



e-Ageing

WESTERN AUSTRALIAN CENTRE FOR
HEALTH X AGEING

Project Team

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Background

- increase in number of learners compared to clinical teachers
- heterogeneity of clinical placements and clinical experiences
- expressed need for uniformity of educational content and opportunities
- web-based learning allows flexibility and standardisation
- learners seek high quality, interactive online learning materials

Aim to develop multi-disciplinary online education modules that facilitate:

- improved knowledge regarding common age-related conditions
- improved skills in the management of these conditions
- development of positive attitudes towards older people
- effective teaching and learning

Principles

- Interactive
- Engaging
- Case-based
- Locally relevant
- Seamless browsing experience
- Innovative
- Supports existing curriculum
- Independent website

General Learning Objectives

- Learner actively engaged in learning process
- Enable development of knowledge and skills in investigation, diagnosis and management
- Include challenging aspects such as communication skills, cultural/legal/ethical/social issues
- Focus on multi-disciplinary care
- Focus on carer support
- Reinforce and encourage positive attitudes

Design

- Attract wide participants – multidisciplinary
- Case based, interactive
- Think like clinicians:
 - history taking, examination, order investigations and receive results, make a diagnosis, treatment and management plan
- Employ deductive reasoning
- Emphasis on communication skills
- Challenge attitudes

Process

1. Brainstorming
2. Case outline
3. Research and drafting
4. Sourcing AV materials
x-rays, CT scans, photographs
5. Revision
6. Expert review
7. Design web elements
8. Piloting
9. Further revision

Falls
Slips, trips and fractured hips

Case
References that may help

References and online resources:

Pre-module test - medical

1. falls:

- Occur in 10% of over 90's
- Don't impact on admission rates
- Usually happen only once
- May result in death

2. fear of falling

- indicates need for psych review

Mrs Frieda Falloon is an 86 year old woman who presents after a fall in the house resulting in extensive facial soft tissue injuries...

More info:



Next

Falls Hx

Unexpected visitor when Frieda was watching "The Bold and the Beautiful". Felt dizzy on standing, stumbled over coffee table and fell onto box of paints she'd had delivered the day before. - just didn't see them!

Out looking for Carl the Cat at dusk. Tripped over loose pavement in backyard. Difficulty getting up

Current Medications

aspirin

Perindopril Plus

nifedipine Oros

Nitrazepam 5mg nocte

Past Medical History

Stroke 40 years ago - affecting L. side - minimal weakness now.

HTN

Cholecystectomy

"nerves"

Macular Degeneration

Social Hx

Lives alone with Carl the Cat.

No services, never married., own home.

Former Art Teacher.

Mobile independently

What risk factors for falling are already obvious?

??envisage space to enter answers with immediate feedback flashing up

What medications might be impacting on her falls risk ?

- aspirin - as it increases her risk of bleeding
- antihypertensives - increases risk of postural hypotension, a well described risk for falling
- nitrazepam - benzodiazepines are very important in falls

Visual impairment and falls

Otago falls prevention data

Not sue how to handle the inputs here

How might her social history impact on her risk of falls? Are there other questions to ask?

dinto

Return to first Frieda page



What other medications are commonly implicated in falls?

- allopurinol
- stemetil
- haloperidol
- salbutamol

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Return to first Frieda page





Stroke Case Study

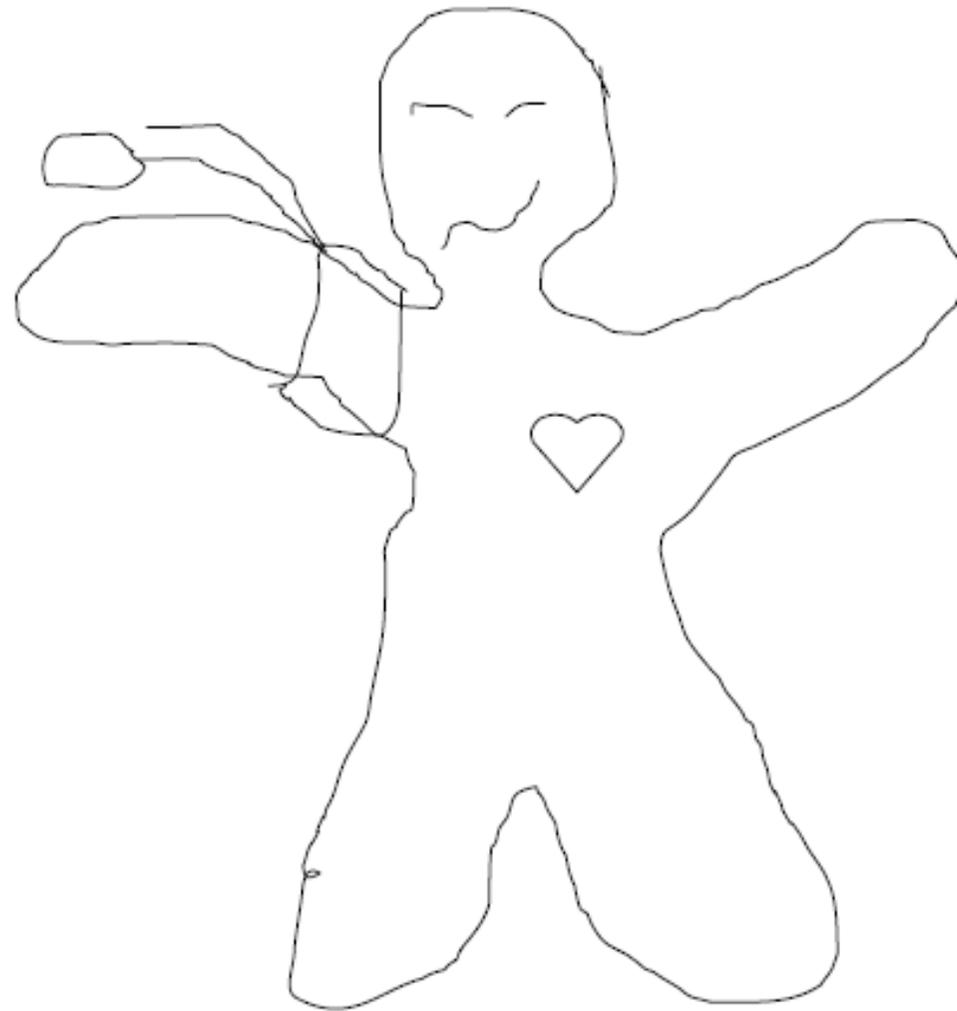


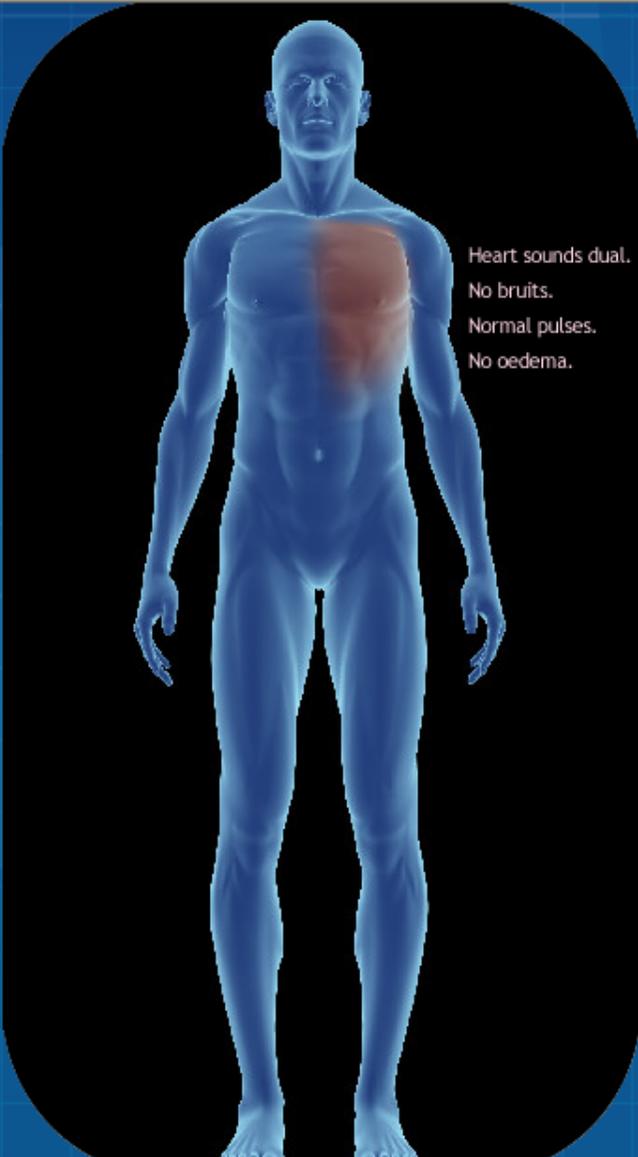
Mr George Tanner is a 72 year old man who presents with a 1/2 hour history of right facial droop and right arm weakness while at the local pub.

Some of the symptoms are improving when he arrives in the emergency department.

Review Mr Tanner's history through the links below before moving on to his assessments.







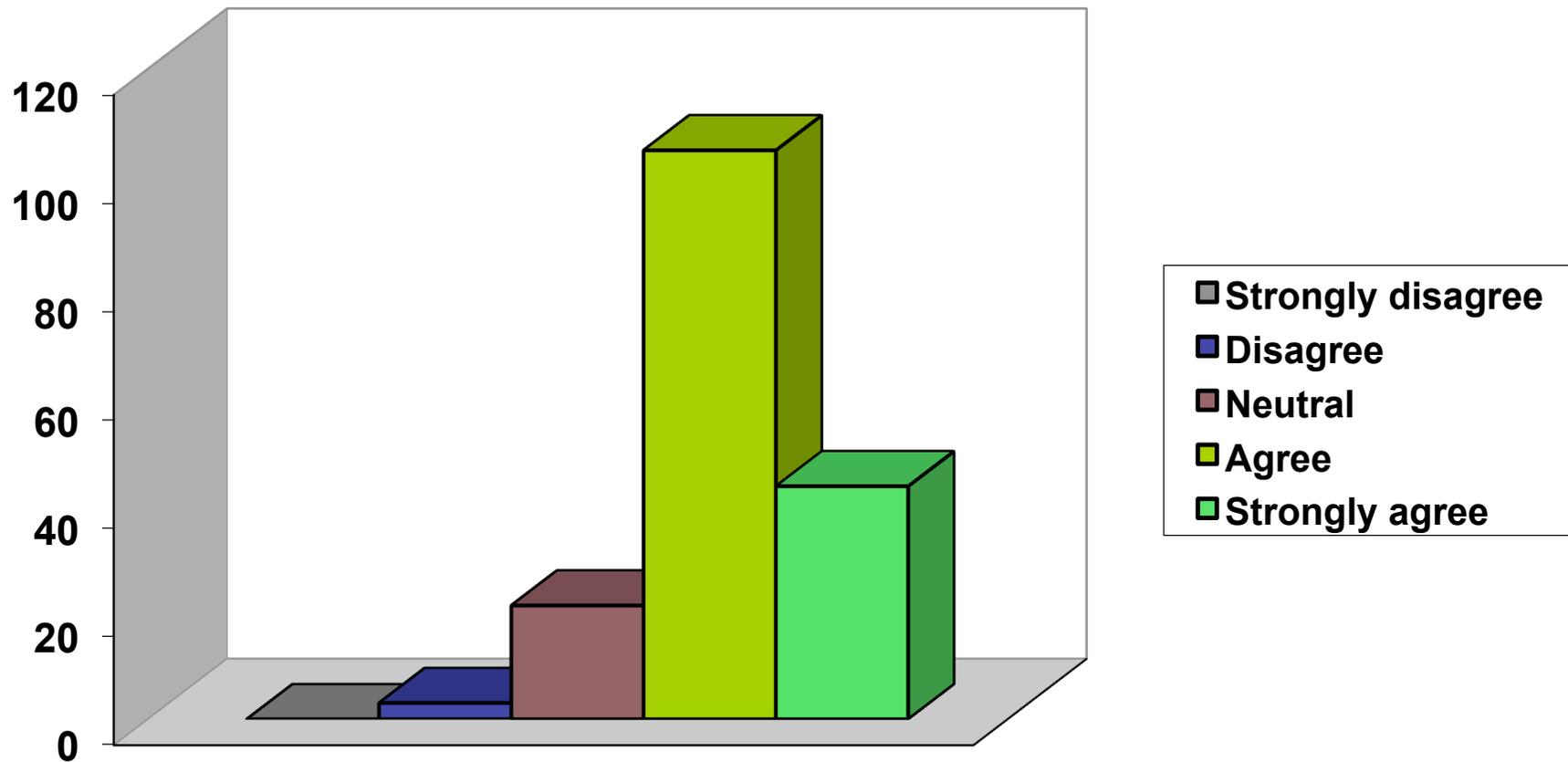
Heart sounds dual.
No bruits.
Normal pulses.
No oedema.

General Appearance:

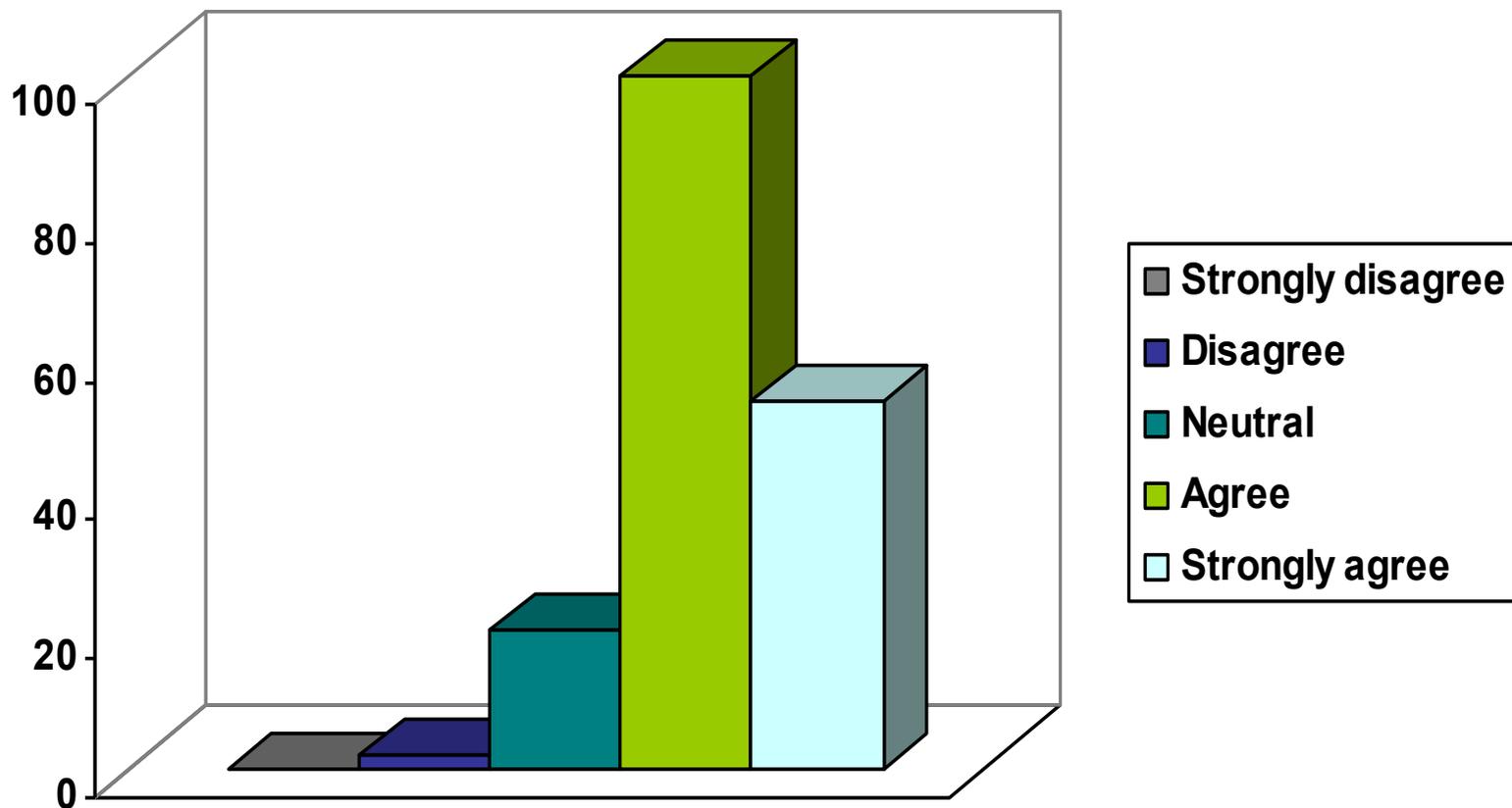
Mr Thomas is sweating and looks short of breath. His legs are constantly moving and he appears confused and agitated. His skin is moist and tribal scarring is noted on left and right upper arms, midline of chest and left and right thighs. His eyes are wandering and he appears to have trouble maintaining attention, although this does fluctuate. Admission staff report that his speech was slow and at times, incoherent. Mr Thomas also exhibited impaired orientation. His wife reports that he had trouble sleeping last night.

Height: 168cms
Weight: 75kgs
Temperature: 36.7
Respirations: 28 shallow

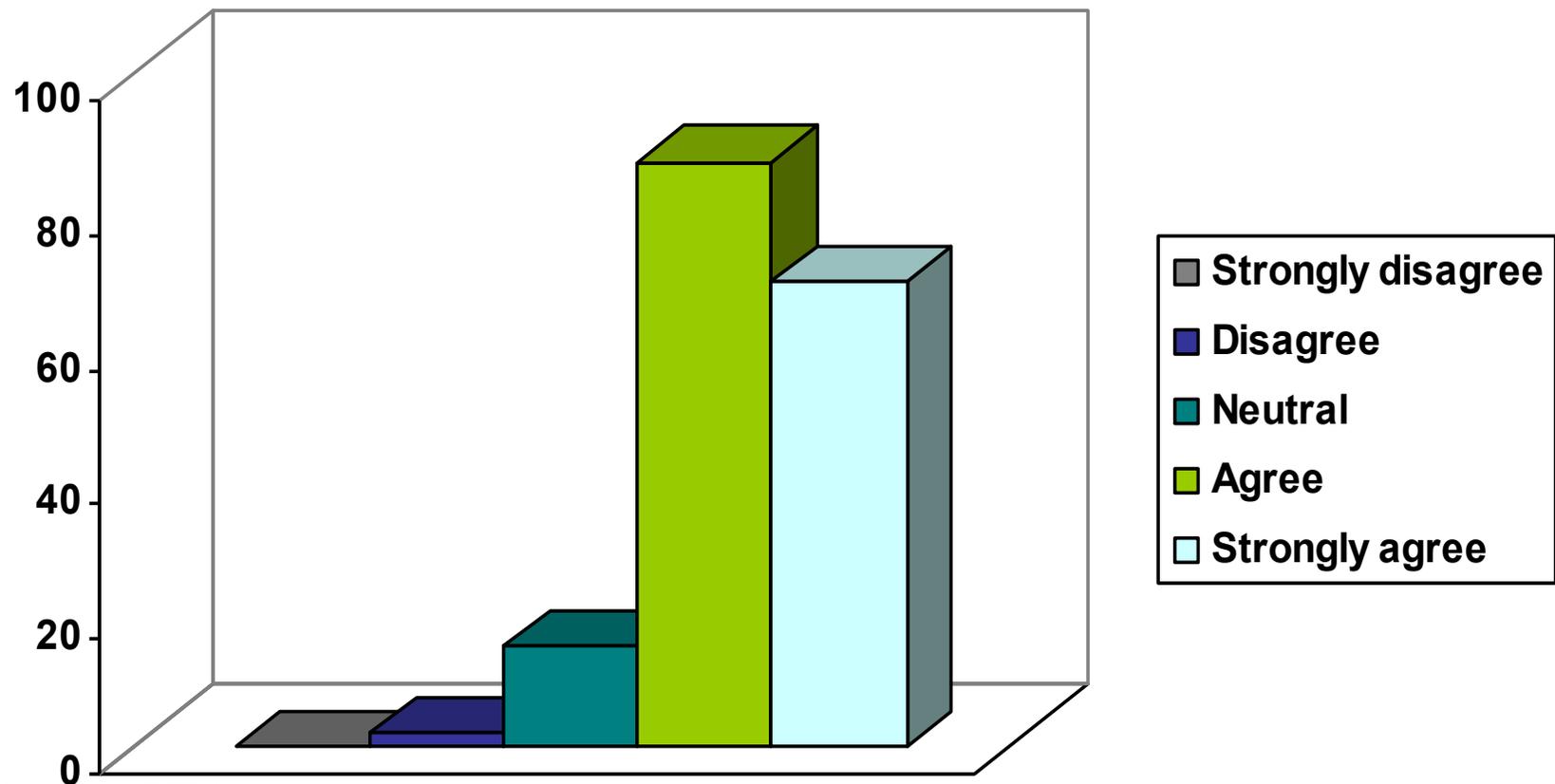
The module met my personal learning needs



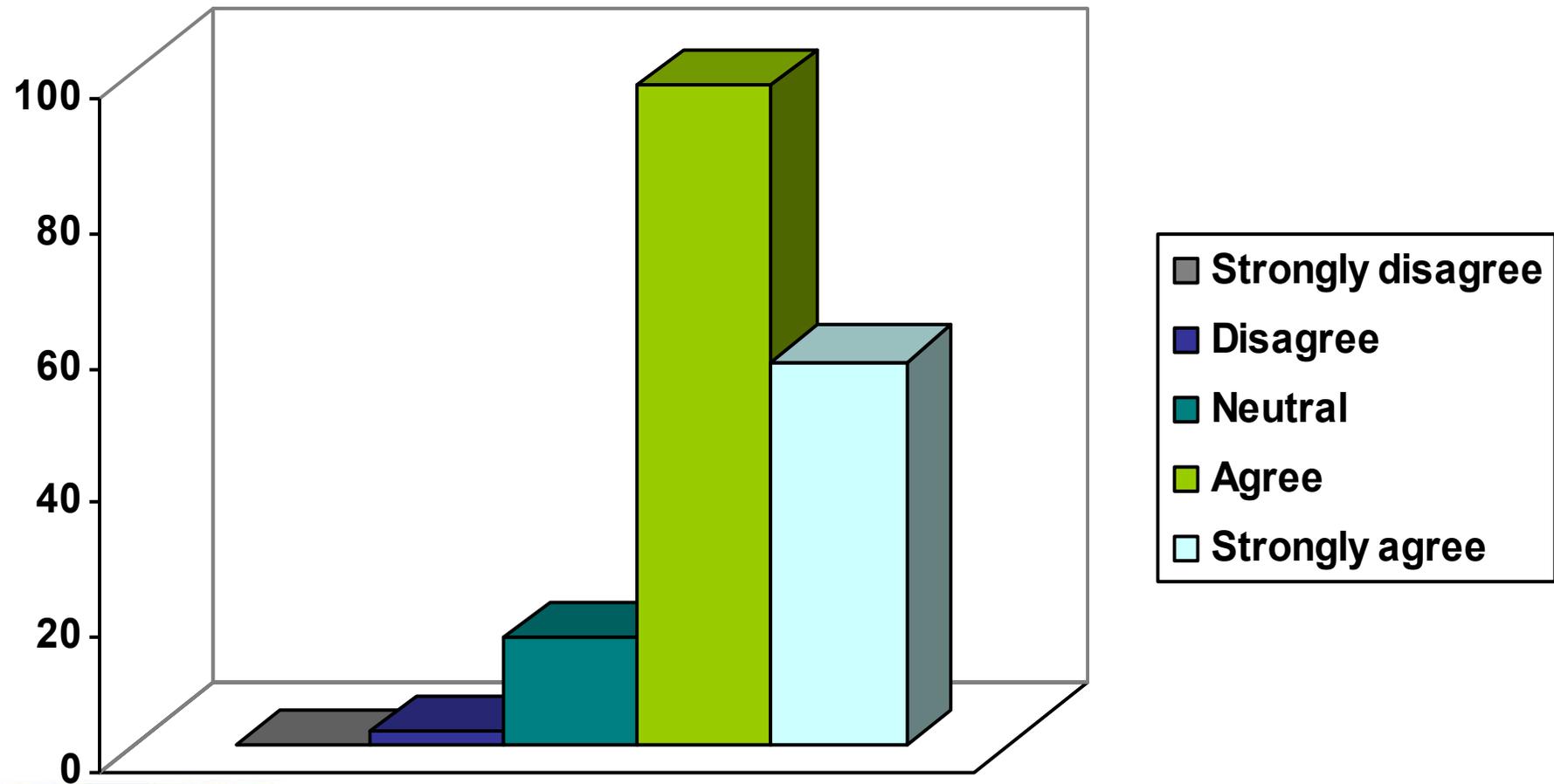
The module content was appropriate



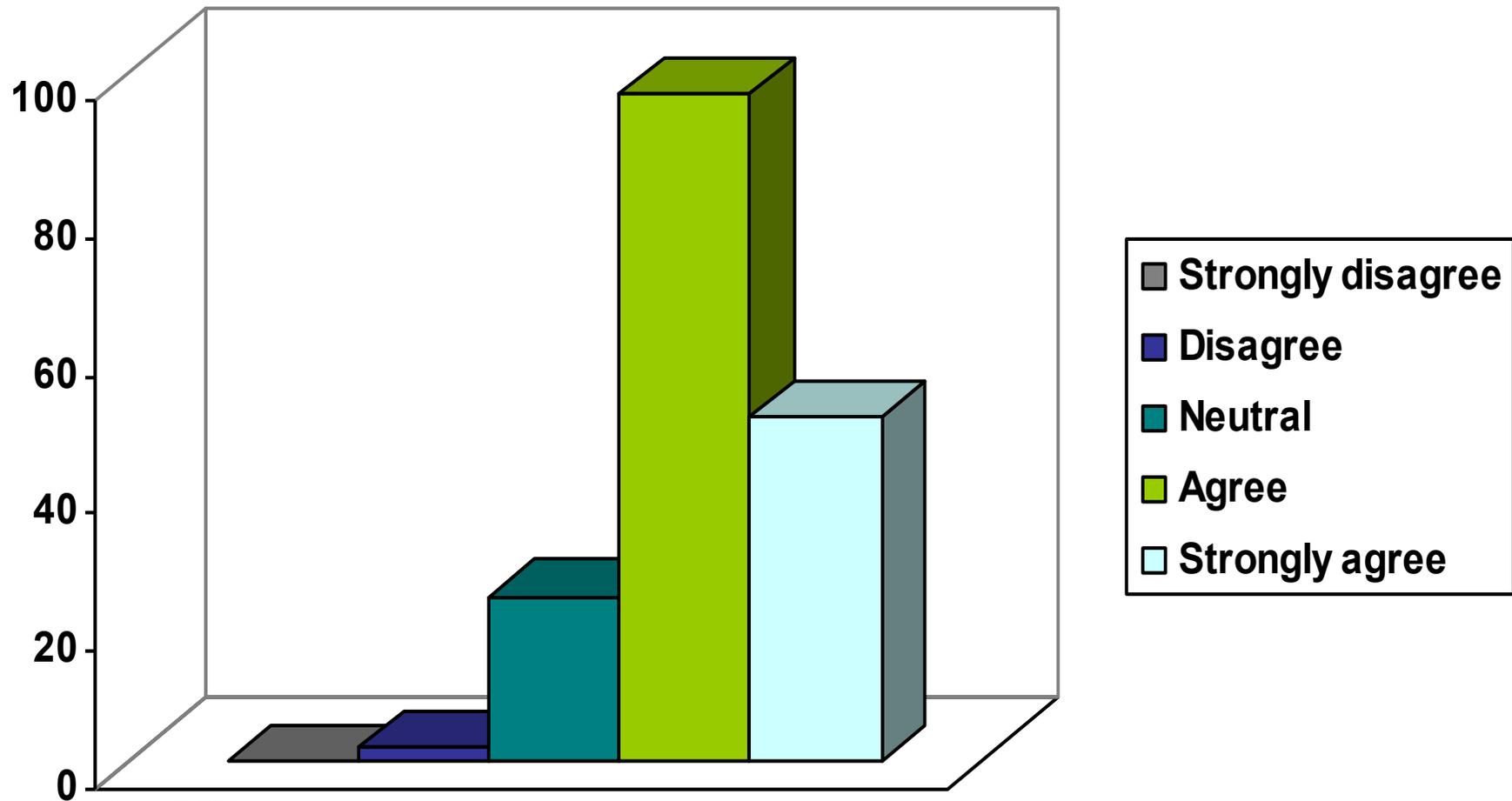
The module is well-designed and follows a logical case progression



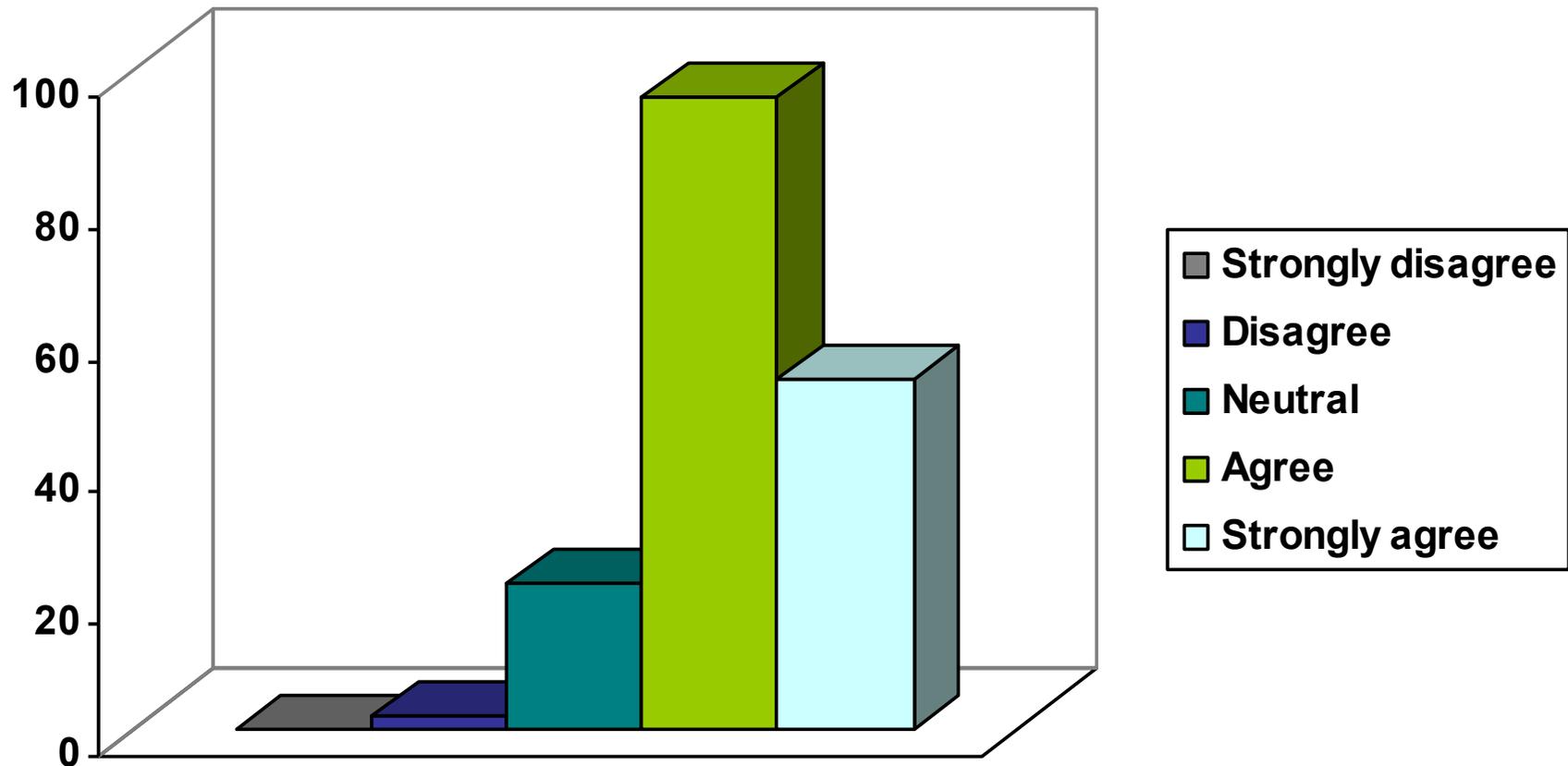
The format of the module was easy to follow



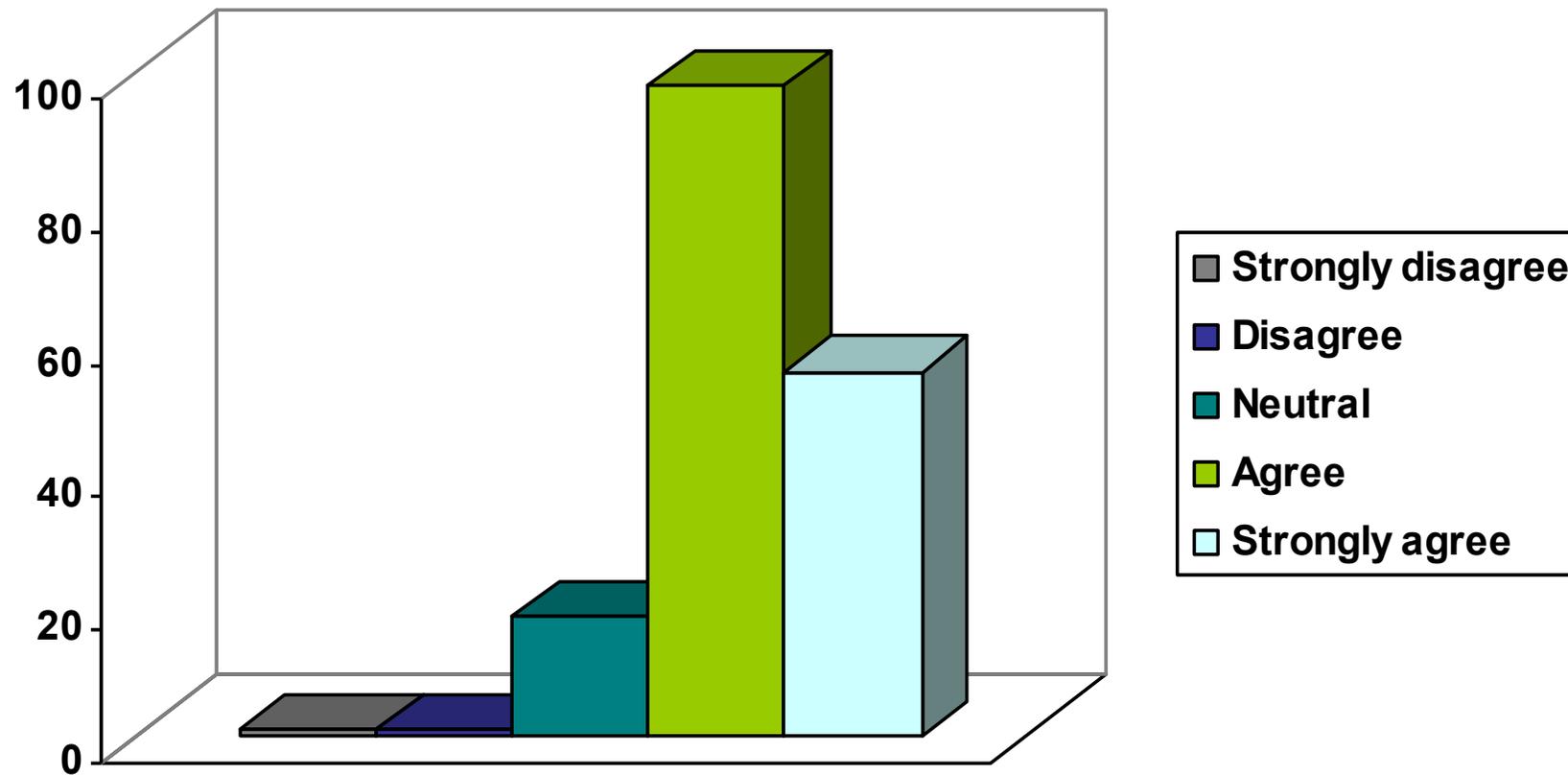
The module is engaging and interactive



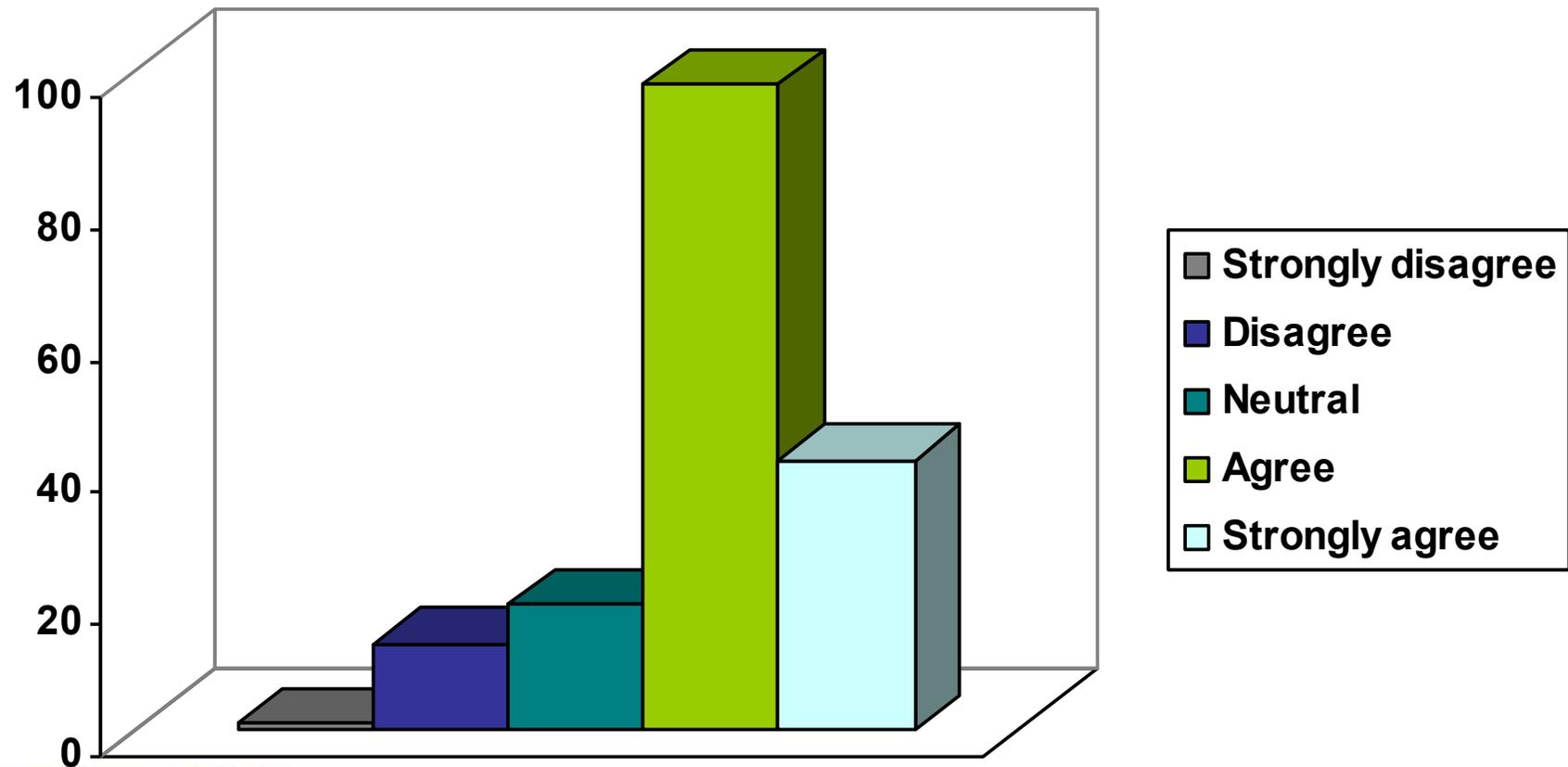
Completing the module was an interesting learning experience



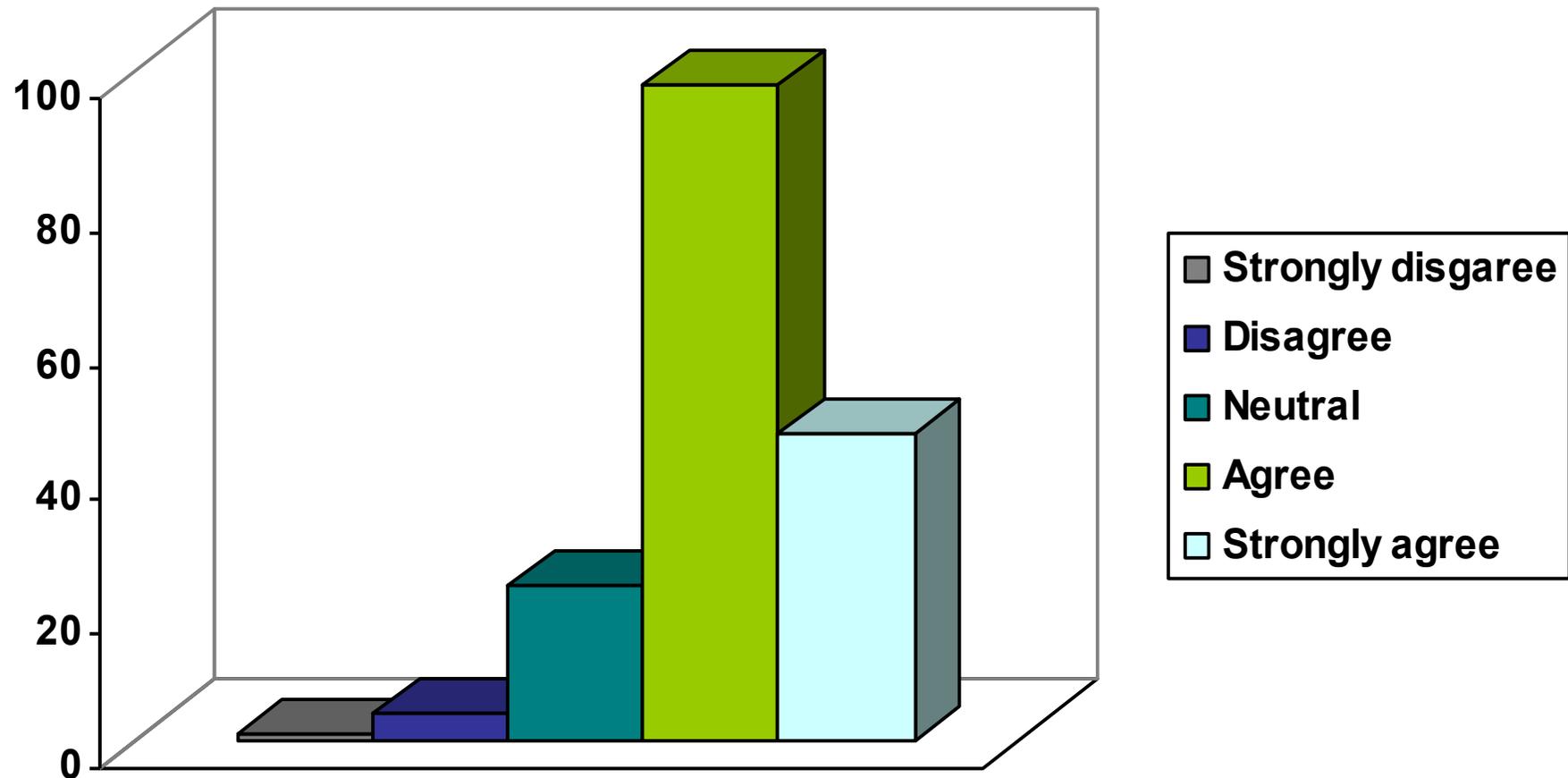
The module will be a valuable adjunct to clinical teaching



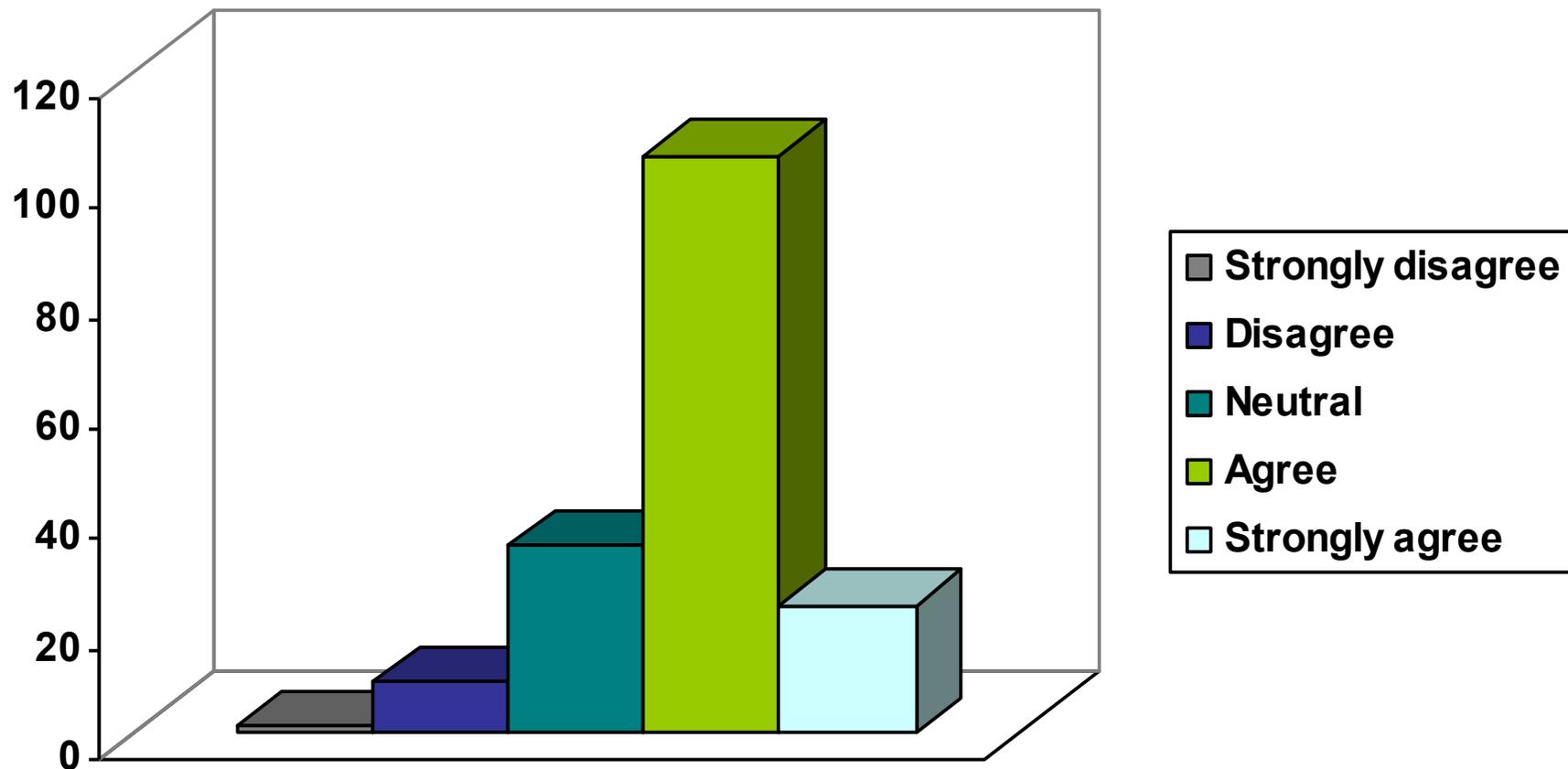
The module provided good insight into multidisciplinary care



The questions throughout the module encouraged me to think about decision making in aged care



The module made me think about how best to communicate with older people



Invitation to view site

<http://e-ageing.wacha.org.au>

or via the WACHA website

www.wacha.org.au

Outcomes

- Improved learning experiences for health and medical learners by providing standardised materials that can be completed flexibly
- Clinical teaching focus on bedside teaching rather than didactic
- Capacity to be regularly updated
- Remote access and flexible completion ensures usability

Funders

- UWA Teaching and Learning Committee, WA Dementia Training Study Centre, WA Country Health Service, WA Aged Care Policy Directorate

Thanks

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- Expert Reference Group, Reviewers and Contributors
- Presenters (Stroke Modules)