PROCEEDINGS REPORT

for the

Better Aging: Ontario Education Summit

Held on February 13, 2014, Toronto, Ontario

Organized by the Council of Ontario Universities

in partnership with Baycrest Health Sciences and the
Ministry of Health and Long-Term Care

Funded by the Government of Ontario

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(Left to right) Prof. Bonnie Patterson, Minister Mario Sergio, Dr. Samir Sinha, Minister Deb Matthews, Dr. William Reichman next to the Commitments Wall.
August 2014

We are pleased to provide you with the Proceedings Report from the recent Better Aging: Ontario Education Summit, held on February 13, 2014 at Baycrest Health Sciences. The Council of Ontario Universities (COU) welcomed the opportunity to organize the summit and to work with the Ministry of Health and Long-Term Care, Baycrest Health Sciences, and other health and education partners on the initiative.

The summit was organized to bring a range of stakeholders together to identify how best to implement the educational recommendations in Dr. Samir Sinha’s *Living Longer, Living Well*, which is helping to inform the government’s strategic initiatives on seniors. A key enabler of a seniors-friendly Ontario is enhanced education and training of health and social care providers who work with older adults.

The day was a resounding success, bringing together over 170 representatives from health care and seniors’ organizations, government, university and college health and social care education programs, continuing professional development organizations, geriatric/gerontology experts, interprofessional education and collaboration experts, and professional regulatory and program accreditation bodies.

It was fitting to hold the event at Baycrest, a global leader in learning, research, and innovation in older adult care. Exciting and innovative approaches to educating providers for older adult care were showcased, while COU consultants looked at existing curricula, gaps, and best practices in order to set the stage for small group discussions which sought to identify priority areas for implementing Dr. Sinha’s recommendations.

We extend our sincere thanks to stakeholders for giving their time and sharing their valuable expertise about improving older adult care, and we look forward to the next steps that result from the summit.

The Council of Ontario Universities is committed to providing continued leadership in this area, and looks forward to working with government and stakeholders to enhance the education of the health and social care workforce to better meet the needs of Ontario’s aging population.

Yours sincerely,

Bonnie M. Patterson, C.M., O.Ont.
President and CEO
Council of Ontario Universities
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Dr. Timothy Willett, Sim-ONE
Stimulating dialogue, inspiring innovations, idea-sharing, and priority-setting marked the Better Aging: Ontario Education Summit, held February 13, 2014 at Baycrest Health Sciences. More than 170 stakeholders joined forces to address how to better meet the needs of older Ontarians by enhancing the knowledge and skills of health and social care providers.

Organized by the Council of Ontario Universities (COU) in partnership with the Ministry of Health and Long-Term Care and Baycrest Health Sciences, participants included educators, policy makers, researchers, care providers, and community leaders. The summit was organized to help identify a sector-led strategy for implementing the provider education recommendations in Dr. Samir Sinha’s, *Living Longer, Living Well*, the report that is helping to inform the Ontario government’s approach on strategic seniors’ initiatives. The summit sought to generate dialogue across stakeholder groups on the topic of provider education, identify priority areas for implementation of the educational recommendations, and create momentum and actions for moving forwards.

Dr. Sinha’s report included 166 recommendations, 33 of which focus more broadly on elder-friendly communities, housing, transportation, ageism and elder abuse, and the needs of special populations – and 133 of which are health-specific. These latter span the continuum of care from health promotion and healthy living to the delivery of health, social, and community care services including better meeting the health human resource needs of Ontarians. Supporting core and continuing health and social care workforce training needs was identified by Dr. Sinha in his report as a key enabler for realizing the other recommendations, and was subsequently identified by Ministry of Health and Long-Term Care as a priority.

The day kicked off with motivating remarks from Council of Ontario Universities President and CEO Bonnie Patterson, Minister of Health and Long-Term Care Deb Matthews, Minister Responsible for Seniors Affairs Mario Sergio, and Dr. Sinha, Provincial Expert Lead for the Ontario Seniors Strategy. Preliminary results of needs assessments conducted in the months leading up to the summit were then presented. These included senior and caregiver views on what was needed in health and social care provider education, health practitioner views on what is needed in provider education, an analysis of gaps, limitations and priorities in interprofessional education and collaboration related to older adult care, an assessment of geriatric/gerontological content, requirements, needs, and priorities in entry-to-practice (ETP) education, and an assessment of strengths, gaps, needs and priorities in continuing professional development (CPD) related to older adult care.

An innovations panel followed, showcasing innovative and successful educational initiatives already underway in Ontario with respect to older adult care. These included examples of entry-to-practice education, continuing professional development, and interprofessional collaboration and learning taking place in the Centres for Learning, Research and Innovation (CLRIs) in Long-Term Care, SIM-one on investments in simulation equipment and faculty training modules to
enhance PSW training to support seniors living at home, Ontario Telemedicine Network’s OTN) online repository of web-based content to support knowledge transfer on seniors care, and the leveraging of Behavioural Supports Ontario’s online learning portal to enhance knowledge, attitudes, and practices for care providers working with older adults with responsive behaviours.

The afternoon was given over to breakout sessions. Participants were invited to take up the information and ideas from presentations in the morning and engage in a discussion on priority areas for moving forwards with implementation of Dr. Sinha’s recommendations on health and social care provider education. By the end of the breakout sessions, participants had identified the following priorities at both the entry-to-practice (ETP) and continuing professional development (CPD) level:

- Care provider education should be seniors driven, including:
  - health outcomes for seniors should be the measurement of success for care and interventions
  - “better aging” should be defined by seniors, not by providers
  - respect for the autonomy of the patient as a key principle vs risk avoidance
  - shift the culture of care provision towards person-centred care, in terms of relating to the patient as a person rather than an illness, and considering them in a holistic framework, in terms of their cultural and population health context, and
  - older adults and their families and informal caregivers should be involved in curriculum planning and development at both ETP and CPD levels

- There was strong, but not unanimous, support for mandating schools and organizations through accreditation and regulatory bodies to ensure core competencies in geriatrics are addressed at both the entry-to-practice and CPD level.

- Interprofessional collaborative practice and educating health and social care professionals in team skills and approaches needs to be further developed, with a particular focus on patient outcomes, provider roles, how to refer, change of command, and interprofessional organization skills, in order to build on previous work on interprofessional education (IPE).

- There should be consistency in PSW education across publicly assisted and private ETP programs, and CPD in the workplace tailored to PSW roles and learning needs.

In terms of entry-to-practice education, the following were identified as priorities:

- collaborative curriculum development between schools and practice partners in the field

- common or interdisciplinary curricula at the entry-to-practice level (as opposed to specialized curricula on seniors for each profession)
• the need to address challenges with clinical placements. Specific suggestions here included:
  o funding preceptorships in a variety of settings and professions
  o faculty development for preceptors
  o protected funding for clinical education that would support it across the continuum of care
  o further development of simulation

• a focus on prevention and wellness in curricula, and

• resources to schools to assist with curriculum enhancements.

In terms of continuing professional development, the following were prioritized:

• a central portal for navigation of CPD opportunities in older adult care

• dedicated time for CPD

• infrastructure to support CPD, such as CLRI’s, discipline-specific Centres of Excellence, online learning, and recognition for mentorship, and

• financial accessibility of CPD, possibly through dedicated funding for organizations to offer CPD in the workplace.

Overall, participants demonstrated strong support and enthusiasm for improvements in senior care and for the educational recommendations in Living Longer, Living Well. Participants were successful in identifying key priorities and approaches that will help to enhance provider education and improve care of older adults. Considerable work lies ahead, but there is a strong will amongst stakeholders to advance the issues.
Introductions

The Better Aging: Ontario Education Summit was held February 13, 2014, at Baycrest Health Sciences, one of the world’s premier academic health sciences centres focused on aging and brain health. Professor Bonnie M. Patterson, President and CEO of the Council of Ontario Universities, welcomed attendees to the summit and chaired the morning program.

Prof. Patterson expressed her pride in the role that universities and colleges play in educating health providers for the needs of today and tomorrow. She gratefully acknowledged the funding support for the day-long event by the Ministry of Health and Long-Term Care, as well as Baycrest for hosting the summit.

She reinforced that the summit was designed to launch a dialogue on how to better meet the needs of Ontario’s older adults by enhancing knowledge and skills of health and social care providers. “It provides all of us with an opportunity to dig more deeply into how to meet the recommendations laid out by Dr. Samir Sinha in his seminal report Living Longer, Living Well.”

Dr. William Reichman, President and CEO of Baycrest, joined Prof. Patterson in welcoming attendees. He stressed the importance of visionary thinking and expressed his hope that “we can be a model for a nation and the world in how to advance the well-being of seniors.”

“Create opportunities for interprofessional dialogue to advance care and support for older Ontarians.”

Bonnie Patterson, Council of Ontario Universities

Opening Remarks

Calling the event the “culmination of a tremendous amount of focused work and the beginning of something that should have international implications,” Minister of Health and Long-Term Care (MOHLTC) Deb Matthews began by recognizing the diversity of attendees, who represented a broad range of professions.

“We can do so much better for our elders if we all share and work together to create the best possible environment for people to grow old,” she said. Referring to Dr. Samir Sinha as an inspiration, Minister Matthews said his “robust and thoughtful” report (Living Longer, Living Well) will lead to a much higher level of care.

“Create the environment for innovation and compassion.”

Deb Matthews, Minister of Health and Long-Term Care
Minister Matthews noted that when she first became Health Minister, with her background as a demographer, she attempted to quantify the impact of aging on the population.

Maintaining the status quo and caring for an aging population would increase the health care budget by 50%, adding $24 billion to the budget, in order to provide care that is no better than today, she remarked.

Today’s graduates need more training in geriatrics, and the challenge is how to attract young students to a career in this area, she continued. “We have the knowledge. Do we have the ambition to do things differently?” She expressed her strong interest in the outcomes of the summit, which will help stakeholders to move forward in this area.

Minister Matthews concluded by pledging to do a better job understanding, learning, and applying knowledge about elder care, and expressed her commitment to implementing many of the Sinha report recommendations.

Ontario’s changing landscape is home to two million people over age 65, noted the Minister Responsible for Seniors Affairs Mario Sergio. That number will double, to 4.2 million, by 2030.

The Ontario Seniors’ Secretariat advises on the development of policies and programs across government on behalf of older Ontarians. A total of 33 recommendations from the Sinha report fall under the mandate of the Seniors’ Secretariat. “These seniors gave a lifetime to building their communities, provinces, and economies,” said Minister Sergio. “We need to contribute to the goal of ensuring that seniors are cut out to play an active role.”

He outlined a number of initiatives that have already been put in place to support older adults:

- the Seniors Community Grant Program, not-for-profit funding that allows for more opportunities for community participation
- the Age-Friendly Community Planning Guide, which focuses on the physical and social environment to support independent living
- work with the Alzheimer’s Society of Ontario to reduce and recognize dementia
- elder abuse legislation
- the Healthy Homes Renovation Tax Credit, which helps defray the cost for older adults of making their homes safe and accessible
- the Aging at Home Strategy, which focuses on an integrated continuum of community-based services to help older adults live at home
Minister Sergio concluded with a “personal commitment to get it right” when it comes to elder care.

“I commit myself to make Ontario the best province in Canada, where our seniors can grow older and age with confidence in health.”

Mario Sergio, Minister Responsible for Seniors Affairs

“Where We Stand, Where We Need to Go”

“The dilemma is, when we think of how our systems, cities, communities, and health care educational systems are organized, they often disadvantage older adults with chronic health issues,” said Dr. Samir Sinha, Provincial Expert Lead for the Ontario Seniors Strategy and author of the report Living Longer, Living Well.

Dr. Sinha, who is also the Director of Geriatrics at Mount Sinai Hospital and the University Health Network Hospitals, provided some background on the education recommendations in his report, and outlined potential steps for moving forward.

In 1900, life expectancy was 51 years, said Dr. Sinha. Now, it’s 81 and a person who makes it to 65 can expect 20 additional years ahead of them, with approximately 17 being in relatively good health. With the aging of our population and with frail older adults becoming our system’s greatest users, our patients have changed, while the system has not, he stressed. At the same time, care needs, preferences, and values are evolving. How to accommodate changes and ensure that the publicly funded health care system remains sustainable are key challenges.

In 2012 Ontario devised a new vision, to ensure our province becomes the best place to grow up and grow old. Ontario’s Action Plan for Health Care established a new direction for the province’s health care system, with a focus on equity, quality, access, value, and choice to ensure Ontarians receive the right care, in the right place, at the right time.

The Action Plan highlighted the development of a Seniors Strategy as a means of establishing sustainable best practices and policies at a provincial level that could support the local delivery of health, social, and community care services with a focus on helping older Ontarians to stay healthy and stay at home longer.

Factors that support keeping older adults healthy, active, and engaged include the establishment of elder-friendly communities, ensuring that housing and transportation needs are met, and the promotion of social engagement, said Dr. Sinha. The sectors most critical to the delivery of elder care include home and community care, acute care, long-term care, and our municipalities that create the communities we live in.
As well, certain sub-populations have unique needs that must be addressed, including aboriginal and lesbian, gay, bisexual, transgender, and queer (LGBTQ) elders.

Support for aging in place is critical, and this requires investing in health promotion and illness prevention in older Ontarians, specifically with initiatives like exercise and falls prevention, and flu vaccinations. Access to primary care providers, particularly those who can make house calls, and supportive housing are important components.

“We need to expand traditional scopes of practice and practice settings to improve people’s ability to stay at home,” said Dr. Sinha. “And we have to ensure that our current and future health and social workforce is prepared for the future.”

During his medical training, he noted, a clinical rotation in geriatrics was mandatory for all medical students in his program. This is no longer the case, and students he spoke to reported they could do a better job if there was more geriatric-specific content in medical education.

But more initiatives targeting elder care are taking shape. For example, clinicians at Mount Sinai Hospital in New York identified and defined the minimum geriatrics-specific competencies needed by a new intern to adequately care for older adults. The “Don’t Kill Granny” competencies are designed to establish the performance benchmarks for medical school graduates who as first-year residents will care for geriatric patients.

Lack of skills, knowledge, and training affects confidence and comfort dealing with certain populations, said Dr. Sinha. Education and training must be a lifelong endeavour. In addition, there needs to be a greater emphasis on valuing and recognizing those who work with vulnerable populations to make it an appealing career option.

Next steps for enhancing care for older adults, said Dr. Sinha, should include:

- enhancing education and training opportunities
- establishing mandatory and relevant course content in entry-to-practice, and
- establishing more geriatric placements to allow more exposure to careers in this area

In addition, to minimize geographic and regional disparities, educators must leverage technology to support learning and knowledge sharing. The use of simulation will be important, including things like using standardized patients and frail aging suits, which a student can wear to experience what it is like to be a frail older person.

Dr. Sinha called on attendees to sign a Commitments Board at the Summit that begins:

“I commit to challenging the status quo and designing a better way to prepare high performing Health Care Professionals who embody excellence in patient/person-centred care.”

Dr. Samir Sinha
“I commit to advancing the education of our current and future health and social care workers to provide better high-quality care for older Ontarians by...” He concluded by pledging to spend more time teaching non-medical health and social care professionals the principles of geriatric care, support the development of more geriatric continuing medical education (CME) activities in the GTA, and work with the Ontario Telemedicine Network to develop a unique, made-in-Ontario, free and accessible provincial web-based education resource.

“Teach my students about ageism, the reality of aging and the healthcare system and being part of a team of colleagues improving entry-to-practice education.”

Lynn McCleary, Brock University

Workforce Education for an Aging Population: Priorities for Moving Forward

The first panel consisted of presentations from a number of consultants hired by the Council of Ontario Universities to identify specific strengths, gaps, and best practices in Ontario health and social care workforce education related to older adult care. The needs assessments were designed to provide a common baseline of information for participants at the summit, in order to help participants identify priority areas for action in the afternoon breakout sessions. The panel was moderated by Dr. Katherine Berg, who is the Chair of Physiotherapy at the University of Toronto, a clinical expert in geriatrics, and a member of the Summit Planning Group.

Dr. Berg introduced representatives from the needs assessments team who presented on patient and caregiver perspectives on learning needs, provider perspectives on learning needs, and the current state of geriatric preparation in entry-to-practice curricula, continuing professional development, and interprofessional collaboration and education. Interim results of the studies were presented.

Patient and Caregiver Perspectives on Learning Needs

Kimberley Wilson, a consultant and researcher in the areas of aging, health, and mental health, presented on patient and caregivers’ perspectives on what older adults and their families feel is needed in their care providers.

Her needs assessment, which included a literature review, interviews, focus groups, and surveys, reinforced the “nothing about us without us” message. The themes that emerged from the literature included recognizing diversity in older adults, responding to individual needs and wants, continuity of care as an indicator of quality care and for improved outcomes, and a strong emphasis on communication. Older adults also consistently underscored the need for help in navigating the health care system.
In feedback from older adults, personal and relationship-centred care was recognized as the ideal, entailing trust building, time and personal attention, as well as respect and empathy. Shared decision-making was another important theme, with emphasis on the active agency of older adults and the recognition of how ageism and power differentials can threaten autonomy.

The personal characteristics of care providers – interpersonal skills and “soft skills” -- were found to be emphasized more strongly than provider content knowledge, noted Ms. Wilson. Older adults want providers who embody dignity, empathy, and compassion. They want strengths-based and person-centred care and providers who work beyond their sphere and go the extra mile to support their clients/patients.

Older adults view the ideal relationship as a partnership, where choice and easy access to providers are key, and providers help them maintain their independence and advocate on their behalf. They want their providers to have more information on mental health issues and behaviour changes, infection control, end of life care, and activities of daily living (e.g. bathing, meal time).

Care delivery also needs to take into account cohort differences, particularly in settings like long term care where residents may range in age from 40 to 104. Plus, there is a need for providers to have problem solving and conflict resolution skills, enhanced abilities to work with family and caregivers, and training and education on privacy legislation.

Other considerations include how time constraints can contribute to miscommunication, an awareness of the power of language, the impact of ageism, and provider continuity. Ideally, she concluded, care providers should have a passion for working with older adults, be person rather than task oriented, and see the big picture. Many participants suggested that training and education should involve older adults as participants and partners in the design and the delivery.

**Provider Perspectives on Learning Needs**

Dr. Veronique Boscart, Canadian Institutes of Health Research/Schlegel Industrial Research Chair for Colleges in Seniors Care at Conestoga College, presented interim results on providers’ perspectives on gerontology learning needs amongst care providers.

She and colleagues Dr. Lynn McCleary (Brock University) and Dr. Peter Donahue (Renison University College, University of Waterloo) gathered key material via informant interviews with supervisors, managers, and practice consultants in primary care, Community Care Access Centres, home care, long-term care homes, retirement homes/seniors housing, and acute care, in relation to a range of care workers including Registered Nurses, Registered Practical Nurses,
Personal Support Workers, Physiotherapists, Occupational Therapists, Medical Doctors, Recreation Therapists, and Social Workers.

Existing strengths identified in the current workforce included passion, care about making a difference, and the recognition of the need for a separate set of knowledge and skills when it comes to care of the elderly.

In long-term care, the model is slowly changing to person-centred care from the physical/medical model, said Dr. Boscart, and there’s a hunger for knowledge; a familiarity with “Gentle Persuasive Approaches,” P.I.E.C.E.S., and U-First! (all programs designed to help providers work with individuals with dementia and other mental health or cognitive issues); and the experience to recognize when something is “off.”

In community care, existing strengths include assessing safety, keeping people at home, using the Gentle Persuasive Approach, flagging cognitive impairment, recognizing medication issues, wound management, and long-term care assessment.

Existing strengths in primary care included the integration of the interprofessional team, and the indication that recent family medicine graduates have most of the needed competencies. In acute care, there is a good knowledge of disease processes and familiarity with when and how to make community referrals.

When it comes to competency gaps in the current workforce, the following were identified: lack of understanding of normal versus healthy aging, ageism, lack of awareness of common conditions among older adults, and challenges assessing, planning, and managing complex chronic conditions and comorbidities.

There needs to be a greater focus on holistic assessment, she continued, as well as an ability to see changes in condition and communicate about “difficult” issues (e.g. sexuality, advanced care planning) or in the face of cognitive changes or mental illness.

Providers must better understand the perspectives of other professionals and engage in effective interprofessional teamwork, as well as know how to navigate the system and manage transitions. They also need more grounding in consent and capacity assessment and the role of power of attorney and substitute decision makers.

Respecting autonomy is integral to good care, as is end of life care/advanced planning; cognitive and mental status assessment; delirium, dementia, and depression screening, prevention, assessment, and management; medication screening and appropriate prescribing; and working with families.

“CLRI-Schlegel commits to assisting with supporting the development of ‘living classrooms,’ leadership in long-term care and other geriatric services—soft skills development.”

Comment from Commitments Wall
Providers also noted current workforce gaps in RN leadership and management, RN/RPN skills for high acuity residents, RPN assessment skills, and oversight of personal support workers.

Providers see new graduates as having fresh ideas, a spirit of inquiry and a recognition of the importance of lifelong learning and knowledge of best practices. Competency gaps include the use of Resident Assessment Instrument data, chronic care (vs episodic), knowledge of community-based care, personal support care (e.g. oral care, turning, palliative care, pain, equipment use, organizational skills), and communication and expression of empathy.

The interim findings of this needs assessment included the following approaches prioritized by providers to achieve seniors’ care competencies:

- greater emphasis by schools on geriatric or gerontology entry-to-practice competencies
- late career initiative harnessed to RN/RPN mentorship in seniors care
- New Graduate Guarantee harnessed to RN/RPN graduates in seniors care
- a shared responsibility for continuing education between employees and employers

**Supporting Interprofessional Education and Collaboration Models**

Dr. Marion Briggs, Director of Health Sciences and Interprofessional Education at the Northern Ontario School of Medicine, presented on opportunities for interprofessional education/collaboration in the care of older adults. She collaborated on the research with Dr. Janet McElhaney (Advanced Medical Research Institute of Canada and Health Sciences North), and in consultation with the Aging, Community and Health Research Unit at McMaster University.

Dr. Briggs began by reviewing the innovative, problem-based learning curriculum at Linköping University in Sweden. Nine health professions, including medicine, nursing, physio and occupational therapy, speech language pathology, psychology, pharmacy and others take common courses at the beginning of years one and two of entry-to-practice programs. Interprofessional clinical placements include mandatory rotations on one of eight in-patient interprofessional clinical teaching units (IP CTUs) or one of four community-based IP CTUs, where student teams provide all care under the supervision of an interprofessional preceptor team.

“They’ve done this for over 15 years; the penetration of graduates into the Swedish workforce must be significant,” said Dr. Briggs. However, students report that they cannot find positions that enable them to continue to develop these skills. This affirms that both practice and education must move forward together in order to produce real effects in patient care.
In terms of her preliminary assessment, she indicated that there is no clear consensus on what constitutes best practices in interprofessional education (IPE) or interprofessional care (IPC), although some general principles can be articulated. Often in IPC there is no demonstrated link to improved patient outcomes, she noted. In addition, single interventions seem to have little effect on patient outcomes.

There is consensus that IPE must begin in pre-licensure educational contexts, emphasize practice-based clinical education, and continue as life-long learning, she added. But the patient voice in IPE and IPC often gets lost.

“When translation of ‘best’ into practice fails, we respond by improving the evidence, trying to get it more right, or the translation strategy,” said Dr. Briggs. “It’s a bit like trying the same thing again expecting different results.”

There are generally two approaches to practice: evidence-based practice (the “what to do and how”) or critical practice (the “why”). The drive to standardization may miss the mark; it is more important to ensure practice is relevant and effective, than to control it, she suggested.

Preliminary high-level approaches to IPC/E emerging from the literature included:

- take diversity, complexity, and local context seriously
- support innovative, context relevant, person-centred care practices through strategies such as developmental evaluation or time series analysis
- support accountability for key indicators for patient-oriented outcomes (e.g. compression of morbidity, prevention of complications of care within and between care environments, and enhanced quality of life)
- support integrated health and social care policies that expand “senior-friendly hospital” to “senior-friendly community”

In terms of entry-to-practice standards, key considerations include:

- integrated competence models that include individual and collective competence and distinguish between competence and capability/capacity
- longitudinal, interprofessional clinical education models that
  - develop individual and collective competence
  - develop awareness of health and social policy
  - expose learners to broad health and social care models

“I would like to shift emphasis from 'What + how' to 'why'-- from input..to outcomes..from standardization..to relevance.”

Dr. Marion Briggs
o develop professional identity as a person-centred care provider and patient advocate

Person-centred principles must inform all policy development, Dr. Briggs concluded.

**Geriatrics and Gerontology in Entry-to-Practice Education**

Dr. Lynn McCleary, President of the Canadian Gerontological Nursing Association and Associate Professor in the Department of Nursing at Brock University, presented on opportunities to build geriatric/gerontological training capacity in entry-to-practice programs for health and social care professionals.

To determine educational representatives’ views of the need for geriatric/gerontology curriculum development, she and colleagues Dr. Veronique Boscart (Conestoga College) and Dr. Peter Donahue (Renison University College, University of Waterloo) undertook a web survey. This was completed by 55 educational administrators and 88 teachers from a wide range of care worker programs. Key informant interviews about experience modifying curricula were also conducted.

Interim results of the assessment showed half of respondents believed that their programs are adequately preparing graduates for seniors’ care, and most thought they should be improved. Changes are happening, noted Dr. McCleary, such as the introduction of elective courses, increasing practicum placements and seniors’ care content in existing courses, and an intention to enhance teaching with ongoing curriculum review.

About 66% of programs have modules that include geriatric content, she said. Family medicine residency training, for example, is seeing an increase in older adult care content in its programming and in post-residency training.

Curriculum changes have been prompted by pressures such as the job market, Long-Term Care Homes Act changes, accreditation, grant funding and dedicated chair funding, and the recognition of the importance of older adult care.

Factors that supported these changes included college/university administrative support, experts on staff and as mentors, the professional development of educators, curriculum mapping for seniors’ care competencies, knowledge and expertise in curriculum development, and communication and relationship skills.

Barriers included finding the time to map and revise the curriculum, finding a place for the new content, access to clinical learning sites, low student interest, knowledge gaps among faculty, perceptions that older adult care is a specialty or special interest, and ageism.

“To look for successful models ensuring better quality of care for older adults around the globe and bring these experiences to Ontario.”

Comment from Commitments Wall
Respondents indicated that faculty training or education about older adult care/gerontology, for both classroom and clinical faculty, as well as teaching resources, are key to successful curriculum enhancement. Educators’ preferred methods for making changes to competencies are ranked below:

<table>
<thead>
<tr>
<th>Educators’ preferred methods to achieve enhanced competencies</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved content about seniors’ care in entry-to-practice education</td>
<td>1st</td>
</tr>
<tr>
<td>Improved clinical/practicum in entry-to-practice education</td>
<td>2nd</td>
</tr>
<tr>
<td>Continuing professional education and certification</td>
<td>3rd</td>
</tr>
<tr>
<td>Interprofessional education in entry-to-practice education</td>
<td>4th</td>
</tr>
<tr>
<td>Employer-provided education</td>
<td>5th</td>
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<tr>
<td>Post-graduate education</td>
<td>6th</td>
</tr>
<tr>
<td>Provincial accreditation standards for content in entry-to-practice programs</td>
<td>7th</td>
</tr>
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Another suggestion was mandated content on licensing exams.

Regarding existing standards for gerontological education, program accrediting bodies and provincial regulatory bodies indicated existing standards documents prepare for “all stages of the lifespan,” with a generalist education at entry-to-practice, and gerontology/geriatrics seen as a specialty. The College of Family Physicians of Canada is one body that is increasing older adult care requirements for all trainees.

“There is currently limited interest from most accreditation and regulatory bodies in changing the competency frameworks; it’s a complex and lengthy process,” said Dr. McCleary.

There are some existing interprofessional gerontological competencies, developed by the National Initiative for Care of the Elderly (NiCE), the Ontario Alzheimer’s Strategy Transition Project, Behavioural Supports Ontario, and the Ontario Dementia Strategy Physician Training Initiative. Profession-specific competencies are found in undergraduate medicine, geriatric psychiatry, long-term care medicine, nursing, and social work.

The Canadian Institutes of Health Research/Schlegel Chair in Seniors Care for Colleges at Conestoga College has undertaken a curriculum review and redesign to integrate gerontology
content and interprofessional principles into a wide spectrum of programs that train students for careers working with seniors, provides professional development to experts championing geriatric content, and has established a “living classroom,” whereby a long-term care facility has been integrated into the campus and is staffed by PSWs and practical nurses.

The Brenda Stafford Centre for Excellence in Gerontological Nursing at the University of Calgary advocates for enhanced content and new courses, provides training and education for clinical faculty and an online teaching toolkit, and also partners with long-term care (LTC) and provides enhanced clinical placements.

In the U.S., the Donald W. Reynolds Foundation Aging and Quality of Life Program focuses on geriatric medicine, medical student training, and offers the Portal of Geriatrics Online Education. The John A. Hartford Foundation, which includes nursing, social work, and medicine, funded large-scale programs for curriculum enhancement and scholar development. Students learn gerontological content; the Foundation has trained 808 faculty from 418 schools of nursing in the U.S.

Dr. McCleary concluded by noting that most educators endorse the need for enhanced curricula. She suggested an approach that favours enhancing courses, practice learning, and continuing professional development, along with enhanced entry-to-practice gerontological competency frameworks. She noted that sustainability requires ongoing support and commitment.

**Learning Needs in the Field: Continuing Professional Development**

Dr. Haig Baronkian, President and Senior Consultant with eFuel Partners Inc., spoke on opportunities for enhancing geriatric education in continuing professional development.

His needs assessment covered a sample of five professions, and was based on interviews, literature research, and a review of continuing professional development programs, competency models, and different modes of education delivery.

Dr. Baronkian’s high-level assessment noted that discipline-specific continuing professional development (CPD) program offerings are quite fragmented and vary considerably by discipline in terms of the extent of coverage for seniors care. There are also many different educational providers, from universities and colleges to professional associations and regional geriatric programs. Aside from more formal, discipline-specific educational programs, there are a variety of open/multidisciplinary programs, as well as short-form or ad hoc education approaches in use.

Some disciplines do not have any competency models to guide CPD educational offerings or practice. Major identified learning areas where CPD needs more development include mental...
health, falls, incontinence, fragility, and wound care. Respondents expressed, overall, a desire to do more but were limited by funding, coordination, and a need for cultural change within their discipline.

In medicine, there are a range of CPD programs, including:

- an online program for emergency physicians (Geri-EM)
- training for medical directors at long-term care facilities (Ontario Long-Term Care Physicians)
- Care of the Elderly Certificate Course (University Health Network/University of Toronto Department of Family and Community Medicine)

The competency model in use is that of the College of Family Physicians of Canada – Triple C Competency-based Curriculum – adapted for elderly patients by the University of Ottawa. Identified needs include frailty, co-morbidity, collaborative care plans, geriatric assessment, and navigation of support systems for the older adult.

For RN/baccalaureate nurses, there are also a range of CPD programs, as well as a national level specialist certification exam for gerontological nursing through the Canadian Nurses Association (CNA). Competency models in use include CNA competencies for GNC(C) and the Canadian Gerontological Nurses Association – Gerontological Nursing Competencies and Standards of Practice 2010. The Registered Nurses Association of Ontario (RNAO) offers Advanced Clinical Practice Fellowships, some of which are in gerontology. Overall, provincial and national gerontological nurses’ associations bring strong focus and recognition to this field.

In social work, there is a broad recognition of the increasing importance and relevance of social work in older adult care. However, educational offerings are very limited and general. There is some entry-to-practice gerontology specialization, such as Social Work in Gerontology (University of Toronto) but there is no competency model in place for CPD.

In practical nursing, there are a range of CPD programs at colleges and elsewhere. About 60% of RPNs work in long-term care. In collaboration with LTC homes, Fanshawe College is in the process of developing one or more graduate certificates in seniors’ care in response to seniors’ strategy recommendations, for RPNs, RNs and PSWs. The Registered Practical Nurses Association of Ontario has initiated a leadership education that extends to the older adult care area. There is no competency model in place for CPD for RPNs, though some Canadian Nurses Association and Canadian Gerontological Nursing Association models are referenced with some adaptations. More programs are needed for community care settings.

“Develop critical practice across all professions. Educate for the person, not because the person is this age or that. What seniors need at heart is what every person needs if we as practitioners listen, think, and respond.”

Comment from Commitments Wall
There is broad recognition of the importance and relevance of Personal Support Workers (PSWs) as front-line workers in older adult care. Various open/multidisciplinary education opportunities are available primarily through employer/facility-sponsored programs. There is a need for more programs in leadership, communication, and other soft skills. No competency model is in place for CPD for PSWs.

CPD modes of delivery vary by discipline and include some fully online/blended learning, and an increasing number of webinars. It is recognized that these modes of delivery will be increasingly necessary given geography, the need for effective dissemination of expertise, and flexibility of access.

There are some excellent examples of innovation in education and facility programming. A virtual certificate in geriatrics was developed by the Regional Geriatric Program of Hamilton. Modules are sourced from multiple, leading educational partners and informed by a set of core competencies. About 100 learners, largely nurses, are currently in the program.

RNAO has a Best Practice Spotlight Organization program, in which selected long-term care facilities are linked to mentor organizations and commit to implementing and evaluating, over a three-year period, RNAO best practices. This interdisciplinary approach results in a Best Practice Spotlight designation. In addition, RPNAO offers an Award for Excellence in the Care of Older Ontarians.

The following key considerations were noted:

- There are a range of high-quality resources available across (and beyond) Ontario, but with very limited coordination and reuse.
- For those disciplines lacking competency models for CPD, dialogue and support are needed to develop appropriate models.
- Geriatrics/gerontology needs to be promoted as a worthwhile career option, beginning at entry-to-practice.
- A more coordinated funding approach is required from MOHLTC, the Ministry of Training, Colleges and Universities, and the Ministry of Community and Social Services to prevent the ‘silo-ing’ of educational programs.
- The role of the Ontario Telemedicine Network (or similar) needs to be expanded to host and support online learning.

Innovations – Examples from Ontario

Following on the heels of research into the current state of education and possible areas for improvement was a panel showcasing innovative and inspiring educational initiatives already
happening in Ontario with respect to older adult care.

Dr. David Conn, Vice-President of Education and Director of the Centre for Education & Knowledge Exchange at Baycrest, introduced members of the Innovation Panel. He called the summit a landmark occasion and spoke of the importance of engagement.

**Centres for Learning, Research and Innovation in Long-Term Care (CLRI)**

A joint presentation was made on Ontario’s Centres for Learning, Research and Innovation in Long-Term Care (CLRI). The three organizations that have been designated as CLRI are the Baycrest Centre for Learning, Research & Innovation in Long-Term Care, the Bruyère Research Institute (affiliated with the University of Ottawa), and the Schlegel Centre for Learning, Research and Innovation in Long-Term Care/Research Institute for Aging (RIA).

The speakers were Dr. Raquel Meyer, Manager of CLRI at Baycrest; Dr. Tracy Luciani, Knowledge Broker, CLRI, at Bruyère; and Mary-Lou van der Horst, Director of CLRI at RIA.

The mandate of the CLRI is to enhance the quality of seniors’ care in long-term care (LTC) through education, research, innovation, evidence-based service delivery and design, and knowledge transfer. Examples of entry-to-practice education, continuing professional development, and interprofessional collaboration and learning initiatives from the CLRIs were presented.

A new feature of entry-to-practice education for LTC will be the piloting of a shift in winter 2015 of the LTC placements from year 2 of the nursing degree to year 4. Interprofessional internships in aging are also being carried out, along with arts-based learning, and living classrooms in LTC.

In continuing professional development for LTC, the focus is on experiential education using, for example, frail aging simulation suits that allow the wearer to simulate the experience of being a frail adult. Support for educators in LTC homes is being provided by way of online learning modules; an educators’ day that covers topics like simulation for lifts and transfers, reflective practice in end of life care, and dementia simulation; an online educator community practice support forum; and Excellence in Resident-Centred Care presentations for PSWs.

In terms of interprofessional collaboration and learning for LTC, initiatives include a Leadership Program for LTC, a focus on team communication, collaboration and values; and mobile learning apps – like the Sensory Observation System developed at Baycrest to help in recognizing, prioritizing, and reporting changes in client condition.
Ontario Telemedicine Network

Dr. Edward Brown is a founder and Chief Executive Officer of the Ontario Telemedicine Network (OTN), one of the largest, most active and integrated telemedicine networks in the world. He spoke about a new initiative to share online education regarding older adult care.

OTN is an independent, not-for-profit corporation funded by the Government of Ontario. Members include 1,289 health care and education organizations, and services include clinical videoconferencing, provider eConsult, acute care, telehomecare for chronic disease, and learning.

Telehomecare, operating in conjunction with five Local Health Integration Networks, has had such an effect that “there was a 70% reduction in the hospitalization rate for these patients,” said Dr. Brown. OTN enables virtual education through multipoint videoconferencing, webcasting, and webconferencing. In 2012-13, there were over 19,000 events, and the service saw an annual growth of 36%.

OTN’s new initiative – the Ontario Geriatrics Learning Centre – sprang directly out of the following recommendation from the Sinha report: “The Ministry of Health and Long-Term Care should support the collaborative working of the Ontario Telemedicine Network with knowledge transfer partners to create and manage an online repository of educational presentations that help health, social, and community care providers acquire additional knowledge and skills in the care of older adults.”

OTN has developed a two-phased approach to support knowledge transfer. Phase 1, which will become available in Spring 2014, involved the creation and management of an online repository of educational presentations. Specifically, OTN is: leveraging its videoconference network to capture presentations as archived webcasts building a repository of web-based content to support knowledge transfer from seniors’ care thought leaders to the field and curating archived webcasts and making them available as usefully organized resources to support geriatric care education.

To ensure high-quality content, an inter-professional advisory committee is being formed to determine content topics and learning objectives, select and invite presenters, and provide high-level feedback on repository content. The OTN education coordinator manages and curates the site content based on subject matter expert group direction, and assists content providers with video and webcast best practices support. Learners then provide online feedback via presentation ratings, guide planning based on utilization, and engage in discussion forums and social features.
SIM-one

The SIM-one Seniors Care Project was the topic of discussion by Dr. Timothy Willett. He is the Director of Research & Development with SIM-one, the Ontario Simulation Network. This not-for-profit organization supports the simulation community, facilities, resources, and services across Ontario and currently includes 60 simulation labs/programs and 2,000 individuals working in the area of simulation (simulationists).

Simulation is about technique, not technology, according to Dr. Willett. With a range of modalities, it enables education, training, and quality improvement.

Given recent government investments in additional PSW hours for seniors aging at home, ensuring PSWs have the necessary skills to provide support in this context will be critical.

At-home training for PSWs has been limited, which means that students, most of whom will work in at-home environments, have been unprepared for work in this setting. Now, through this Seniors Care Project, the MOHLTC has made a strategic investment in simulation equipment to enhance PSW at-home training in the community college sector. SIM-one’s allocated these investments to Ontario’s publicly-funded colleges to purchase best practices simulation equipment to support seniors living at home. The project fundamentally and significantly improved access to training for PSW learners, said Dr. Willett.

“Now, over 95% of all PSW learners in the province will have access to best practices in simulation-based training to support seniors living at home,” he said. Only 27% of PSW learners received this training prior to the project.

Online educational modules have been produced to support knowledge transfer of best practices in simulation-based education. These modules are available to all PSW faculty, via the SIM-one website, to assist them as they incorporate simulation-based training into the PSW curricula. Modules include the following topics: introducing yourself to a client, medication reminders, assistance getting into and out of bed, colostomy bag changes, and dealing with a fall.

Two environmental scans have also been published under the Seniors Care Project, one examining the role of simulation for seniors care and the other exploring the role of interprofessional education.

Future considerations include expanded simulation training for faculty in the at-home environment (train the trainer), at-home training for practising interprofessional teams, and support for informal caregivers.

Behavioural Supports Ontario Collaborative Learning Portal

Dr. John Puxty discussed an innovative learning portal that is an example of facilitated online
learning to enhance knowledge, attitudes, and practices for care providers working with older adults. Dr. Puxty is the Chair of the Division of Geriatric Medicine in the Department of Medicine at Queen’s University and Co-Director of the Centre for Studies in Aging and Health at Providence Care.

The Centre for Studies in Aging and Health at Providence Care, in partnership with the Southeastern Ontario Behavioural Support Program, has completed a successful pilot of its Behavioural Supports Ontario Collaborative Learning Portal (BSOCLP). The portal provides access to information and decision supports, learning resource libraries, and online forums that support group and individual practice-based reflection in support of team-based and self-directed learning.

The “Mobile Response Team (MRT) Learning Collaborative Pilot” group was comprised of three “champions” from each MRT (a multi-disciplinary team offering crisis intervention, prevention, trauma response, and other support to a given area) and two front-line LTC “champions” from each geographic setting (Hastings Centennial Manor, Rideaucrest, and St. Lawrence Lodge). They participated in a collaborative learning module that included the following components:

- Promoting Effective Communication
- Collaborative Teamwork
- Person-Centred Care
- Resident Life History
- PIECES 3 Questions

Coaching and mentoring sessions over 17 weeks included a blend of both face-to-face and online communication tools. After, participants reported enhanced capacity in achieving core competencies in the area of behavioral supports. Participants were actively engaged and readily accessed assessment tools and documentation resources in a timely way.

The project team aims to expand, starting in Spring 2014, access to and relevance of the learning opportunity through the Behavioral Supports Ontario Collaborative Learning Portal. All LTC homes within southeastern Ontario are being targeted for enrollment. Part 1 will focus on expanding access to the “creating effective communication and collaboration in responding to responsive behaviours” for Mobile Response Teams and front-line LTC home champions.

A 22-hour blended online course will be carried out over 13 weeks in three to four cohorts. The sessions will include:

- orientation for two staff from each LTC home and several MRTs from each region
- eight online independent self-paced learning sessions including presentations, reflective and interactive exercises, quizzes, and a discussion forum
- two online webinar check-ins during the course timeframe and
- three-hour face-to-face team sessions

Part 2 will build on the knowledge and skills from Part 1; MRT and LTC staff and relevant leaders will identify and support the implementation of quality improvement initiatives linked to responsive behaviours using the resources available within the BSOCLP site.

“The Seniors Health Knowledge Network (SHKN) and Centre for Studies in Aging and Health (CSAH) are willing to make a commitment to work on development of a shared gerontology interactive learning library (GILL).”

Dr. John Puxty, Queen’s University

The Charge to Action

At the conclusion of the Innovations Panel, Prof. Patterson noted that the morning’s presentations had set the stage for the afternoon’s small group breakout sessions.

“I encourage you to identify key areas within education that will have the greatest impact on the health and well-being of Ontario’s older adults,” she said. “I also encourage you to engage with your colleagues in other sectors today, to listen to and learn from one another, and to identify priority areas for moving forward.”

Prof. Patterson concluded with her hope that senior sector leaders would commit to a strategy that will advance the education of health and social care providers to ensure the best possible care for our older adults.

How Should We Move Forward? Breakout Sessions

Summit participants were divided into six groups for the afternoon breakout sessions. Each group had representation from a variety of stakeholder groups. A facilitator guided each session.

The first half of the sessions focused on identifying priorities in entry-to-practice education for enhancing older adult care, while the second half sought to identify priorities in continuing professional development. The topics of interprofessional collaboration, inclusion of older adults, and patient-centred care were integrated into the discussions (for the list of questions that
Themes from the discussion, as identified through analysis of notes from each break-out session, are provided in the next section of the report.

Themes in Entry-to-Practice Breakout Group Discussions

Themes that emerged from entry-to-practice discussions included curriculum content, clinical education, broader system challenges, and approaches to change in each of these areas.

Curriculum Content

A strong theme in the discussion was on **curriculum content** for the care of older adults at the entry-to-practice level. By far the strongest sub-theme in terms of curriculum content was on the importance of **person-centred care**, including:

- moving away from relating to the person in terms of their illness
- emphasizing **autonomy and consent** versus risk avoidance
- understanding of the **environment and context** of the patient
- how to **support and include the family**, and
- **understanding diversity** amongst seniors.

Also extremely prevalent within curriculum content was the emphasis on **“soft” skills**, with a particular focus on listening, communication, empathy, and respect, but also negotiation, advocacy, leadership, and critical thinking skills.

The importance of **interprofessional collaboration** was a third sub-theme that was highly stressed within curriculum content.

Other sub-themes within curricular content are listed below in descending order of emphasis:

- patient outcomes
- chronic care, multiple comorbidities
- dementia
- delirium depression, mental health and addictions
- home and community
- healthy aging, prevention
• the importance of the role of PSWs and challenges faced by this group of workers

• social determinants of health

• transitions, navigation in the healthcare system, and

• clinical practice vs. best practice

**Clinical Education**

**Clinical education** was another highly prevalent theme, focusing mainly on the theory to practice gap, or the challenge of finding practice placements that reinforce and deepen learning, with some particular focus on community and LTC sectors. Participants also stressed the lack of a business model to support clinical education.

**Broader System Challenges**

Broader system challenges were a third, albeit less prevalent theme, with emphasis on:

- **siloes** in funding for care and for education

- shortage of funds and funding models for community care and chronic disease management in community

- **absence of adequate roles** in the system to support student education, such as health system navigator roles and RNs in community care

- challenges with ageism in the culture and in what is known as the **“hidden curriculum”** \(^1\) and

- **high turnover rates** amongst professionals working with older adults.

**Approaches to Change**

A major theme included approaches to address the above challenges and to enhance curricular content. Sub-themes here included approaches to curricular content, clinical education, the hidden curriculum, specialization, system challenges, and PSW challenges.

**Curricular content**

There was significant emphasis on use of competencies to guide curricula and enhance gerontology content. Suggestions here included:

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\(^1\) The “hidden curriculum” refers to norms and values implicitly transmitted to future care providers by day to day example, which often undermine the formal messages of the declared curriculum (adapted from Sally Mahood, “Medical Education: Behind the hidden curriculum” *Canadian Family Physician*, September 2011, 57(9):983-985).
• using interprofessional seniors competencies

• a continuum from novice to expert within a discipline, and

• a developmental continuum within a discipline, wherein core competencies are differentiated in terms of how they are applied across the life span of the patient.

Within the competencies discussion, there was a strong emphasis on mandating schools to enhance seniors care competencies in curricula through accreditation and regulatory bodies. Another strong theme included providing funds to schools to enhance gerontology content. More minor themes included a train the trainer approach to build faculty expertise, and getting senior educational administrators on board with curriculum changes. There was also a strong emphasis on involving seniors in curriculum development.

To address shortages in funding related to enhancing curricular content, there was a strong emphasis on sharing resources across schools including the idea of a common curriculum through modules, courses, online resources, as well as distance learning, and a sharing platform.

There was a great deal of emphasis on building IPE curricula, with particular suggestions including:

• how to use the team to improve outcomes for the patient

• how to refer

• learn own role first and then others’ roles

• change of command

• interprofessional organization skills (IPO), and

• partner with other disciplines to create learning experiences.

Clinical education

To address the significant challenges with clinical placements, there was a strong emphasis on the need for funding to support this critical activity. Particular suggestions here included:

• creating incentives for agencies and preceptors to mentor students

• use the power of the LHINs in terms of accountability for funding in order to get students

• funding for community sector placements
• ensure that any funding follows the student
• payment for student supervision in the field, and
• build payment into the salary of the care professional who mentors

There was also some emphasis on simulation as a way to address challenges in finding quality clinical education placements, particularly for some learning areas such as communication and consent.

**The Hidden curriculum**

To address the “hidden curriculum” problem, participants emphasized the importance of **building positive experiences with the elderly**. There was some emphasis within this theme on:

• creating more opportunities for high school students to do volunteer work with older adults
• exposure to quality clinical education experiences, including with healthy older adults
• putting students in geriatric placements later in their programs, and
• marketing or framing the field more positively.

**Specialization?**

A fair degree of discussion centred on the question of whether to allow some specialization in working with seniors at an entry-to-practice level. There was some support for moving to specialization or some degree of specialization at this level, whilst others thought the generalist orientation of most entry-to-practice programs (being prepared to offer care across the life span) should be maintained, and individuals should specialize at the post-graduate level.

**System challenges**

A strong theme included approaches to overcoming more general system problems. To address siloes in care and education, there was some support for the idea that the sectors should work together to come up with a demonstration project and present it to government. Also emphasized were:

• capitation models to reward care of complex patients
• enhanced funding for care of chronic conditions and disease management in the community
• addressing gaps in transitions of care through technology and case coordinators, and
• building capacity in geriatric care in the system, for example through increased staffing.

**Personal Support Workers**

There was some focus on how to address the particular challenges of personal support workers, who provide the bulk of the day-to-day care for seniors who require assistance. Suggestions included:

• mechanisms to ensure consistency across PSW educational programs, possibly through a licensing exam, common curricula across programs and accreditation

• a career pathway for PSWs.

**Themes in Continuing Professional Development (CPD) Breakout Group Discussions**

Themes that emerged within these discussions included approaches to the knowledge to practice challenge, incentives to develop and maintain competencies, important content areas, infrastructure required, priority sectors and professions, other approaches, and principles.

**Address the Knowledge to Practice Challenge**

There was a very strong emphasis on addressing the knowledge to practice challenge. Particular approaches that were emphasized in the discussions included:

• simulation

• audits (to test if the teaching has been integrated into practice, as is done in some CPD models in Medicine), and

• application and coaching.

**Incentives to Develop and Maintain Competencies**

A very strong theme was on incentives for practitioners to keep up competencies. Particular approaches, in descending order of emphasis, included:

• **integrate CPD into day-to-day work** with time on the job to learn, including “living classrooms” where CPD is achieved through collaborations between care and educational institutions (e.g., Schlegel Villages)

• **link funding and/or credits** for CPD to planned practice change outcomes

• **mandating** CPD through regulatory colleges, such as accredited CPD courses and certificates in Medicine, and mandatory exams, such as in Pharmacy
• use **continuing competencies** for non-regulated workers as an alternative to CPD

• **systematic record-keeping** of CPD activities, and

• **payment** for those who mentor.

### Content Areas

The following content topics were highlighted as important at the CPD level:

- person-centred care
- patient outcomes, with a particular emphasis on keeping people at home
- interprofessional collaboration, and
- communication.

### Infrastructure

There was a strong emphasis on the need to build infrastructure to support CPD, including:

- a mechanism to coordinate and navigate existing resources, such as a portal with an inventory of best learning opportunities by topic
- use of online education and other technology such as mobile and gaming platforms
- evaluation of current programs
- expansion of CLRI’s and discipline-specific Centres of Excellence
- supports for mentorship, and
- supports within the workplace.

### Priority Sectors and Professions

While there was not a strong emphasis on particular sectors and professions, participants did highlight the following sectors and professions as in particular need of attention:

- home care
- PSWs, with CPD targeted to their unique job requirements and learning approaches, and
- social workers.
Other Approaches to Enhancing CPD

Other approaches to enhancement of CPD included:

- use of competencies with a continuum of skills development from novice to expert
- building communities of practice
- building on what exists that already works
- involving seniors and families in CPD planning and development, and
- changing the larger system, for example by funding less expensive care givers to deliver care and improving compensation for those who work in geriatrics.

Overarching Principles

Beyond the themes identified above for CPD, there were overarching principles that emerged from the discussion, including that CPD efforts should be:

- systematic
- patient outcomes focused
- interprofessional
- affordable for users, and
- patient-centred.

Priority-Setting Exercise

Towards the end of the breakout sessions, participants at each table were asked to identify their top two or three priorities for moving forward with enhancing education for older adult care. This exercise gave participants a chance to reflect on the discussions, and to rank approaches they considered most important, in order to help set directions for moving forward. Participants then reconvened in the Jacob Theatre for the final plenary session.

Where We Are Going

Reflections on the Day

Jeff Goodyear, Director of the Health Workforce Policy Branch at the Ministry of Health and Long-Term Care, addressed participants at the conclusion of the summit. He thanked stakeholders for contributing their time and energies to this endeavour, noting that the
excellent presentations and fulsome discussions served as an important springboard to further the issue of older adult care.

He reinforced that the Ministry would do its part to remove barriers in order to address the priorities identified at the summit and help in the implementation of strategies. Mr. Goodyear was joined by Dr. Sinha in reiterating the need for champions to bring more attention to ETP and CPD training as it relates to seniors and make sure that momentum for change is maintained and that ideas become operationalized.

Dr. Sinha, who jokingly conceded that he “preaches geriatrics with evangelical zeal,” praised the “coalition of the willing” for taking the first steps to shine the spotlight on this issue and for their commitment to further actions and initiatives.

**Summary of Priority-Setting Exercise**

Glen Brown, the lead facilitator for Progressive Consultants Network of Toronto, provided a summary of the priorities that were identified by tables at the end of the breakout sessions. The section below captures the summary work done by Mr. Brown and the facilitation team, in combination with a thematization of the notes on priorities from the breakout sessions.

**Priorities—General**

A number of themes emerged from the priority-setting exercise which cut across entry-to-practice and continuing professional development. The strongest of these was the importance of **care provider education being seniors driven**. Various aspects were articulated here:

- Health outcomes for seniors should be the measurement of success for care and interventions.
- What “better aging” means should be defined by seniors, not by providers.
- Respect for the autonomy of the patient must be a key principle, versus the common emphasis on risk avoidance.
- Shift the culture of care provision towards person-centred care, in terms of relating to the patient as a person rather than an illness, and considering them in a holistic framework, in terms of their social context and their diverse backgrounds.
- Families and seniors should be involved in curriculum development at both ETP and CPD.

There was a strong emphasis on the need to have a **systematic approach** to enhancing curriculum at both the entry-to-practice and continuing professional development levels, by identifying what exists, how well it works, what the gaps are, and best methods to address the
gaps, including building on current successes. Furthermore, it was stressed that this needs to take place across both regulated and non-regulated care worker education.

In line with attention to a systematic approach, there was a fair degree of emphasis on the idea of mandating schools and organizations through accreditation and regulatory bodies to ensure core competencies in geriatrics are addressed at both the entry-to-practice and CPD level. Support for this was not unanimous.

A fourth theme within the priorities articulated was the importance of interprofessional collaborative practice and of educating health and social care professionals in team skills and approaches.

Personal Support Workers were singled out for attention at both the ETP and CPD levels. The need for consistency in PSW education at the entry-to-practice level was emphasized, as well as ongoing support for education in the workplace, in a manner that is tailored to specific learning needs and job requirements.

Priorities—Entry-to-Practice

In addition to the more general priorities identified above, some priorities were specific to entry-to-practice education. There was emphasis on the idea of collaborative curriculum development, in terms of developing curricula with practice partners, and on common or interdisciplinary curricula at the entry-to-practice level (as opposed to specialized curricula on seniors for each profession). A fair degree of emphasis was placed on the need to address challenges with clinical placements. Specific suggestions here included:

- funding preceptorships in a variety of settings and professions
- faculty development for preceptors
- protected funding for clinical education that would support it across the continuum of care, and
- alternatives like simulation.

There was also support for a focus on prevention and wellness in curricula, and for providing resources to schools to assist with curriculum enhancements.

Priorities—Continuing Professional Development

In addition to the general themes identified above, the following were identified by various summit participants as priorities for CPD:

- a central portal for navigation of CPD opportunities in older adult care
• dedicated time for CPD

• infrastructure to support CPD, such as CLRI s, discipline-specific Centres of Excellence, online learning, and recognition for mentorship, and

• financial accessibility of CPD, possibly through dedicated funding for organizations to offer CPD in the workplace.

Overall, breakout session participants demonstrated strong support and enthusiasm for improvements in senior care and for the educational recommendations in Living Longer, Living Well. The groups were successful in identifying key themes and priorities that will help to guide implementation of Dr. Sinha’s recommendations on education.

Adjournment

Michelle Cyr, Director of the Office of Health Sciences at the Council of Ontario Universities, gave final thanks to stakeholders and adjourned the meeting.

Postscript: Points of Convergence Between Breakout Session Themes and Priorities and Needs Assessment Reports

There was a fair degree of convergence between the priority areas identified in the needs assessment reports commissioned by COU on the one hand, and the themes and priority areas identified by breakout session participants on the other. These points of convergence included, at a general level:

• the focus on person-centred, seniors driven care, including an emphasis on patient outcomes

• an emphasis on “soft skills,” collaborative care and education, system navigation, healthy aging, and other content areas that are fundamental for quality seniors care

• engaging older adults in curriculum development at the ETP and CPD level

• engagement between schools and practice partners in curriculum development and CPD

• seniors care competencies to guide ETP and CPD enhancement

• opportunities to apply learning in a practice setting with appropriate mentorship

• the need to address the hidden curriculum
• the need for a **systematic approach** to enhancing provider education, and

• the need for **funding** to support some of the identified priorities.

In term of ETP in particular, there was convergence around the need for:

• a greater **use of existing resources** at the entry-to-practice level, **building on such resources**, and making these resources **commonly available** for adaptation across programs

• **strengthening faculty and preceptor capacity** in ETP programs

• **support for schools** to undertake curricular enhancements, and

• **greater access to clinical placements and incentive structures** to support this.

Regarding CPD in particular, there was convergence regarding the importance of:

• a **central portal for navigation** of CPD opportunities

• **integrating CPD into the workplace**

• **infrastructure** to support CPD, and

• **financial accessibility** of CPD.

In addition to the points of commonality noted above, the needs assessments and the breakout themes each offer unique suggestions for enhancing older adult care, and should be read in tandem in order to plan future projects and initiatives in any one area.

One area of divergence between the needs assessment and breakout group themes and priorities was in the area of mandating entry-to-practice programs to incorporate more seniors care content and competencies. Mandating was a strong theme in the breakout discussions and in the priority-setting exercise. The needs assessment on entry-to-practice education, on the other hand, found that many accrediting and most regulatory bodies regard seniors care as a specialized area, and suggests that such bodies are not likely—at least in the short-term—to support their incorporation into ETP standards.
Appendix A - Agenda for Better Aging: Ontario Education Summit

BETTER AGING: ONTARIO EDUCATION SUMMIT
February 13, 2014
Baycrest Health Sciences, Toronto, ON

**Developing a sector-led strategy to advance geriatric and gerontology education**

Objectives of the day:

- Learn about current research and innovations in geriatric and gerontology education
- Discuss best approaches to enhancing geriatric and gerontology education
- Identify priorities for moving forward to improve care of older adults
- Commit to support and contribute to a sector-led strategy

**AGENDA**

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<th>Time</th>
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<th>Event Description</th>
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| 7:30 am – 4:30 pm | Foyer of Jacob Family Theatre (second floor) | **Registration Desk Open**  
Pick up your Summit badge and Final Program prior to the opening session. |
| 7:30 am – 8:30 am | Theatre Foyer                     | **Refreshments for All Attendees**  
Enjoy coffee/tea and light breakfast foods upon arrival. |
| 8:45 am – 9:25 am | Jacob Family Theatre (second floor) | **Welcome**  
Prof. Bonnie M. Patterson, Council of Ontario Universities  
Dr. William Reichman, Baycrest Health Sciences  
**Opening Remarks**  
Minister of Health and Long-Term Care, Deb Matthews  
Minister Responsible for Seniors Affairs, Mario Sergio  
**Where We Stand, Where We Need to Go**  
Dr. Samir Sinha, Mount Sinai Hospital |
| 9:25 am – 10:05 am | Jacob Family Theatre (second floor) | **WORKFORCE EDUCATION FOR AN AGING POPULATION: WHAT DOES THE RESEARCH SAY?**  
Panel Moderator: Prof. Katherine Berg, University of Toronto  
Patient and Caregiver Perspectives on Learning Needs  
Kimberley Wilson, Consultant in Aging, Health, & Mental Health  
**Provider Perspectives on Learning Needs**  
Prof. Lynn McCleary, Brock University and Prof. Veronique Boscart, Conestoga College  
**Supporting Interprofessional Education and Collaboration Models**  
Prof. Marion Briggs, Northern Ontario School of Medicine |
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| 10:05 – 10:20 am | **Refreshment Break**  
Coffee/tea and juice available in the Theatre Foyer |
| 10:20 am – 10:55 am | **Geriatrics and Gerontology in Entry-to-Practice Education**  
Prof. Lynn McCleary  
Learning Needs in the Field: Continuing Professional Development  
Dr. Haig Baronikian, eFuel Consulting |
| 10:55 am – 11:55 am | **INNOVATIONS — EXAMPLES FROM ONTARIO**  
Panel Chair: Dr. David Conn, Baycrest Health Sciences  
Centres for Learning, Research and Innovation in Long-Term Care:  
Dr. Raquel Meyer, Baycrest; Dr. Tracy Luciani, Bruyère; and Mary-Lou van der Horst, Schlegel  
Ontario Telemedicine Network: Dr. Edward Brown  
SIM-one: Dr. Timothy Willett  
Behavioural Supports Online Collaborative Learning Portal: Dr. John Puxty, Queen’s University |
| 11:55 am – 12:00 noon | **The Charge to Action**  
Prof. Bonnie M. Patterson |
| 12:00 noon – 1:00 pm | **Lunch**  
Join other Summit attendees for lunch prior to the afternoon sessions. |
| 1:15 pm – 3:45 pm | **HOW SHOULD WE MOVE FORWARD?**  
Facilitated small group sessions to identify priorities and actions for implementation  
Building Capacity in Entry-to-Practice Education (1:15 pm – 2:30 pm)  
Building Capacity in Continuing Professional Development (2:30 pm – 3:45 pm)  
(Refreshments available in each session room; a 10-minute break will be provided during the break-out sessions) |
| 3:45 pm – 4:00 pm | **Proceed to Jacob Family Theatre for Final Plenary Session** |
| 4:00 pm – 4:30 pm | **WHERE WE ARE GOING**  
Reflections on the Day  
Jeff Goodyear, Ministry of Health and Long-Term Care  
Summary of Breakout Session Priorities  
Glen Brown, Progressive Consultants Network of Toronto  
Adjournment  
Michelle Cyr, Council of Ontario Universities |
Appendix B - Presenter Biographies

(In order of presentations)

**Prof. Bonnie Patterson, C.M., O.Ont.**

Professor Bonnie M. Patterson is the President and CEO of the Council of Ontario Universities (COU), a post she has held since September 2009. She was the President and Vice-Chancellor of Trent University from 1998 to 2009. She has served previously as President of COU from 1995 to 1998, as Dean of Business at Ryerson University (then Ryerson Polytechnic Institute), and chaired and taught at Ryerson’s School of Administration and Information Management. She continues to hold her professorial position in Business Administration at Trent.

Currently, she is the Chair of the Board of the Roberta Bondar Foundation, a member of the Board of Metrolinx, the Ontario Chamber of Commerce, and the Advisory Board for the Mowat Centre for Policy Innovation. Prof. Patterson served as one of four Canadian university presidents to the Council of the Association of Commonwealth Universities. She has served as Chair of the Association of Universities and Colleges of Canada; as a Director on the board of the Peterborough Regional Health Centre for nine years, including two as its Chair; and on the board of directors for the International Consortium on Anti-Virals (ICAV).

She is a recipient of the Order of Canada and the Order of Ontario, and has been named one of the Top 100 Most Powerful Women in Canada. She holds a B.A. and M.L.S. from the University of Western Ontario.

**Dr. William Reichman, MD**

Dr. William E. Reichman, an internationally-known expert in geriatric mental health and dementia, is president and chief executive officer of Baycrest, one of the world’s premier academic health sciences centres focused on aging and brain function. Dr. Reichman is also professor of psychiatry on the Faculty of Medicine at the University of Toronto.

Dr. Reichman received a B.S. from Trinity College (Hartford, Connecticut) in 1979 and an M.D. degree from the State University of New York at Buffalo, School of Medicine in 1984. He pursued residency training in general adult psychiatry at the University of California at Los Angeles (UCLA) Neuropsychiatric Institute and completed fellowship training in neurobehavior at the UCLA Reed Neurological Research Institute.

Dr. Reichman is a former president of the American Association for Geriatric Psychiatry and the Geriatric Mental Health Foundation and has been a consultant to the Civil Rights Division of the United States Department of Justice on the quality of dementia and mental health-care delivery within nursing homes. He served as the Senior Health columnist for the Star Ledger, New Jersey's highest circulation newspaper and has been often interviewed and quoted by all of the
major media outlets in the United States and Canada.

Dr. Reichman serves on the boards of the Association of Jewish Aging Services of North America and the International Psychogeriatric Association. He has also been a board member of numerous other organizations including the Alzheimer’s Society of Canada and the New Jersey Chapter of the Alzheimer’s Association. Presently, Dr. Reichman chairs the Seniors Quality Leap Initiative, a collaborative of prominent eldercare organizations and their affiliated universities in the United States and Canada working together to advance the effectiveness of long-term care across the globe.

Among honors received, Dr. Reichman is named among the Best Doctors in America and Canada and previously has been recognized by the New Jersey Society on Aging as Gerontologist of the Year. He is a recipient of a Bronze Telly award for an educational documentary film that he co-created and hosted entitled, Reflections of Memory Lost: Understanding Alzheimer’s disease.

**Minister Deb Matthews**

Deb Matthews was elected to the Ontario Legislature by the people of London North Centre in 2003, and re-elected in 2007 and 2011. In 2007 she was appointed Minister of Children and Youth Services and Minister Responsible for Women’s Issues. She has been Minister of Health and Long-Term Care since 2009 and in February 2013 was named Deputy Premier of Ontario.

As Chair of the Cabinet Committee on Poverty Reduction, Deb led the development of Breaking the Cycle, an ambitious strategy that has, at last count, lifted 40,000 children and their families out of poverty. She is recognized as being a driving force behind the historic Ontario Child Benefit. She also introduced the Poverty Reduction Act, which legislated an ongoing commitment to poverty reduction.

As Minister of Health and Long-Term Care, she led a major initiative to significantly reduce the cost of prescription generic drugs for all Ontarians. As well, she spearheaded the unanimous passage of the Excellent Care for All Act (ECFAA). This act has strengthened the health care sector’s public focus and accountability to deliver high quality patient care. She also introduced Ontario’s Action Plan for Health Care, which is transforming Ontario’s health care system to provide better care and get better value for our health dollars.

**Minister Mario Sergio**

Mario Sergio was appointed as the Minister Responsible for Seniors Affairs in February 2013. He was re-elected in the riding of York West in 2011. He was first elected to the Ontario legislature in 1995. Minister Sergio has served as Parliamentary Assistant to the Ministers of Consumer and Business Services, Municipal Affairs and Housing, Minister Responsible for Seniors, and Parliamentary Assistant to the Minister of Community Safety and Correctional Services.
Minister Sergio’s service in public office goes back to 1978, when he was first elected to the City of North York Council. He was chair and a member of North York’s Planning Board Committee for 14 years. He also served on Metro Toronto Council, where he was chair of the Metro Transportation Committee, the Public Works Committee, the Metro Toronto Housing Authority, the Metro Toronto Region Conservation Authority and the Canadian National Exhibition Board.

Before he entered politics, Minister Sergio was a registered general insurance and real estate broker. At age 21, he started his own general insurance business while working as a life insurance agent. In 1969, he started his own real estate brokerage which he operated until his municipal election win nine years later.

Minister Sergio’s community service spans more than 35 years and includes being a founding member of COSTI; member of the York Finch Hospital Board; co-chair of the United Way of North York; the Children’s Aid Society; American Public Works Association; director of the Canadian Italian Business and Professional Association. He is also a member of the Knights of Columbus and the Knights of Malta Order of St. John’s.

Minister Sergio has been awarded the title “Cavaliere (Knight) of the Italian Republic” by the President of the Republic of Italy for his work within the Italian community. He has also been recognized by the Region of Calabria with the Golden Lion Award which he received in Rome for the work he has accomplished both in Canada and Italy.

**Dr. Samir K. Sinha MD, DPhil, FRCPC**

Dr. Samir Sinha is a passionate and respected advocate for the needs of older adults. He currently serves as the Director of Geriatrics at Mount Sinai and the University Health Network Hospitals in Toronto and in 2012 he was appointed by the Government of Ontario to serve as the expert lead of the Ontario’s Seniors Strategy. He is also an Assistant Professor in the Departments of Medicine, Family and Community Medicine, and the Institute of Health Policy, Management and Evaluation at the University of Toronto and an Assistant Professor of Medicine at the Johns Hopkins University School of Medicine. He also serves as the Chair of the Health Professionals Advisory Committee of the Toronto Central LHIN, is a Medical Advisor to the Toronto Central CCAC and an Associate Fellow with interRAI.

A Rhodes Scholar, after completing his undergraduate medical studies at the University of Western Ontario, he obtained a Masters in Medical History and a Doctorate in Sociology at the University of Oxford’s Institute of Ageing. After returning to pursue postgraduate training in Internal Medicine at the University of Toronto, Dr. Sinha went to the United States where he served as the inaugural Erickson/Reynolds Fellow in Clinical Geriatrics, Education and Leadership at the Johns Hopkins University School of Medicine.

Dr. Sinha’s breadth of international training and expertise in health policy and the delivery of services related to the care of the elderly have made him a highly regarded expert in the care of older adults. He has consulted and advised hospitals and health authorities in Britain,
Canada, the United States and China on the implementation and administration of unique, integrated and innovative models of geriatric care that reduce disease burden, improve access and capacity and ultimately promote health.

**Prof. Katherine Berg, PhD PT**

Dr. Berg is the Chair and Associate Professor of the Department of Physical Therapy, Executive Chair of the Rehabilitation Sciences Sector; and Chair of the Graduate Department of Rehabilitation Sciences at the Faculty of Medicine, University of Toronto. She is a fellow with interRAI, an international team of academics, clinicians and other professionals committed to developing and using standardized assessments to improve the quality of care.

Dr. Berg’s area of clinical expertise is in geriatrics. Her thesis work involved the development and validation of a Balance Scale widely used in rehabilitation and geriatrics. Her research interests include disability and fall prevention as well as health services research examining quality of care and outcomes following post-acute interventions.

Current research projects include “A Tai Chi-based exercise program provided by Telerehabilitation compared to home visits in patients who had a stroke and who return home without intensive rehabilitation: a clinical randomized non-inferiority trial”.

**Kimberley Wilson PhD(c), MSW**

Kim is a consultant and researcher in the areas of aging, health and mental health. She is a doctoral candidate at the University of Guelph where she also teaches undergraduate courses in gerontology. For eight years Kim worked with the Canadian Coalition for Seniors' Mental Health (CCSMH) and was involved in a variety of national initiatives focused on improving the mental health of older Canadians. Today, much of her work is centred on her passion for improving the healthcare system to best respond to the needs of an aging population.

**Prof. Lynn McCleary, RN, PhD**

Lynn McCleary, RN PhD is Associate Professor in the Department of Nursing at Brock University and President of the Canadian Gerontological Nursing Association. Her research focuses on dementia services, family caregiving, and knowledge translation. She has been funded by the National Initiative for Care of the Elderly (NICE) and CIHR to support professors in nursing, social work, and medicine to enhance curriculum for seniors' care.

**Prof. Veronique Boscart, RN, MScN, MEd, PhD**

Veronique currently holds a CIHR/Schlegel Industrial Research Chair for Colleges in Seniors Care in Conestoga College. She completed her doctoral work at the University of Toronto. She currently holds an Assistant Clinical Professor position at McMaster University; an Adjunct Professor position at University of Waterloo, and an adjunct scientist position at Toronto Rehab,
University Health Network. Her research interests include: the substantive area of evidence based care in gerontology, curriculum development of gerontological education, and care delivery models in LTC.

**Prof. Marion Briggs, B.Sc.PT., MA, DMan**

Marion Briggs is the Director of Health Sciences and Interprofessional Education and Assistant Professor of Clinical Sciences at the Northern Ontario School of Medicine. She holds a Bachelor of Science in Physical Therapy (University of Alberta), a Master of Arts in Leadership (Health) from Royal Roads University, Victoria, and a Doctorate in Organizational Development and Change from the Complexity and Management Research Institute at the University of Hertfordshire, England. Marion's Doctoral work focused on a deep articulation of "practice" - what are health professionals actually doing as they work together in the complex interprofessional environments in which they work and how do practices change. She is also currently a Fellow with the AMS Phoenix Project.

**Haig Baronikian, PhD, PMP, PEng**

Haig is founder, President and Senior Consultant at eFuel Partners Inc. He has over 30 years of experience in the eLearning, eHealth, telecom and information technology fields, including thirteen years as a management consultant, project leader and innovation instigator. He has led a range of eFuel consulting engagements in the private, public, educational as well as charitable sectors.

Haig is the co-author of the textbook, Leadership in Project Management: Leading People and Projects to Success. He holds a PhD in Industrial Engineering from the University of Toronto. He also holds the M.Ed. Degree from OISE (focusing on adult education and eLearning) and Degrees in engineering from the University of Waterloo and McGill University. Haig currently teaches project management, strategy and innovation topics at the University of Toronto and enterprise analysis with York University's Schulich Executive Education Centre. He is also active as a professional speaker.

**Dr. David Conn, M.B., B.Ch, BAO, FRCPC**

Dr. David Conn is the Vice-President of Education and Director of the Centre for Education & Knowledge Exchange at Baycrest. He is a Professor in the Department of Psychiatry, University of Toronto. He is founding Co-Chair of the Canadian Coalition for Seniors' Mental Health and Chair of the Coalition’s National Guidelines Project. He joined the Department of Psychiatry at Baycrest in 1983 and served as Department Chief from 1992 to 2010. His academic interests include nursing home psychiatry, guideline development and knowledge translation. He is the author or co-author of more than 100 publications and is the co-editor of three textbooks including “Practical Psychiatry in the Long-Term Care Home: A Handbook for Staff”.
Raquel Meyer, PhD, RN

As Manager of the Baycrest Centre for Learning, Research and Innovation, Dr. Meyer leads the development, implementation, management and evaluation of the Centre. Raquel is an Assistant Professor (status) at the Lawrence S. Bloomberg Faculty of Nursing where she completed her doctorate and graduate training awards in health services research and policy. She was also the recipient of a Nursing Early Career Research Award through the Ontario Ministry of Health and Long-Term Care. Dr. Meyer's research interests include health human resources, leadership, care delivery models and educational innovation in the field of gerontology. Raquel is an enthusiastic proponent for the relevance of research to clinical practice, healthcare leadership and policy development.

Tracy Luciani, PhD

Tracy Luciani, Knowledge Broker, Bruyère CLRI brings over 15 years experience as an arts-informed educator and researcher in community and university settings. She currently works in the long-term care sector with a focus on improving the quality of care through continuing professional development of frontline staff.

Mary-Lou van der Horst, RN, BScN, MScN, MBA

Mary-Lou has dedicated her nursing career to care of the older adults across the health care sector from long-term care, community, home care, primary care and acute in various roles including geriatric nurse practitioner, administrator, educator, knowledge specialist and consultant. She has a Bachelors and Masters degree in Nursing from the University of Western Ontario and a Master of Business Degree from Athabasca University.

Mary-Lou is an assistant clinical professor with the School of Nursing at McMaster University. She works with the Schlegel-University of Waterloo Research Institute for Aging as Director of the Centre for Learning, Research and Innovation for Long-Term Care. She recently developed and launched the online Leadership Program for Long-Term Care and Retirement Living Program through the RIA and Conestoga College. She has also been working with Ontario Osteoporosis Strategy - specifically the Long-Term Care arm since 2008. She has supported the education, research, and knowledge dissemination within the Strategy.

Other interests include promoting better oral health for long-term care residents and frail older adults. She was a panel member on the development of the RNAO Oral Health Best Practices Guideline and Falls Best Practice Guideline; developer of 2 RNAO oral health education DVDs; leads the Seniors Health Knowledge Network’s “Oral Health Community of Practice” and produced 13 oral health education videos; and created the well-respected LTC-focused BP Blogger Newsletter. She has also published many articles.
Dr. Edward Brown, MD

Dr. Brown is a founder and Chief Executive Officer of the Ontario Telemedicine Network (OTN), one of the largest and most active integrated telemedicine networks in the world.

Dr. Brown has won numerous awards for his work in Telemedicine, including most recently, a Queen Elizabeth II Diamond Jubilee Award for his contributions to health care in Canada. In 2010, he was chosen as one of 25 Living Transformational Canadians by a national media panel sponsored by the Globe and Mail, CTV and Le Presse. He currently sits on the board of OntarioMD and is the President of the American Telemedicine Association. An emergency physician who studied mathematics and engineering before embarking on his medical career, Dr. Brown is a passionate advocate for telemedicine as a tool to improve access to care, quality of care and the sustainability of health care systems.

Dr. Timothy Willett, MD, MMEd

Dr. Willett is SIM-one’s inaugural Director of Research & Development. He works to support the simulation research, development and innovation communities in Ontario, including managing SIM-one grant programmes, developing courses in simulation research, facilitating networking and collaboration, and ensuring the knowledge transfer of new research findings to Ontario’s simulationists. Dr. Willett received his MD from the University of Ottawa and a Masters of Medical Education from the University of Dundee, Scotland. He has served as a curriculum developer and educational researcher for the University of Ottawa, CRI Critical Care Education Network and the Royal College of Physicians and Surgeons of Canada.

Dr. John Puxty, MB., ChB., MRCP(UK), FRCP(C)

John Puxty is currently an Associate Professor and Chair of the Division of Geriatric Medicine in the Department of Medicine at Queen’s University. He is co-Director of the Centre for Studies in Aging and Health at Providence Care. He is also the Chair of the Executive of the Seniors Health Knowledge Network and Chair of the Ontario Network of RGPs.

He has certification as an Internal Medicine Specialist in Geriatric Medicine in both Britain and Canada. He is an experienced academic geriatrician who has an extensive list of publications and academic presentations, and is the co-editor of two books. He has special interests in the development of eldercare services, quality improvement and the use of information technology both as an aid to learning and strategies for effective knowledge and information transfer.

Jeff Goodyear

Jeff Goodyear is the Director of the Health Workforce Policy Branch for the Ministry of Health and Long-Term Care. In this role, Jeff is the lead for policy and planning related to the human
resources that support patient care in Ontario. He has been involved in supporting Northern Ontario School of Medicine and rural health education, improving evidence informed planning, and expanding health provider education capacity.

**Glen Brown**

Glen Brown is the Lead Facilitator with Progressive Consultants Network of Toronto and is an accomplished leader, manager and communicator who has been working at senior levels in the not-for-profit sector for over 25 years. For the past fifteen years he has headed a consulting firm specializing in management, facilitation, strategic planning, organizational development, communications and policy development in the health and social service sectors. Prior to that, he served as the senior manager at the Canadian AIDS Treatment Information Exchange (CATIE).
Appendix C - Summit Attendee List

February 13, 2014

Laurie Kennedy
ACHRU McMaster University

Jane Meadus
Advocacy Centre for the Elderly

David Harvey
Alzheimer Society of Ontario

Faith Boucher
Baycrest

Dr. David Conn
Baycrest

Sid Feldman
Baycrest

Andrea Moser
Baycrest

Ron Riesenbach
Baycrest

Dr. Raquel Meyer
Baycrest Centre for Learning, Research & Innovation in LTC

Dr. Lynn McLeary
Brock University

Dr. Dawn Prentice
Brock University

Dr. Tracy Luciani
Bruryere Centre for Learning, Research and Innovation in LTC

Leah Jorgensen
Canadian Association of Schools of Nursing

Silvano Mior
Canadian Memorial Chiropractic College

Lisa McCool-Philbin
Canadore College

Saba Baig
CANES Community Care

Steve Slade
CAPER

Fern Teplitsky
Carewatch

Hugh Shewell
Carleton University

Sarah Park
Carp

Helen Johnson
Chatham-Kent Health Alliance

Paulette Bonin
College Boréal

Kim Morris
College Boréal

Alexandra Carling-Rowland
College of Audiologists and Speech Language Pathologists of Ontario

Carol Bock
College of Audiologists and Speech-Language Pathologists of Ontario

Mary Lou Gignac
College of Dietitians of Ontario

Lori Adler
College of Nurses of Ontario

Elinor Larney
College of Occupational Therapy of Ontario

Maureen Boon
College of Physicians

Shari Hughes
College of Physiotherapists of Ontario

Monica Reilly
Colleges Ontario

Dr. Veronique Boscart
Conestoga College

Don Wildfong
Conestoga College

Michelle Cyr
Council of Ontario Universities

Sharon McNickle
Council of Ontario Universities

Dr. Alice Ormiston
Council of Ontario Universities

Vanessa Ciccone
Council of Ontario Universities

Celia Hammond
Council of Ontario Universities

Alia Karsan
Council of Ontario Universities

Jennifer Medves
Council of Ontario University Programs in Nursing

Lori Schindel Martin
Daphne Cockwell School of Nursing, Ryerson University

Linda Dietrich
Dietitians of Canada

Ellen Katz
Factor-Inwentash Faculty of Social Work, University of Toronto

Shaheen Husain
Faculty of Dentistry, University of Toronto

Sandra DeLuca
Fanshawe College
Carol Kelsey Fleming College
Kelly McKnight Fleming College
Kirstin Parry Fleming College
Colleen Rafton Fleming College
David Jewell Hamilton Health Sciences, St. Peter's Hospital Site
Roz Smith HealthForceOntario Marketing & Recruitment Agency
Irene Wilson Hamilton Niagara Haldimand Brant CCAC/OGA
Sue VanderBent Home Care Ontario
Kimberley Wilson Independent Consultant
Sander Hitzig Institute for Life Course and Aging, University of Toronto
Lynn McDonald Institute for Life Course and Aging, University of Toronto
Dr. Karima Velji Karima Velji & Associates
Lalitha Raman-Wilms Leslie Dan Faculty of Pharmacy, University of Toronto
Sharon Marr McMaster University
Mona Morsy McMaster University
Dr. David Price McMaster University
Dr. Catherine Tompkins McMaster University
Tricia Woo McMaster University
Dr. Anita Fisher McMaster University, ACHRU
Amanda Bradford-Janke McMaster University, Gilbrea Centre for Studies in Aging
Gillian Nichol The Michener Institute
Jeff Goodyear Ministry of Health and Long Term Care
Sonika Lal Ministry of Health and Long Term Care
Agnese Bianchi Ministry of Health and Long-Term Care
Dr. Debra Bournes Ministry of Health and Long-Term Care
Rob Francis Ministry of Health and Long-Term Care
Shaun Gluckman Ministry of Health and Long-Term Care
Suzanne McGurn Ministry of Health and Long-Term Care
Samia Shaheen Ministry of Health and Long-Term Care
Barbara Gough Ministry of Training, Colleges and Universities
Nelsa Roberto Ministry of Training, Colleges and Universities
Carolyn Triemstra Niagara College
Dr. Marion Briggs Northern Ontario School of Medicine
Jill Burkholder Nurse Practitioners Association of Ontario
Donna Rubin OANHSS
Cheryl Reid-Haughian OHCA
Dr. Birgit Pianosi Ontario Interdisciplinary Council for Aging & Health
Dr. Lorna de Witt OICAH/University of Windsor
Mary Hynes Older Women's Network
Laurie Johnston Ontario Retirement Communities Association
Joan MacKenzie Davies Ontario Association of Social Workers
Marg Harrington Ontario Chiropractic Association
Anne Resnick Ontario College of Pharmacists
Sue Davidson Ontario Community Support Association
Marta Hajek Ontario Gerontology Association
Dr. Bob Lester Ontario Hospital Association
Paula Neves Ontario Long Term Care Association
Phil Wake Ontario Seniors' Secretariat
Seema Sindwani Ontario Society of Occupational Therapists
Dr. Edward Brown Ontario Telemedicine Network
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<td>Mary</td>
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Appendix D - Breakout Session Questions

Entry-to-practice questions:

- Where should we be prioritizing our efforts within ETP programs?
  - Are there particular gaps in learning that should be prioritized?
  - Are there particular sectors that should be prioritized?
  - Are there particular disciplines or professions that should be prioritized?

- What are the best approaches to addressing these priorities?

- Potential prompts, e.g.,
  - Mapping entry-to-practice curriculum to geriatric or gerontology competencies.
    - What are the pros and cons of such an approach?
  - Creating more supports to help faculty and programs enhance their gerontological content: resources, workshops and other supports (similar to the Hartford foundation model in the US)
    - What are the pros and cons of such an approach?
  - Are there other approaches to explore? E.g., paid, pre-licensure internships, post-graduate residencies?
  - If IP is a priority identified above, how can Inter-professional opportunities be enhanced in the entry-to-practice phase?
  - How can the views and needs of older adults be heard and respected in curricula development?

Continuing professional development questions:

- Where should we be prioritizing our efforts in terms of CPD related to gerontology?
  - Are there particular professions that should be prioritized?
  - Are there particular sectors that should be prioritized?
  - Are there particular topics that should be prioritized?

- What are the most effective approaches to CPD?

- Potential prompts, e.g.,
  1. Are there particular platforms that should be prioritized, (i.e. online or face to face)?
  2. Should the emphasis be on interprofessional or profession-specific learning?
(3) Accredited or certificate courses, or ad hoc opportunities?

(4) Should clear geriatric care competencies be identified for CPD? If so, how?

(5) How can the views and needs of older adults be heard and respected in curricula development?

Prioritization

- Of the initiatives discussed this afternoon, or presented this morning, can your table identify two or three priorities or approaches you think are most important to improving geriatric care? They can be either short-term or long-term.
Commitment/Quote:

- I commit (as a regulator) to seek out ways to encourage our members (speech pathologists + audiologists) to engage seniors in developing their learning plans plus seek a method for the college to engage seniors directly.

- Expand Baycrest's contribution to teaching/training across the province.

- Making 'care of older adult's sound exciting, to attract students to enter this practice area.

- Ensure that Care of the Elderly is fundamental in the family practice competency based curriculum.

- To continue to ensure IPC & IPE are integrated into curriculum throughout healthcare & human service education.

- Ensure person-centred & family exemplary care.

- To look for successful models ensuring better quality of care for older adults around the globe and bring these experiences to Ontario.

- Help family physicians take better care of older patients.

- The Ontario Society of Occupational Therapists (OSOT) commits to provide enhanced resources and professional development opportunities to our members! Let's start the conversation--Living Longer…Living Well…

- I would like to shift emphasis from 'What + how' to 'why'-- from input…to outcomes…from standardization ..to relevance.

- Reinforce & raise awareness of RHAO's resources related to care of older persons. Commit to developing a targeted educational opportunity for interprofessional teams on enhancing quality care for older persons (RHAO Institute on Older Persons).

- Teaching my students about ageism, the reality of aging and the health care system and being part of a team of colleagues improving entry-to-practice education.

- Committed to develop a strategy within my organization to address professional/combining education need of members.

- Help my students become better professionals by having direct contact with caregivers, other healthcare providers and reflect on their experiences by thinking about their role
in society/system when they graduate! Thanks--this was inspiring.

- Commit to educating undergraduate nurses/graduate nurses in person-centred, critical practice based gerontological care principles that are contextualized, supported, couched application to care of older persons in Ontario.

- To help my students understand and appreciate caring for older adults.

- Commit to bringing the role of the NP--PHC into the dialogue on elder care.

- Ensure the voice/partnership of seniors.

- I commit to listening to the voice of older adults, to inform my personal and professional journey.

- I commit myself to make Ontario the best province in Canada, where our seniors can grow older, age with confidence in health.

- Developing competencies for gerontologists.

- To educate everyone on the benefits of audiology and speech language pathology for the seniors we serve—we all need to hear, understand & successfully communicate.

- Create the environment for innovation & compassion.

- OICAH - Advisory function.

- I commit to see this issue advanced for all older Ontarians!

- To create opportunities for interprofessional dialogue to advance care & support for older Ontarians.

- Raise the issues with Ontario physiotherapists through our quarterly newsletter.

- Continue to collaborate with our partners as well as innovate towards improving care to older Ontarians.

- Continue to raise the profile of these issues with Ont. Chiropractors.

- To support collaboration among universities to move priorities forward.

- Influence changes in the entry level competencies for dietitians to include more explicit focus on older-person care.

- Need to reallocate education resources to focus on health care prevention education in seniors.
Gerontology Program at Huntington/Laurentian - providing certificate in gerontology to professionals.

To continue to inspire colleagues of all disciplines to embrace care of older persons with passion and compassion.

The retirement sector is committed to supporting this initiative & welcomes the opportunity to be part of the solution.

I commit to working with other health science programs to develop our IPE course in Elder Care.

To increase geriatric content in undergraduate and post graduate training & increase core geriatric competencies in IPE when working (CPD).

RE: our group's recommendation---> review of practicums for students [clinical placements] re gaps, models, funding, incentives. I would be happy to assist.

Senior health knowledge network (SHKN) and CSAR will commit to work on development of a shared gerontology interactive learning library (GILL).

Provide Cross-Professional education in geriatrics focusing on patient rights and approaches to support health, well-being and autonomy.

Listen to what the senior needs and wants; enable them to be educated. Develop Interprofessional Programmes.

Learn how to listen to and communicate with seniors.

Shift philosophy of 'Aging' curriculum from risk to autonomy. Move to interprofessional space quickly.

Development of Critical Practice across all professions. Educate for the person; not because the person is this age or that. What seniors need at heart is what every person needs if we as practitioners listen, think & respond.

Focus on the outcomes/solutions/approached that are consumer-driven not system driven.

Effecting change--mobilizing change in ETP programs--influencing changes to curriculum (whatever they might be).

We - the Ontario Society of Occupational Therapists commit to enhancing the resources and professional development opportunities related to Seniors care for Ontario Occupational Therapists.