

# SGS Gerontological Training Needs Assessment (TNA)



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# Outline

- Background
- Our TNA Approach
- Findings
- Lessons Learned
- Tips and Considerations when Conducting a TNA
- Resources



Background

Seniors Care Network

# Seniors Care Network: Best Health Experience for Frail Seniors

- Formed to improve the organization, coordination and governance of specialized geriatric services for frail seniors in the Central East LHIN.
- Frail seniors are those older adults whose complex health concerns threaten their independence and function

# Specialized Geriatric Services: Our Programs

- Behavioural Supports Ontario (BSO)
- Geriatric Assessment and Intervention Network (GAIN)
- Geriatric Emergency Management (GEM) Nurses
- Nurse Practitioners Supporting Teams Averting Transfers (NPSTAT)
- Senior Friendly Hospitals (SFH)



# Our TNA Approach

# Introduction

- Service Needs and Capacity Analysis Report (2013):
  - 10-year, 27% increase in the prevalence of frailty among older adults in the region
- GAIN Formative Evaluation (2013):
  - recruitment challenges, including persistent vacancies in different geriatric health-professional positions (e.g. nurse practitioners with expertise in gerontology)

# Introduction

- Current availability and creation of geriatric health professionals is outpaced by demographic transition
- Known insufficiencies in core professional education (CPE) curricula related to gerontology
- Geriatric education tends to happen through continuing professional development (CPD), and methods often vary across health professional disciplines (e.g. post-professional certifications, specialization, clinical rotations, and etc.) (Bardach & Rowles, 2012)



# Purpose & Alignment

## **Purpose**

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.

## **Alignment**

Supporting Seniors Care Network Strategic Priorities:

- fostering excellence among current providers across the system
- increasing awareness of age-related health needs

# Approach

- Designed using a combined approach of both:
  - Metcalf and Rodriguez (2010)
  - Hall et al.(2000)
- Primary Research Question:

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

# Methods

- Gerontological Needs Identification Survey of SGS Providers:
  - Mix of scaling, semi-structured, and open-ended survey questions
  - Needs identification of CPE and CPD
- Convenience sample of GAIN Education Day 2013 Attendees (n=36; response rate ~64%)
  - Broad distribution of professionals (e.g. GEM, OT, Pharmacy, Physicians, Health Information Management Professionals)
  - Varied levels of self-rated geriatric expertise and experience

# Analysis

- Descriptive statistics – SPSS
- Inductive Content Analysis – NVivo 10



# Findings

# Current Geriatric Competencies

<b>Years of Service in Seniors Care</b>	<b>% of persons</b>
<b>1 to 4</b>	14.7
<b>5 to 9</b>	17.6
<b>10 to 20</b>	29.4
<b>20+</b>	38.2
<b>TOTAL:</b>	100.0

- SGS providers are not necessarily being recruited directly from educational institutions. Rather, many have grown into the role of geriatric specialists through various CPD activities and clinical experience while working within the system

# Core Professional Education (CPE)

- ~77% completed their CPE outside of the region of the CE-LHIN
- majority rated their preparedness to work with older adults as somewhat unprepared following CPE
- 88% indicated that there were clear educational/training gaps related to older adults in their CPE

# Post-Professional Training & Certification

- 58% indicated they had completed additional specialized training in geriatrics
- some had specialized training to enhance geriatric competencies, including specialist certifications in gerontology, collaborative practice, geriatric pharmacy, case management, and geriatric assessment.
- several indicated they were hoping to complete a specialist certificate/training program specific to geriatrics in the future



# Current Geriatric Competencies

Ratings level of knowledge/expertise in geriatrics (including care of older adults) on a scale of 1 to 5 (1-None, 5-Expert):

- After completion of CPE:
  - limited preparation (MEAN=**2.94**; Median=3.0; SD=1.06)
- Current expertise:
  - just above average (MEAN=**3.67**; Median=4.0; SD=0.68)

# Current Geriatric Competencies

- Most frequently encountered issues:
  - system navigation and access (47%)
  - functional mobility and falls (39%)
  - dementia and cognitive impairment (36%)
  - mental health issues and care (36%)
  - management of family and social care (36%)
- Issues they felt least prepared to deal with:
  - management and treatment of mental health issues (53%)
  - system navigation and access including awareness of services (22%)
  - social issues including poverty and homelessness (19%)



# Lessons Learned

# Recommendations

1. Priority areas of regional CPD activities (non-SGS & SGS providers)
2. Sharing findings and leveraging educational partnerships
3. Identification of core competencies for SGS programs

# Recommendations

4. Development of a CPD catalogue for SGS services
5. Program-specific gap analyses of competencies
6. CPD Plan for SGS

# Next Steps

- 2 Working Groups:
  - GAIN - identification of clinical competencies associated with effective assessment of each domain of the Comprehensive Geriatric Assessment (CGA)
  - GEM – role profile and competency framework
- Revised survey to be repeated across all 4 programs each year (*in progress*)



# Tips & Considerations

# Training Needs Assessment (TNA)

A TNA should:

- identify the current state of the group's knowledge/experience/performance/competence/skill
- identify gaps in those knowledge/experience/performance/competence/skill areas
- lead to the development of strategies to address those gaps (e.g. policies, procedures, CPD, and etc.)
- be connected to a larger quality improvement strategy
- be an ongoing process (progress reviewed annually, periodically repeated)



# Key Steps in Designing a TNA

<b>What</b>	Goals, objectives, and questions you want to answer
<b>Who</b>	Group you are focusing on (professional characteristics, availability, communication styles)
<b>When</b>	Timeline (time constraints, feasibility of methods)
<b>Where</b>	Context (environment, (sub)-cultural dynamics, funding/economic considerations)
<b>How</b>	Approach & Methods (practice observation, survey, chart review, and etc.)



## Other Questions to Ask and Reflect Upon

Is this an existing team within our organization (stage of reformation) whose skills we need to assess?

Is this a new team we need to build (stage of formation)?

What are your/your team's evaluation/research skills/abilities? Do you have the necessary 'data' collection and analytical abilities?

# Examples of TNA Strategies<sup>1</sup>

Perceived Needs	Unperceived Needs*
Survey	Knowledge Test*
Interview	Chart Audit
Focus Group Interviews	Critical Incident Reports
Key Informant Interviews	Critical Reflective Practice (e.g. case diaries)
Interviews with Clinical Experts	Patient Feedback
Evaluation of Previous CPD Activity	Practice Observation

1. (Mainpro+, 2015)

# Next Steps (Implementation)

- Ethics Approval
  - Schedule
  - Data collection
  - Analysis
- Formulate recommendations/strategies
  - Share findings
  - Prioritize and implement strategies

# Remember...

- There is no best/perfect approach or method(s)
- Every approach and method(s) has limitations
- Judge:
  - based on all available information, which approach and method(s) is the most feasible, and which will get us as close to the answers we need
  - based on your individual/evaluation team's skills and abilities (work to your strengths)

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## Other Suggested Resources

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Thank You

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