

**LEARNING NEEDS ASSESSMENT:
For Screening At-Risk Elders in the Emergency Departments**

The Regional Geriatric Program of Metropolitan Toronto is a University of Toronto affiliated organization which supports specialized geriatric services in all of Toronto's teaching hospitals. In addition to its clinical services to elders, the RGP also advocates for elders and supports education in aging and health. Raising awareness of the needs of elders in Emergency Departments is one focus of the RGP's educational outreach. Increasingly, the RGP is providing educational support to the staff of Emergency Departments across the city and beyond. We welcome the opportunity to assist you in providing services to elders in your hospital.

Thank you for completing this learning needs assessment. Parts of the assessment were developed by our RGP colleagues in the Thames Valley Region of Southwestern Ontario specifically for use by Emergency Department staff. Other parts were developed by the Geriatric Emergency Medicine Task Force of the American Society for Academic Emergency Medicine. We will use your responses to design educational services to meet your specific needs.

We ask that you answer the questions independently and do not consult with your colleagues when responding. The assessment does not require you to identify yourself and your confidentiality is completely assured so please be as honest and frank as possible.

When you have finished simply seal your survey in the envelope provided and return them to the head of Emergency Medicine in your hospital who will forward them to me for analysis and planning.

Thank you for your help

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For the following questions 1 to 14 there are no correct answers.

PART A

1. Have you taken a course on adult physical assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Did you learn about normal aging changes on your course?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
All the following questions refer to patients 75 years of age or older	
3. Depression in the elderly is a common problem. Major depression in the elderly typically includes negative thoughts, extreme sadness, and severely limited activity. Do you routinely ask you elderly patients whether they feel depressed?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
4. Do you find it easy to tell whether your elderly patients are depressed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Dementia is a disorder of cognitive function of sufficient severity to interfere with independent functioning. It is characterized by significant memory impairment. Disturbances to higher cortical function such as judgment or language may also be present. Do you routinely ask your alert elderly patients questions which help you determine whether they are dementing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/>
If yes, please give two examples of questions that you might ask: a) _____ _____ b) _____ _____	

<p>6. Before discharging a confused elderly patient, do you confirm with family that there has been no acute change in mental status?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>
<p>7. Do you routinely ask your elderly patients whether they have difficulty performing the following activities of daily living?</p> <p>a. eating</p> <p>b. washing/grooming</p> <p>c. dressing</p> <p>d. toileting</p> <p>e. meal preparation</p> <p>f. housekeeping/laundry</p> <p>g. mobility (e.g. walking, getting up from sitting)</p> <p>h. shopping</p> <p>i. using the telephone</p> <p>j. driving</p> <p>k. handling finances</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>
<p>8. Which of the following is part of your routine assessment for an elderly patient who presents with a fall?</p> <p>a. ask about alcohol consumption</p> <p>b. ask about any previous falls</p> <p>c. screen for visual impairment</p> <p>d. check for orthostatic hypotension</p> <p>e. walking aids</p> <p>f. whether they live alone</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>
<p>9. Do you routinely ask elderly patients what they weigh?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>
<p>10. Do you routinely ask elderly patients whether they have experienced any unplanned weight loss?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>

<p>11. When do you ask your elderly patients about alcohol consumption?</p> <p>a. when they have alcohol on their breath</p> <p>b. when they present with a fall</p> <p>c. when they appear underweight or have obvious wasting.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>
<p>12. Elder abuse is defined as any action by a caregiver which results in physical or mental harm to the elderly individual. Neglect is the intentional withholding of the basic necessities of life such as medical care, adequate food, personal care, and safe surroundings. Elders can also be subject to financial abuse.</p> <p>Please list two indicators that would raise your suspicion about the possibility of abuse or neglect.</p> <p>a) _____</p> <p>b) _____</p>	
<p>13. Which of the following would raise your suspicion about the possibility of caregiver stress?</p> <p>a. caregiver fatigue</p> <p>b. caregiver displays poor coping strategies</p> <p>c. caregiver is angry; lashes out at hospital staff</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>14a. Do you routinely ask your elderly patients whether they receive assistance from family, friends, neighbours, or community resources (eg home care).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>
<p>14b. Do you routinely recommend referral to homecare, or social work etc. if think that the need is there</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/></p>

Correct answer marked with an x

Please answer the following questions by checking either True or False:	
15. Less than half of elderly patients presenting with myocardial infarction have chest pain.	True x False <input type="checkbox"/>
16. Less than half of elderly patient presenting with myocardial infarction have ECG changes.	True <input type="checkbox"/> False x
17. Septic elderly patients can present without an elevated white blood count or fever.	True x False <input type="checkbox"/>
18. The elderly presenting with an acute abdomen will demonstrate guarding or rebound tenderness	True <input type="checkbox"/> False x
19. Thirst is a good indicator of dehydration.	True <input type="checkbox"/> False x
20. Urinary incontinence is a normal part of aging	True <input type="checkbox"/> False x

PART B

**QUIZ FROM THE GERIATRIC EMERGENCY MEDICINE
TASK FORCE OF THE SOCIETY FOR ACADEMIC
EMERGENCY MEDICINE**
_____ **(correct answer in bold)** _____

Please read each of the following questions and circle the item(s) which best represents your answer.

1. Which statement about heart disease in elder persons is MOST TRUE?
- a) **Most elder persons have abnormal ECGs.**
 - b) Atypical presentations of acute MI have a better prognosis than classic presentations.
 - c) Cardiac enzymes will help distinguish acute MI from non cardiac pain in the ED.
 - d) Age greater than 75 years is a relative contraindication for thrombolytics.
 - e) Age greater than 75 years is a relative contraindication for beta blocker.

Answer A

2. All of the following laboratory values change with age, EXCEPT:
- a) Sedimentation rate
 - b) Fasting glucose
 - c) **Hemoglobin**
 - d) Creatinine
 - e) Albumin
3. All of the following statements are true about trauma in elder persons, EXCEPT:
- a) Elder persons account for 28% of trauma fatalities
 - b) **Motor vehicle accidents account for the majority of traumatic injuries and death in older persons.**
 - c) Almost half of elder patients with fractured hips will die within one year.
 - d) Elder males have the highest incidence of suicide.
 - e) Burn injuries have worse prognosis in older than younger persons.

4. Elder persons who die from multisystem trauma often die from preventable complications for all the following reasons, EXCEPT:
 - a) Elder persons do NOT manifest typical symptoms of occult shock.
 - b) Decreased cardiovascular functional reserve.
 - c) Lack of aggressive monitoring and management.
 - d) Decreased resistance to infection.
 - e) **Unrecognized epidural hematoma**

5. Each of the following is true about mesenteric ischemia in the elder person, EXCEPT:
 - a) Gastrointestinal symptoms such as vomiting and diarrhea are common.
 - b) The pain is usually severe, often refractory to narcotics.
 - c) **The majority of patients have a gradual onset of pain**
 - d) Digoxin therapy is a risk factor.
 - e) Peritoneal irritation develops early on in these patients.

6. The most common symptoms of acute myocardial infarction in patients over age 80 is:
 - a) Syncope
 - b) Fatigue
 - c) Chest pain
 - d) **Shortness of breath**
 - e) Altered mental status

7. All of the following statements about elder persons and emergency medical care are true, EXCEPT:
 - a) More than 30% of elder patients (65 years or greater) coming to the emergency department are admitted to the hospital.
 - b) Thirty percent of the older patients seeking emergency care arrive by ambulance.
 - c) **Elder patients are less likely to be admitted to an intensive care unit than younger patients.**
 - d) Emergency health care providers feel less comfortable caring for older patients compared to younger patients.
 - e) The fastest growing segment of the population in Canada is persons 85 years and older.

8. Each of the following is true about appendicitis in the elder person, EXCEPT:

- a) **Approximately 90% will have a WBC>10K.**
 - b) Less than half of the patients report migration of the abdominal pain.
 - c) Abdominal radiographs may confuse the diagnosis.
 - d) Right lower quadrant pain is generally present.
 - e) Delayed presentation>3 days occurs in up to 20% of patients.
9. All of the following are true about elder abuse, EXCEPT:
- a) Less than 10% of cases are reported to Adult Protective Services
 - b) Paramedic reports of elder abuse result in a useful intervention >75% of cases.
 - c) **Most patients will complain of being assaulted to the emergency health care professional.**
 - d) Ageism (bias against older persons) is an important barrier to identification of elder abuse.
 - e) Less than half of EDs have protocols for elder abuse.
10. All the following can cause an acute functional decline, EXCEPT:
- a) Adverse drug reaction
 - b) **Alzheimer's Disease**
 - c) Myocardial infarction
 - d) Situational depression
 - e) Upper urinary tract infection
11. Each of the following is true about perforated peptic ulcer disease in elder persons, EXCEPT:
- a) Vomiting is generally not a significant feature.
 - b) Plain radiography may not reveal free air in 40% of patients.
 - c) Most patients present within a few hours of perforation.
 - d) **The large majority of patients report the sudden onset of abdominal pain.**
 - e) Epigastric rigidity is present in only one-fifth of these patients.

12. Mental status evaluations are important in elder persons for all the following reasons, EXCEPT:
- a) Some 30 - 40% of older ED patients will demonstrate abnormal cognitive function.
 - b) Delirium can be subtle and easily missed in the ED setting.
 - c) About 11 % of dementia is reversible.
 - d) Delirium is an acute medical emergency which needs admission to the hospital.
 - e) Altered mental status in older persons is frequently due to acute psychosis.**
13. Drugs to generally try avoid in elder patients include all of the following, EXCEPT:
- a) ACE inhibitors**
 - b) Diazepam
 - c) Amitriptyline
 - d) Chlorpropamide
 - e) NSAIDS
14. The leading causes of sepsis in elder patients from nursing homes are infections of the:
- a) Skin, lung and heart
 - b) Skin, urine, and abdominal organs**
 - c) Skin, urine, and lung
 - d) Urine, lung, and abdominal organs
 - e) Urine, lung and meninges
15. Causes of delirium include all of the following, EXCEPT:
- a) Medications
 - b) Urosepsis
 - c) CHF
 - d) Depression**
 - e) Subdural hematoma

16. Each of the following is true about ruptured abdominal aortic aneurysms in the elder person, EXCEPT:
- a) Renal colic is the most frequent misdiagnosis.
 - b) Plain radiography often suggests the diagnosis.
 - c) Most patients will have an episode of hypotension.
 - d) The presentation may include syncope.
 - e) **Back pain occurs more commonly than abdominal pain.**

PART C FACTS ON AGING QUIZ

Answer in italics is correct

Please read each of the following statements about aging and circle "T" if you think the item is true or "F" if you think it is false.

- T* *F* 1. The majority of old people (past age 65) are senile (ie. defective memory, disoriented, or demented).
- T* *F* 2. All five senses tend to decline in old age.
- T* *F* 3. Most old people have no interest in, or capacity for, sexual relations.
- T* *F* 4. Lung capacity tends to decline in old age.
- T* *F* 5. The majority of old people feel miserable most of the time.
- T* *F* 6. Physical strength tends to decline in old age.
- T* *F* 7. At least one-tenth of the aged are living in long stay institutions.
- T* *F* 8. Aged drivers have fewer accidents per person than drivers under age 65.
- T* *F* 9. Most older workers cannot work as effectively as younger workers.
- T* *F* 10. About 80% of the aged are healthy enough to carry on their normal activities.
- T* *F* 11. Most old people are set in their ways and unable to change.
- T* *F* 12. Old people usually take longer to learn something new
- T* *F* 13. It is almost impossible for most old people to learn new things.

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- T F 14. The reaction time of most old people tends to be slower than younger people.**
- T F 15. In general, most old people are pretty much alike.**
- T F 16. The majority of old people are seldom bored.**
- T F 17. The majority of old people are socially isolated and lonely.**
- T F 18. Older workers have fewer accidents than younger workers.**
- T F 19. Over 15% of the Canadian population are now 65 years old or older**
- T F 20. Most medical practitioners tend to give low priority to the aged.**
- T F 21. The majority of older people have incomes below the poverty line.**
- T F 22. The majority of old people are working or would like to have some kind of work.**
- T F 23. Older people tend to become more religious as they age.**
- T F 24. The majority of old people are seldom irritated or angry.**

PART E

For the following questions in Part E and F there are no correct answers.

Please indicate with a check mark (✓) which of the following topics and subtopics, related to geriatric assessment, would be of further benefit to you.

1. Geriatric Depression: unique features and assessment
2. Dementia: characteristics; differentiation between pseudo dementia and delirium; issues of capacity and risk
3. Delirium/Acute Confusion: characteristics; common causes
4. Mental Status Testing: use of quick screening tools for assessment depression and dementia
5. Functional Decline (ADL): potential physical and psychosocial contributing factors

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6. Falls: potential contributing factors
 7. Malnutrition: indicators; effects on the elderly
 8. Alcoholism Among the Elderly: characteristics
 9. Elder Abuse and Neglect: physical/psychological presentation;
risk factors, interventions
 10. Caregiver Stress: indicators; contributing factors
 11. Physical Assessment: atypical presentations; normal variation and deviation of
findings; special considerations
 12. Dehydration: indicators; effects on the elderly
 13. Incontinence: types and possible contributing factors
 14. Medications: pharmacokinetic and pharmacodynamic changes associated with
normal aging; adherence issues
 15. Polypharmacy: characteristics; causes; consequences
 16. Community Resources: comprehensive geriatric evaluation; Home Care extended
hours; other community agencies; services available after hours
 17. Other: please describe: _____

PART F

Just a final few questions. Please select the most appropriate response by placing a check mark (✓) in the box.

1. The questions were stated in a clear fashion

Agree Disagree

2. The level of difficulty of the true/false and open-ended questions was:

Very Difficult Difficult Somewhat Difficult Not at all Difficult

3. The instructions were easy to follow

Agree Disagree

Comments:

Thank you for taking the time to complete this questionnaire!

Hospital: _____