# Gerontological Training Needs Assessment

Final Report

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# Introduction

Seniors Care Network (formerly Central East Regional Specialized Geriatric Services) was created by the Central East LHIN to improve coordination and system level planning of specialized geriatric services (SGS). Seniors Care Network's current strategic priorities include improving care to ensure access to high quality specialized geriatric services, fostering excellence among current providers across the system, and increasing awareness of age-related health needs. These established priorities are deliberate responses to recent findings from a Seniors Care Network report that highlighted a 10-year, 27% increase in the prevalence of frailty among older adults in the region.[1]

Despite the anticipated growth in the older adult population, the need for specialized geriatric health professionals is substantively greater than the available supply of health professionals.[2] Evidence suggests that current system capacity to provide quality care to this population of frail seniors is challenged by: (1) gaps in gerontological knowledge among health professionals;[3] and (2) persistent recruitment challenges, including vacancies in geriatric positions.[4]

Furthermore, a formative evaluation of one of the largest SGS providers in the region noted recruitment challenges, including persistent vacancies in different geriatric health-professional positions (e.g. nurse practitioners with expertise in gerontology).[5] These same system challenges are consistent with barriers commonly outlined in the health service literature.[6]

In response to these known geriatric competency gaps and health human resource recruitment challenges, coupled with the expansion of the Geriatric Assessment and Intervention Network (GAIN; Seniors Care Network's largest program), a training needs assessment (TNA) was conducted to inform the building of geriatric capacity among SGS providers within the Region.

# Literature Review

The current demographic transition points to a projected increase in the need for health services for older adults. However, the current and forecasted availability of geriatric health professionals is outpaced by this growth.[7] Various root-cause analyses of core-professional education (CPE) programs cite insufficiencies in curricula designs, including – at the most basic level - exposure to gerontological content in the classroom, and clinical interaction with older adults.[8]

This happens despite purported awareness among health educators and health professionals that each student enrolled in CPE in health will have to interact with older adults and/or their caregivers during their future employment.[9] For example, preliminary findings from Phase 1 of the Northumberland Partners Advancing Transitions in Healthcare (PATH) Project have highlighted knowledge gaps in gerontology among health professionals, particularly with regard to chronic disease management and palliative care.[10]

In response to insufficient CPE curricula related to gerontology, largely ad hoc geriatric education occurs. Most providers address geronotological knowledge gaps through continuing professional development (CPD), and delivery methods frequently vary across health professional disciplines (e.g. post-professional certifications, specialization, clinical rotations, and etc.).[11] Additionally, practicing as a clinical specialist in geriatrics requires a diverse range of specialized geriatric competencies, yet the pathways to develop

[1] Seniors Care Network & Preyra Solutions Group (2013)
[2] Bardach & Rowles (2012)
[3] Boscart & Brown (2013)
[4] Hawkins (2013)
[5] Ibid
[6] Andrew & Shea (2000); Bardach & Rowles (2012); Metcalf & Rodriguez (2010); Oberski et al. (1999); Toner et al. (2009)
[7] Bardach & Rowles (2012)
[8] Andrew & Shea (2010); Bardach & Rowles (2012)
[9] Bardach & Rowles (2012); American Geriatrics Society Education Committee and Public Policy Advisory Group (AGS-PPAG; 2001).
[10] Boscart & Brown (2013)
[11] Bardach & Rowles (2012)

those competencies vary widely. For these reasons, health service providers have supported the development of various geriatric CPD activities to supplement the known insufficiencies in CPE.[12]

Health service provider investment in CPD in geriatrics is not without merit. Research demonstrates that enhanced geriatric competencies improves patient outcomes (e.g. mortality, health related quality of life, and etc.), and can significantly improve cost savings associated with care delivery for older adults.[13] Further, investment in geriatric capacity building within a health system has been shown to affect staff satisfaction and retention; Toner and colleagues stated that CPD and interprofessional education aid in retention of health providers in medically underserved areas, such as geriatrics.[14]

Numerous studies have focused on perceived training needs associated with CPD in geriatrics. Despite differences in CPE across health professions, there are some commonly cited unmet training and education needs. For example, basic geriatric pharmacology (e.g. absorption, metabolism, polypharmacy, use of psychotropics, and etc.), palliative and end-of-life care, mental health and addictions (e.g. grief and loss, depression, suicide, and etc.), changes in cognition and sensory impairment (e.g. dementia, delirium, vision, and etc.), pain assessment and management, socio-cultural issues (e.g. social isolation, social support, caregiving, and etc.), environmental issues, oral health, injury prevention (e.g. driving, falls, and etc.), system navigation (e.g. transitions planning, community and social supports, and etc.), multi-morbidity and chronic disease, and the aging body are commonly cited.[15]

Further, the majority of studies highlight a significant lack of a basic understanding of core clinical competencies associated with high-quality care for old adults, specifically: patient-centred, needs-based, and social models of care; medical and social risk screening and assessment; geriatric assessment; and interprofessional collaboration, assessment, and treatment.[16] Advanced understanding and skills associated with these clinical competencies differentiates a generalist from a specialist (i.e. SGS professional).[17]

Few studies have examined training needs in the context of specialized geriatrics and even fewer have examined training needs among SGS interprofessional, collaborative practice (ICP) teams. Of those SGS-specific studies reviewed, there were perceived gaps in: understanding, identification, and management of mental health issues (particularly depression and suicide risk assessment) and delirium; differentiation between normal aging from disease-related symptoms and conditions; inquiry related to evidence-supported practice; and ICP competencies. [18] None of these studies examined training needs associated with ICP teams working in specialized geriatrics, and none identified potential CPD activities to meet these unmet needs.

Because of the variations in CPE and professional specialization in geriatrics, determining and prioritizing investment in CPD activities often requires an evaluation of training needs at a system level.

# Methods

## Purpose

The purpose of this evaluation was to determine the current gerontological training needs of health professionals working in specialized geriatric services in the region of the CE LHIN, in order to formulate recommendations for ongoing improvement. This process will support Seniors Care Network's current strategic priorities of fostering excellence among current providers across the system, and increasing awareness of age-related health needs.

[12] Donahue et al. (2011)
[13] Bardach & Rowles (2012); Cohen et al. (2002); Kovner et al. (2002); Lange et al. (2011); Phelan et al. (2008)
[14] Lange et al. (2011); Toner et al. (2009)
[15] Bardach & Rowles (2010); Metcalf & Rodriguez (2010); Oberski et al. (1999); Sivas & MCrae (2009); Toner et al. (2009)
[16] Bardach & Rowles (2010); Metcalf & Rodriguez (2010); Oberski et al. (1999); Sivas & MCrae (2009); Toner et al. (2009)
[17] Andrew & Shea (2010)
[18] AGS-PPAG (2001); Andrew & Shea (2010); Goldberg et al. (2012)

## Assessment Framework

Geriatric TNA among SGS providers is limited, thus the assessment approach for this study was informed by various methodological considerations from TNAs gleaned from the literature.[19] Often TNAs use different training gap analysis methods that focus on a specific clinical profession; they do not always involve interprofessional teams (like those employed in specialized geriatrics). Further, the existing TNA literature focuses on understanding training needs following CPE by indirectly reviewing curriculum content. These differences exist in contrast to specialized geriatrics, which often involves advanced practice clinicians who typically have post-graduate education/training (in addition to their CPE), who tend to work in interprofessional teams (consistent with SGS best practice models), and are often able to self-identify areas requiring CPD.

Therefore, a combined approach of Metcalf and Rodriguez (2010) and Hall, Amodeo, Shaffer and Vander Bilt's (2000) was used to design this TNA. The approach of Metcalf and Rodriguez (2010) focused on training needs related to delivery of quality care in geriatrics. The TNA used a substantively large sample size of non-SGS providers who work with older adults. However, the survey method used by Metcalf and Rodriguez (2010) was designed to answer a series of research questions.[20] For these reasons, their survey methods were used to inform the design of the survey instrument for this TNA.

Hall and colleagues' (2010) TNA approach focused on advanced practice clinicians (i.e. advanced practice social workers) working within a specialized substance abuse program. This TNA employed a focused methodology, which leveraged the specialized clinical experience of the providers. Much like SGS programs, social workers in Hall and colleagues' TNA worked within an advanced-practice, interprofessional environment focused on mental health and addictions. Additionally, this approach employed the advanced clinical expert in identifying insufficiencies in the system, and assisting in developing education pathways to advance CPD competencies.[21]

## Research Questions

This project sought to understand the nature of the known insufficiencies in gerontological expertise among SGS providers in the CE-LHIN, and to identify areas requiring further capacity building. Therefore, the guiding research question was:

1) What are the current gaps in gerontological expertise among SGS providers in the region of the CE-LHIN?

Secondary research questions included:

1) How do SGS providers rate their level of clinical expertise following completion of CPE?
2) How do SGS providers rate their current level clinical expertise in geriatrics?
3) How do SGS providers perceive the current level of clinical expertise in geriatrics among non-SGS providers who provide care to older adults?
4) What geriatric areas to SGS providers feel they are insufficiently prepared to approach in clinical practice?
5) What are the learning needs and preferences of SGS providers in the CE-LHIN?
6) What geriatric topics do SGS providers identify and prioritize for regional capacity building activities?

## Methods

Survey methods were chosen to answer these research questions, consistent with the approach taken by Hall et al. (2000). TNA methods for this study included a primary gerontological needs identification survey of SGS providers from the region of the CE-LHIN. The needs assessment survey instrument was designed specifically for this project (see Appendix A). The survey format and items were developed following a review of similar geriatric needs assessment surveys. The instrument underwent a series of revisions following review and feedback by gerontological and clinical experts. The final paper-based version of the survey included a mix of scaling questions and several semi-structured, open-ended survey questions.

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[19] Brown (2002); Grant (2002); Oberski et al. (1999); Taylor et al. (1998)
[20] Metcalf & Rodriguez (2010)
[21] Hall et al. (2000)

## Sample

A convenience sample was used, and consisted of attendees of the Geriatric Assessment and Intervention Network (GAIN) Planning Day which took place on October 31, 2013. Attendance for the event consisted of various SGS providers from across the region, representatives from Seniors Care Network's four SGS programs, including GAIN, Behavioural Supports Ontario (BSO), Nurse Practitioners Supporting Transitions Averting Transfers (NPSTAT), and the Geriatric Emergency Management (GEM) nurses. This was the first education event in the region that included all of the four SGS programs. Fifty-six (n=56) SGS clinicians received a copy of the survey.

A total of 36 (n=36) completed the survey, with a broad distribution of professionals participating (e.g. GEM, OT, Pharmacy, Physicians, Health Information Management Professionals). This represents a response rate of ~64%.

## Procedure

The survey was distributed to all GAIN Planning Day attendees at the beginning of the October 31, 2013 event. During the opening remarks, the Seniors Care Network Executive Director provided an overview of the survey and its purpose. Following this introduction, attendees were invited to complete the paper-based survey and return it to the registration desk. At the end of the day, participants were again reminded to complete and return the survey. Administrative Assistants from GAIN and Seniors Care Network collected the completed surveys at the close of the event.

## Analysis

The completed survey data was compiled and transferred into a spreadsheet. Quantitative data was analyzed in Excel using descriptive statistical analysis. Qualitative data was analyzed in NVivo10 using inductive content analysis. Findings are presented thematically.

# Findings

## Core-Professional Education (CPE)

A large majority of respondents stated that they had completed their CPE outside of the region of the CE-LHIN (76.7%). This suggests that our core SGS providers are educated outside of the region, but raises a few questions: (1) Are the SGS providers in our region originally from the LHIN?; (2) Did those persons who are originally from this region choose to move back after completion of CPE?; and (3) Are we retaining people who attend CPE at educational institutions in this LHIN? (4) Is there a lack of available CPE in the Central East LHIN?

Survey respondents were also asked to rate how prepared they felt to work with older adults following CPE on a scale of 1 to 5 (1-Not at all prepared; 5-Very Prepared). Although there was considerable variation in the responses (SD=1.06), the majority rated their preparedness as below average (MEAN=2.94; Median=3.0). Further, 87.9% of respondents indicated that there were clear educational/training gaps related to older adults in their core professional education/training.

The majority of respondents indicated that they had undergraduate degrees in health sciences, nursing sciences, or social sciences (~64%) or a graduate level degree (~53%). Further, the majority of the respondents indicated that they held several diplomas, degrees, or certifications. Several persons also noted having multiple undergraduate degrees (19%), which often included one degree in a purely academic discipline (e.g. BSc, BA, and etc.). This suggests that a significant portion of our SGS providers have a breadth of theoretical understanding and skills to approach critical appraisal of research evidence for the purposes of informing their clinical practice.

## Post-Professional Training and Certification

Survey respondents were asked if they had completed any advanced training or certifications related to the care of older adults. Approximately 58% indicated they had completed more specialized training. However, the types of training and/or certifications varied widely, and they were often associated with management or assessment of a specific type of health condition (that is relevant, but not limited to the care older adults). For example, three persons indicated they had completed specialized training related

to diabetes management, two had specialized training in palliative and hospice care, and nine had training related to dementia (e.g. U-First, PIECES, and etc.).

However, there were a few persons who had indicated that they had completed specialized training to enhance geriatric competencies, including specialist certifications in gerontology, collaborative practice, geriatric pharmacy, case management, and geriatric assessment. Further, several persons indicated that they were hoping to complete a specialist certificate or training program – specific to geriatrics – in the future. This demonstrates that there is willingness for geriatric-specific CPD among SGS providers in the system.

## Perceptions of Current Geriatric Competencies

The survey asked that respondents indicate how many years they had been providing care to seniors, which varied from 1 to 25(+) years (see Table 1).

TABLE 1: YEARS IN SENIORS CARE

| Years of Service | # of persons | % of persons |
|---|---|---|
| **1 to 4** | 5 | 14.7 |
| **5 to 9** | 6 | 17.6 |
| **10 to 20** | 10 | 29.4 |
| **20+** | 13 | 38.2 |
| **TOTAL:** | 34 | 100.0 |

However, many of the respondents indicated that those years were not spent solely in the care of older adults, and that they had moved in geriatrics later in their careers after a combination of acquired experience and ongoing training/education. This suggests that SGS providers in the CE-LHIN are not necessarily being recruited directly from educational institutions. Rather, many of our SGS providers in the CE-LHIN have grown into the role of geriatric specialists through various CPD activities and clinical experience while working within the system.

Survey participants were asked to rate their current level of knowledge/expertise in gerontology (including care of older adults) on a scale of 1 to 5 (1-None, 5-Expert). The majority rated their current level of knowledge/expertise as just above Average (MEAN=3.67; Median=4.0; SD=0.68). This is comparable to their ratings of their gerontological expertise upon completion of CPE, which was highly variable (SD=1.06), yet suggested a lack of preparation related to the care of older adults (MEAN=2.94; Median=3.0). This demonstrates that SGS providers perceive a notable improvement in their skills in geriatrics following completion of CPE, while also suggesting that providers recognize a place for continual development of geriatric competencies through CPD activities.

Participants were asked to list three issues they most frequently encountered when working with older adults and three issues that they felt the least prepared to deal with (due to lack of knowledge, training or skills). Of those issues, the most frequently described issues included: system navigation and access (47%); functional mobility and falls (39%); dementia and cognitive impairment (36%); and mental health issues and care (36%); management of family and social care (i.e. support and communication; 36%).

Interestingly, the most frequently encountered issues were similar to those top issues that SGS providers felt least prepared to deal with (i.e. through lack of training, skills, or experience). These most frequently cited issues included: managing and treatment of mental health issues including behavioural issues associated with dementia (53%); system navigation and access including awareness of services (22%); and social issues including poverty and homelessness (19%). These identified gaps in geriatric clinical practice highlight areas requiring ongoing competency development, particularly for those issues identified as most commonly encountered (e.g. system navigation, dementia and mental health, and social dimensions of care).

Lastly, respondents were asked to identify any gaps in clinical practice that they observed among non-SGS providers (i.e. health care providers who work with older adults, but not explicitly in geriatrics). The most commonly cited practice gaps included:

- **Communication Skills (36%)** - This included approaches to communicating with clients/patients, families, caregivers, and other persons involved in social care (e.g. reflective listening, active engagement, and etc.). Additionally, effective communication with other clinical professionals - during care management and delivery – was noted.
- **Mental Health and Dementia Care (31%)** – This included general knowledge of dementia and mental health, including understanding: prevalent typologies, aetiology, and symptomology. Additionally, relevant knowledge and training related to quality care delivery was described as insufficient (e.g. communication strategies, prompting, behavioural responses, and etc.).
- **Awareness of Seniors Health (28%)** – This included a general concern with the lack of understanding related to the aging body and needs of older adults.
- **Screening and Assessment (25%)** – This generally included a lack of understanding of geriatric screening tools that might help connect the client/patient to the right type of service or provider. However, the most common issue had to do with the inability to ask the "right questions" in order to collect collateral information necessary to build a more holistic understanding of the geriatric patient/client for the purposes of assessment.

## Continuing Professional Development (CPD)

Survey participants were asked as series of questions related to CPD needs and preferences. Respondents were asked to identify needed education/training that they felt would benefit their CPD. Unlike the other open-ended questions contained in the survey, the responses were less variable; identified areas for CPD fell into six distinct thematic categories.

- **Dementia, Mental Health, and Delirium (47%)** – This was the most commonly identified area for CPD in geriatrics, namely developing clinical competencies to be able to differentiate between dementia, delirium, and various other mental health mental issues. Participants pointed to a need for specialized education and training in the identification, assessment, management, and treatment of conditions (and their various symptoms) in this thematic area. Further, survey respondents explicitly identified a need for skills development related to dementia and responsive behaviours, namely training using the Gentle Persuasive Approach (GPA) and Montessori Methods for Dementia.
- **Screening and Assessment (14%)** – Respondents identified further CPD related to geriatric screening and assessment was needed, which included training to effectively use clinical tools. However, participants also stated that assessment strategies were an important area for development, specifically the use of motivational interviewing and needs-based assessment techniques.
- **Geriatric Pharmacology (14%)** – Pharmacotherapy and pharmaceutical management was commonly identified as an area requiring CPD; polypharmacy was described as a common clinical issue. Interestingly, only a few persons identified polypharmacy as an observed clinical practice gap in the other survey questions (~11%).
- **Evaluating Research Evidence (8%)** – Participants identified a need for CPD related to the critical appraisal and integration of new research as part of evidence-informed geriatric practices.. For example, respondents indicated a need to know how to review and evaluate research evidence in order to develop 'best practices' in clinical care delivery. Further, 94% of persons indicated they were interested in receiving updates on new research or innovative practices related to older adults.
- **Person-Centred Care (8%)** – Several persons described the need for CPD related to including patients/clients in their own care, namely 'how-to' techniques and strategies to deliver person-centred and family-centred care. Respondents often described a need to build skills to complete effective assessment, including incorporatingneeds, preferences, and choices of the patient/client in the assessment and care planning process.
- **Caregiver Supports (5%)** – A few persons described a need for CPD related to supporting informal caregivers, including strategies for providing care to the caregiver.

## Barriers to CPD in Gerontology

Factors most often cited as preventing respondents from participating in educational programs or training included time (42%), cost (36%), administrative approval/organizational support (28%), lack of clinical coverage/back-fill (25%), travel/location of training (19.5%), and competing learning priorities (5.5%).

## Enablers of CPD in Gerontology

Survey participants indicated that they were interested in receiving a certificate in gerontology (~76%), and 60.6% of respondents indicated that their profession required continuing education credits for licensure or certification. When asked about potential locations for CPD activities, the majority (~43%) indicated off-site training was best. However, responses varied regarding location of proposed future CPD, which suggests that any future learning and skills development activities needs include multiple mediums of CPD delivery (incorporating these variable learning preferences), which will allow for flexibility on the part of the SGS provider. Additionally, multiple CPD mediums should be chosen in order to maximize the learning and skills development potential. This is consistent with the available research on geriatric education, which states that demonstration of advanced clinical competencies is predicated on a strong knowledge foundation, skills, and experience, [22] and is illustrated through the increasing popularity of simulation-based learning in health education.[23]

Additionally, a few persons commented that a key motivator to participate in CPD activities is content that is relevant to their clinical practice. One person stated that, “the location doesn’t matter as long as the information presented/learned can be applied to my [clinical] practice.”

# Conclusions

Findings suggest that although our SGS providers felt their core education/training did not fully prepare them to work with older adults, through ongoing experience and training, they have improved confidence in their current level of gerontological expertise. This could suggest three things: (1) that we are adequately building gerontological capacity with our SGS providers through deliberate training strategies; (2) that we are adequately recruiting highly-skilled persons to fill positions among our SGS teams; or (3) that providers are over-rating their abilities/knowledge/skills (a commonly observed problem with self-assessment tools used for measuring advanced clinical competencies[24]).

It is clear through analysis of open-ended questions that our SGS providers lack confidence in the knowledge and competence of their non-SGS colleagues to provide care to older adults. Furthermore, respondents clearly associated these gaps in gerontological expertise with a lack of quality care across the continuum. For example, issues surrounding adequate knowledge and competency surrounding polypharmacy, dementia, mental health and addictions, and stereotypes/ageism were identified as practice gaps.

SGS providers who responded also clearly identified gaps and/or a lack of confidence in their own practice surrounding certain gerontological issues. For example, some key issues were frequently cited, and included: clinical ethics, dementia, abuse, communication and activation of social/family support, isolation, polypharmacy, anxiety/grief/loss, transitional care, nutrition, falls and mobility, palliative/hospice care, mental health and addictions, and evaluating/reviewing clinical research.

# Recommendations

The findings from this TNA report point to several options for CPD in specialized geriatrics in the CE-LHIN.

## 1. CPD in Priority Areas

The findings from this report highlight key areas requiring CPD for both SGS and non-SGS providers who work with older adults in the Region. Although training for non-SGS providers is not Seniors Care Network’s primary focus, the Organization could consider a broader inclusion of providers when planning

[22] Fankhauser et al. (2004).
[23] Lange et al. (2011)
[24] Roethler (2011)

CPD activities related to: communication with older adults (including persons with dementia and communicative disorders); differentiating between mental health, dementia, and delirium; understanding age-related changes in the body and frailty; participating in geriatric screening and assessment. CPD activities such as regional conferences, workshops, and geriatric shadowing could be an effective means of building broader system capacity for quality seniors' care.

The findings also highlight key areas of focus for CPD among the current SGS providers within the Seniors Care Network. These include:

- System navigation and access
- Maximizing functional mobility
- Management of social dimensions of care (including social issues related to poverty and homelessness, communication with social networks, and provision of care/support for informal caregivers)
- Differentiating between dementias, mental health issues, and delirium
- Management and treatment of mental health issues, including behavioural issues associated with dementia
- Geriatric screening and assessment tools and techniques (e.g. motivational interviewing)
- Geriatric Pharmacology (e.g. management of polypharmacy)
- Evaluating Research Evidence to support clinical practice (i.e. critical appraisal)
- Delivery of person-centred care (e.g. assessment and consideration of client/patient choices, needs, and goals)

Some of these priority areas have already been intentionally integrated into Seniors Care Network capacity building activities, including the first Seniors Care Network Conference, Regional Rounds, GAIN Education Day, GAIN shadowing, and a Regional Journal Club. Further, the work of BSO training and education initiatives is currently building capacity among SGS and non-SGS providers in the region related to several of these priority areas. Future initiatives should seek to target the other Seniors Care Network Programs, including GEM and NPSTAT.

## 2. Leveraging Educational Partnerships

Seniors Care Network will share TNA findings with educational partners, in order to provide targeted suggestions for improvement of CPE and Post-Basic Training/Specialization curricula relevant to professional specialization in geriatrics. By leveraging existing relationships, and the results of a recently completed Provincial TNA Reports, Seniors Care Network is prepared to offer suggestions to our external educational partners.

## 3. Identifying Gerontological Competencies for SGS Programs

Mapping/drafting/identifying gerontological competencies for each SGS program, including profession-specific competencies related to interprofessional practice in specialized geriatrics,[25] will support both system, program, and individual level planning of CPD activities. GAIN has begun this process with the development of competencies for each profession within the GAIN team. Further, working groups have been formed to facilitate the identification of core competencies for GEM, and for Comprehensive Geriatric Assessment (CGA) in GAIN. Similar working groups could be formed for other Seniors Care Network programs.

Given the changing nature of the different SGS programs like BSO and GAIN, periodic review and revision of the different competencies should occur when there is a change to the model or structure of a program. This will enable the development of focused educational/skills/training strategies that reflect the current state of a given SGS program, and the organizational philosophy of the program.

## 4. Gerontological CPD Program Catalogue

Identification of core geriatric competencies relevant to each of the Seniors Care Network programs would enable the identification of CPD activities that support the development of those competencies. This would contribute to the construction of a CPD Program Catalogue for each of the Seniors Care Network Programs, which would leverage existing CPD programs to meet unmet training needs (rather

[25] Andrew & Shea (2010); Goldberg et al. (2012)

than creating similar programs), and – where appropriate – identify areas requiring education/training development.

## 5. Program-Specific Gap Analysis

By identifying core-competencies for each Seniors Care Network program, program-specific CPD gap analyses can be completed. This would include a comparison of the current level of geriatric expertise to the identified core-competencies (i.e. ideal state), in order to identify competency areas requiring further development. An inventory of educational needs – which may include a range from unmet to fully met needs - would assist in prioritizing future CPD opportunities at the program-level.

## 6. Development of a CPD Plan for SGS

Seniors Care Network's current strategic priorities include fostering excellence among current providers across the system, and increasing awareness of age-related health needs. To support these two strategic priorities, development of a three year[26] regional CPD Plan for Seniors Care Network programs would assist in targeting and prioritizing capacity building activities. This would require:

1) Completion of recommendations 3 to 5.
2) The four Seniors Care Network SGS programs to review individual and team, professional education plans[27] (many of which are already recommended or required for ongoing professional accreditation) and vet these against programmatic core-competencies and perceived gaps in those core-competencies (as identified through completion of recommendation 5).
3) The development of SGS Program CPD plans informed by individual and team learning needs.

Identified CPD needs from SGS program education plans will be used to help to prioritize and coordinate regional, geriatric-specific education/training/skills-development activities, while leveraging existing training/educational tools whenever possible.

## 7. Ongoing Monitoring of CPD Activities

Evaluating the perceived effectiveness of CPD activities facilitated by the Seniors Care Network would enable ongoing monitoring of regional progress towards identified CPD goals, as well as overall progress towards Seniors Care Network strategic priorities. To do this, post-training surveys[28] should be used following each CPD activity organized by the Seniors Care Network, and any of the four SGS programs (i.e. GAIN, GEM, NPSTAT and BSO). Information from these surveys should measure perceived achievement of educational/training goals associated with the specific CPD activity, but could also help to identify areas requiring ongoing quality improvement or further educational development.

[26] The length of the Seniors Care Network's strategic plan.
[27] Andrew & Shea (2010)
[28] An example of a briefing note describing findings from the Seniors Care Network Conference Survey can be found in Appendix B.

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# Appendix A – Gerontological TNA Survey

# GERONTOLOGICAL EDUCATION HEALTH PROFESSIONAL SURVEY

Thank you for taking the time to complete the Gerontological Education Health Professional Survey. Gerontology is a broad term to describe the study of aging, which includes the professional application of evidence-supported practices. The purpose of the survey is to assess the educational needs and preferences of health professionals who provide services to older adults in the Central East Local Health Integration Network (CE LHIN). Your participation in this survey will assist the Central East Regional Specialized Geriatric Services (RSGS) in understanding the current state of gerontological expertise (e.g. formal education, specialized training, continuing education, skills development, and etc.) among health professionals in our region.

Participation in the survey is voluntary, and should only take 5-10 minutes to complete. Please mark your answers in the appropriate spaces. You may also add written comments.

1. **Which of the following best describes your profession? (please check all that apply)**

- ☐ Advanced Practice Nurse (APN)
- ☐ GEM Nurse
- ☐ Registered Nurse (RN)
- ☐ Nurse Practitioner (NP)
- ☐ Registered Practical Nurse (RPN)
- ☐ Clinical Nurse Specialist (CNS)
- ☐ Clinical Nurse Educator (CNE)
- ☐ Physical Therapist (PT)
- ☐ Social Worker (SW)
- ☐ Faculty
- ☐ Dietitian
- ☐ Other (please specify):
- ☐ Occupational Therapist (OT)
- ☐ Pharmacist
- ☐ Speech Language Pathologist (SLP)
- ☐ Case Manager
- ☐ Psychogeriatric Resource Consultant (PRC)
- ☐ Personal Support Worker (PSW)
- ☐ Medical Director
- ☐ Administration
- ☐ Physician
- ☐ Geriatrician
- ☐ Psychiatrist

2. **Please list any diplomas or degrees that you currently hold, including specialization (e.g. BSc in Health Studies or Diploma in Practical Nursing):**

3. **Please list any advanced training/certifications related to care for older adults:**

4. **Thinking of the educational institution you attended during your core professional training/education, was this institution located within the region of the CE LHIN?**

*If no, please describe where this institution was located (e.g. city, province, proximity):*

5. **Please select the practice setting that describes the majority of your practice.**

- ☐ Hospital Inpatient
- ☐ Hospital Outpatient
- ☐ Home Care
- ☐ Mental Health
- ☐ Long-Term Care
- ☐ Retirement Community/Assisted Living
- ☐ Educational Setting (Student)
- ☐ Emergency Department/Urgent Care Centre
- ☐ Community-Based Care
- ☐ Community Health Centre
- ☐ Solo-Care Practice
- ☐ Team-Based/Collaborative Practice
- ☐ Specialty Clinic
- ☐ Educational Setting (Faculty/Research)
- ☐ Other (please specify):

6. **Which of the following best describes your primary practice location?**

- ☐ Rural
- ☐ Urban
- ☐ Suburban:

7. **How many years have you been providing services to the older adult population?**

8. **Please rate your current level of knowledge/expertise in gerontology (including care of older adults)?**

| 1<br>None | 2<br>Low | 3<br>Average | 4<br>Advanced | 5<br>Expert |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

9. **Thinking of your core professional training/education, how well do you feel this training prepared you for working with older adults? On a scale of 1-5, please rate:**

| 1<br>Not at all Prepared | 2 | 3 | 4 | 5<br>Very Prepared |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

10. **Thinking of your core professional/education, is there any training/education related to older adults that you feel should have been included or that was missing?**

| Yes | No |
|---|---|
| ☐ | ☐ |

11. **Please list 3 issues you most frequently encounter when working with older adults:**

12. **Please list 3 issues that you feel least prepared to deal with, or that you feel you have a lack of knowledge/training/skills on, related to working with older adults:**

13. **What practice gaps, if any, have you observed among other health providers when working with older adults?** These can include gaps in: (1) knowledge: awareness of what to do; and (2) competence: ability to apply knowledge, skills and judgment in practice.

14. **What education/training related to older adults would you benefit from learning or reviewing?**

15. **Which factors, if any, have prevented you from attending educational programs or training in the past?**

16. **Would you be interested in receiving a certificate in gerontology?**

| No | Not Sure | Yes |
|---|---|---|
| ☐ | ☐ | ☐ |

17. **Does your profession require continuing education credit for continued licensure or certification?**

| No | Not Sure | Yes |
|---|---|---|
| ☐ | ☐ | ☐ |

*If so, please describe:*

18. **When participating in an education/training program, what location do you prefer? (please check all that apply)**

☐ Off-site ☐ On-site (at work)
☐ Online (Computer-Based)
☐ Other (please specify):

19. **Would you be interested in receiving updates on new research or innovative practices related to older adults?**

| No | Not Sure | Yes |
|---|---|---|
| ☐ | ☐ | ☐ |

*If so, how would you like to receive these updates? (e.g. email, website, newsletter, RSS feed):*

*Thank you for participating in this survey.*
*Please return the completed survey to the Registration Desk.*

# Appendix B – Sample Summary of Post-Education Event Findings

## Findings from Seniors Care Network Conference Survey – June 12, 2014

- n=48 with the majority of survey respondents representing health care professionals (71%) and social/community service (~15%) sectors. The sector of "Employer" was included in the "Other" category.

### Quantitative Findings

Respondents were asked to rate different elements of the Conference on a scale of 1 to 5 (1 being "Poor;" 5 being "Excellent"):

- The majority rated the quality and interest of the keynote speaker as high (MEAN=4.35; Median=4; SD=0.69)
- The other speakers and presenters were also rated highly (MEAN=4.35; Median=4; SD=0.69), as were the poster presentations (MEAN=4.17; Median=4; SD=0.73).
- Respondents rated the program and organization of the conference (MEAN=4.15; Median=4; SD=0.72), and the use of audio-visual/lighting/technology (MEAN=3.93; Median=4; SD=0.65) as above average

### Qualitative Findings

Conference participants were asked to describe potential topics or areas of interested they would like to see at future Seniors Care Network Conferences. The most commonly cited topics included information about (in descending order):

1) program partnerships (between programs and community agencies)
2) new initiatives and programs undertaken/created by agencies within the CE LHIN
3) strategies to address service delivery barriers
4) dementia
5) mental health and addictions.

There was a heavy emphasis on presentations related to practice-based aspects of care delivery. These other suggested topics or areas of interest included: best practices in geriatrics; Networks/Coalitions related to seniors health; responsive behaviours; assessment and comorbidity (how to); interprofessional collaboration; legal issues associated with care; clinical assessment and screening tools (e.g. choosing, best practice, and etc.); dysphagia; ethics; falls; grants and applying for funding (how to); malnutrition; polypharmacy; new initiatives/programs outside of the CE LHIN; social care/family dynamics; and transitions.

The large majority of survey respondents included positive comments about the conference, citing how they had greatly enjoyed the first Seniors Care Network conference, and/or that they looked forward to participating next year. Two aspects of the conference were explicitly praised, the simulation-based workshop in the afternoon (developed by UOIT/Durham College for the conference), and the keynote address by Dr. Stephen Katz.