



THE UNIVERSITY
of ADELAIDE

Spring 2016

G-TRAC News

Director Update



The last couple of months have been very busy at G-TRAC as the academic year has progressed. 2016 seems to have passed us by very quickly. Nina Neha have transitioned the centre exceptionally well and seminars have commenced once again.

Dr David Yu has joined our team from the USA. Dr Yu in his short time with us has been working collaboratively with Dr Neha Mahajan to innovate our teaching program and is fast proving to be an extremely valuable addition to the team. Associate Professor Solomon Yu and Dr Kareann Khoo continue to be regular attendees at the centre and this year they were also supported by our clinical nurse, Ms Carla Smyth. The team have worked very well together and continue to establish systems and processes to ensure that G-TRAC evolves.

Dr Pazhvoor Shibu (geriatrician) from the TQEH and Ms Anne Heard from Parkinson's SA kick started our seminar series for 2016 and delivered a well-received seminar in August. We are pleased to welcome to G-TRAC Professor Jean Woo, who is a world renowned frailty expert from Hong Kong, at the end of September. Professor Woo is the visiting international expert for 2016 as part of the National Health and Medical Research Council Centre of Research Excellence (CRE) in Frailty and Healthy Ageing initiative. Professor Woo will be delivering a seminar with Mr Mark Thompson from Inspire Therapy at G-TRAC.

We look forward to hearing from Professor Woo and Mark. We hope to deliver a third seminar at G-TRAC this year. The G-TRAC team have also been working very hard in contributing to the effective establishment of the CRE and we look forward to the launch of the CRE on the 30th of September 2016.

We are very pleased to announce that our G-TRAC Nurse Practitioner, Mrs Donna Preston will be making an oral presentation of her research relating to dance in nursing homes at the national Australian Association of Gerontology conference in Canberra later this year.

It is exciting to note that Donna's research has translated into clinical practice given that the dance activity continues in that residential aged care facility despite the conclusion of the research. Very often once a research project ends, the activity also ends but this has not been the case with Donna's work. We also hear that Donna's work is sparking interest elsewhere. We therefore salute Donna on her achievement!

I would like to recap that G-TRAC in part was initially funded by two Commonwealth initiatives- the Health Workforce Australia (HWA) clinical placement initiative as well as the TRACS (Teaching and Research with Aged Care Services) initiative.

We believe that G-TRAC was made possible because of these funding opportunities and G-TRAC continues to deliver. These tender/grant opportunities are vital and we hope that the Commonwealth government continues to prioritise grants and tenders capable of seeding and stimulative innovative programs that benefit of older people in our community. We will continue to keep everyone updated twice a year through our newsletters and we look forward to ongoing partnership with the community. We also take this opportunity to thank everyone that has assisted or engaged with us this year.

Welcome to David Yu



Dr David Yu

Dr. David Yu joined the team here at G-TRAC in August as a senior lecturer. He recently moved to Adelaide from The United States of America.

Dr. Yu has completed his post-graduate year training in internal medicine and geriatric medicine in Philadelphia, after which he began practicing internal medicine with an interest in geriatric medicine for the last several years in Chicago and Denver. His interests include traveling, hiking and photography.

G-TRAC Consumer Day– 3 June

On the 3rd of June this year, 19 Consumers came along to G-TRAC to participate in the seminar “Moving Against Frailty”.

The aim of the seminar was to provide consumers with an understanding of frailty and provide them with some evidence based knowledge and tools for preventing frailty. PhD Candidate Agathe Daria Jadcak spoke with the group about signs of frailty, signs of depression and the close links between the two.

Agathe’s consistent message throughout her presentation was that good diet and exercise can be key tools for helping to prevent both frailty and depression.

Nurse Practitioner Donna Preston presented the findings from her recent study around the benefits that dancing can have for the residents of nursing homes. The residents who participated in the study increased their stability and reported improved mood levels.



G-TRAC Consumers having a dance

The session was concluded with everyone getting up and having a dance. The day was finished off with a shared lunch where everyone was able to have a chat about what they had learnt and ask any further questions of the speakers.

Student OSCE

OSCE has been conducted for almost 4 years at G-TRAC. Over 300 medical students have undertaken their OSCE at G-TRAC since its introduction in the Geriatric Medicine TQEH/G-TRAC student cohort in 2013.

OSCE stands for observed structured clinical examination. OSCE is a modern type of examination often used in health sciences. It is designed to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures/prescription, exercise prescription, and interpretation of results.



5th year medical students

It is a hands-on, real-world approach to learning that keeps the students engaged, allows them to understand the key factors that drive the medical decision-making process. It also challenges the students to be innovative and reveals their errors in case handling and provides an open space for improved decision making based on evidence based practice for real world responsibilities.

Possessing relevant knowledge does not equate to students having achieved required competencies. Competency refers to specific capabilities in applying particular knowledge, skills, decision-making attributes and values to perform tasks safely and effectively. Quality care is possible only if care providers are competent. Incompetency can result in impaired decision-making, medical errors and poor patient outcomes. Hence, the importance of OSCE in our student assessment.

OSCE– Consumer Participation



*Venetia Fraser
G-TRAC Consumer*

The students who participated in the September 2 OSCEs at G-TRAC, were introduced to a new OSCE experience. One of our dedicated volunteers Venetia Fraser came in to do role plays with the students on one of the six stations.

The role of the patient is normally played by the examiner, but we thought it would help to make for a more genuine experience for the students to have a consumer play the part of the patient for their examination.

Afterwards Venetia said that she feels privileged to be requested to assist with the examination of the 5th year medical students. “The experience has enriched my medical knowledge and I would be happy to assist with exams again”.

If you are a consumer and would be interested in becoming a simulated patient for an upcoming OSCE, please contact Dr David Yu– 8313 2151 or david.yu@adelaide.edu.au

Oral Health Peer-Education for Older People



The 'Oral Health Peer-Education for Older People' project aims to develop the new approach of community-based oral health promotion via peer support, dental check-ups to improve oral health related quality of life and reduce dental decay and cavities for older people living in the community.

Dr Haiping Tan, Professors David Brennan, Kaye Roberts-Thomson and A. John Spencer from The University of Adelaide have received International Association for Dental Research Unilever Social Entrepreneur Approach to change oral health behaviour research award and Alliance for a Cavity-Free Future community grant to conduct this research project, in collaboration with Leap SA. Leap SA is a community-based organisation providing empowerment and self-management strategies to community based organisations and groups involved in health service delivery.

The project activities will include the following:

- Develop oral health promotion resources for training of volunteer senior peer-educators
- Provide oral health education delivered by peer-educators

We would like to warmly invite older people aged 60+ years and having any of their own teeth to participate in this important geriatric oral health promotion project.

Interested people can either contact Dr Haiping Tan on 1800 756 356 or haiping.tan@adelaide.edu.au or Jenny Bennett of Leap SA on 0408654713 or teamleapsa@outlook.com

Dignity in Care Australia – in the heart, mind and actions



The Dignity in Care campaign was first launched in Australia in 2011 at The Queen Elizabeth Hospital, Adelaide with Ms Maggie Beer as the Patron, with aims to change the culture of Australian healthcare services by reinforcing the importance of treating patients with Dignity and Respect.

Dignity is concerned with how people feel, think and behave in relation to the value of themselves and others. To treat someone with dignity is to treat them in a way that is respectful and values them as individuals. In a care situation, dignity may be promoted or lessened by physical

environment, organisation cultures, attitudes and behaviour of the staff or others. When dignity is present, people feel in control, valued, confident, comfortable and able to make decisions for themselves.

This pilot South Australian initiative became national in early 2015 under the name Dignity in Care Australia, now with more than a few thousand enthusiastic champions. Dignity in Care Australia is partnered with The National Dignity Council UK, which is a group made up of care professionals and consumers, and modelled on the UK program. Dignity in Care focuses on building partnerships and encourages the use of clinical governance strategies and continued staff education to promote 10 Dignity Principles. Dignity in Care Australia endeavours to spread best practice and equip people to take action, raise awareness of the "10 Principles" Reward and recognise those that make a difference.

In striving for excellence of care, Dignity in Care works in synergy with the various initiatives in the acute, sub-acute, aged care, government and non-government organisations. The campaign focuses on awareness, education and provision of dignified excellence of care in dealing with themes. For example, Caring for Cognitive Impairment, End of Life Care and Cultural Diversity. The campaigns successes in various care settings are due to the Champions enthusiasm, and as a result of staff valuing the strengths of working in close partnership with patients and carers.

To action the Dignity in Care principles, Dignity in Care Australia with its partners have hosted many successful events since 2011 which include the annual Dignity in Care Conference, Mindful of Dementia Day and since 2015, the Dignity in Care National Achievement Awards.

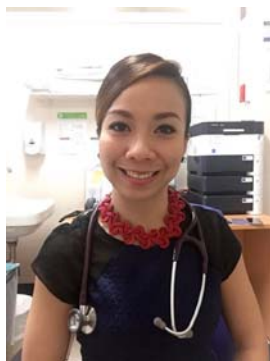
To learn more about the what it means to become a Dignity champion and how to join the campaign please visit the URL : <http://www.dignityincare.com.au/>

and/or via facebook : <https://www.facebook.com/groups/346284815495854/>



Dignity in Care Patron Maggie Beer at the EAT PLAYLOVE Dignity in Care National Conference October 2015

Ageing Around The World– Borneo



*Dr Sally Suriani Ahip
Family Physician
Kuching, Sarawak*

Malaysia is a Southeast Asian country occupying the Malaysian Peninsula and part of the island of Borneo. The estimated population is 30.1 million (2014), and approximately 2.54 million (8.6%) aged population. Sarawak, a Malaysian state on Borneo, has a population of 2.47 million and 8.6% aged population. By 2035, it is projected that Malaysia will become an ageing nation.



As the life expectancy of Malaysians gradually rise over the years (72.4 and 77.0 years in 2012 for male and female, respectively), a higher than national average age is seen in Sarawak (74.5 years for males and 78.0 years for females in the year 2012). Expectedly, the overall disease burden will rise as the population aged and life expectancy increases.

The main burden of health care delivery for older people is in the primary care. In my center of practice alone, at least 40% of our daily clinic attendees are > 60 years old with multiple co-morbidities and a rising trend is observed.

In Malaysia, there are primary care facilities within every 5 km radius nationwide through which elderly community care initiatives could be invested upon. The aim must be to reduce the number of older people admitted to the hospital just as the UK, Australia and the US.

I look forward to a great learning experience in geriatric medicine from the dynamic team of TQEH Aged & Extended Care Services and G-TRAC. It is my aspiration to develop and deliver on quality improvement initiatives in the community for the benefit of Malaysian consumers.

Student Reflection– Jarrad Hopkins, Santosh Gorantla and Ryan Lim

The three of us are fourth year medical students who did the Clinical Research Elective at the G-TRAC Centre over the course of three weeks, under the supervision of Dr Neha Mahajan.

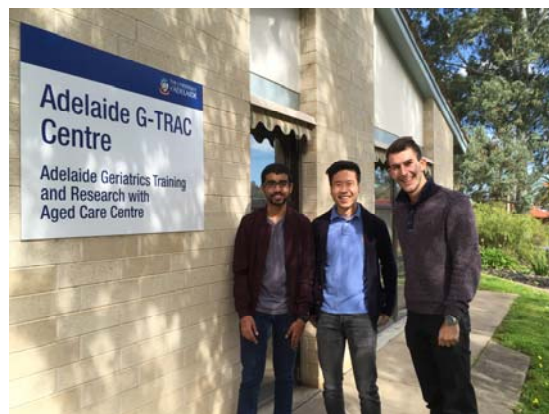
The G-TRAC clinical research MSA was beneficial to us in a variety of ways.

First of all, it was an opportunity to be exposed to the geriatric syndromes of frailty and depression. These are conditions which are prevalent but often overlooked by the medical community, especially at the student level.

We also managed to have multi-disciplinary interaction with allied health professionals such as nurses and physiotherapists. This was particularly beneficial as our interactions with other health professionals in hospitals are vastly limited, and this provided us a greater appreciation for their role in health care, especially in the aged population.

Given that it was a research based elective, we also managed to develop skills pertaining to statistical analysis, which would greatly help in future when conducting other research.

Overall, the three weeks at G-TRAC gave us an opportunity to learn more about healthcare in the aged population as well as develop skills crucial to our development both as clinical practitioners and as scientists. We'd like to thank the team at G-TRAC for this opportunity and would recommend future medical students considering learning about healthcare in the aged to take up this elective.



*Clinical Research MSA Students– Santosh
Gorantla, Ryan Lim and Jarrad Hopkins*

Contact Us

Adelaide G-TRAC Centre
The University of Adelaide
61 Silkes Rd
PARADISE SA 5069 Australia



Telephone: +61 8 8313 2144
Fax: +61 8313 2155
email: gtrac@adelaide.edu.au
web: health.adelaide.edu.au/medicine/g-trac