



NICE NEWS

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DIRECTOR'S MESSAGE

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A WORD FROM PETER DONAHUE

Spring has sprung and NICE is hitting the ground running. In February we launched a series of new tools: a consent and capacity pocket card; a best-practice poster for managing challenging behaviours; and a caring calendar. These were developed for convenient use by formal and informal care givers both in institutions and at home.

And this past month has seen us busily preparing for the Annual NICE Knowledge Exchange being hosted at the University of Toronto on April 26th and 27th. This year's Knowledge Exchange will focus on the use of technology in knowledge transfer, a presentation of tools being developed to improve the care of older adults, networking, opportunities to become involved in the NICE Network, student networking breakfast and the Scientific Director's Dinner.

Featured guest speakers at this year's Knowledge Exchange are Merrick Zwarenstein, Parminder Raina and Tim Patterson. Merrick Zwarenstein's primary role is as a Senior Scientist at the Institute for Clinical Evaluative Sciences (ICES) and Principal Investigator of the Knowledge Translation Program at the Faculty of Medicine, University of Toronto. His interests include randomized controlled trials of complex interventions, knowledge translation and nurse-doctor collaboration, teamwork and human relations in health care settings.

Parminder Raina is an Associate Professor, Department of Clinical Epidemiology & Biostatistics and Adjunct Faculty, Department of Health Care and Epidemiology, University of British Columbia. He is also the Director of McMaster University's Evidence Based Practice Centre and co-Director of the R. Samuel McLaughlin Centre for Research and Education in Aging and Health. In addition he is the co-Principal Investigator for two

major studies: the Canadian Longitudinal Study on Aging; and Injury Prevention Across the Lifespan.

Tim Patterson is the Telehealth Coordinator at the Baycrest Centre for Geriatric Care, Toronto. He also serves as a Telehealth Consultant to both the Canada International Scientific Exchange Program (CISEPO) and Jordan University of Science and Technology (JUST). He is an Adjunct Professor at Al Quds University, Jerusalem and the Director of the Peter A. Silverman Global eHealth Program.

It promises to be an exciting and informative meeting and we hope that many of you will join us. If you have not yet registered you can do so by visiting our website: www.nicenet.ca or by calling: 416-978-2197.

As many of you know, Peter

IMPORTANT DATES

Old Age in a New Age, April 26–28 2007,
Saint John, New Brunswick. Interdisciplinary Conference,
Department of Medicine and The Health and Aging Program of the Atlantic Health Sciences Corporation
Hilton Saint John Trade and Convention Centre <http://www.oanaconference.com>

The Vitality of Aging : Embracing the Spirit, May 2 –5 2007
14th National Conference on Gerontological Nursing,
Winnipeg, Manitoba
<http://www.umanitoba.ca/centres/aging/events/index.html>



DIRECTOR'S MESSAGE CONTINUED

Donahue has taken a sabbatical from his teaching duties at the Faculty of Social Work, University of Calgary, in order to develop and manage the NICE Network during its inaugural year. As the 2006-07 academic year comes to an end Peter will be returning to Calgary to resume his responsibilities there. On the bright side, our loss is certainly's Calgary's gain and many students will be influenced by his enthusiasm for gerontology. I would like to personally thank Peter for all his hard work and tremendous efforts in making NICE's first year the success that it has been.

I am, however, pleased to report that Anthony Lombardo has agreed to take over as the Network Manager following Peter's departure. Anthony has been involved with NICE since its inception. Anthony, in fact, worked on

the original funding application for the NICE Network. Many of you who know Anthony will, undoubtedly, be as confident as I am in his ability to manage the Network. Please take a minute to read Anthony's brief bio in this month's newsletter.

I would like to close by thanking each of you for your outstanding work as we come to the end of our first year. It has been a great pleasure and privilege creating NICE with you and I look forward to expanding our efforts in the years to come.

Sincerely,



IMPORTANT DATES

Festival of International Conferences on Caregiving, Disability, Aging and Technology . June 16–19 2007

Toronto, Ontario

Five Concurrent Conferences:

- Growing Older with a Disability
- The Second International Conference on Technology and Aging (ICTA)
- Advances in Neurorehabilitation
- Caregivers: Essential Partners in Care
- 30th Canadian Medical and Biological Engineering Conference: Improving Medical Device Usability

www.ficdat.ca

AUTONOMY, CONTROL AND DEPRESSION: A NEW DIMENSION

Chen, C.K., Zimmerman, S., Sloane, P.D. & Barrick, A.L. (2007). Assisted Living Policies Promoting Autonomy and Their Relationship to Resident Depressive Symptoms. *American Journal of Geriatric Psychiatry*, 15(2): 122-129.

The link between autonomy, control and depression amongst the elderly has been well established (i.e. Seligman; Lewison). Many facilities have used this knowledge in developing areas of choice and control for older residential adults. Chen and colleagues (2007) hypothesized and demonstrated that autonomy and control for residents extended beyond making choices to include being actively involved in the facility administration and decision-making process.

The authors designed a study to determine the relationship between facility policies with respect to autonomy and depression among residents of residential care/assisted living (RC/AL) facilities. A stratified random sample of 193 RC/AL facilities was selected as were 2,078 residents from these facilities.

Policy assessments were done using subscales of the Policy and Program Information Form (POLIF). The specific domains of these subscales examined were: tolerance for deviant behaviour; policy clarity; policy choice – degree to which residents can select individual patterns of daily activity; and resident control – degree to which residents are involved in facility administration and influence facility policy.

Depressive symptoms were measured using the Cornell Scale for Depression in Dementia (CSDD) as more than half of the residents of these facilities were cognitively impaired. The Minimum Data Set Cognition Scale (MDS-COGS) was used to control for the effect of cognitive status. And function was assessed using the Minimum Data Set self-performance index (MDS-ADL).

After controlling for demographic data, physical health conditions, functional and cognitive status, the authors found that residents in RC/AL facilities that provided a greater degree of resident involvement in facility administration and policy development showed less depressive symptomatology. Contrary to previous expectations factors such as pol-

icy choice, clarity and tolerance for deviant behaviour were not significantly related to depressive symptoms.

These results suggest that developing resident councils or other methods to facilitate resident involvement in facility administration and policy development will contribute to the reduction in depressive symptoms amongst older adults living in residential care/assisted living facilities. Furthermore, these results might suggest that the same type of resident inclusion in other long-term care settings might also assist in decreasing residents' depressive symptoms.

PREDICTION AND PREVENTION: USING NEUROPSYCHOLOGY TO REDUCE SELF NEGLECT

Tierney, M.C., Snow, W.G., Charles, J., Moineddin, R. & Kiss, A. (2007). Neuropsychological Predictors of Self-Neglect in Cognitively Impaired Older People Who Live Alone. *American Journal of Geriatric Psychiatry*, 15(2): 140-148.

A collaboration of researchers based out of Sunnybrook Health Sciences Centre, Toronto, has discovered that poor performance in certain neuropsychological tests can predict the risk of harm in cognitively impaired seniors who live alone. Specifically, poor performance in verbal recognition memory, executive function and conceptualization best predicts harm outcomes.

Tierney and colleagues (2007) set out to examine the ability of certain neuropsychological tests to predict harm resulting from self-neglect in cognitively impaired seniors living alone. This interest was based on the growing trend for cognitively impaired older people to live alone in the community. They hoped to identify certain cognitive domains responsible for self-neglect and

harm so that this information could be used to develop and improve harm-prevention strategies.

The authors selected participants who were at least 65 years old, lived alone, scored less than 130 on the Dementia Rating Scale (DRS), had someone with whom they had weekly contact who would agree to participate in the study and had primary care physicians who agreed to participate. Primary care physicians associated with teaching hospitals and staff from community-service agencies for seniors in Toronto, were asked to refer study participants. One-hundred and thirty-nine participants were located and enrolled in the study for three years with an 18-month follow-up after the study was complete.

Participants received a neuropsychological test battery which included the Rey Auditory Verbal Learning Test (RAVLT), Wechsler Memory Scale Mental Control, Trail Making Test (TMT), Wechsler Adult Intelligence Scale-Revised (WAIS-R), Similarities and Comprehension and Controlled Oral

Word Fluency Test. The MMSE was also included for predictive modeling as a covariate for global cognitive functioning and the Charlson Comorbidity Index was used as a covariate for disease burden.

Harm outcomes were calculated based on an incident that met three criteria: individual sustained physical illness, property loss, or property damage; the incident was the result of self-neglect or disorientation and; an emergency service intervention was required. Self-neglect was defined as "an inability as the result of diminished capacity to perform essential self-care tasks, including providing essential food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; and/or to manage financial affairs."

Twenty-seven per cent of all participants had an incident of harm. There were statistically significant differences between those who experienced harm and those who did not in terms of demographic

characteristics, Charlson Comorbidity Index, Self-Care Deficits, or Instrumental Activities of Daily Living Deficits. They did, however, find statistically significant differences on the DRS and MMSE, with those experiencing harm having scores indicating more pronounced cognitive impairments. Specifically, harm outcome was best predicted by poor performance in the domains of verbal recognition memory, executive function, and conceptualization. In isolating these domains, the authors have provided practitioners with screening tools to predict harm outcomes amongst older cognitively impaired community-adults and paved the way for both prevention and intervention strategies.



COMMUNICATING CARE: USING TECHNOLOGY TO ENHANCE COMMUNICATION SKILLS

Kuluge, M.A., Glick, L.K. & Engleman, L.L. (2007). Teaching Nursing And Allied Health Care Students How to "Communicate Care" To Older Adults. *Educational Gerontology*, 33: 187-207.

Communication that conveys a sense of care is a critical component of providing quality care. This type of communication, however, is often done poorly in clinical settings. This lack of essential skills has been an area of concern for many nursing and allied health care educational programs. Given this, Kluge and colleagues (2007), set out to demonstrate the effectiveness of communication skills training using

computer-based simulation programs. They found that nurses exposed to this type of training reported increased confidence and competence in their communication skills.

The authors evaluated a five-week Therapeutic Communication (TC) module that was included in foundational coursework for nursing students and allied health care students. Although the TC module included other components a critical element was the use of iView – an innovative computer-based simulation of clinical interactions. iView uses computers with webcams that videotape students practicing communication skills with simulated

patients, with an emphasis on older adults. The interaction is then saved to a CD that the students then review and critic.

The study included 35 nursing students and 25 allied health care students enrolled in foundation courses that included the five-week TC module. A 20-item questionnaire was used to evaluate the TC module. The questionnaire contained demographic questions, ratings of perceived improvement of TC skills, the value of different teaching methods, students' confidence in their TC skills and their intention to use what they had learned in their future practice.

All participants reported improvement in their nonverbal and verbal communication skills and reductions in communication obstacles. The only significant difference between the two groups was in their intention to use TC skills in their future practice, with significantly more nursing students reporting their intention to incorporate these skills in their practice. The authors' were not able to adequately explain this difference.

Despite the cursory nature of this study, it does demonstrate effectiveness in increasing therapeutic communication skills.

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WE WELCOME ANTHONY LOMBARDO TO NICE

ANTHONY'S BIOGRAPHY

Anthony is very excited to be assuming the Network Manager position at NICE and continuing the solid leadership of his predecessor, Dr. Peter Donahue. Anthony has been involved with the NICE Network from the outset, working with Scientific Director Lynn McDonald on the original conceptualization and direction for the Network, and helping to write and coordinate the initial funding application. He was involved in the planning of the first strategic meeting for NICE, as well as its annual conference in 2006. Many of the founding members will have – Anthony is sure – fond memories of his seemingly endless streams of e-mail as the Network got off the ground.

Anthony has been working with Dr. McDonald and the Institute for Life Course and Aging at University of Toronto for the past two years. In addition to his involvement with the original proposal for NICE, he has also coordinated two research proposals to study healthy aging in immigrant communities in Toronto. He helped Dr. McDonald revise and update chapters on social theory and knowledge building in gerontology, gender and the life course, ethnicity and

and aging, retirement, and pensions in the second edition of her co-authored textbook, *Aging in Contemporary Canada*, with Neena Chappell and Michael Stones. Anthony also revised and updated the second edition of the Instructor's Manual and Test Item File for the textbook. He has collaborated with Dr. McDonald and other Institute staff on a position paper on Canada's homeless seniors and on a forthcoming chapter on mobile sex workers and HIV/STI risk. He has also helped edit various publications from the Institute.

Anthony holds a BA (Honours) and MA in Sociology from McMaster University. He is presently completing his doctorate in Health and Behavioural Sciences at the University of Toronto. His research considers the role of new information technology, such as the Internet, in sexual risk behaviour and its potential for innovative methods of HIV/STI prevention. Anthony specializes in qualitative research methods, health communication, and program evaluation. He has been a teaching assistant for undergraduate and graduate courses in introductory sociology, qualitative research

methods, program planning and evaluation, and population health. His work has been published in *Journal of Health Communication* and *Symbolic Interaction* and he has presented at numerous national and international conferences. Anthony also collaborates with The Health Communication Unit, of the Centre for Health Promotion at University of Toronto, on research relevant to health communication, and has consulted for the Heart and Stroke Foundation of Ontario. Anthony has also served as the Executive Assistant to the President and Council of the Canadian Association for HIV Research, a professional organization for Canadian researchers engaged in basic, clinical, epidemiological, and social science research in the HIV/AIDS field.

Anthony looks forward to working again with the NICE members and partners to continue the Network's success in promoting best practices in the care of the elderly, nationally and internationally.



Anthony Lombardo

Anthony looks forward to working again with the NICE members and partners to continue the Network's success in promoting best practices in the care of the elderly, nationally and internationally.

COMMUNICATING CARE, CONTINUED

More research in the use of computer-based simulation programs is merited. If found to be effective, this training module could have wide-spread benefit

not only for students for practitioners – especially those in remote areas where ongoing professional development is not readily available.

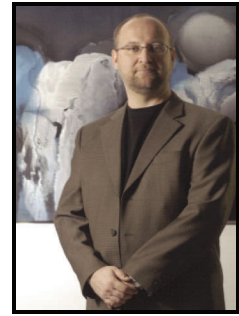
JOIN US FOR THE ANNUAL NICE KNOWLEDGE EXCHANGE APRIL 25TH AND 26TH 2007 SEE YOU THERE!





W E C A R E T O G E T H E R

A WORD FROM PETER DONAHUE



Dear Colleagues,

I can't believe how quickly a year goes by, as it seems like only yesterday I was setting up my office at the NICE Network. As most of you know, I was seconded from the Faculty of Social Work at the University of Calgary by Dr. Lynn McDonald, the Scientific Director for the NICE Network. This was a one year term for me with the purpose of helping to set up the NICE Network, a term which is quickly coming to an end the beginning of May. However, the privilege to work this closely with Lynn again on a topic that I feel passionate about was a great opportunity.

This past year has been an extremely busy, but rewarding one for me. We held our first Annual Meeting in June of last year in Calgary. We have seen the Network membership grow from 40 to 140, and it continues to grow every day. The NICE "Theme Teams" or knowledge transfer teams have started producing their first tools to assist in the care of older adults in Canada. We have added nine international partners to our Network. We presented at the Senate Special Committee on Aging. We were well represented at the Canadian Association on Gerontology's Annual Scientific and Educational meeting in Quebec City. These are but a few of the many accomplishments of the NICE Network in less than a year.

I want to say that it has been a pleasure and an honour to have had the chance to work with many of you over this past year to help build what I consider to be an important Network. This position has also allowed me to reconnect with many of my colleagues and friends in the field of aging and forge new relationships and partnerships on behalf of the NICE Network.

The work and momentum of the Network has steadily increased its pace over time, which is why I am so pleased that Anthony Lombardo will be taking over for me as the Network Manager in May. Many of you will already know Anthony from his earlier work on helping to put together the initial proposal for the NICE Network and will have had an opportunity to have met him at the first annual meeting of NICE last June. I have had the pleasure of working with Anthony over this past year, and I take comfort in the knowledge that the Network is being left in the hands of a colleague who is highly competent, hard working, detail-oriented, visionary in his thinking and a truly great person as well – I can't imagine a better person to fill this position.

Although I will not be serving NICE in the capacity of Network Manager, I will continue to be actively involved through the Theme Teams and the various Committees of the Network. I know that the best is yet to come, and I am proud to be a part of NICE.

Sincerely,

Peter Donahue

NICE NEWS

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The Last Word is yours...

We hope that you have enjoyed this issue of NICE News. And we want to remind you that our main goal is to provide you with useful, applicable information for your practice. Being a multidisciplinary network it's hard for us behind the scenes to keep on top of the latest developments and happenings in everyone's specialties. We hope that you will help us out by sending us your feedback, suggestions, articles, important dates, exciting news etc... so that we can better meet our goal. You can contact us at:

nicenetadmin@utoronto.ca.