy in Action*. San Francisco: Jossey-Bass.

- 00:34:27 Tony Rosen: Tony Rosen, EM Physician, Weill Cornell Medicine / NewYork-Presbyterian Hospital, New York City, NY
- 00:38:12 Don Melady: There is an "Aging Suit" that you can buy -- but as Pam describes, you can create this yourself.
- 00:39:03 Don Melady: We do a simulation session with our EM residents where they do those things in the aging suit. They love it -- and it really changed their perspective
- 00:39:46 Don Melady: This really address the "attitudes" part of education.
- 00:41:25 Leon Petruniak: have used heavy work gloves - tactile. Sorel winter boots - mobility/balance/proprio. Heavy lens work glasses - vision.
- 00:41:56 Allie Piatkowski: Yes to the geri suits! We created our own geri suits at UHN (Toronto) - also much more cost effective than buying the pre-assembled ones. Very successful with students, residents, and staff. We used it to test the design and patient flow of our new Rapid Assessment Centre we were building. Would be happy to share more about our experience and process for anyone interested.
- 00:42:14 Don Melady: Also putting weights on wrists and ankels to simulate sarcopenia and elastic bandages on knees and elbows to mimic stiffness.
- 00:42:26 Ula Hwang: To increase staff buy in with Geriatric ED care, consider simulating the experience an older ED patient goes through experience:

- Virtual dementia experience (glasses, giving tasks (like reading and signing), simulating muffled hearing with cotton in ears and holding conversations, having staff attempt to take tictacs out of pill boxes)

00:43:23 Don Melady: small group learning usually leverages the knowledge of the crowd where adult learners are teaching other adult learners.

00:43:42 Conor Sullivan: Pamela Martin, APRN-BC, GS-C

Geriatric Emergency Medicine

Yale New Haven Health

Department of Geriatrics

GEDC Core Faculty

A few helpful resources:

<https://enau.ena.org/Listing/GENE-Geriatric-Emergency-Nursing-Education-Level-I-Introduction-to-Geriatrics-893>

and <https://nicheprogram.org/>

00:44:06 Conor Sullivan: See The Person

From Calgary South Health Campus:

Dr. Marge McGillivray, Geri ED lead

Paige Guinn, Geri ED nurse practitioner

Jennifer Yeung and Theresa Gutierrez, Senior Health Educators

00:45:00 Kevin Biese: is there a guide to doing the sensation/ experience training Pam described? May help folks like me and our team copy this great approach

00:46:52 Pam Martin: We had no money to support our educational endeavors so we used had to be resourceful in creating the experience with limited budget.

00:48:11 Susan Bower: Any ideas on creative ways to simulate the "age suit" without spending hundreds/thousands of dollars?

- 00:48:29 Pam Martin: Kevin, several experiences come up if you google virtual dementia experience. If you would like more information on how we did ours with limited funding, I'm happy to share.
- 00:48:53 Allie Piatkowski: Happy to share our resources. We were able to put 5 suits together for under \$1000 (CAD)
- 00:50:39 Melanie Dauncey: It focused on Identifying the unmet need?
- 00:51:05 Conor Sullivan: Maura Kennedy, MD, MPH
Director Geriatric Emergency Medicine
Massachusetts General Hospital
GEDC Teaching Faculty
- 00:51:11 Don Melady: Dr. Alice Gray and Alie Piatkowski might volunteer to do a blog post on using the Aging Suits in education.
- 00:51:29 Leslie Froome: Allie - I would love to see your resources! Thanks so much for offering :)
- 00:51:38 Conor Sullivan: <https://gedcollaborative.com/toolkit/ed-del-change-package-and-toolkit/>
ED-DEL Change Package and Toolkit - GEDC
ED-DEL Development. Delirium is a common and deadly problem in the emergency department affecting up to 30% of older adult patients. The 2013 Geriatric Emergency Department guidelines were developed to address the unique needs of the growing older population and identified delirium as a high priority area.
<https://gedcollaborative.com>

Generously supported by West Health and leveraged by the expertise of GEDC teaching faculty. Thank you!
- 00:51:50 Don Melady: Dr. Inouye was invited to participate today but she declined to attend her son's MD/PhD graduation! She sends her greetings.
- 00:53:11 Conor Sullivan: "we don't know we don't know":
 - the RN data is from a letter to the editor at:
<https://doi.org/10.1016/j.jen.2021.10.005>

- and the MD data is in a JGEM publication at:
<https://doi.org/10.17294/2694-4715.1010>

A few points to consider:

- We don't know what we don't know
- Address why this matters
- Who is delivering the education
- How education is delivered

Think about how the education can be delivered – and try to make it

- Multifaceted
- Memorable
- And easy

- 00:53:21 Marge McGillivray: The entire workshop was 2 hours and covered many topics. The trainers were PAC trained (positive approach to care) We covered processes of normal aging and dementia and delirium. We incorporated the ABCDs of agitation within the course that focused on unmet care needs, which in some circumstances were able to modify the patient's behaviour. Communication skills, and ways to avoid triggering the patient, how to provide sensitive care, and how to redirect wandering patients. Discussed when to reorient and when to participate in the patients reality.
- 00:53:24 Don Melady: Education is necessary but not sufficient. The education intervention needs to fit into a system of care.
- 00:53:40 Pam Martin: Delirium education explain the "WHY" and "HOW" it impacts the ED staff. S
- 00:54:04 Don Melady: Good education always starts with a needs assessment.
- 00:54:31 Pam Martin: Hypoactive delirium = "my good patient"
- 00:54:49 Marge McGillivray: With regards to convincing leadership. We first identified key allies within leadership and built relationships with those leaders. They had experience with the 8 hour See the Person workshop. Our adaptation of the full day course to focus the scope to address challenging ED scenarios allowed us to deliver a more manageable and high yield 2 hour workshop.

- 00:55:31 Conor Sullivan: Please check out above special GEDC Webinar Resource:

Creating an Educated Workforce for the Geriatric ED

Dr. Maura Kennedy, MD, MPH

Division Chief, Geriatric Emergency Medicine

Massachusetts General Hospital
- 00:55:54 Christopher Carpenter: @MauraKennedy - since direct evidence is lacking for
>90% of what we believe in emergency medicine (see
<https://onlinelibrary.wiley.com/doi/10.1111/acem.14494>), how do you provide
the "WHY" to learners when conclusive (or sometimes when any) evidence is
lacking? Delirium for example has very little ED evidence to demonstrate the
benefits of screening
(<https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17740>).
- 00:55:54 Paige Guinn: To answer Don's questions. We had to identify and build
relationships with key allies in leadership who share a common purpose. We
had initially advocated for the full 8 hour session but that was not going to be a
untenable request. We presented a plan for the 2 hours session that focused on
ED cases and needs. One of our Patient Care Managers was familiar with the 8
hour course due to her prior experience as a manager on an inpatient ward.
She was very supportive of the idea to develop an ED focused 2 hour workshop
that could be realistically funded and staffed. Overall, it was timing
adaptability, flexibility, creativity and persistence.
- 00:56:58 Don Melady: Multimodal education is essential -- also for making it "real".
- 00:57:25 Conor Sullivan: World Delirium Awareness day:
<https://twitter.com/BeckyChubb1/status/1501948810964070407?s=20&t=i1lkr7tCG0GWX5scd2Bp8A>
- Also
<https://twitter.com/MauraKennedyMD/status/1504148104379047941?s=20&t=i1lkr7tCG0GWX5scd2Bp8A>
- 00:57:44 Don Melady: That's called "gameification" of learning and adults love it
- 00:57:57 Erica Gruber: These ideas are amazing!
- 00:58:13 Conor Sullivan: <https://gedcollaborative.com/toolkit/ed-del-change-package-and-toolkit/>

- 00:58:42 Ula Hwang: Be sure to check out the ED-DEL implementation kit. It literally has everything you need to implement ED Delirium care. Presentations too!
- 00:59:35 Conor Sullivan: System-wide Implementation Falls Assessment
Suzie Ryer, DPT GCS,
Geriatric Physiotherapy Clinical Specialist,
Project Coordinator,
Advocate Aurora Health Wisconsin and Illinois
- 00:59:49 Pam Martin: May is Older American Month and October 1st is International Day of Older Adults.
- 01:01:52 Don Melady: to our guests and panelists -- if you can please stay on for ten minutes for a de-brief.
- 01:02:03 Pam Martin: you can also use other holidays for targeted education. For Valentine's Day, we had a basket with candy with a sign "For the LOVE of older adults, please complete the delirium screen". This was a great way to remind staff with about delirium
- 01:02:08 Allie Piatkowski: Happy to share resources and look into doing a blog post
- 01:02:43 Maura Kennedy: Chris Carpenter asked an important question and a hard one. There is little evidence in the ED that if we diagnose delirium there is something we can do to decrease the severity or duration of delirium. So the "WHY" for screening for me is less evidence based and more patient based: 1) 25% of ED patients with delirium are discharged to home - most without recognizing it. If you are going to discharge some with delirium home, than you need to make sure you have a save discharge plan and education the family/caregivers. 2) caring for patients with delirium (whether hyper or hypoactive) takes more work by nurses and/or PCAs - so they need MORE attention - whether in the ED or inpatient. Diagnosing delirium helps to get those resources.
- 01:06:45 Conor Sullivan: Tony Rosen, MD, MPH
Department of Emergency Medicine,
Division of Geriatric Emergency Medicine
New York-Presbyterian Hospital

Weill Cornell Medicine

GEDC Teaching Faculty

EMED Toolkit:

<https://gedcollaborative.com/toolkit/elder-mistreatment-emergency-department-toolkit/>

01:08:14 Ula Hwang: Note to GEDC Core - If we can get CME attached to our education modules, more likely for people to use. I had that request made (again) last week.

01:08:57 Laura Vanderhill: World Elder Abuse Awareness Day is June 15:
<https://eldermistreatment.usc.edu/weaad-home/>

01:09:25 Pam Martin: Chris, with the high levels of boarding in the ED, I use that as part of the "WHY"- early identification, treatment, and prevention reducing inpatient LOS which increases through put

01:10:25 Don Melady: I have some comments about that -- talk later.

01:10:29 Conor Sullivan: EMED Toolkit:

<https://gedcollaborative.com/toolkit/elder-mistreatment-emergency-department-toolkit/>

We encourage anybody with questions to reach out to the Collaboratory (ncaem@EDC.org),

Tony Rosen (aer2006@med.cornell.edu)

or the GEDC team (laura_stabler@med.unc.edu , conor_sullivan@med.unc.edu)

More than happy to help interested sites determine whether the Toolkit is right for them.

<https://gedcollaborative.com/toolkit/elder-mistreatment-emergency-department-toolkit/>

01:10:49 Conor Sullivan: EMED

-About the Elder Mistreatment Emergency Department Toolkit

-Elder Mistreatment Emergency Department Staff Survey

-Elder Mistreatment Screening and Response Tools (EM-SART)

Elder Mistreatment Community Connections Roadmap

Online Training Modules

01:11:21 Christopher Carpenter: @Pam - is there published research demonstrating that early identification of delirium in the ED reduces inpatient length of stay? It seems that research would be challenging until we know WHICH interventions effectively treat or prevent delirium in the ED which we currently do not (<https://pubmed.ncbi.nlm.nih.gov/35274738/>).

01:12:27 Sharon Lovato: I am interested in locating the survey used to identify the gaps in staff education. Please send a link. Thank you

01:12:39 Conor Sullivan: From Tony: <https://elderabuseemergency.org/ElderWP/>

01:13:28 Maura Kennedy: Having patients be a part of the education can be very powerful too!

01:13:29 Ula Hwang: link to ED Elder Mistreatment assessment profile: https://gedcollaborative.com/wp-content/uploads/2022/02/ED_StaffSurvey_ElderMistreatmentToolkit_Feb2022.pdf

01:13:47 Conor Sullivan: Sharon: EMED Toolkit: <https://gedcollaborative.com/toolkit/elder-mistreatment-emergency-department-toolkit/>

EMED

-About the Elder Mistreatment Emergency Department Toolkit

-Elder Mistreatment Emergency Department Staff Survey

-Elder Mistreatment Screening and Response Tools (EM-SART)

-Elder Mistreatment Community Connections Roadmap

-Online Training Modules

- 01:14:04 Don Melady: Interdisciplinary: We do "in situ simulation education" in our department with ALL staff while on shift -- it's a flashmob approach to education -- a recent one was on management of the agitated older person bringing together security, nursing, housekeeping nurses doctors and SWs.
- 01:15:18 Maura Kennedy: I suspect Tony "sneaks" spinach into deserts for his children. :)
- 01:15:24 Maura Kennedy: *desserts*
- 01:15:35 Conor Sullivan: GERI-VET Program
- Dr. Colleen McQuown,
Director Geriatric ED Program,
Louis Stokes Cleveland VA Medical Center
- 01:16:08 Tony Rosen: I try to sneak them into both -- but not always with great success!!!
- 01:16:35 Colleen McQuown:
<https://institutionalrepository.aah.org/jgem/vol2/iss12/2/>
- 01:16:53 Don Melady: This is an amazing programme that turns folks who had no geriatric background into "experts" in older person care.
- 01:17:21 Conor Sullivan: <https://institutionalrepository.aah.org/jgem/vol2/iss12/2/>
- 01:17:45 Conor Sullivan: Intermediate Care Technicians-A Novel Workforce for Veterans Affairs Geriatric Emergency Departments
- 01:18:13 Lori Ritter: What hearing amplifier do you use?
- 01:20:22 Maura Kennedy: @lori ritter- there are two big buckets for amplifiers: inexpensive small ones (\$15, posey amplifer is an example) that we leave with patient and more expensive high quality (\$70- superear is an example) units with single use ear buds. Ultimately the latter might be more cost effective- but requires more work to "recover" and clean between patients.
- 01:21:30 Conor Sullivan: Development of Geriatric Competencies for Emergency Medicine Residents Using an Expert Consensus Process

Teresita M. Hogan, MD, Eve D. Losman, MD, Christopher R. Carpenter, MD, et al..

Dr. Hogan's original research

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3221481/>

A website for education for doctors and nurses in the ED

<https://geri-em.com/>

- 01:21:32 Lori Ritter: We are using the 'Turbo Ear' which is great and in the inexpensive bucket. But, no longer being produced due to inability to obtain needed 'chip'. We are now searching for new
- 01:23:05 Maura Kennedy: @lori - we transitioned to the posey amplifier - that way it goes upstairs with patient if admitted (delirium prevention 101!) or home with them if they go home.
- 01:23:17 Pam Martin: For nursing and ancillary staff the ENa courses and the NICHE courses are great resources for education
- 01:23:55 Conor Sullivan: Additionally, check out essential GED Resources on the GEDC website <https://gedcollaborative.com/resources/>
- 01:24:22 Conor Sullivan: <https://www.cambridge.org/core/books/creating-a-geriatric-emergency-department/8A860CD9BADB4E1C1509BDB49B814159>
- 01:24:48 Conor Sullivan: Website resources :
<https://gedcollaborative.com/article/geriatric-emergency-medicine-educational-resources-for-allied-health-care-providers/>
- Other resources:
Specifically for Allied HCP
<http://eddelirium.org/delirium-assessment/assessment-overview/>
- 01:25:04 Colleen McQuown: Hearing amplifiers: We use Reizen but are switching to Pocket talker (based on what we can order)

- 01:25:04 Conor Sullivan: Do you have a great educational resource? Please let us know in the Chat.
- 01:25:36 Jane Carmody: outstanding webinar ... as always. Thank you, Don and GEDC team and speaker-experts! agree, Ula, empathy
- 01:25:39 maaret castren: thank you all, good ideas for us in Finland to consider
- 01:26:01 Christopher Carpenter: Thank you to all of the speakers and to GEDC for organizing these high-yield learning opportunities!
- 01:27:02 Conor Sullivan: GEDC Webinar | Value-Based Care and The Geriatric ED
Aug 8, 2022 03:00 PM Eastern Time (US and Canada)

Please register in advance:

https://us02web.zoom.us/webinar/register/WN_OKP6-IUBQ9GMZyUe4kPu7Q

- 01:27:03 Jon Ziff: Thank you for this. Really well done!
- 01:27:18 Vickie Moore: Great information...thank you
- 01:27:21 Indie Singh: Thank you!
- 01:27:22 Allie Piatkowski: Thank you!
- 01:27:23 Don Gentry: Thank you!
- 01:27:32 Marie-Pier Lanoue: thank you!
- 01:27:33 robbie besel: Thank you
- 01:27:38 Melanie York: thanks