

# Active Learning Strategies for Mastering Geriatric Assessment Tools

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The College of  
*St. Scholastica*

# The College of St. Scholastica Nursing

- Undergraduate and Graduate Nursing Programs
- Second largest nursing program in Minnesota
- Dean Marty Witrak, PhD, RN, FAAN
- Graduate Nursing-MS and DNP
  - 180 full and part time graduate nursing students
  - Admitting last MS class Fall 2015
  - Focus on rural practice
  - Three tracks
    - Family Nurse Practitioner, Adult-Gerontological Primary Care NP, Psychiatric Mental Health Nurse Practitioner.

# Background

- Institute of Medicine-Retooling for America: Building the Healthcare Workforce (2008)
  - Enhance geriatric competence
- AACN Recommended Competencies for Older Adult Care for the FNP and Women's Health NP (2010)
  - Assessment....including standardized assessment instruments or processes

# Useful Framework for Learning

- AACN-Interprofessional Education Collaborative Core Competencies for Interprofessional Collaborative Practice (2011)
- Model of Prepare, Think, Practice, Act

# Active Learning

- Need to move from passive learning to active learning
- Active learning involves students in the doing and following up with reflection
- Combining intentional engagements with purposeful observations
- Process of engaging students with knowledge and skills they will need

(Graffman, 2007)

# POGOe

- The Portal for Geriatrics Online Education- is free collection of expert-contributed geriatrics educational materials for educators and learners. Materials are available digitally and use various teaching methods.



# Consult Geri RN

- Hartford Institute for Geriatric Nursing
- Useful resource for all things geriatric and especially some tools used in the skills stations.



# Geriatric Medicine Skills Fair

-Modeled after skills fair developed and reported on by Dr. Shelley Bhattacharya and Dr. Sally Rigler (2008) from the Kansas University Medical Center.

-Previously available at  
[www2.kumc.edu/coa/education/GeriatricSkillsFair.htm](http://www2.kumc.edu/coa/education/GeriatricSkillsFair.htm)

-Two other useful references also- Burton (2008) and Scott (2009) which are noted in the reference list.



# Health Assessment & Health Promotion of Older Adult

- Completed after Advanced Lifespan Health Assessment Course
- Students have completed one clinical course, for FNP pediatric focused & ACPCNP acute & chronic conditions of adolescents/adults
- 2 semester credits
- Taught in 8 week summer term
- Hybrid course, with two on campus meetings for 6 hours each
- Previously both FNP and AGPCNP, moving forward only required for AGPCNP students and elective for FNP students

# Purpose

- The purpose of the geriatric skills stations is to provide nurse practitioner students with the opportunity to utilize selected geriatric screening and assessment tools.

# Skills Sessions

- First Session-Mini-Cog with clock drawings, Mini Mental Status Exam and Montreal Cognitive Assessment (MOCA), Timed Get Up and Go, and ADL's/IADL's
- Second Session-Geriatric Depression Scale (GDS), Types of Urinary Incontinence, Pressure Ulcer Evaluation and Choosing Assistive Devices for Walking

# Placement in Course

- Prior to first session students complete didactic course work on:
  - Demographics of aging, communication with older adults, geriatric physical assessment and cognitive changes including dementia, depression and delirium

# Placement in Course

- At second course session students are oriented to a predictive functional assessment by an Occupational Therapist called the Allen Cognitive Levels. This tool is useful for predicting performance by older adults and designing interventions to optimize their independence, reduce behavioral symptoms of dementia and reduce caregiver burden and strain.
  - Students are then able to reflect on differences between Mini-Cog, MMSE, MOCA and ACL and how to utilize each of these tools to optimize assessment and management of older adults across the cognitive continuum

# Implementation

- Has been done with one faculty member in one moderate size learning lab
  - Faculty member rotates between groups answering questions, providing feedback
  - Large group orientation to different stations, what each station will do, directions for each station
- Students divided up into groups of 4-5 students, no larger
  - Students asked to observe and share observations
- After skills stations are completed small group and then large group reflections
- 15 minutes at each station, with break built in-usually allocate 75 minutes

# First Session

- Mini-Cog— copies of mini-cog form, examples of different clock drawings, role play scripts for abnormal mini-cog results, answer key
- MOCA- copies of MOCA for each student, role play scripts for two different levels of response-actually give student filled out MOCA as way to respond,
- MMSE-copies of MMSE for each student, role play scripts for two different levels of responses to MMSE (Bhattacharya & Rigler, 2008)

# First Session

- Timed Get Up and Go-copies of Timed Get up and Go tool, direction how to complete, proper sized chair with arms, measured off walking distance and also need watch with second hand (Bhattacharya & Rigler, 2008)
- ADL's/IADL's-copy of Katz ADL's and Lawton IADL's tools, case scenario with description of older adult's functional status (Bhattacharya & Rigler, 2008)



# First Session Reflections

- How the clock drawing evaluates executive function; differences between MMSE and MOCA, how one is more language based, how older adults with great language skills can scam their way through the MMSE; how the MOCA looks more are executive function/visuospatial?
- How would they utilize the Mini-Cog, MMSE & MOCA in clinical practice? What have they seen used previously?
- How would knowing the MOCA instead of the MMSE change clinical decisions about a patient?
- How would they utilize the Get Up and Go in the office?

# First Session Reflections

- How does the difference between ADL's and IADL's impact clinical decisions about patients? How have they incorporated knowledge about IADL's into previous clinical decision making with patients?

# Second Session

- Geriatric Depression Scale (GDS)-copies of GDS for all students, role play scenarios of responses to GDS questions-both depressed & not depressed (Bhattacharya & Rigler, 2008)
- Types of Urinary Incontinence-card sorting type activity with three types of incontinence-functional, stress, overflow, urge
  - s/s, case presentations, non-drug and drug treatment
  - Example-stress incontinence-65 year old woman has stopped playing tennis with friends because she leaks urine while running, non-drug tx-kegel exercises, biofeedback, types of drug therapy (Bhattacharya & Rigler, 2008)

# Second Session

- Pressure Ulcer Staging—copies of different stages of pressure ulcers and venous/arterial leg ulcers, cards with descriptions of different stages of ulcers, key with correct responses (Bhattacharya & Rigler, 2008)
- Choosing Assistive Walking devices-copies of different types of devices and patient scenarios, match the type of device & scenario, key with correct responses (van Zuilen, Rodriguez, Paniagua, & Mintzer (2009)

# Walking Device Card Sort Activity

<b>Straight Cane</b>	<b>Explanation</b>
<b>A 79 y/o man with mild dizziness caused by Meniere's disease</b>	<b>Straight canes are for balance and stability not for significant weight bearing. For Meniere's disease, the primary problem is unsteadiness and a cane will improve balance.</b>
<b>A 66 y/o man is diabetic with mild balance problems and numbness of his legs</b>	<b>Diabetic neuropathies can impair sensory and motor signals with resultant balance problems. The cane will improve balance by transferring sensory input to the arm.</b>
<b>A 69 y/o woman with peripheral neuropathy and occasional missteps</b>	<b>Straight canes are for balance and stability not for significant weight bearing. With peripheral neuropathy, the cane will help to transfer sensory input to the arm.</b>
<b>A 90 y/o man with poor vision due to bilateral cataracts</b>	<b>Straight canes are indicated for person with vision loss. They supply additional sensory input for persons with impaired vision.</b>

van Zuilen, Rodriguez, Paniagua, & Mintzer (2009)

# Second Session Reflections

- How the GDS is helpful for geriatric depression assessment and how the PHQ9 has been normed for geriatrics? When to use the GDS & PHQ9 vs. Cornell Depression Scale?
- Challenges with effectively evaluating and describing skin ulcers? What are the key differences between arterial & venous ulcers? Why is it important to know the difference between arterial, venous and pressure ulcers? In their clinical experience who does the description and labeling of skin ulcers?

# Second Session Reflections

- Importance of differentiating what type of urinary incontinence prior to treatment? How often have they seen patients treated with anti-cholinergic without correct diagnosis?
- How to utilize this information in the office setting when only have a few minutes with patient? How have they seen providers decide which assistive device to recommend to patients? In rural practice, PT evaluation may be limited due to distance and access.

# Second Session Reflections

- How would they utilize the ACL, MOCA, MMSE and Mini-Cog results in assessing and planning care for patients? What does the ACL tell us about the patient different from MOCA? How have they seen the ACL used in clinical practice with cognitively impaired older adults?



# Student Responses

- Love the Urinary Incontinence activity
- Like the opportunity to actually use all the tools, get up and engage with the material instead of just getting a lecture
- Like to learn about the differences between the Mini-Cog, MMSE, and MOCA and how to utilize them in patient assessment
- Keep doing it and more of it!!
- Great way to learn, like the active engagement
- No negative comments, did not get “more lectures.”
- Said they were more likely to use instruments.
- Appreciated the opportunity to practice prior to doing health assessment.

# Follow up in Other Courses

- Card sorting activity of Dementia types with common presenting signs and symptoms in Chronic/Complex Care course
- Card sorting activity of Medications for Treatment of Dementia (Hadara, 2010).

# Dementia Medications Card Sorting

<p>MEMANTINE (NAMENDA) 76 yo woman with mild Alzheimer disease already on donepezil (Aricept)</p>	<p>MEMANTINE (NAMENDA) 76 yo woman with mild Alzheimer disease</p>	<p>MEMANTINE (NAMENDA) 76 yo man with advanced Alzheimer disease</p>
<p>DONEPEZIL (ARICEPT) 66 yo woman with mild cognitive impairment</p>	<p>DONEPEZIL (ARICEPT) 66 yo man with severe Alzheimer disease</p>	<p>DONEPEZIL (ARICEPT) 66 yo woman with severe vascular dementia</p>
<p>GALANTAMINE (RAZADYNE) 86 yo woman with mild Alzheimer disease</p>	<p>RIVASTIGMINE (EXELON) PILL 86 yo woman with mild Alzheimer disease; she's reluctant to take pills for fear of side effects</p>	<p>RIVASTIGMINE (EXELON) PATCH 86 yo woman with mild Alzheimer disease who is reluctant to take pills because of fear of side effects</p>

(Harada, 2011)

# What has worked well

- Both sessions in afternoon, second session after OT speaker
- Using chocolate during the session
- Role play scripts or scenarios have been useful
- Active engagement and actual doing
- Students circulating between stations instead of staying in one place
- Building break time into moving between stations
- Debriefing and active reflection
- Applying the skills in geriatric health assessment they complete later in course

# Challenges

- Developing the role play case responses, has been somewhat easier as I work in dementia care management
- When groups work too quickly through the stations
- All in one room, would recommend doing in two rooms if had enough faculty support
- If students become bogged down in role playing, it can be difficult for one faculty to keep group moving
- When have more than 20 students
- Needing to watch the clock and move people along

# What I have changed over time

- Added choosing assistive devices activity
- Expanded clock face drawing to Mini-Cog
- Added MOCA screening
- Added large group orientation on Cornell Depression Scale which is used with cognitively impaired older adults (usually MMSE <20)
- Sequencing, with more of the basic cognitive screening in first session
- Added pictures of assistive devices so students could actually see what each device looks like and is called

# Changes to consider for the future

- Do better job of large group orientation to clock drawing variations and evaluation of clock drawing.
- Interprofessional experience or with under-graduate nursing students
- Taking the case scenario further and identifying additional hx, PE, differential diagnosis and recommendations for treatment plan.
- How will this be implemented into a fully online course?
- Ask students to reflect in future courses how they have utilized these screening tools and how to improve this orientation?
- Ask students to reflect in future how they see these screening tools used in their clinical setting?
- Have students in future courses provide education to clinic staff on how to effectively use these screening tools.





# References

Bhattacharya, S. & Rigler, S. (2008) Geriatric Medicine Skills Fair. Retrieved from <http://www2.kumc.edu/coa/education/GeriatricSkillsFair.htm>

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