



Provincial Training Needs Assessment 2021 - Healthcare Providers who work with Seniors (non-SGS)

Introduction

Thank you for your interest in this Provincial Training Needs Assessment (TNA) Survey.

The purpose of this study is to understand the training needs of clinicians/healthcare professionals who work with seniors in the province of Ontario. This includes clinicians/healthcare professionals who work in specialized geriatric services (SGS), and healthcare providers who work with seniors (not in SGS).

Please read the information about the study presented on the next page before agreeing to participate. Participation in this study is voluntary. If you have questions about the study, please contact the Principal Investigator before agreeing to participate.

This study was reviewed and approved by the Ontario Tech University Research Ethics Board (File #16336) on July 19, 2021.

At the end of the survey you will be asked if you want to be included in a draw for one of five \$25 Amazon e-Gift Cards. To enter, you will need to provide your email address. Email addresses will be removed from the survey data and kept separately.



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Consent to Participate in a Research Study

Title of Research Study: A Training Needs Assessment (TNA) of Specialized Geriatric Service (SGS) Clinicians

Name of Principal Investigator (PI):

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External Funder/Sponsor:

The researcher is funded by the Canadian Frailty Network (Technology Evaluation in the Elderly Network), which is supported by the Government of Canada through the Networks of Centres of Excellence (NCE) program.

Purpose and Procedure:

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. Evidence suggests that current system capacity to provide quality care to this population is challenged by: (1) gaps in core geriatric knowledge among health professionals; and (2) persistent recruitment challenges, including vacancies in SGS. Further, there is variation in core professional education and geriatric/gerontological specializations between health professions. This is a challenge for planning continuing professional development activities across the health system level.

In response to these challenges, the Regional Geriatric Programs of Ontario endorsed a Competency Framework for Interprofessional Comprehensive Geriatric Assessment (CGA) in 2017. This framework outlined requisite competencies of health professionals participating in interprofessional CGA and interventions, and was intended to be used by clinicians for targeting continuing professional development (CPD) activities that would enable them to work more effectively with seniors.

To our knowledge, no studies have examined the training needs of clinicians working in SGS against the CGA Competency Framework, and few studies have examined the requisite geriatric competencies of health professionals who work with seniors. The purpose of this study is to understand the training needs of specialized geriatric service (SGS) clinicians in the province of Ontario.

You have been invited to participate in this online study because you are a clinician/health care professional working in specialized geriatric services, or a healthcare provider who works with seniors.

Procedures:

If you agree to participate in this online study, you will be asked to complete this online survey. The survey should take between 10 to 20 minutes to complete, and covers 4 areas:

- Demographic information (to assist in providing regionalized, program-specific, and profession-specific findings)
- A self-assessment of your own geriatric competencies against the Interprofessional Comprehensive Geriatric Assessment (ICGA) Competency Framework
- Your perspectives on the barriers and facilitators to implementing of shared decision-making and goal-setting with patients/clients with dementia in clinical practice

The survey questions include a combination of check-boxes, 5-point rating scales, and some open-ended questions.

Potential Benefits:

You will not directly benefit from participating in this study. After completing the survey, you have the option to be included in a draw for one of five \$25 Amazon Gift Cards.

Potential Risk or Discomforts:

There are no known or anticipated risks to you participating in this study.

Use and Storage of Data:

All data collected from you for this project will be digitally stored on Seniors Care Network's secure, password-protected server, on a file location that only the PI has access to. Any identifying information collected during this study, including your email address (if provided), will be kept confidential and will not be shared with anyone unless required by law. You will not be named in any reports, publications or presentations that may come from this study.

At the beginning of the survey, you will be asked to share some demographic information that will help us to better understand the backgrounds and experience levels of survey participants.

Please be aware that when information is transmitted over the internet,

Confidentiality:

All survey data collected in this study will be de-identified to protect your privacy. Any potentially identifying information (e.g. place names, service types, and etc.) provided in the open-ended responses to survey questions will be replaced with pseudonyms.

Your privacy shall be respected. No information about your identity will be shared or published without your permission, unless required by law. Confidentiality will be provided to the fullest extent possible by law, professional practice, and ethical codes of conduct.

This research study includes the collection of demographic data that will be aggregated (not individually presented). Despite best efforts, it is possible that your identity can be determined even when data is aggregated.

Voluntary Participation:

Your participation in this study is voluntary. You may withdraw from study partway through completing the survey by simply closing your browser window.

Right to Withdraw:

If you withdraw from the study at any time during the survey, any data that you have already contributed may be used in the analysis.

Conflict of Interest:

Researchers have an interest in completing this study. Their interests should not influence your decision to participate in this study.

Compensation, Reimbursement, Incentives:

Your name will not be collected in the survey, and your data will be grouped with other participants' data. The data collected through this study will be electronically stored for a minimum of 7 years on a secure, encrypted server at Seniors Care Network and then permanently deleted. Only the PI will have access to study data, and no identifying information will be released or published.

Debriefing and Dissemination of Results:

Study findings may be submitted for conferences or peer-reviewed publications. A summary of study findings will be shared with the Provincial Geriatric Leadership Ontario (PGLO) to help inform future research or planning activities.

If you are interested in learning of the results of this study, please contact the PI.

Participant Rights and Concerns:

If you have any questions about your rights as a participant in this study, complaints, or adverse events, please contact the Research Ethics Office at (905) 721-8668 ext. 3693 or at researchethics@ontariotechu.ca.

If you have any questions concerning the research study or experience any discomfort related to the study, please contact Stacey Hawkins at 905-373-3646 or shawkins



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Consent Statement

By agreeing to participate you do not give up any of your legal rights against the investigators, sponsor or involved institutions for compensation, nor does relieve the investigators, sponsor or involved institutions of their legal and professional responsibilities.

I have read the consent form and understand the study being described;

I have had an opportunity to ask questions and those questions have been answered. I am free to ask questions about the study in the future;

I freely consent to participate in the research study, understanding that I may discontinue participation at any time by closing/exiting the browser.

*** 1. Consent to participate:**

- YES - I agree to participate
- NO - I do not agree to participate

I understand the possible need for secondary research uses of my research data for future research and provide consent for the use of my data by the PI for future studies (e.g. the PI's dissertation).

I understand that a separate REB application will be submitted for the secondary use of data for any future research purposes.

*** 2. Consent to secondary use of data:**

- YES - I agree
- NO - I do not agree

To download a full copy of the Consent Form, please [click here](#).



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Demographics: Inclusion

This version of the survey is for Healthcare Providers who work with older adults/seniors, but NOT in Specialized Geriatric Services (SGS).

* 3. Which statement best describes the nature of your work with older adults/seniors? (please select the statement that most aligns with your current practice)

- I work in specialized geriatric services (SGS)
- I work exclusively with older adults/seniors, but not in SGS
- I work mostly with older adults/seniors, but not in SGS
- I occasionally work with older adults/seniors, but not in SGS
- I don't work with older adults/seniors



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Demographics: Continued (2)

* 4. What is your gender?

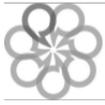
- Male
- Female
- Prefer Not to Answer
- Other (please specify)

* 5. What is your profession?

- Registered Practical Nurse (RPN)
- Registered Nurse (RN)
- Nurse Practitioner (NP)
- Primary Care Physician
- Other Physician Specialist (e.g. Neurologist)
- Physician Assistant (PA)
- Social Worker (SW)
- Physiotherapist (PT)
- Occupational Therapist (OT)
- Pharmacist
- Dietitian
- Personal Support Worker (PSW)
- Developmental Services Worker (DSW)
- Recreation Therapist
- Mental Health and Addictions Worker
- Paramedic (PCP, ACP and CCP)
- Speech Language Pathologist (SLP)
- Kinesiologist
- I'm not a clinician/health professional
- Other (please specify)

* 6. Which sector do you primarily work in?

- Primary Care Practice
- Home and Community Care
- Community and Social Services
- Retirement Home/Assisted Living
- Long-Term Care
- Acute Care/Hospital (including outpatient, ambulatory, or rehab)
- Tertiary/Specialty Practice
- Other (please specify)



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Demographics: Continued (3)

* 7. How many years have you been working with older adults/seniors?

- 1-4
- 5-9
- 10-14
- 15-19
- 20+

* 8. Which region do you work in? (responses to this question will only be used to present regional findings)

- Erie St. Clair
- South West
- Waterloo Wellington
- Hamilton Niagara Haldimand Brant
- Central West
- Mississauga Halton
- Toronto Central
- Central
- Central East
- South East
- Champlain
- North Simcoe Muskoka
- North East
- North West

* 9. Which setting best describes the community/-ies where you mostly work?

- Urban/City
- Suburban
- Rural
- Remote



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Self-Assessment of Competencies: Core Geriatric Knowledge

In this section, we are asking you to self-assess your own competencies.

Practice Area 1: Core Geriatric Knowledge

Demonstrates fundamental understanding of physiological and biopsychosocial mechanisms of the aging process, age-related changes to functioning, and the impact of frailty.

Please rate your current competence level, from 1 to 5.

* 10. Applies knowledge relevant to geriatric clinical practice on:

	1 - No Competence	2	3	4	5 - Expert Competence
Normal Aging	<input type="radio"/>				
Frailty	<input type="radio"/>				
Atypical presentations of disease or conditions	<input type="radio"/>				
Management of the medically complex older adult	<input type="radio"/>				
Falls and mobility	<input type="radio"/>				
Immobility and its complications	<input type="radio"/>				
Cognitive function	<input type="radio"/>				
Mild cognitive impairment	<input type="radio"/>				
Dementias and associated symptoms	<input type="radio"/>				
Delirium	<input type="radio"/>				
Mood disorders and other psychiatric manifestations	<input type="radio"/>				
Pain management	<input type="radio"/>				
Nutrition/Malnutrition	<input type="radio"/>				
Bowel and bladder management	<input type="radio"/>				
Bone disorders	<input type="radio"/>				
Metabolic disorders	<input type="radio"/>				
Sleep	<input type="radio"/>				
Substance use disorders	<input type="radio"/>				
Polypharmacy	<input type="radio"/>				
Medication Management	<input type="radio"/>				

* 11. Demonstrates skill in working with older adults with significant functional deficits and communication challenges (i.e. cognitive impairment, sensory impairments, behavioural problems or ethno-cultural pluralities).

1 - No Competence	2	3	4	5 - Expert Competence
<input type="radio"/>				



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Self-Assessment of Competencies: Screening, Assessment, and Risk Identification

Practice Area 2: Screening, Assessment, and Risk Identification

Gather patient medical and social history and clinical data in sufficient depth to inform care planning and effective clinical decision making.

Please rate on a scale from 1 to 5.

* 12. How would you rate your overall competence in Screening, Assessment and Risk Identification with seniors?

1 - No Competence

2

3

4

5 - Expert
Competence



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Self-Assessment of Competencies: Analysis and Interpretation

Practice Area 3: Analysis and Interpretation

Conducts accurate analysis of assessment findings and clinical information to develop a complete understanding of the patient's story.

Please rate on a scale from 1 to 5.

* 13. How would you rate your overall competence in Analysis and Interpretation with seniors?

1 - No Competence

2

3

4

5 - Expert
Competence



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Self-Assessment of Competencies: Care Planning and Intervention

Practice Area 4: Care Planning and Intervention

Demonstrates expertise in treatment, education, goal setting, future and advance planning. With patients and their identified support network, formulates comprehensive, collaborative care plans focused on optimization of function and quality of life. Demonstrates knowledge of community resources and appropriate referral sources and mechanisms to access them. Conducts iterative and ongoing review and revision of the care plan and adjusts interventions and modifies goals as needed.

Please rate on scale from 1 to 5.

* 14. How would you rate your overall competence in Care Planning and Intervention with seniors?

1 - No Competence	2	3	4	5 - Expert Competence
<input type="radio"/>				



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Self-Assessment of Competencies: Interprofessional Practice

Practice Area 5: Interprofessional Practice

Demonstrate and support interprofessional geriatric practice. Recognize and engage in inter-organizational collaboration through understanding of the roles of internal and external team members, and demonstrate the ability to identify appropriate opportunities to refer to collaborating teams/individuals.

Please rate on a scale from 1 to 5.

* 15. How would you rate your overall competence in Interprofessional Practice?

1 - No Competence	2	3	4	5 - Expert Competence
<input type="radio"/>				



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Self-Assessment of Competencies: Professional Practice

Practice Area 6: Professional Practice

Demonstrate core values, behaviours and skills required to provide quality seniors' care. Demonstrate confidence in evaluating and maximizing own professional scope to optimize practice.

Please rate on a scale from 1 to 5.

* 16. Professional Practice:

	1 - No Competence	2	3	4	5 - Expert Competence
Demonstrates compassionate and patient-centred care.	<input type="radio"/>				
Facilitates older adults' active participation in all aspects of their own health care (e.g. access to information, right to self-determination, right to live at risk, access to information and privacy).	<input type="radio"/>				
Respects and promotes older adults' rights to dignity and self-determination.	<input type="radio"/>				
Demonstrates leadership and accountability for providing follow-up on identified patient needs or directing follow-up as appropriate.	<input type="radio"/>				
Discusses with the patient the ongoing responsibilities of the provider, patient and other health care professionals.	<input type="radio"/>				
Understands and applies the principles of capacity for decision making and informed consent.	<input type="radio"/>				
Follows procedures for voluntary consent of proxy decision making (e.g. SDM, Public Guardian and Trustee etc.) that arise from aging issues.	<input type="radio"/>				
Obtains informed consent throughout assessment, care planning and interventions.	<input type="radio"/>				
Evaluates the impact of family dynamics on patient's health, safety, and therapeutic goals.	<input type="radio"/>				

	1 - No Competence	2	3	4	5 - Expert Competence
Respects diversity and difference, including but not limited to the impact of gender, sexual identity, family dynamics, religion and cultural beliefs on decision-making.	<input type="radio"/>				
Addresses challenging issues effectively, such as obtaining informed consent, sensitively discussing a diagnosis/prognosis, addressing emotional responses, confusion or misunderstanding.	<input type="radio"/>				
Identifies and appropriately responds to relevant ethical issues arising in the care of older adults.	<input type="radio"/>				
Documents and shares within the circle of care, the patient goals, appropriate findings of patient assessment, recommendations made, responsibilities of involved parties and actions taken.	<input type="radio"/>				
Documents communication with patient and health care professionals across the broad care team in the appropriate locations (e.g. patient record and/or care plan) including connections with inter and extra agency team members, telephone calls of a clinical nature etc.	<input type="radio"/>				
Evaluates self and demonstrates an understanding of the importance of and the process of continuing professional development.	<input type="radio"/>				



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Goal-Setting and Decision-Making

Current evidence shows that persons with dementia are often prematurely excluded from participating in healthcare decision-making and setting care goals, even at the early stages of the disease.

However, there is growing evidence demonstrating that persons with dementia:

- (1) may have decisional capacity even in the middle to late stages of the disease;**
- (2) are able to express values and preferences;**
- (3) want to have a role in decision-making and goal-setting related to their care; and**
- (4) experience health benefits as a result of greater involvement.**

Given the importance of goal-setting and shared decision-making in care for persons with dementia and their care partners, we would like to ask your opinion on what you perceive to be the main barriers and facilitators to implementing these approaches in practice.



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Barriers/Facilitators to Decision-Making with Persons with Dementia

Shared decision-making is a process with multiple and complex components including: recognition that a decision needs to be made; exchanging of information; deliberation on options; evaluating values and preferences; making a decision; and implementing a decision. (Groen-van de Ven et al., 2018; Miller et al., 2016; Pecanac et al., 2018; Stacey et al., 2010)

17. What are the *challenges or barriers* to including persons with dementia in *decision-making* related to their care?

18. What is needed to *enable or facilitate* greater inclusion of persons with dementia in *decision-making* related to their care?



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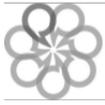
Barriers/Facilitators to Goal-Setting with Persons with Dementia

Goal-setting is a process that includes:

- 1) goal assessment (understanding the person including their history, values, beliefs, strengths, abilities, resources, and etc.)**
- 2) deciding upon and prioritizing specific and difficult goals and supporting tasks/actions that are within a person's abilities and aligned to their values, preferences, and behaviours**
- 3) developing and implementing an action plan**
- 4) assessment of task performance and behaviours to determine progress in goal achievement, and/or the need to set new goals**

19. What are the *challenges or barriers* to including persons with dementia in *goal-setting* related to their care?

20. What is needed to *enable or facilitate* greater inclusion of persons with dementia in *goal-setting* related to their care?



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Reflexive Practice and Continuing Professional Development

Please rate on a scale of 1 to 5.

* 21. How often do you engage in the following reflexive practice and continuing professional development activities?

	1 - Never	2 - Rarely	3 - Sometimes	4 - Often	5 - Always
I critically reflect on my own practice.	<input type="radio"/>				
I assess my own learning needs.	<input type="radio"/>				
I develop a plan to meet my learning needs.	<input type="radio"/>				
I seek and evaluate learning opportunities to enhance my practice.	<input type="radio"/>				
I incorporate learning into practice.	<input type="radio"/>				
I act as a preceptor/mentor for interprofessional team members.	<input type="radio"/>				
I act as preceptor/mentor for students/trainees.	<input type="radio"/>				



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Additional Comments

22. Are there any other areas (not already described in this survey) where you feel you do not have sufficient knowledge/skills/abilities, or that you feel unprepared to deal with when working with seniors?

* 23. What are your top 3 identified areas for continuing professional development?

#1

#2

#3

24. Is there anything else you would like us to know?



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Thank You

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25. Email Address

26. Additional options:

- I would like to receive a summary of the research findings when they are available.
- I would like to be notified about any follow-up research related to this study, such as interviews.