Optimizing Learning Older Adults and Technology

Karen L. Fortuna, PhD, LICSW
Assistant Professor
Dartmouth College

San Francisco Village members participate in an improv class one Thursday evening.
Courtesy of Kate Hoepke, executive director, San Francisco Village
The Story of Bonnie Weiss

The last real disaster Bonnie Weiss lived through was San Francisco’s 1989 earthquake. Even watching a piece of chimney break through her living room window didn’t prepare her to live alone during a global pandemic, she says. Weiss is nearing 80 years old, and has no children. Her partner, who’s ill and more susceptible to catching coronavirus, lives 30 miles away. She wishes she could hug or cuddle or hold hands with him, or with anyone. But San Francisco just extended its shelter-in-place, so at least until the end of May, that will be impossible.

“We’re all going through it together,” she said. “That’s the only thing that’s a little consoling.”

OLDER ADULTS’ TRAINING PREFERENCES

• When asked ”who” older adults prefer to be trained by, 32% responded that they would prefer to teach themselves and 24% would prefer to be taught by a family member/peer.

• The top 2 responses for preferred methods of teaching were manuals/written instructions (33%) and one-on-one instruction (18%).

• 52% of participants said they would like training on technologies at the time of purchase, and another 22% reported wanting training upon first use of the technology.

• When asked about preferred locations for technology trainings, older adults suggested stores and companies, senior centers, libraries, home, and schools.

ADULT LEARNING THEORY + NORMAL AGING

• Need to know why they need to learn
• Need to learn experientially
• Approach learning as problem solving
• Learn best when the topic is of immediate value
• Teacher relinquishes authority and becomes a facilitator
• Bring a package of experiences and values – each unique
• Bring expectations about the learning process
• Have competing interests – the realities of their lives
• Have their own set patterns of learning
• Learner’s past experiences used in process
• Don’t forget normal age-related changes in cognition, memory, dexterity changes
Offsetting Normal Aging to Promote Learning

Be patient

No tech shaming (we were all new to technology at one point)

Speak slowly and clearly

Take it one step at a time

Utilize different teaching styles

I, We, You method

Utilize online tutorials

Practice, practice, practice!
“I”, “We”, “You” Method: Role Play
Collaterals to Support Learning
The Next Chapter for Bonnie Weiss

Thank You

Contact information:

Karen.L.Fortuna@dartmouth.edu
Long-Term Care Ombudsman Program Certification Training

Presented by: Jamie Freschi
Training Curriculum Development

- Large group discussion
- Small group discussion
- Videos
- Role play
Trainer’s Notes

- Give you a timeframe
- Guide you
- Explain the teaching point
- Tell you how to conduct an activity whether virtually or in person.

Trainer’s Note: The timeframes for each Section are approximate. Allow at least 3.5 hours for Module 1. If you think additional time is needed, ask the trainees to read about the history of the LTCOP prior to attending the training session or on their own time (in Section 2).
Best Interest

• Best interest?
• It sounds nice....
• What is it?
• Who can tell me what is in my best
The LTCOP does NOT focus on best interest

- LTCOP *does not* make decisions for the resident.

- You have diabetes and should follow a low sugar diet
- It’s not safe to live at home without services
- You shouldn’t smoke
LTCOP does support and advocate on behalf of resident wishes, supporting the resident’s right to self-determination.

You have diabetes and should follow a low sugar diet. You have a right to choose what to eat.

It’s not safe to live at home without services. No one can keep you in the facility against your will. What can be done to assure you will be safe when you go home?

You shouldn’t smoke. If the facility allows smoking, and you wish to smoke, let’s talk to the staff to try and make that happen.
Ask: “What professions work in the best interest of individuals?” (The answers will likely be doctors, nurses, social workers, etc.) Then say:

People working in the medical profession or in a social service profession, as examples, have been taught to work in the “best interest” of the client.

Ask: “What are some of the statements that someone who looks through a best interest lens might say?” (Allow for trainees to respond) then say:

Medical professionals’ point of view of the patient is through a medical “best interest” lens (e.g., people with diabetes should follow a low sugar diet). Click to show the first word bubble and read the text in the bubble.

Then say:

Social service professionals’ point of view of their client is often through a safety “best interest” lens (e.g., it is not safe for you to live at home without services). Click to show the second bubble and read the text in the bubble.

Then say:

Here’s another example of a best interest statement. And click to show the third bubble and read the text in the bubble.

The missing piece is self-determination. Self-determination is being in control of your own life.

This approach may conflict with the perspective of long-term care facility staff, medical professionals, family members, and others as they might feel that resident-directed advocacy and self-determination is not in the best interest of the resident on specific issues.
Training Curriculum and Adult Learning Summary

• Expectations are spelled out at the beginning of each module.
• The purpose of the activities is explained
• Certification training provides the opportunity to take information learned and apply it to on-the-job training
• Each module provides concrete examples of ombudsman advocacy
• The curriculum considers different learning styles
• Trainers seek participants’ past experiences to process questions and answers