

*Aging and the Older Adult Student Evaluation*

April 13th 2020

**Q2 - To what extent did the 'Aging and the Older Adult' VoiceThread represent the following features:**

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Purpose communicated clearly.	90.00	100.00	99.62	1.92	3.70	26
2	Organized and easy to follow.	90.00	100.00	98.46	3.61	13.02	26
3	Presenter exhibited a good understanding of topic.	100.00	100.00	100.00	0.00	0.00	26
4	Presenter was well-prepared.	100.00	100.00	100.00	0.00	0.00	26
5	Presenter spoke clearly/effectively.	90.00	100.00	99.62	1.92	3.70	26
6	Media enhanced presentation.	80.00	100.00	97.31	5.92	35.06	26
7	Presenter was available to respond effectively to audience questions and comments.	80.00	100.00	98.85	4.23	17.90	26
8	Presentation engaged audience.	90.00	100.00	98.85	3.19	10.21	26

### Q3 - What did you like most about the presentation?

the case really enhanced the information presented - your presentation was well organized and engaging

Helen did a great job of elaborating on why a lot of the changes that take place happen instead of just listing them for us to memorize

The presenter did a good job of being thorough while still synthesizing the information into a manageable amount

Very well spoken. It was great to learn about older adults to put PT in perspective over the lifespan.

You could really tell that she knew what she was talking about. She had a lot of added information and could tell she was passionate about the topic which makes it much more enjoyable to learn.

Thorough, well-presented and communicated

How enthusiastic the presenter was about the topic.

I liked how you led an active discussion, it made the topic more interesting

You did a great job facilitating discussion and getting lots of contribution from the class.

Very clear and expertise was displayed

Presenter went into more details that were not on the slides which was really informative! I really enjoyed the presentation.

I liked the examples and how it the presentation connected to the case study. I liked how it really stressed environmental and social factors and how they contribute to the treatment plan of an older adult.

I really enjoyed the case presentation and how you expanded on the questions and took our suggestions and brought up additional points. Also, I liked your examples of clinical brought into it as well.

Good thought provoking questions. Talking through the case study was really helpful

Great real life examples that helped me tie in the information into clinical use

Lots of helpful information, kind of the first experience we have had with looking at the older adult population! I learned a lot that I had not considered before!

Interactive case study to link the info to real life

-you spoke very clearly and your slides were clear as well!

Helen provided a really engaging presentation with a really clear flow. Her videos about outcome measures were helpful.

Helen did a good job presenting the information and bringing in clinical experience

Excellent articulated and kept me engaged even in an online setting!!

It was well organized and left me with no questions afterwards.

Helen was able to bring personal experiences to relate to the case and topic which allowed us a look into conditions or circumstances we may encounter.

She was super passionate and gave clinical examples

#### Q4 - What areas might you suggest for improvement not listed above?

N/A

N/A - I think you did a really good job!

Voicethread is a little different from class but you did a great job

N/A

N/A

Nothing- since it was a voice thread there wasn't really a way to "engage" the audience as much but the presentation was done very well.

Nothing really, I think you did a great job!

None, you did an awesome job!

N/A

Nothing really! Presenter did great!

I would like to see a sample treatment plan, or more examples of SMART goals for this population.

Honestly, I think you did great. The only suggestion I could provide would maybe be including more functional intervention ideas in the powerpoint or even treatment videos so we could see how it looks.

none

N/A

-improve more pros for working with older adults (something to inspire me to get into geriatrics)

N/A excellent job!

N/a

N/A

I understand it is hard to have a recording to listen to, but maybe having a more relaxed and conversational tone makes it easier to listen.

It's difficult in VoiceThread but maybe, areas to force us to think through a topic or practice cases within the powerpoint material to make it stick.

Na

## Q9 - What did you like most about discussing the case study? Was anything presented you had not thought of before? Do you feel you could integrate approaches discussed in the case study to your clinical rotations?

I believe the case study was a good opportunity for peer collaboration and applying the concepts that we had discussed in the lecture

Discussing the case forced me to consider so many aspects of a treatment plan - I think polypharmacy is a very important part of treating the older adult and you have to keep all of their medications in mind. I definitely think I could integrate this case/the topics we discussed into my practice

I think it was really helpful to discuss the case study because many of my classmates had totally different insights to the case than what I had. I thought the discussion of making sure the activities you give the adults are functional rather than just focused on strengthening a specific muscle group was something I had not thought about and could also be useful with respect to clinical rotations

For me, this was not new material at all, but I did take several gerontology classes in undergrad. In one of them, I was actually assigned to go to an older adult's home and help them redesign it for increased safety and function. So that part of the case was very familiar. I do think that it was a good reminder of all the things that I will need to consider when treating these patients in the future.

I hadn't thought much about how all the different medications might interact and contribute to internal/external fall risks

I think older adult cases are interesting because they can be multiple issues going on at the same time

I like that you are able to give us things that we wouldn't necessarily think about before or that haven't come up for us, that I will now think about when seeing that kind of patient. There were things like bringing in all other aspects of health that are very important like mental and polypharmacy, etc. that are very important to address but not always brought up. I absolutely feel like I could think about these and try to use information gained from this in clinical experience

It was the best that could be done with a case study. Sometimes so many ideas are thrown out for each question that it is difficult to really retain any useful info. Actual case experience is also infinitely more valuable.

The information provided and the case study itself enhanced what we learned in the presentation. I didn't feel like we got presented any new information outside of what we already had learned in the voice thread, but the anecdotes during the case study discussion were helpful. I feel like it definitely helped me to learn some things about clinical rotations that will be helpful.

I liked how it tied in interdisciplinary practices to show how important PT can be in someone's plan of care. I definitely could fit that into future practice.

It was interesting to hear your ideas from working with patients in the clinic. I hadn't previously considered the cognitive aspect of this case. Discussing the case was very helpful and applicable!

I think it was very realistic as far as the situation of this patient was. I do feel that so far I could definitely give input in clinical but still feel iffy but I don't think that will go away until I get into the clinical setting

I hadn't thought about the implication of medications on fall risk.

Yes, I definitely didn't think of all the social and environmental factors before. It was interesting to see how that influenced what was recommended and what would be addressed in physical therapy treatments. I think I could integrate these approaches into my clinical rotations by making sure that I look at the whole person and their social and economic factors that influence their goal and ability to function in their every day lives.

I really enjoyed discussing the case as a group and expanding on the comments made. Something presented that I had not thought about before was referring to social service. We haven't had clinical yet, but I can see how things we learned today such as focusing on functional activities to make it purposeful I'll continue into my clinicals.

I had not thought about how patients may be resistant to changing things in their home even if it will result in a safer environment. I do feel like I have a better grasp of how to examine the patient as a person and to look outside of MSK issues to do so

I enjoyed discussing thinking about psychosocial factors and polypharmacy when treating the patient. Thinking about the patient as a whole. I feel more prepared integrating this thought process in the clinic with geriatric patients.

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I like hearing all of your anecdotes from clinicals! It is one thing to talk about a 2D case on a sheet of paper but I love hearing about actual experiences.

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Yeah just reminds you to treat the whole patient

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I liked the discussion, very applicable! I feel like I have tools in my toolbox to help an older adult more.

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Helen made a lot of great points and really appreciated our input. I think I could definitely use this information in the future!

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Applying the material in a more practical manner helped me to transition from learning things didactically to applying it to the job

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Hearing about your experiences and opinions and integrating that into allowing us to try to work through it ourselves first. There was maybe one thing mentioned I hadn't thought of (but I did work as a tech primarily with an older population), I do feel it will be very helpful in our clinical experiences.

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It was nice to hear about everyone's opinions.

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I believe the case study was a prime example because it is a representation of common scenarios, behaviors or medication complications that we may come across.

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Yes because everyone has different opinions and rationales for treatment which was cool to discuss.

## Q10 - What suggestions do you have to improve completion and discussion of the case study?

No suggestions

n/a

More information about the adult day center to get understanding of what happens there could be helpful

N/A - zoom cuts out a lot, but it is what it is.

It's just not as valuable online - but that's not something you could change under these circumstances

N/A

Nothing, I thought it was a good one, challenging enough but nothing that too out there that we wouldn't know how to discuss or help give ideas to treat.

Keep it concise.

Nothing- she did a great job and the discussion was very beneficial.

none

I think the discussion went really well, especially considering the circumstances!

None

Nothing, it was very thorough

I know assistive devices are really important with the older adult population, so talking about them more, or maybe using a patient who would need to use ADs would be nice to show education on AD, and progression off of them. There really wasn't any issues with completion or discussion but maybe encouraging more chat discussion or require people to come up with questions.

Loved your personal story about a patient experience. I would love to hear more

none

Would of course have loved to have the discussion in person rather than online.

It was great!

Include more stories from your clinical experiences. They are interesting!

Case studies are hard to do virtually with so many people. Maybe having more structure to who should answer what question?

N/A

None. I thought you did a great job!

Sometimes it is hard to participate with the online format.

I felt that Cathy's interjections were great information, but she also mentioned several things that were in my head but I was waiting to bring the topic up in later questions. It made it difficult to contribute at points.

Na

## Q7 - What is the difference between a screening and an assessment?

A screening is a more general overview of someone's abilities to do a task. An assessment is a more detailed look at how well they perform those tasks.

a screen is quick and tells you that there is a problem but not what the problem is

A screen will help you determine if a pt is at risk for a problem and can tell you if there is a problem but not what the problem is. An assessment is a much lengthier series of tests that determine the cause of a problem.

A screen can help quickly determine whether a patient is at risk for a problem, and whether a problem exists - less so what that problem actually is. It can also help us assess whether the patient's needs are within our scope. Assessments are more in depth and will help more in determining the problem and its cause. Both are often necessary for a good plan for the patient.

A screen is more to quickly assess if the patient has any underlying disease or is "at risk" for a condition (in this case, falls). An assessment is a more in depth evaluation that looks into all of the cognitive, physical, musculoskeletal and societal factors that might put a person at risk for falling

Screening is quick and assessment is more thorough

Screening is a quick, broad overview that can tell you whether or not you need an assessment and that there is a problem. An assessment is a more in depth finding the source of the problems.

Screening is pre-injury, assessment is post-injury

Screening is asking questions to make sure the person belongs in PT and assessment is doing an examination to figure out what is really wrong

Screening is done to determine the components of the assessment that are needed to help with diagnosis and plan of care

Screening -> quick, simple test that tells you something about a patient. Assessment -> more in depth and time intensive than a screen, looks at individual characteristics

screening is ruling out possible red flags and assessing is objective findings for the asterisk sign

Screening is quick, assessment is much more detailed and specific to Pt

A screening helps identify if there is a problem, and cues you in on what to specifically assess (for example, balance/strength/ROM).

Screening tells you there's a problem but not what is going on. Assessment is where objective tests and measures are figuring out what's the issue going on.

Screening- looking for yellow and red flags, make sure the patient is right for PT, subjective. Assessment- special tests, measurements, objective

a screen is more generalized and an assessment is used to identify specific limitations and determine a treatment.

Screening is quick and can be done by unskilled/untrained individuals but assessments are what we use to help determine impairments and drive our interventions by thinking about the patient as a whole.

A screen is an overview of risk, while an assessment is in depth and patient specific

Screening = general, see if there IS a problem; Assessment = more in-depth analysis of WHAT the problem is

A screening helps us determine falls risk and the assessment helps us understand why they are at risk for falls.

Screening you gather information, and an assessment you interpret that information

Screening determines at risk people and is brief, whereas an assessment is more comprehensive and detailed

screening is a quick tool used to inform your assessment. Screening can also determine if the patient is appropriate for physical therapy. Assessment is more in depth and will help you to figure out a diagnosis.

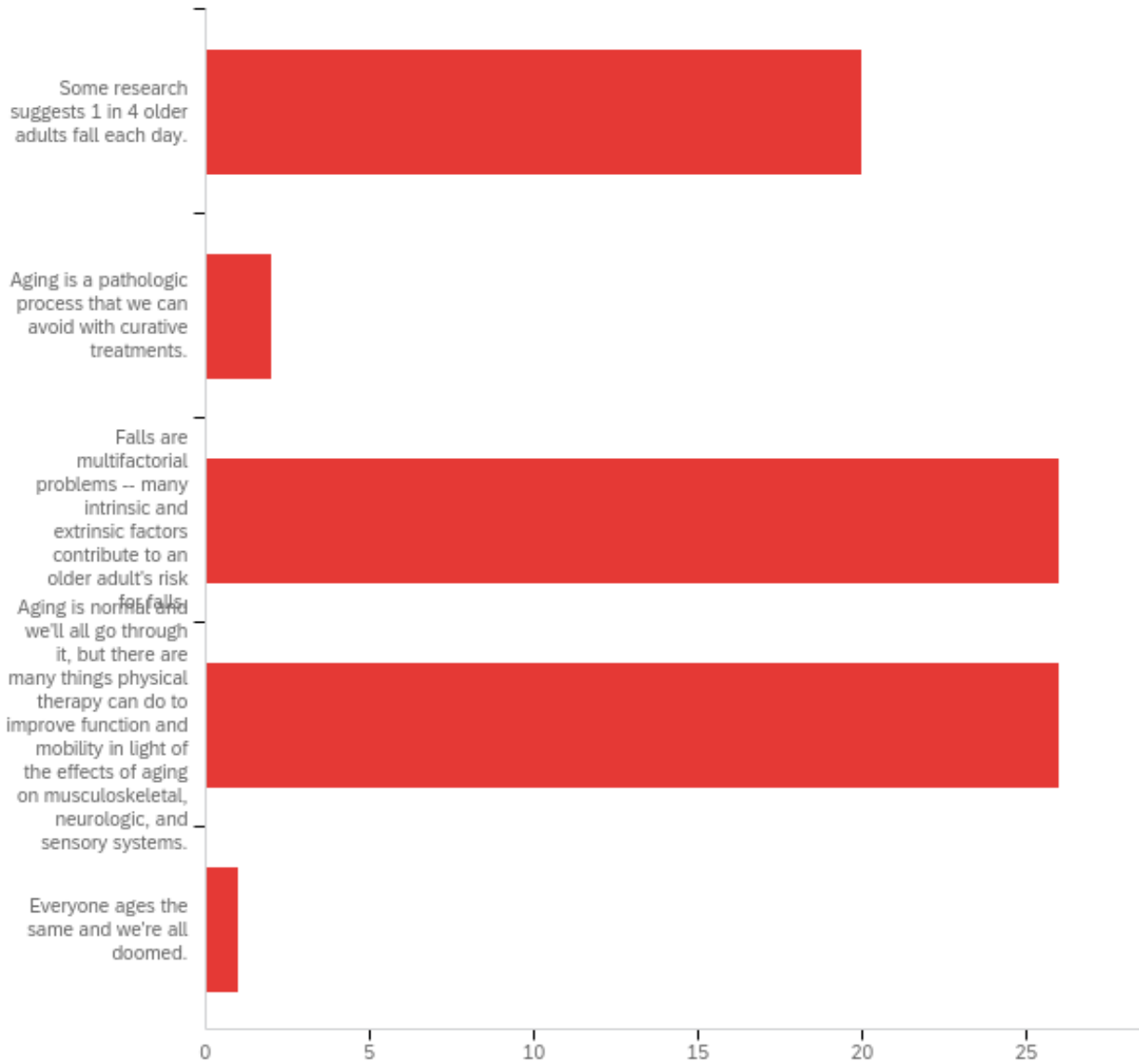
A screening is supposed to be a quick way to assess risk and an assessment is a more detailed and longer format of usually retrieving objective information.

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A screen is to determine if the pt belongs in your clinic and to look for red flags. An assessment is finding out what the pathologies are and will lead you to figuring out an intervention.

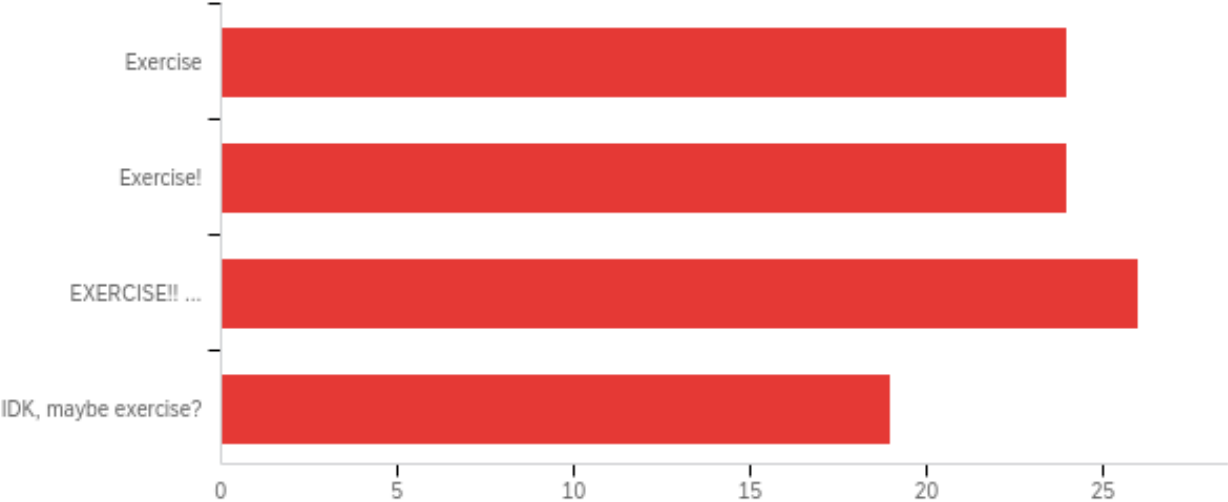


**Q8 - Please select the true statements from the list below: (Select all that apply)**



#	Answer	%	Count
1	Some research suggests 1 in 4 older adults fall each day.	26.67%	20
2	Aging is a pathologic process that we can avoid with curative treatments.	2.67%	2
3	Falls are multifactorial problems -- many intrinsic and extrinsic factors contribute to an older adult's risk for falls.	34.67%	26
4	Aging is normal and we'll all go through it, but there are many things physical therapy can do to improve function and mobility in light of the effects of aging on musculoskeletal, neurologic, and sensory systems.	34.67%	26
5	Everyone ages the same and we're all doomed.	1.33%	1
	Total	100%	75

**Q11 - What is one thing physical therapists can advise clients/patients on throughout the lifespan to combat the effects of aging and reduce falls risk? (Select all that apply)**



#	Answer	%	Count
1	Exercise	25.81%	24
2	Exercise!	25.81%	24
3	EXERCISE!! ...	27.96%	26
4	IDK, maybe exercise?	20.43%	19
	Total	100%	93