

# NATIONAL WORKSHOP ON GERIATRIC NURSING CARE

## JAIPUR (INDIA) 14-18 Nov.2007

Sponsored by

National Initiative for the Care of the Elderly and the International collaboration for the care of elderly, University of Toronto, Canada

Organised by

Indian Gerontological Association,  
Jaipur 302004, INDIA



“The Pipal Tree, called *ASHWATHA*, has its aerial roots flow downward from the spiritual sky and its branches spread upward from the trunk rooted in reality. While seasons come and go and generations appear and vanish, the celestial Tree remains timeless. It is eternal”. *Bhagwat Geeta 15 : 1*

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As a country of approximately 100 million seniors, it was appropriate that India should host its first National Workshop on Geriatric Nursing Care from the 14<sup>th</sup> to the 18<sup>th</sup> of November, 2007. 60 senior nurses (working in Government and private hospitals in Rajasthan) and teachers in nursing colleges from different parts of the country (Delhi, Haryana, M.P. and different parts of Rajasthan) were invited to discuss the unique condition and special needs of the country's elder patients. This 5 day workshop was held in Jaipur, Rajasthan at the State Institute of Health and Family Welfare (SIHFW) and was well attended by a number of distinguished guests comprising university professors, physicians and members of different NGO's in the inaugural function.



Professor P.K.Dev, Vice - President of IGA and Member of Editorial Board of IJG is presenting bouquet to the Chief guest Professor R.S.Bhatnagar

Dr. Vimal Agrawal welcomed all the guests and introduced the activities of Indian Gerontological Association.

"Just 40 years back in the year of 1967 a group of young and enthusiastic scholars of different branches of knowledge such as psychology, sociology, economics, biological sciences and medicine felt the need of research on ageing and wellbeing of senior citizens in India. This led to the birth of Indian Gerontological Association in 1968. To further this aim, Indian



Dr. Vimal Agrawal coordinator of the workshop

Journal of Gerontology, which was the first journal of its kind in India and 19<sup>th</sup> in the world, was published in the year 1969. It publishes research and review papers on ageing from biological, clinical and social sciences. Now the journal is on line.

Apart from conducting researches and publication of journal IGA runs a day care center for elderly belonging to unorganized sector of society and counselling center (rahat) for elderly. Under its program : Aging Gracefully- Extending Quality of Life which emphasizes positive aspect of ageing , we organize lectures on different diseases which are common in old age and self care practices and training to care providers in the family.

Indian Gerontological Association has prepared courses for six months certificate and one year diploma in Geriatric Nursing. IGA also has prepared a course on preparation of retirement. From the next academic session University of Rajasthan is going to start a P.G. Diploma in Gerontology.



Dr. P.C. Ranka, Joint Director, Medical & Health, Government of Rajasthan, is presenting bouquet to Dr. Sandi

We have also sent our suggestions to the Vice-Chancellor of Rajasthan university of Health Sciences, Jaipur to start M.D. or P.G. Diploma in Geriatrics and we are hopeful that the university will take the lead in this developing area in medicine in India." After that she requested Dr. K.L.Sharma, founder secretary IGA to introduce the Programme of International Initiative of the Care of Elderly( Canada) and through light on the need and planning of this workshop. At

this occasion Dr. K.L.Sharma expressed his views:

" Dr. R.S. Bhatnagar, Dr. Sandra P.Hirst, Faculty of Nursing, University of Calgary, Canada, distinguished guests, and participants, on the behalf of I n d i a n Gerontological



Chief guest Dr. R.S.Bhatnagar and Dr. Sandi Hirst are lighting the lamp



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Association and myself, I welcome you all to this Inaugural function of a 5 day National Workshop on Geriatric Nursing Care.



Dr. K.L. Sharma

The prolongation of average human life span in India during the last phase of twentieth century may be considered as a major event. By the end of 2021 the population of senior citizens will be approximately 12% of the total population. Like in the western societies, where elderly population is of substantial proportion, we need to wake up to this real change in the social system. This would have wider implications at social, cultural, economic and medical front. As is evident, it would be logical and beneficial to have a comprehensive approach to the issue. We at present still continue to have belief in the family and care of aged, and that I think is a good starting point. The changes in the social structure, as they unfold with time, are inevitable. I would at present, not deliberate into them, but it is important to mention that the elderly population is the one, most vulnerable to them.

The healthy body is the seat of prosperity and happiness, may it be of any age. Like, pediatrics is not just about 'little people' geriatrics similarly is not just about overgrown!! The medical profession, in our sub-continent, has to understand the need to consider this as a sub-speciality, and address it accordingly.

It is true that the practice of medicine already involves geriatrics but that is largely in management of acute illness. There is significant morbidity associated with chronic progressive disabilities of elderly patients. Outside the hospitals too little attention is paid towards the circumstances in which the elderly have to exist and to the kind of help available to them. Elderly people are subject not only to illness, but also have to cope with personal losses, as well as social, psychological and economic handicaps. Therefore, there is a need for a well planned system of health care to meet the challenges of acute illness, along with an emphasis on comprehensive management of chronic health problems. It is of utmost importance that the medical treatment is combined with care, social support, physiotherapy and domiciliary nursing alternatives.

The need to improve the quality of care for the elderly can be

fulfilled if Indian Health Education Institutions (Medical and Nursing Colleges) seriously ponder on this issue and make necessary changes in the way geriatrics is approached in their curriculum. It is important to realize that even though the need of geriatric population in India is different than those in western world, we have to learn from them how to provide comprehensive care to elderly population, so that they can enjoy a life with self-dignity, health and happiness. It also opens avenues for research, both medical and social, on the aged population of our country, so as to identify issues with the aim to have a rational approach.

The Geriatric Nursing Care has similarly, not received its share of emphasis, and that is not a surprise. We need to start from somewhere, to prepare ourselves for the geriatric population. It is in keeping with this need and aims that Indian Gerontological Association, has decided to have a 5-day workshop on Geriatric Nursing Care (14-18 November, 2007) for the teachers who are teaching in nursing colleges and senior nurses working in hospitals.

This workshop aims to:

- ♦ provide improved ideas and practices in the care of elderly.
- ♦ refine existing practitioners' skills in the care of elderly
- ♦ draw attention of general practitioner to the needs of care for elder adults.
- ♦ positively influence government policy initiatives on geriatric care.

For this workshop the financial assistance has been provided by International Initiative for the Care of Elderly, a program of Institute for life Course and ageing, University of Toronto, Canada. This program has nine partners (China, South Africa India, Australia, U.K. Germany, Israel and Switzerland). From India, Indian Gerontological Association is one of its partners.

The major aims of this program are:

- ♦ to achieve an economy of scale in the transfer of knowledge about the care of the elderly by drawing upon world-wide knowledge and resources;
- ♦ to collaborate with those countries who have a long history of meeting the challenges of an ageing population;
- ♦ to help prepare Canada for an older ethnically diverse population never before seen in Canada;
- ♦ to provide a forum for Canadian and International students to learn how to collaborate and work together in interdisciplinary teams as a model for future professional practice.

The major areas of this program are : Dementia, Mental Health, Care-giving and End of life Issues. Indian Gerontological Association has chosen care-giving and mental health as its priorities.

This workshop would not have been possible without the keen

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interest of two persons: Dr. Lynn Mc Donald, Professor of Social Work and director of Institute for life Course and ageing, University of Toronto, Canada and Dr. S. Hirst, Associate Professor, School of Nursing, Calgary University, Canada who kindly consented to my request to come to India and conduct this workshop. At this occasion I would like to mention the names of Dr. Peter Donahue, Anthony Lombardo and Susan Murphy for their help since beginning of this programme.

Approximately 60 participants from different parts of Rajasthan, M.P. Haryana and Delhi are taking part in this workshop.

In these five days apart from Dr. Sandra's presentations we have invited some well known scholars and physicians to give lectures on different aspects of ageing and management of geriatric patients in hospital settings.

I once again welcome and thank you all for coming over here and sparing some of your valuable time”.

Later on Dr. R.S. Bhatnagar, President of the Indian Gerontological Association addressed the assembly with insightful opening remarks: “each of us has a body. It is body which puts us in touch with the world. It is through body that we experience, enjoy and act. However, there is a self or mind which is housed in this body. Therefore when nurses take care of the body of the patient - an elderly patient they also encounter the mind or self of the patient. Most old people who in their indisposed condition have hardened attitudes, become perturbed by small and trivial things. It is difficult to tend them. They need a sympathetic understanding. Nurses have really a difficult task when they take care of them. These elderly patients demand psychic care. They are not merely objects of care but subjects of care. Some sort of empathy can go a long way in trying to help them. This is really a taxing job. But with their usual patience and caring approach nurses can establish better rapport and obtain better results”.



**Professor R. S. Bhatnagar is giving his inaugural speech**

After that Dr. Sandra P. Hirst the Director of this workshop was introduced to participants and guests present in the inaugural function. “Dr. Sandy Hirst is as well as being an Associate Professor in the Faculty of Nursing at the University of Calgary, she is also a member of the National Initiative for the Care of the Elderly (NICE). NICE is a recent initiative, supported by the

Canadian government, to increase the quality of care given to elderly patients and also the level of awareness regarding its need, both in Canada and abroad. It is through the establishment of an international partnership with the Indian Gerontological Association that NICE was requested to send Dr. Sandy to our shores so that she could share her experiences and expertise with the Indian colleagues”.

Dr. Sandy also introduced the theme of the workshop to the participants and gave an over view of such programme in Canada and the need of such workshop in India.

After the high tea all of the participants of the workshop assembled again in the lecture hall and introduced each other. All the participants before coming to participate in the workshop were sent a questionnaire to express their views about the geriatric care in their respective hospitals and were also asked what are their objectives of attending this workshop?

After this introductory meeting lunch break was announced. After the lunch break the participants assembled at 2.30 p.m. for workshop.

To be able to properly discuss gerontological care, the first day of the workshop was mostly spent discussing the question: what is normal aging? This was an important step in identifying a standard for what might be considered healthy aging, which in turn helps clarify what it is we aim to promote and facilitate



**Dr. Sandy Hirst is discussing the need of such workshop in India** as geriatric nurses. To achieve this goal, there was a discussion on what “normal aging changes” were to be expected of each body system (i.e. cells & tissues, the respiratory system, brain function, etc...), throughout which time many interesting points were brought forth and knowledge was shared. Establishing this common understanding would also serve as a helpful basis upon which to build the remainder of the workshop.

Since ultimately, the reason for discussing normal aging changes was the promotion of a healthy aging process, the day's discussion then turned to how we as nurses can, should, and do facilitate this process. The major points that came up were the benefits of using older adults as teachers to promote active and healthy living and, most importantly, the



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significance of self-care. If an elderly patient is involved in their own care to the maximum degree, it is not only most effective in terms of sustainability, but it also increases feelings of self-worth, personal dignity, and self-respect: all qualities of immeasurable value.

At the end of the day, each workshop participant was asked to name one way in which their practice would change as a result of the day's discussions and over-whelmingly, the response was related to patient and family interaction with increased awareness of promoting these values. It is sometimes a hard task, but we must remember that decision-making power still ultimately lies with the elder patient, and always treat them with the respect and dignity recognizing that fact. This can be done through simple gestures such as ensuring the patient is spoken to at eye-level, encouraging them to share a personal story, and/or asking the elder person about their needs.

After having begun this workshop by discussing the content of gerontological knowledge, we began our second day( 15<sup>th</sup> November) considering the ways in which we impart this information to students of nursing and also the community at large. Dr. Sandy pointed out that it has been found helpful for students of geriatric nursing to first work with healthy seniors, so that they may understand the high level of activity that can be expected of elders, while still recognizing their special needs, just as we understood this on the first day of our workshop through our discussions of healthy aging.

In terms of teaching students, the instructor's attitude has been identified as one of the most significant factors in achieving positive results. As teachers, we must lead by example, showing students how to interact respectfully with patients and how to be sensitive to their body language. Through our various teaching methods, we must ensure that students become confident in what they are doing, which means that they know the reasons behind their actions. Sometimes this requires that we re-evaluate our previously held beliefs and question our actions: a lesson we must take with us beyond our student days.

After breaking for tea, we began to examine the nursing process. "Assessment" is a very important element of this process, used by nurses continuously, and so we began our analysis by considering this very important tool. This was done with the help of an activity suggested by Prof. Sandy, which caused us to critically evaluate the methods and effectiveness of our assessment skills. It reinforced the idea that using all our senses to perform continued and varying assessments would lead to a more holistic understanding of the patient and their needs.

After the lunch Mrs. Evelyn Kannan, Assistant Secretary, Trained Nurses Association of India, Delhi, who was also a participant of the workshop, gave a description on the services of old age and old age home carried out by TNAI. From 3 P.M. to 4.30 Dr. Sandy continued the discussion regarding of nursing care of elderly adults. She emphasized on special care needs of female and male elderly. She differentiated life span and health span.

The third day of the workshop( 16<sup>th</sup> November) started at 9.30 a.m.. The main theme of the workshop was : "Coping with Chronic Problems". Dr. Hirst Discussed common chronic problems which included:

- Incontinence and elimination
- Diabetes Mellitus
- Stroke
- Dementia
- Depression
- Coronary Disease

And common behavioural problems. She also differentiated the goal of acute problem and chronic problems.

From 12 noon on 16<sup>th</sup> November we were fortunate to welcome a guest speaker before lunch. Dr. Udai Pareek former Professor of Psychology, IIM Ahmedabad and presently Visiting Professor in IIHM Sanganer, Jaipur was able to share some of his extensive knowledge in the area of Positive Psychology and how it relates to care of the elderly. Dr. Pareek posited that, of all the biological changes inevitable in aging, most significant is the all too common feeling of worthlessness that develops among many elderly adults. He suggested that it was therefore essential to their care that we promote a higher level of flexibility and optimism, to increase self-loving. Ensuring that elder patients feel respected, useful, and generally happy is a basic premise present in all aspects of gerontological care. For this reason, it was an important theme during the first two days of this workshop.



**Prof. Udai Pareek & Prof. U.C. Jain**

The morning session ended at 1.30 and after the lunch break the second session started at 2.30

In the afternoon session we had two special invitees to address the participants. Dr. Guruveer Singh, Medical Director and Dr. Namita Bhagat, Dietician from Fortis/Escort Hospital, Jaipur.

Dr. Guruveer Singh spoke on Gait, Balance. and Falls. "Falls can be markers of poor health and declining function, and they are often associated with significant morbidity. More than 90 percent of hip fractures occur as a result of falls, with most of these fractures occurring in persons over 70 years of age. Falls is the sixth leading cause of death in elderly. It has been

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estimated that 30% of those over 65 fall annually out of which half are repeat fallers. Change in gait pattern in elderly increase the risk of fall. The changes that take place can be slower gait,



**Dr. Guruveer Singh & Dr. Namita Bhagat**

decreased stride length and arm swing, forward flexion at head and torso, increased flexion at shoulders and knees and increased lateral sway. Although there can be various factors responsible for the falls, but they can be broadly divided into intrinsic factors like age related changes, impaired vision, medical conditions viz. ophthalmologic diseases, arthritis, foot problems, neurological illness, Parkinson's & related disorders, stroke and peripheral neuropathy or it can be extrinsic factors like improper illumination, floor surface or use of faulty assistive devices or various medications.

Major injuries, including head trauma, soft tissue injuries, fractures and dislocations, occur in 5 to 15 percent of falls in any given year. The evaluation of a patient who has fallen includes a focused history with an emphasis on circumstances and location of fall, medications, and injury due to fall, if any. A directed physical examination and simple tests of postural control and overall physical function are recommended for the patient with frequent falls. The test includes balance and gait testing which includes Get Up And Go Test and Tinetti Gait and Balance Evaluation (POMA). However, an intervention to prevent falls is a necessity. A trial done by Atlanta FICSIT on 200 community dwelling elders of seventy years and above did 15 weeks of education, including balance training and Tai Chi. They found more strength, flexibility, CV endurance, composition, IADL, well being, and reduced falls at the end of 4 months. As a result the incidence of falls was reduced to 47 percent in those who were given Tai Chi training. Treatment is directed at the underlying cause of the fall and can return the patient to baseline function."

Dr. Bhagat talked on Bone Health in Elderly: Osteoporosis "The life of any individual can be divided into two phases. The Modeling Phase from birth to around age 30 years when peak bone mass is achieved and the Remodeling Phase during which a process of continuous change occurs in which old bone is resorbed and new bone gets deposited. As age

advances, new bone formation is gradually out spaced by bone loss and the total skeletal mass slowly declines. At all stages of life, bone mass in females is 10-15% lower as compared to males. Osteoporosis is a condition characterized by the loss of the normal density of bone, resulting in fragile bone. Osteoporosis leads to literally abnormally porous bone that is more compressible like a sponge, than dense like a brick. This disorder of the skeleton weakens the bone causing an increase in the risk for breaking bones (bone fracture). Normal bone is composed of protein, collagen, and calcium all of which give bone its strength. Bones that are affected by osteoporosis can break with relatively minor injury that normally would not cause a bone fracture. The fracture can be either in the form of cracking, or collapsing. The spine hips, and wrists are common areas of bone fractures from osteoporosis, although osteoporosis-related fractures can also occur in almost any skeletal bone. Osteoporosis is often known as silent disease as bone loss occurs without symptoms. Osteoporosis is highly prevalent. It has been estimated that 61 million people in India are reported to be affected by osteoporosis and osteoporotic fractures occur 10- 20 years earlier in Indians as compared to Caucasians. The pathogenesis of osteoporosis include poor nutrition, low peak bone mass, age related bone loss and loss due to menopause. Osteoporosis is more prevalent in people more than sixty five years of age or if the person has had a fracture after the age of fifty years. Other risk factors that predispose to osteoporosis are frequent falls, menopausal age, family history, excessive smoking or use of alcohol. There are certain medical conditions also which make a person more susceptible to the risk of osteoporosis. These medical conditions can be hyperthyroidism, chronic lung disease, cancer, vitamin D Deficiency, hyperparathyroidism, multiple sclerosis and Cushing's syndrome. Drugs that can predispose to osteoporosis are oral glucocorticoids, thyroid medication, cancer treatment drugs etc. Osteoporosis can be prevented by using five simple steps given by National Osteoporosis Foundation. These are:

- Get your daily recommended amounts of calcium and vitamin D
- Engage in regular weight-bearing exercise
- Avoid smoking and excessive alcohol
- Talk to your healthcare provider about bone health

When appropriate, have a bone density test and take medication

The calcium and vitamin D requirement vary with age. They increase with advancing age. FDA recommends daily intake of 1200 mg/ dl of calcium per day and 400 IU of Vitamin D for those under age 51- 70 years. Vegetarian diets are better source of calcium. Factors that reduce calcium absorption in diet are use of excessive fiber, excessive sodium and oxalic acid. A very high protein diet also reduces calcium absorption. Calcium supplements in the form of calcium carbonate and calcium citrate can also be taken but the quantity should be minimized to 500 mg at a time as excessive amounts are excreted out of the body without absorption. Thus, a



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comprehensive approach including proper diet, activity, and regular bone density test is required to prevent osteoporosis."

In the evening a special dinner and cultural programme ( folk dances ) were organized to the participants in Kanchan Kesari resort.

As usual the morning session of fourth day ( 17<sup>th</sup> November) started at 9.30 and the theme was : Caring for Older Adults and their family. Dr. Sandi Hirst discussed about the families and aged, abuse of elder adults, family care giving and use of tools. In this context she informed that in her country there are more geriatric nurses than general nurses. She discussed theories of nursing and why we age at all.

After the lunch in the second session at 2.30 Dr. L.K.Kothari, was invited to speak on : Age related body system changes. He emphasized the physiological changes in the elderly and how the concerned person feels about it. He elaborated his point by giving examples. The lecture was very lively and every participant liked it very much.



**Dr. L.K.Kothari, Former Professor of Physiology, S.M.S. Medical College, Jaipur**

After lunch participants were left for sight seeing and shopping. Dr. Sandi was taken to Jaipur milk dairy to know the working of dairy. She visited each and every department of dairy.

On 18<sup>th</sup>, at 7 a.m. Dr. Sandi was taken to a village connected with a women dairy programme. Where she could see how milk is collected, tested and analyzed for fat and protein. The she was back for workshop at 9.30.

In the morning session she discussed on : elderly and HIV/Aids. She added that geriatric nursing is a challenge as older people are sexually active and they can be gay and lesbian bi-sexual or heterosexual.

Dr. Vimal Agrawal spoke on Cancer and tips for living happily with cancer in old age.

Valedictory Function

At 1 p.m. the valedictory session began. Professor P.P.S.Mathur, Vice Chancellor of Rajasthan University of Health Sciences was the chief guest and Dr. Sandi was our special guest and Professor R..S.Bhatnagar presided over the function. At this occasion Dr. P.K.Dev and Dr. Girendra Pal, Dr. I.P.Modi and others were also present.

A brief report of the five day's academic activity was read out by Dr. Vimal Agrawal.

Dr. Mathur apologized for not attending the inaugural function of the workshop due to some unavoidable official



**Dr. P.P.S. Mathur Vice Chancellor Rajasthan University of Health Sciences Jaipur**

work. He appreciated the content of the workshop and thanked the organizers for the workshop. He also emphasized the need of such workshops in future since the number of elderly patients is increasing in hospitals. The trained geriatric nurses are the need of time not only in Rajasthan but throughout India. He said that very soon University of Health Sciences is seriously thinking to start a P.G. Diploma in Geriatrics for Doctors. He also asked IGA to send the copies of Geriatric Nursing courses prepared by them.

Dr. Sandi and Dr. P.P.S. Mathur distributed the certificates to the participants.

On behalf of the delegates Mr. Bissa expressed the views about the workshop. Arrangements of stay and food were appreciated by all. The schedule of classes and arrangements of lectures were highly appreciated by all, He expressed his gratitude for making such beginning of geriatric nursing in Rajasthan.

This was followed by vote of thanks.



**Dr. Mathur Distributing certificates to the participants**



