Example Abstracts

The Development of IPAGE: An Online Platform for Geriatric Education

Jessica Ashbourne, Brendan Lew, Graham Campbell, Andrew Costa
McMaster University

The Interprofessional Passport for Geriatric Education (iPAGE) is an online program being developed and implemented at McMaster's Waterloo Regional Campus to improve knowledge about and attitudes toward the growing aging population. A needs assessment conducted with local students showed that only 30% had adequate exposure to geriatrics.

Six pillars of geriatric education were identified based on geriatrics-related opportunities available to students. These encompass a variety of learning settings and modalities: lectures and conferences, interprofessional events, clinical encounters, volunteer or outreach, online learning, and research.

Students will complete a pre-intervention survey. A knowledge component was adapted from the core competencies in the care of older persons for Canadian medical students by the Canadian Geriatrics Society. An attitudes component was adapted from the Geriatrics Attitude Scale.

Students will undergo experiences within four of the six pillars. Short reflections written by participants will be thematically analyzed to further improve the passport. When all experiences are finished, students will complete a summative reflection as well as a post-intervention survey to assess change in knowledge and attitudes. They will receive a certificate of completion.

The team is working with a developer to create an online platform, and the program will be rolled out for the incoming class. We hope that following its implementation at WRC, iPAGE will be available at other campuses, other schools, and for students in non-medical health professions. This initiative will help better prepare students for careers in which they will frequently encounter and care for older adults.

Assessment of the Latest Evidence on Diagnosis, Management and Prognosis of Complex Febrile Seizures in Children

Kia Gilani, Diana De Santis, Natasha Mense-Dietrich
McMaster University WRC

Introduction:

Febrile seizures (FS) occur in 2-5% of children aged 6-60 months old, classified as simple (<15 minutes, generalized, 1 in 24 hours) (SFS), complex (15-30 minutes, focal, >1 in 24 hours) (CFS), or status epilepticus (> 30 minutes)(FSE). Unlike SFS, there are no AAP recommendations on CFS due to inconsistent evidence (1). This poster will review the evidence for diagnosis, treatment and prognosis of CFS.

Diagnosis:

CFS are diagnosed clinically after excluding alternate causes of seizures with associated fever (meningitis, encephalopathy). Foregoing lumbar puncture infrequently resulted in missed diagnoses, with 0.5-15% of lumbar punctures revealing CNS pathology. Postictal EEG has not proven to be useful in evaluation of CFS.

Management:

Some evidence supports use of intermittent diazepam to prevent CFS recurrence, with adverse events in 30-40% of children. However, these studies did not distinguish CFS from SFS, prohibiting a cost-benefit analysis. Zinc deficiency has been linked to FS, and supplementation reduced recurrence with little side effect.

Prognosis:
There is no association between CFS and attention, impulsivity, working memory, academic, intellectualor behavioural disturbances. Development of epilepsy after CFS was greater than SFS (6-32% vs 1.04-5.4%) with focality being the strongest predictor (29.5-45%). EEG abnormalities after 10 days may predict epilepsy, particularly in those with focal CFS.
Conclusion:
Diagnostic use of lumbar puncture or EEG is not supported by evidence. CFS were not linked to neurocognitive decline, but were more strongly linked to development of epilepsy. Further studies are required to determine the utility of diazepam prophylaxis, zinc supplementation and EEG in prognostication.