Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

Behavioural Education and Training Supports Inventory (BETSI)

v. 2.0 | March 2019

www.behaviouralsupportsontario.ca

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS

This document was developed by the 2017-19 Behavioural Education and Training Support Inventory (BETSI) Working Group, in collaboration with the Behavioural Supports Ontario (BSO) Provincial Coordinating Office (PCO). The BETSI Working Group is chaired by Patti Boucher, Executive Director - Advanced Gerontological Education. This updated version of the BETSI was developed based on the previous work of the Dementia Education Needs Assessment (DENA) Committee (2011), the BETSI Sub Committee of the BSO Education and Training Consortium Committee (2012) and the BSO Education and Training Consortium Committee (2012). The current BETSI Working Group wishes to acknowledge the contributions of the original BETSI creators **(in Appendix A).**

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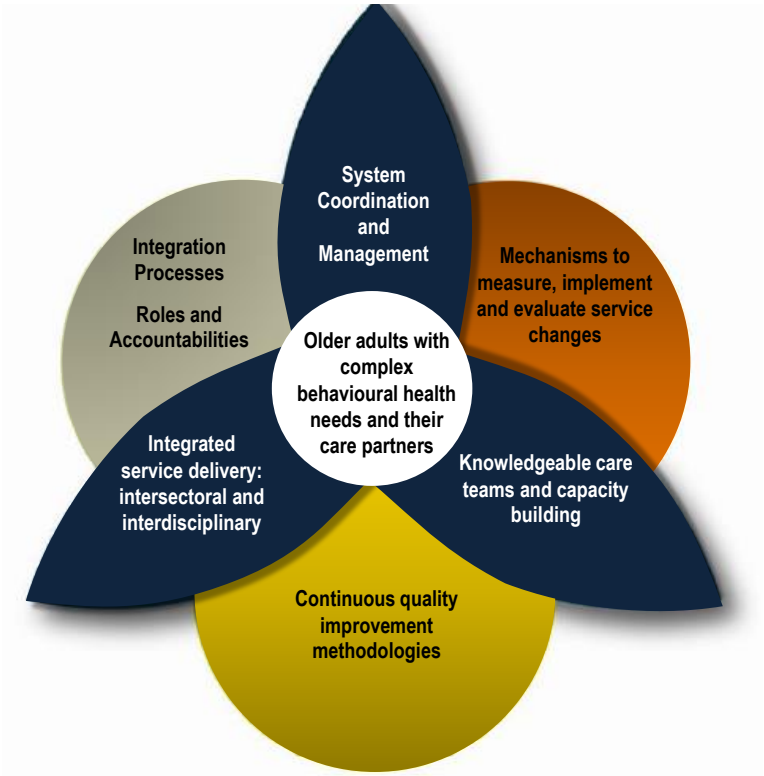
Introduction & Overview

INTRODUCTION & OVERVIEW

The Behavioural Supports Ontario (BSO) Initiative supports older Ontarians with, or at risk of, responsive behaviours associated with dementia, complex mental health, substance use and/or other neurological conditions across all sectors. The initiative also supports both professional and family care partners through the provision of both formal and informal capacity building activities.

The BSO Provincial Coordinating Office (PCO) advances the BSO initiative by both leading and supporting activities that measure the impact of the initiative, spread innovative practices and enhance overall system integration across the province.

The BSO Framework (illustrated below) is made up of foundational pillars, including: 1) system coordination and management; 2) integrated service delivery: intersectoral and interdisciplinary; and 3) knowledgeable care teams and capacity building. Inherent in BSO's third pillar is the strengthening of capacity of current and future health professionals through education and focused training to transfer new knowledge and best practice. In addition, this pillar also emphasizes the development of skills and effective use of quality improvement tools and processes for continuous service improvement within and across sectors.



The original Behavioural Education and Training Inventory (BETSI) was released in 2012 to support those making decisions related to staff education and training in assessing readiness for education and assisting in the selection of relevant education programs. Also embedded in the document were strategies to support the translation of knowledge into sustainable practice change.

Updating the BETSI (version 2.0; Mar. 2019)

In July 2017, the BETSI Working Group was struck to update the BETSI (2012 v.) as the original list of recommended education programs had become outdated. The BETSI Working Group also recognized that due to the shift in demographics and population aging, a number of new courses have been developed in the past six years that should be considered for inclusion in the updated document.

In an effort to best inform the revision of the BETSI, the BETSI Working Group launched a provincial BETSI User Survey in August 2017 with the purpose to identify province-wide education programs most relevant to the BSO target population.

Using the feedback collected in the survey responses (n=106), the BETSI Working Group developed a revised Program Description Form (See Appendix B) along with a list of 55 education programs to invite to apply for inclusion in the new BETSI. This list included all programs previously included in the BETSI; the programs recommended in the BETSI User Survey; and other programs that members of the BETSI Working Group were familiar with.

A total of 33 Program Description Forms were completed during the time frame of June to October 2018. BETSI Working Group members used the BETSI Evaluation Form (See Appendix C) to determine whether or not to include each program in the revised BETSI. Programs that met the evaluation criteria are included in the BETSI's listing of Core Curricula. Programs meeting the majority of evaluation criteria but not all, for example, programs only offered in certain areas of the province and programs not specifically focused on the BSO target population, are included in 'Additional Curricula'.

Purpose of the BETSI

The purpose of the BETSI is to assist users in the determination of:

(1) Education needs for staff working across sectors with the BSO target population;

(2) Educational opportunities available and recommended across Ontario; and

(3) Program alignment with the BSO target population and BSO Core Competencies.

The BETSI can be used to support planning during the influx of new hiring and also to adapt to changing learning needs as capacity is built within teams over time. The main focus of the BETSI is on its recommendations of formal education opportunities; however, it is important to note that capacity building activities take place in a number of ways both in and out of the 'classroom' setting. The BETSI Working Group recommends that the selection of all educational programming for staff be part of a broader and comprehensive capacity building plan.

The BETSI is divided into the following sections to facilitate and promote the translation of 'Knowledge to Practice'.

Section 1: **Introduction & Overview**

Section 2: **Assessment of Education Needs**

Section 3: **Program Core Competency Matrix**

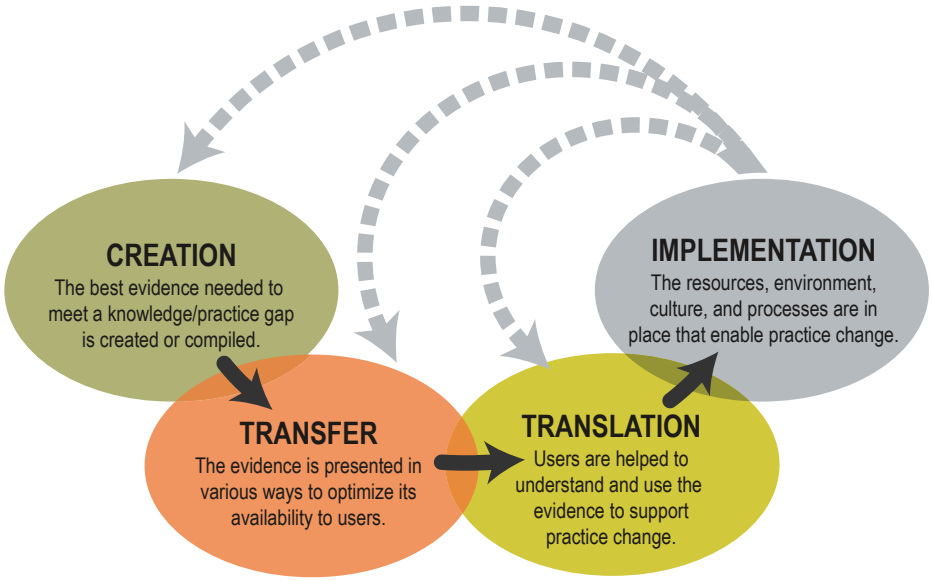
Section 4: **Program Inventory – Core Curricula: Clinical Training Programs**

Section 5: **Program Inventory – Core Curricula: Train-the-Trainer Programs**

Section 6: **Program Inventory – Additional Curricula**

The Knowledge to Practice Process Framework

The Knowledge to Practice Process Framework (Ryan et al., 2013) was adopted provincially by Behavioural Supports Ontario in 2017.



(adapted courtesy of Dr. Ryan et al., 2013)

The stages in the framework include knowledge creation, transfer, translation and implementation. In the context of the BETSI, this framework demonstrates the full journey of capacity building from the creation of an education program to the implementation and sustainability of the learning into practice. The stages of the framework were considered in the development of the BETSI Program Description Form questions to ensure that programs included in the BETSI had mechanisms in place to support effective knowledge to practice. The alignment of the framework with the form is demonstrated below.

Knowledge to Practice Process Framework Stages

BETSI Program Description Form Components

CREATION:	TRANSFER:	TRANSLATION:	IMPLEMENTATION:
• Goals/Objectives of Program and Core Competencies • Theoretical Frameworks • Curriculum Update Cycle & Method • Program Evaluation & Results	• Method of Delivery • Availability of Program across Ontario	• Core Competencies to become a Trainer • Quality Assurance Processes to ensure Trainer Competencies	• Products and/or Services that promote the Integration and Sustainability of the Program

Target Learners for Programs listed in the BETSI

The BETSI can be used by anyone who is in the position of making decisions related to capacity building amongst staff supporting the BSO target population, including BSO Staff and non-BSO Staff who support the BSO target population. This includes but is not limited to those working in:

- Long-Term Care Homes
- Acute Care & Tertiary Care
- Adult Day Programs (or 'Community Dementia Programs')
- Home & Community Care
- Retirement Homes & Supportive Housing/Assisted Living
- Primary Care & Specialty Care

The BETSI can also be used to assist in the selection of relevant capacity building activities for those who may collaborate in supporting the BSO target population but whose primary functions are not to provide direct healthcare services. This includes Police Officers, Paramedics, Public Transit, Public Education and other Public Services.

Assessment of Education Needs

Assessment of Education Needs

There are many reasons to use the BETSI; many of which are inter-related. You may have turned to this tool because you are faced with organizational challenges, need to make decisions about employee development or are trying to make sense of available education programs related to the BSO target population. Examples of challenges or concerns you may be facing could include:

Organizational Considerations:

- Employee orientation;
- Resolving issues related to a behavioural incident(s) involving resident(s)/client(s), family, volunteers, or employees;
- Policy planning;
- Ministry of Labour compliance issues;
- Ministry of Health and Long Term Care compliance issues; and/or
- Preparing for accreditation.

Employee Development:

- Budgeting and planning for multi-year staffing and education;
- Making decisions regarding specific education programs;
- Making Continuous Quality Improvement decisions such as those related to prevention, risk management and/or enhancing quality of life;
- Enhancing employee and client safety; and/or
- Wanting to support and sustain best practices.

The BSO Core Competencies **(See Appendix D)** may also be helpful in assisting in the selection of relevant education programs. What are the skills or knowledge that you would like employees to have? What changes in performance would you like? What do you hope to achieve? What commitment to education have you already made in this area and what has come of it? What remains to be accomplished?

The Knowledge to Practice Planning Worksheet is a practical tool that has been created to guide and support educators (e.g., Psychogeriatric Resource Consultants) in responding to education requests from individuals and organizations. This worksheet is guided by the Knowledge to Practice Process Framework and will help educators and leaders plan for the delivery and implementation of one or more education programs.

To learn more about the Knowledge to Practice Planning Worksheet, please visit
www.behaviouralsupportsontario.ca/49/knowledge_to_Practice/
screenshots of the worksheet are also included on pp13-15.

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

BSO Knowledge to Practice CoP

Knowledge to Practice Planning Worksheet

Knowledge to Practice Lead:	**Date:**
Organization:	**Name/Contact Info:**
Request/Need/Goal/Background:	

Knowledge to Practice Plan (Cycle #)

	Steps/Stages to Consider	What Exists	What We Need & Next steps
	Creation **The best evidence needed to meet a knowledge/practice gap is created or compiled.** Questions to consider: • What is the research/best practice around this topic? • Are tools/resources already available?		
	Transfer **The evidence is presented in various ways to optimize its availability to users.** Questions to consider: • Who needs to know this information? • Are materials formatted for easy use & user diversity? Do they need to be adapted? • Are multiple methods being used to transfer information?		

- 1 -

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

BSO Knowledge to Practice CoP

	Steps/Stages to Consider	What Exists	What We Need & Next steps
	Translation **Users are helped to understand and use the evidence to support practice change.** Questions to consider: • What internal procedures/resources are in place to support? • Who are the formal educators/coaches? How can they be utilized to ensure that users understand transferred information as intended? • Who are the informal influencers? How can they be engaged to support accurate understanding?		
	Implementation **The resources, environment, culture, and processes are in place that enable practice change.** Questions to consider: • Are administrators/managers actively engaged in supporting & validating this practice change? • What implementation barriers exist? Possible solutions? • Have unintended consequences been considered? • What are the sustainability challenges? Possible solutions? • What additional supportive strategies will enable greater success?		

- 2 -

Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

BSO Knowledge to Practice CoP

Evaluation/Reflection/Sustainability

Collaboration Contact:	**Date:**
Outcomes (e.g. feedback from staff, examples of application, outcome measures, unintended consequences):	
Lessons Learned (e.g. What worked well & what do we need to change?):	
Identified Opportunities to Change the Process:	
Revisions/Adaptations Needed:	
The Knowledge to Practice Process Framework is a cycle rather than a one-time event (more cycles may be required). It is also not linear as you may need to shift back to an earlier stage at any point in the process. Is an additional cycle needed or is there a need to revisit the Knowledge to Practice Process Framework? ◯No ◯Yes If yes, consider completing a full/part Knowledge to Practice cycle.	

November 2018 - Created by Behavioural Supports Ontario's (BSO's) Knowledge to Practice Community of Practice (CoP) based on the work of Dr. Ryan, et al. (2013).

Ryan, D. et al., (2013). Geriatrics, Inter-professional Practice, and Inter-organizational Collaboration: A Knowledge-to-Practice Intervention for Primary Care Teams. *Journal of Continuing Education in the Health Professions, 33*: 180–189.

In using the BSO Knowledge to Practice Planning Worksheet, you may consult with both internal and external resources in the process of decision making related to capacity building. Potential resources include:

- Point of Care Team Members
- Employees trained in one or more education programs listed in the BETSI
- BSO Embedded, Mobile, Community and/or Acute Care Team Members
- Clinical Leadership Staff/Teams
- Other Health Care Professionals (e.g., Social Workers, Registered Nurses, Occupational/Physical Therapists, Physicians)
- Residents/Clients & Family members
- Family and Resident/Client councils
- Psychogeriatric Resource Consultants & Public Education Coordinators
- LTC Best Practice Coordinators *(affiliated with the Registered Nurses Association of Ontario)*
- Provincial Associations or Organizations
- Specialty Geriatric Outreach Programs
- Alzheimer Society Chapters
- Local Dementia Network(s)
- Regional Geriatric Programs (RGPs)
- Communities of Practice

Other Options for Capacity Building

While the BETSI is focused on formal educational opportunities, learning takes place in many forms, both in and out of the traditional classroom setting. Formal education is only one aspect of the overall process of building knowledgeable care teams to support the BSO target population. In some cases, organizations already have the expertise, but may need to consider how best to support and use that expertise, or how to ensure employees apply what they have learned from previous educational initiatives.* In addition to facilitated learning programs, the worksheet considers other approaches to support capacity building including:

- Regular reflective practice
- Quality improvement processes
- Self-directed learning
- Continuous team engagement for collaborative learning
- Mentorship and job shadowing
- Communities of practice (CoPs) or Collaboratives
- Case based discussion
- Organizational orientation
- Knowledge exchange events (e.g., webinars, workshops)

*The Knowledge to Practice Planning Worksheet can assist in the planning and execution of many different types of capacity building opportunities.

Considerations for Selecting a Program(s) in the BETSI

This next section will assist you in the selection of the most appropriate education programs for your organization at this time. Answer the questions below and match your answers to the information provided in the Program Core Competency Matrix and Program Inventory.

What outcomes do you hope to achieve with the education?	Which group(s) do you want to target for education?	Can you support the program requirements?	What format(s) do you prefer for the education program?
• Improved capacity and/or confidence in supporting older adults in the BSO target population • Compliance with Ministry orders • Policy/program development • Enhancement of employee and client safety • Comprehensive training of new employees	• Registered staff (e.g., Nurses, Allied Health) • Unregulated Staff (e.g., Personal Support Workers, Health Care Aides) • Management • All employees	*Consider:* • Time commitment • Tuition costs • Travel costs • Employees coverage • Equipment requirements	• In-Person • Online • Blended Learning

Program Core Competency Matrix

PROGRAM CORE COMPETENCY MATRIX

The following program matrix maps each of the education and training programs to the BSO target population and the BSO core competencies. You may use this matrix as a general overview to assist in the identification of which programs may be the right fit to meet your education needs. To learn more about each program, please see the Program Inventory.

Target Population of Education Program Content

	Dementia	Geriatric Mental Health	Substance Use	Neurological Conditions
Behavioural Support Resource Team (BSRT) Lead Training (pp.24-25)	X	X	X	X
Delirium, Dementia, and Depression in Older Adults (eLearning course) (pp.26-27)	X	X		
DementiAbility Methods (pp.28-30)	X			
Dementia Care Training Program (pp.31-33)	X			
Frailty E-Learning Modules (pp.34-35)	X	X	X	X
GPA Basics, GPA eLearning, Integrated GPA & GPA-Recharged (pp.36-50)	X			
LIVING the Dementia Journey (pp.51-55)	X	X		X
Mental Health First Aid for Seniors (pp.56-57)	X	X	X	
P.I.E.C.E.S. 16Hr Learning and Development Program (pp.58-68)	X	X	X	X
Team Essentials for Coordinating Care for Responsive Behaviours (pp.69-71)	X			
U-First! Workshop & U-First! Online (pp.72-77)	X	X		X
Validation Communication (pp.78-80)	X			

CORE COMPETENCIES: Person & Family-Centred Care

	Contributing to the delivery of the person and family-centred philosophy of care	Acknowledging that the person and family bring expertise and involving them as part of the team	Sharing behavioural care plans using accessible methods	Preserving and promoting the abilities, self-esteem and dignity of persons	Considering components of safety, risk and quality of life	Protecting and advocating for the person and family's rights	Demonstrating compassion, empathy, respect for diversity and cross-cultural awareness	Exhibiting effectiveness as an interprofessional team member through collaboration	Utilizing communication strategies that validate emotions and support dignity
Behavioural Support Resource Team (BSRT) Lead	X	X	X	X	X	X	X	X	X
Delirium, Dementia, and Depression in Older Adults (eLearning course)	X	X		X	X		X		X
DementiAbility Methods	X	X	X	X	X	X	X	X	X
Dementia Care Training Program	X	X	X	X	X	X	X	X	X
Frailty E-Learning Modules	X	X	X	X	X	X	X	X	X
GPA Basics, GPA eLearning, Integrated GPA & GPA-Recharged	X	X	X	X	X	X	X	X	X
LIVING the Dementia Journey	X	X		X	X	X	X	X	X
Mental Health First Aid for Seniors					X		X		
P.I.E.C.E.S. 16Hr Learning and Development Program	X	X	X	X	X	X	X	X	X
Team Essentials for Coordinating Care for Responsive Behaviours	X	X	X	X	X		X	X	
U-First! Workshop & U-First! Online	X	X	X	X	X	X	X	X	X
Validation Communication	X	X		X	X		X		X

CORE COMPETENCIES: Knowledge

	Dementia	Complex Geriatric Mental Health	Substance Use	Neurological Conditions	Types of conditions (within any of the categories above) and causes	Cognitive, neurological and behavioural symptoms of conditions	Assessment and diagnostic processes of conditions	Stages and progression of conditions	Current treatment interventions and approaches for conditions	Emerging and/or best non-pharmacological strategies and practices to promote quality of life	Environmental factors associated with responsive behaviours	Applicable regulations and/or other legislation (e.g., the Long-Term Care Homes Act)
Behavioural Support Resource Team (BSRT) Lead	X	X	X	X	X	X	X	X	X	X	X	
Delirium, Dementia, and Depression in Older Adults (eLearning course)	X				X	X	X		X	X	X	
DementiAbility Methods	X					X		X	X	X	X	
Dementia Care Training Program	X					X				X	X	
Frailty E-Learning Modules	X	X	X	X	X	X	X	X	X	X	X	X
GPA Basics, GPA eLearning, Integrated GPA & GPA-Recharged	X					X				X	X	
LIVING the Dementia Journey	X	X		X		X			X	X	X	
Mental Health First Aid for Seniors	X	X	X		X							
P.I.E.C.E.S. 16Hr Learning and Development Program & P.I.E.C.E.S. Leadership Performance Improvement Program	X	X	X	X	X	X	X		X	X	X	
Team Essentials for Coordinating Care for Responsive Behaviours	X					X				X	X	
U-First! Workshop & U-First! Online	X			X	X	X		X			X	
Validation Communication	X					X				X		

CORE COMPETENCIES:
Assessment, Care Approaches & Capacity Building

	Recognition that all behaviours have meaning	Assessment of the meaning, contributing factors and associated risks of behaviours	Identification of non-pharmacological strategies that are abilities focused and person-centred	Creation, sharing, implementation and modelling an individualized behavioural care plan	Analysis and evaluation of the ongoing effectiveness of the implemented behavioural care plan	Facilitation, coaching, mentoring, team leadership and/or change management skills	Clinical reasoning and critical thinking skills
Behavioural Support Resource Team (BSRT) Lead	X	X	X	X	X	X	X
Delirium, Dementia, and Depression in Older Adults (eLearning course)	X	X	X	X	X		
DementiAbility Methods	X	X	X	X	X	X	X
Dementia Care Training Program	X	X	X	X			X
Frailty E-Learning Modules	X	X	X	X	X	X	X
GPA Basics, GPA eLearning, Integrated GPA & GPA-Recharged	X	X	X	X			X
LIVING the Dementia Journey	X	X	X	X		X	X
Mental Health First Aid for Seniors	X						
P.I.E.C.E.S. 16Hr Learning and Development Program	X	X	X	X	X	X	X
Team Essentials for Coordinating Care for Responsive Behaviours	X	X	X		X	X	X
U-First! Workshop & U-First! Online	X	X	X	X	X	X	X
Validation Communication	X	X	X	X			

Program Inventory

PROGRAM INVENTORY

CORE CURRICULA: Clinical Training Programs

The following programs were selected for inclusion into the BETSI; having met the BETSI evaluation criteria. Detailed program descriptions are provided for each program along with contact information for more information. The programs are listed in alphabetical order. All information was provided by Program Representatives.

Behavioural Support Resource Team (BSRT) Lead

Target Population in Program Content:	☐ Adult Population with Age-Related Conditions ☐ Older Adult Population ☒ Dementia ☒ Mental Health/Mental Illness ☒ Substance Use ☒ Neurological Conditions ☐ Other: Delirium
Brief Description:	This 4+1 day knowledge to practice program builds the skills of a long-term care home staff member who has been identified as organizational lead for the management of responsive behaviours. The lead role is a 'net-new' human resource to long-term care that is supported by BSO investments in several LHINs. The Behavioral Support Resource Team Leads training program provides an interactive small group, scaffolded learning training environment adapted to specific geographic and service contexts that is aligned with BSO standardized curriculum, team development and change management principles. Demonstrated outcomes of the program are increased knowledge, understanding of the lead's role, and confidence in its implementation. Narrative evaluations describe better care planning and efficiencies in supporting consultation services arising from role implementation. A lead's community of practice, peer to peer mentoring and coaching processes help sustain program implementation. A companion one-day Behavioural Support Resource Team training program complements the lead's training role. Developed in the long-term care environment, the program is adaptable to meet the needs of any organization in which responsive behaviours emerge.
Goals/Objectives of the Program:	• Increased knowledge of responsive behaviours • Increased knowledge of BSO tools and frameworks • Increased understanding of the Lead role; and • Confidence in the ability to implement the role.

Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☐ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☐ Primary Care (i.e., Physicians, Nurse Practitioners) ☐ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☐ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person	☐ Online
Length of Training:	5 days with ongoing mentorship and coaching	
Frequency of Re-Training:	No formal retraining; training is supported by ongoing coaching, mentorship, a virtual and face-to-face meeting schedule , a lead's email list service and a Community of Leads Practice	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☐ Tertiary Care ☐ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	The curriculum is regularly refreshed by the development team from the Psychogeriatric Resource Consultation Program of Toronto	
Program Evaluation & Results:	The results of formative pre-post training effects indicate statistically significant increases in participant knowledge, understanding of the role and confidence in role implementation. Stakeholder narrative evaluations indicated improved care planning, reductions in LTCH-ED transfers and efficiencies in the engagement of consulting specialists.	
How does the Program elicit Practice Change?	A Leads' Community of Practice, leads email list service, a virtual and face-to-face meeting schedule, peer-to-peer mentoring and coaching support the sustainability of the leads role implementation.	
Quality Assurance Process(es) for Trainers:	☐ Formal recertification process ☐ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course	
Affiliation with other Education Programs, certificates and/or degrees:	(None)	
Program Cost:	$750.00 per participant, plus expenses for training team accommodation, travel, etc.	
Contact Information & Website:	david.ryan@sunnybrook.ca kerri.fisher@sunnybrook.ca https://www.rgptoronto.ca	

Delirium, Dementia, and Depression in Older Adults (eLearning course)

Target Population in Program Content:	☐ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☒ Mental Health/Mental Illness (Depression) ☐ Substance Use ☐ Neurological Conditions ☒ Other: Delirium
Brief Description:	This five module course is designed to enhance your knowledge and abilities as you assess and care for older adults with delirium, dementia and/or depression (the "3Ds"). Each module will take you through the most up-to-date evidence on the 3Ds and finish with a case study and quiz helping you apply what you've learned. At the end of each module, you'll find downloadable PDFs, self-reflections/discussion guides and other resources that will enhance your learning.	
Goals/Objectives of the Program:	After completing all the modules in this course you will be able to: • Differentiate between delirium, dementia and depression (3Ds); • Identify how the three conditions overlap and are interrelated; • Take a person and family-centred care approach to caring for older adults with the 3Ds; • Explore a range of interventions uniquely suited to each individual's condition, preferences, needs and abilities; and • Identify ways to support a person's health, safety and quality of life when they have one or more of the 3Ds.	
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☐ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☐ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☐ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☐ University/College Students ☐ Other:
Method of Delivery:	☐ In-Person	☒ Online
Length of Training:	~2.5 hrs (5 modules at approx. 30 mins each) This is a flexible five module course that can be taken independently or in groups. Learners can take portions of the course or the full course, depending on learning needs. Each module is estimated to take approximately 30 minutes.	
Frequency of Re-Training:	Not required. Learners may revisit the course whenever desired.	

Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	Every 5 years
Program Evaluation & Results:	Formative evaluation completed with user testing and pre and post-tests.
How does the Program elicit Practice Change?	Best Practice Spotlight Organization© program: Organizations that are implementing the best practice guideline, Delirium, Dementia, and Depression in Older Adults: Assessment and Care, Second Edition are supported in a formal arrangement with RNAO to systematically implement the guideline using implementation science approaches. The eLearning course is one approach to support capacity building within the organization. The RNAO Long-Term Care Best Practices program: Long-Term Care Best Practices Coordinators work in each LIHN throughout Ontario and support organizations to implement best practice guidelines in the care of residents. This includes collaborating with staff and other partners (e.g., BSO) to support quality improvement on the topic of dementia.
Quality Assurance Process(es) for Trainers:	Not Applicable
Affiliation with other Education Programs, certificates and/or degrees:	This eLearning course supports the implementation of a best practice guideline: Delirium, Dementia, and Depression in Older Adults: Assessment and Care, Second Edition'. The course links with: • Delirium, Dementia, and Depression in Older Adults: Assessment and Care: Long-Term Care Case Study and Discussion Guide
Program Cost:	Free
Contact Information & Website:	https://rnao.ca/bpg/courses/delirium-dementia-and-depression-older-adults

DementiAbility Methods

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☐ Other:
Brief Description:	The DementiAbility Methods provide a person-centred, non-pharmacological, multidisciplinary approach to understanding the connections between brain and behaviour. These methods provide a framework for implementing a prepared environment that aims to set each person up for success, with the goal of helping individuals to live with meaning, purpose, dignity, choice, enhanced self-esteem and joy. The aim is to move research evidence into the practice setting through education and the subsequent implementation of ideas and resources that have been created to enhance practice and ultimately add quality of life to those living with dementia and other forms of cognitive loss.	
Goals/Objectives of the Program:	DementiAbility Methods focus on supporting the person in a prepared environment. The goal is to provide a framework for addressing the needs of individuals living with dementia (and other forms of cognitive loss) based on brain (past and present), behaviour, interests and abilities of each person who is in our care. Objectives of the education: • To discuss the importance of creating familiar environments that look, feel and smell like home, while placing the person at the center of all interventions. • To understand how to support declarative memory loss by using memory prompts and cues and creating an environment that is familiar and set up for success. • To understand that procedural memory is spared in dementia and learn how to work with spared capacity when understanding behaviours (including observations) and creating and implementing interventions. • To discuss how all behaviour has meaning and learn how to address needs according to interests and abilities. • To explore the profound impact that boredom, loneliness, lack of success and lack of care and compassion has on behaviours in dementia. • To understand how to combat the excess disability that results from disuse. • To describe the DementiAbility WOW Model and learn how to put this model into practice through case examples. • To learn how to create activities, roles and routines according to needs, skills, interests and abilities.	

	• To explore how meaning, purpose and joy contributes to successful outcomes in dementia care and learn how to create interventions that are geared towards these outcomes. • To examine how the physical environment can influence behaviours and learn how to create rooms that look like their purpose and develop themed areas that provide opportunities for individuals to engage in work and leisure pursuits according to abilities and interests. • To understand that multidisciplinary teams must work together, with the support of management, to create environments that are familiar and set up for success. The aim is to have teams respect each other and to work together to meet the needs of those in their care. • To establish a list of priorities to explore and implement following the workshop.	
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery	☒ In-Person	☐ Online
Length of Training:	2 days (16hrs)	
Frequency of Re-Training:	None	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☐ Other
Curriculum Update Cycle & Method:	Quarterly. The curriculum changes as new research is identified and reflected in the content of the workshop and resources.	

Program Evaluation & Results:	The component parts of the curriculum are based on research from diverse disciplines. Multiple bibliographies are available upon request. Outcomes of DementiAbility Methods are documented by diverse organizations and shared with us as confidential reports or as evidence we share widely.
How does the Program elicit Practice Change?	• DementiAbility Enterprises provides resources for participants who attend the workshop and also provides additional resources that are available for purchase following the training. These resources are aimed at supporting the professional, the caregiver and those living with dementia. • DementiAbility staff are available to assist with follow-up after the workshop, upon the request of the individual or organization. A post-workshop consulting service is also available upon request. • Workshop participants are also encouraged to become certified in the DementiAbility Methods.
Quality Assurance Process(es) for Trainers:	☐ Formal recertification process ☐ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	$450 per person (regular rate) plus provincial tax. $400 per person (early bird rate) plus provincial tax. Bulk pricing may be available based on discussions with organizations.
Contact Information & Website:	Gail Elliot, Founder, Gerontologist, Educator and Dementia Specialist www.dementiability.com gail.elliot@dementiability.com leighann@dementiability.com laura@dementiability.com

Dementia Care Training Program

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☐ Other:
Brief Description:	This program is for personal support workers and other front-line health care workers (including dietary, rehabilitation and social service staff, activationists, nurses, and health care students). This course will provide and enhance the knowledge and awareness of dementia to front-line workers, enabling them to provide quality care for persons with dementia. Learners will actively use the U-First approach to understand the person living with dementia and their behaviour while engaging in meaningful dialogue with the care team to ensure individualized support for the person with dementia. Learners will also practice person-centred care and effective communication strategies to enhance the quality of life for people with dementia.	
Goals/Objectives of the Program:	Learning Objectives: At the end of this 6-week course, participants will be able to: • Describe Person-Centred Care • Describe general aspects of aging, Alzheimer's disease and dementia • Interpret how changes in the brain associated with Alzheimer's disease will affect all aspects of an individual's life • Recognize that challenging behaviour is responsive behaviour • Apply U-First!™ approach and practice how it can be used to explore the possible causes of responsive behaviours and identify supportive care strategies • Employ your new understanding and develop strategies to prevent or diffuse responsive behaviour • Practice communication strategies when working with someone with dementia **Participant Expectations:** • Each set of weekly activities must be completed by the end of each week. • Each week of the course must be completed in sequence in order to receive a certificate. • Learners are required to complete all assigned activities on time and independently. • Learners are expected to participate in online discussions.	

Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person: Toronto Only (12 hrs)	☒ Online
Length of Training:	6 Weeks	
Frequency of Re-Training:	Not Applicable	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	The curriculum is reviewed regularly and minor adjustments to the assignments have been made; however we are currently starting a needs assessment which will lead to a review and revamp of the current program within the next 2 years (~2020)	
Program Evaluation & Results:	U-First!, which is a major component of ODCTP has been evaluated formally, in-person. It was adapted for online use. This is a link to an article that was published about the effectiveness of dementia care training by the Alzheimer Society of Toronto, including ODCTP: An Evaluation of Alzheimer Society of Toronto's Dementia Care Training Program and Behavioural Support Training Program. Chiu, Mary and Peter Marczyk. 2013. https://alz.to/wp-content/uploads/2014/12/ast_dctp_bstp_report.pdf	
How does the Program elicit Practice Change?	Participants are invited to stay connected to the Alzheimer Society of Toronto via continuous participation in webinars hosted by the Alzheimer Society of Toronto at www.alzeducate.ca. They are also welcome to stay connected to the U-First! learning community by visiting www.u-first.ca, where tools and resources are available for download, and coaching/mentorship is available. Participants are encouraged to use their U-First! workbook and wheel when practicing; they can use it 1:1 when working with clients who are exhibiting responsive behaviours, it can be used in team meetings, or as a tool for client intake, etc.	

Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☐ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course
Affiliation with other Education Programs, certificates and/or degrees:	Yes. This program includes U-First! certification. In Toronto, this program is also offered in-person, titled the Dementia Care Training Program.
Program Cost:	Current cost of the program is $75 per participant. This includes a U-First! participant workbook and U-First! Wheel.
Contact Information & Website:	For information about, or to register for ODCTP please visit www.alzeducate.ca You can also reach us by phone at 416-640-6317, or email us at register@alz.to Patricia Lazarakis, Education Manager Alzheimer Society of Toronto plazarakis@alz.to

Frailty E-Learning Modules

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☒ Mental Health/Mental Illness ☒ Substance Use ☒ Neurological Conditions ☒ Other: Delirium
Brief Description:	These open-access interactive geriatric learning e-Modules are based on the Geriatrics interprofessional interorganizational Collaboration (GiiC) toolkit developed by the Regional Geriatric Programs of Ontario. Health care providers take on a senior character and follow their journey through the health system. The program is designed for service providers across the continuum in the community; primary care, community, acute care, and long term care. • Care-based online eLearning modules. There is a knowledge transfer/ testing throughout the module with a quiz at the end of each e-module. There is a summary testing tool to be completed at the completion of all e-modules. • Covering complex geriatric topics including Frailty, Falls, Incontinence, Medication review, Pain, Cognition, Heart Failure, Addictions, Nutrition, Delirium and Depression.	
Goals/Objectives of the Program:	• Enhance knowledge and practical skills in the field of frailty • Provide an accessible interactive platform for knowledge transfer • Enhance knowledge in the field of interprofessional care planning • Provide a person-centred approach to care through interactive training and knowledge transfer • Provide a foundation and understanding in the area of geriatric complexities for all health care providers across the continuum	
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☐ In-Person	☒ Online

Length of Training:	4 hours (12 modules; 20 minutes each)
Frequency of Re-Training:	Not required
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☒ Other: Adult Day Programs
Curriculum Update Cycle & Method:	Updated annually Method: via subject matter experts specific to module and e-learning. (Example: Geriatric psychiatry, primary care physician, and community team developed depression module; involves design team made up of IT, clinical, older adult, and academics.)
Program Evaluation & Results:	Evaluated in 2014; second evaluation to take place in 2019.
How does the Program elicit Practice Change?	Program demonstrates interprofessional collaboration and person centred care. Demonstrates diversity inclusive of LGBTQ; ethnicity; culture/religion. Is accessible for ongoing coaching and mentoring. All modules are developed utilizing evidence informed and best practices.
Quality Assurance Process(es) for Trainers:	Not Applicable.
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	$75.00/learner
Contact Information & Website:	Jane McKinnon Wilson - jmckinnon@cmhaww.ca http://www.regionalhealthprogramsww.com/frailtymodules/

Gentle Persuasive Approaches (GPA) Basics: Supporting Persons with Responsive Behaviours

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia ☐ Mental Health/Mental Illness	☐ Substance Use ☐ Neurological Conditions ☐ Other: Any condition that results in impaired cognition or perception
Brief Description:	GPA Basics is a practical and effective evidence-based program that equips staff with the knowledge, skills and confidence to interact effectively and compassionately with older adults and persons living with dementia. GPA Basics is facilitated by GPA Certified Coach(es) in a full day, multidisciplinary, team-based interactive session founded on adult learning principles. GPA training enables staff to use a person-centered, gentle persuasive approach, to prevent and respond to behaviours associated with dementia that can be physical in nature and potentially catastrophic. Learners discuss and apply strategies using interpersonal communication and physical techniques to recognize and minimize responsive behaviours and choose effective strategies in situations of risk.	
Goals/Objectives of the Program:	The overall goal of GPA is to equip staff with the knowledge and skills to use a person-centred, compassionate and gentle persuasive approach to respond respectfully with confidence and skill to behaviours associated with dementia. At the end of 4 modules, the learner will be able to: • Understand that a person with dementia is a unique human being capable of interacting with the outside world; • Explain the relationship between the disease process and a person's behavioural response; • Apply emotional, environmental, and interpersonal communication strategies to prevent and defuse responsive behaviours; and • Demonstrate suitable and respectful physical techniques to use in situations of risk.	

Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: Security & Corrections Staff; Paramedics
Method of Delivery:	☒ In-Person	☐ Online
Length of Training:	1 Day	
Frequency of Re-Training:	Annual Refresher Recommended: See GPA-Refresher	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☒ Other: Correctional Facilities
Curriculum Update Cycle & Method:	Since its inception in 2004, the GPA Basics curriculum has been revised several times (2007, 2010, and most recently 2014), resulting in a 3rd edition, now available in both English and French. The curriculum is subjected to formal review using a 4-5 year renewal cycle based upon the model of curriculum development by Iwasiw, Andrysyszyn and Goldenberg (2009) and Iwasiw and Goldenberg (2013). The 3rd edition revisions followed a rigorous, systematic process. Four teams of content, practice and facilitation experts, one team for each of the four curriculum modules, met under the guidance of two lead curriculum developers to critically review, analyze and revise the content. Updates were made to the curriculum according to best practice guidelines and a scoping review of the current, evidence-informed literature. Recommendations for curriculum change were considered by the CROC, a committee providing oversight to ensure the revisions were in alignment with the intent, purpose, and learning objectives of the original GPA program, and that the substantive content maintained a logical, sequential flow. Subsequently, over 70 knowledge users and stakeholders from across Canada provided feedback that was incorporated into the final draft. Finally, a group of GPA Certified Coaches, representing 11 organizations from Ontario, participated in a workshop during which they provided additional feedback to strengthen content and language used in teaching materials, e.g. coach/participant manuals, slide decks and case studies. The GPA Certified Coaches also provided evaluation with respect	

	to their self-efficacy to deliver the updated curriculum to staff learners. Each of the 11 organizations then delivered the revised curriculum to a cohort of staff within their own workplaces, and provided quantitative and qualitative evaluation feedback. Staff reported that the new curriculum was satisfactory and provided them with the knowledge and skill to deliver person-centred dementia care to the older people in their facilities.
Program Evaluation & Results:	GPA Basics has undergone both program evaluation and formal, externally-funded research evaluation. The first evaluation project was funded by Regional Geriatric Program central (2004-2005) and was the pilot to evaluate the first edition of GPA Basics. A final report was written in 2005 (Schindel Martin & Dupuis, 2005). Since the 2005 pilot, there have been four formal research reports written for GPA implementation projects undertaken in both long-term care and acute care organizations, using increasingly complex research design (Golden Plough LTC, 2013; Qu'Appelle/Regina LTC, 2014; SafeCare BC and Revera BC LTC, 2016; and London Health Sciences Corporation, 2016-17). In addition, there have been other projects that are considered third party evaluations, e.g. AGE provided some of the evaluation measures, but the organizations conducted their own evaluations including data analysis and report writing. These include GPA Basics implementation evaluations undertaken by organizations such as the behavioural units of Providence Health Care, Vancouver, BC; the Geriatric Psychiatry Inpatient Program (GPP) at Regional Mental Health Program London (Speziale et al., 2009); and the LTCHs associated with Saskatoon Health Authority, Saskatchewan. All program evaluation and research projects to date used a repeated measures, mixed methods approach. The evaluation outcomes are captured using standardized, validated quantitative Likert-type measures for confidence (SBMSEP: 10-item, 7-point scale), competence (SCIDS: 18-item, 4-point scale), as well as additional measures for knowledge (DKQ: 8-item multiple choice questionnaire) and caring (CES: 16-item, 5-point scale). Qualitative approaches include standardized open-ended questions attached to the SBMSEP and semi-structured individual and focus group interview guides. Originally GPA Basics projects used a descriptive design, however, the most recent projects are of experimental design. For example, GPA Basics was evaluated in a large, non-randomized controlled trial at Hamilton Health Sciences, (Schindel Martin, Gillies, et al., 2016).

	The quantitative findings of all program evaluation and research studies provide a growing body of support that GPA Basics implementation within acute care, continuing chronic care and long term care organizations builds caregiver confidence, competence, knowledge and caring for the delivery of person-centred dementia interventions to mitigate the behavioural and psychological symptoms of dementia. All measures analyzed reveal impacts of high statistical significance. Importantly, the qualitative findings support that point-of-care staff who have participated in the GPA Basics program are better able to recognize the environmental, physical and psychological factors that trigger BPSD, and are safely able to provide person-centred interventions to mitigate triggers. Staff responses also include many examples of situations during which they are able to respectfully, effectively and safely distract and then remove a person with dementia from altercations. For the most up to date information and access to references and publications, see AGE Research Hub https://ageinc.ca/research-hub/research-2/
	For the most up to date information and access to references and publications, see AGE Research Hub https://ageinc.ca/research-hub/research-2/
How does the Program elicit Practice Change?	Based on the PARiHS framework, the implementation and sustainability of GPA knowledge and practice is promoted through a delivery model involving an in-house coach. GPA Certified Coaches (CC) must complete and track 40 hours of coaching over 2 years. In addition to facilitating GPA, CC can claim maintenance hours for Informal Coaching at the point of care, reinforcing the importance of just-in-time learning, and the direct application and refinement of skills. GPA Coaching goes beyond the classroom setting. GPA CC resources and tools assist them with on-the-spot coaching and mentorship at the point of care. Coach tools have been developed to apply GPA strategies in real-time in case-based discussions, such as the Individual Behavioural Escalation Prevention Plan (IBEPP). A coach newsletter is shared quarterly that includes stories and examples from coaches across Canada, sharing ways they sustain GPA and promote practice change. AGE also features organizations and their stories through the GPA Leadership Excellence in Person-Centred Care Awards Program. Through these organizations, we can all learn and share strategies to integrate GPA principles and strategies into practice.

How does the Program elicit Practice Change?	Some examples of integration include: • GPA as part of staff orientation • GPA Certified Coaches present in the care setting as mentors • GPA Certified Coaches facilitate 'behavioural rounds' • GPA Certified Coaches facilitate/participate in "behavioural support resource teams" • GPA strategies integrated into computerized documentation (point click care prompts, care plans) • GPA language and strategies integrated into policies (workplace violence prevention, responsive behaviours) • GPA Certified Coaches support informal pre-care discussions (huddles) • GPA Certified Coaches use Activity Learning Packages (ALPs) • GPA module summary pages, GPA-R Booklets, GPA-R tear-away cards, to guide discussions with staff in the moment • GPA Master Coaches are recruited, mentored and supported geographically • GPA Certified Coaches have access to a Clinical Education Specialist as their coach support • Webinars are developed and archived for Certified Coaches via the coach intranet. Coaches can also claim maintenance hours for reviewing webinars, thus reinforcing the importance of ongoing learning for sustainability
Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☐ Evaluation of trainer via student survey post completion of the course ☒ Other: Coach Database to monitor coaching maintenance hours for renewal; ongoing coach educational resources (webinars, newsletters, tools); access to a Clinical Education Specialist for consultation
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	Beyond the initial investment of certifying an in-house coach (see GPA Certified Coach Workshop), the only cost of the GPA program itself is the manuals required for each participant ($21.00 plus tax per person). GPA Basics sessions can be accessed through select local Alzheimer's Societies or BSO Organizations in Ontario for a set fee. GPA eLearning Part 1 is available through AGE website. See GPA eLearning.
Contact Information & Website:	For more information on how to access components of the GPA Program: Visit the AGE website: www.ageinc.ca Call 905-777-3837 ext. 12277 or Email: info@ageinc.ca

Gentle Persuasive Approaches (GPA) eLearning

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia ☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☒ Other: Any condition that results in impaired cognition or perception
Brief Description:	GPA eLearning is an adapted version of AGE's GPA Basics (full day) dementia education curriculum delivered online. It guides participants to better understand dementia and responsive behaviours in order to respond respectfully and safely to patients, residents or clients in community/health care settings. The online format allows participants to learn at their own pace. GPA eLearning includes key content from the GPA Basics curriculum delivered via short video tutorials from the four modules in GPA Basics, as well as demonstration videos on respectful self-protection and gentle redirection when faced with situations of risk. It is an engaging learning experience based on adult learning principles, enriched through vibrant graphics and professional narration. Following along in the GPA eManual, (available for download at the start of the program) participants review video segments and complete online matching activities at the end of modules 1, 2 and 3. Module 4 is delivered in the same video format and demonstrates respectful self-protection and gentle redirection techniques.
Goals/Objectives of the Program:	Through viewing and completing online interactive exercises, the learner will: • Recognize that persons living with dementia are unique human beings who can display an emotional response to stimuli; • Understand the relationship between the changes in the brain and the behaviour of persons living with dementia; • Identify changes in brain function and the related behavioural and care implications; • Choose caregiving strategies that support persons at risk for delirium; • Choose strategies that serve to prevent and defuse responsive behaviours rather than escalate them; • Choose suitable and respectful physical self-protective techniques to use in response to episodes of escalating behaviour.

Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: Security & Corrections Staff; Paramedics
Method of Delivery:	☐ In-Person	☒ Online
Length of Training:	2.5 – 3 hours	
Frequency of Re-Training:	Annual Refresher Recommended: See GPA-Refresher	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☒ Other: Correctional Facilities
Curriculum Update Cycle & Method:	Since its inception in 2004, the GPA Basics curriculum has been revised several times (2007, 2010, and most recently 2014), resulting in a 3rd edition, now available in both English and French. The curriculum is subjected to formal review using a 4-5 year renewal cycle based upon the model of curriculum development by Iwasiw, Andrysyszyn and Goldenberg (2009) and Iwasiw and Goldenberg (2013). The 3rd edition revisions followed a rigorous, systematic process. Four teams of content, practice and facilitation experts, one team for each of the four curriculum modules, met under the guidance of two lead curriculum developers to critically review, analyze and revise the content. Updates were made to the curriculum according to best practice guidelines and a scoping review of the current, evidence-informed literature. Recommendations for curriculum change were considered by the CROC, a committee providing oversight to ensure the revisions were in alignment with the intent, purpose, and learning objectives of the original GPA program, and that the substantive content maintained a logical, sequential flow. Subsequently, over 70 knowledge users and stakeholders from across Canada provided feedback that was incorporated to the final draft.	

	Finally, a group of GPA Certified Coaches, representing 11 organizations from Ontario, participated in a workshop during which they provided additional feedback to strengthen content and language used in teaching materials, e.g. coach/participant manuals, slide decks and case studies. The GPA Certified Coaches also provided evaluation with respect to their self-efficacy to deliver the updated curriculum to staff learners. Each of the 11 organizations then delivered the revised curriculum to a cohort of staff within their own workplaces, and provided quantitative and qualitative evaluation feedback. Staff reported that the new curriculum was satisfactory and provided them with the knowledge and skill to deliver person-centred dementia care to the older people in their facilities.
Program Evaluation & Results:	Yes, GPA eLearning has been evaluated at various stages in multiple sectors. Please refer to AGE website, Research Hub for up to date information and access to references and publications. www.ageinc.ca
How does the Program elicit Practice Change?	GPA eLearning provides an efficient option to acquire key foundational knowledge and skills covered in the full day GPA Basics. Successful participants of GPA eLearning can be supported in place by an in-house GPA Certified Coach (CC). Another option for additional knowledge integration and application is described in the iGPA outline (Integrated GPA). Integrated GPA involves a follow-up team-based, interactive session facilitated by a GPA CC.
Quality Assurance Process(es) for Trainers:	Not Applicable
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	Individual Learner - $90.00 (+ applicable taxes) includes GPA eManual download, certificate and pin. Group pricing available. See www.ageinc.ca
Contact Information & Website:	For more information on how to access components of the GPA program: Visit the AGE website www.ageinc.ca Call 905-777-3837 ext. 12277 or Email: info@ageinc.ca

Integrated Gentle Persuasive Approaches (iGPA)

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia ☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☒ Other: Any condition that results in impaired cognition or perception
Brief Description:	iGPA is a unique and innovative, 2-part dementia care education program that integrates an individual eLearning platform with a guided classroom session. iGPA makes it convenient and cost-effective for large organizations and post-secondary institutions to train more people, more quickly with swift transfer of crucial knowledge into everyday practice at the point of care. iGPA Part 1 involves individual GPA eLearning; iGPA Part 2 consists of a 3-hour GPA Certified Coach facilitated classroom session within 4 months of GPA eLearning completion.
Goals/Objectives of the Program:	At the end of the session, iGPA participants will be able to: • Integrate GPA principles, strategies and techniques into their care plans for patients/clients; • Effectively apply the knowledge gained in Part 1 (GPA eLearning) to the direct care of their patients/clients; • Use communication and collaboration skills to enhance their contributions as leaders and team players; • Facilitate a cultural shift to person-centred care strategies.
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: Security & Corrections Staff; Paramedics
Method of Delivery:	☒ In-Person ☒ Online **This course consists of an independent online session followed by a coach-facilitated session no more than 4 months apart.*
Length of Training:	GPA eLearning - 2.5 to 3 hours depending on learner; iGPA Part 2 - 3 hours; no more than 4 months apart.
Frequency of Re-Training:	Annual Refresher Recommended: See GPA-Refresher

Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☒ Other: Correctional Facilities
Curriculum Update Cycle & Method:	Since its inception in 2004, the GPA Basics curriculum has been revised several times (2007, 2010, and most recently 2014), resulting in a 3rd edition, now available in both English and French. The curriculum is subjected to formal review using a 4-5 year renewal cycle based upon the model of curriculum development by Iwasiw, Andrysyszyn and Goldenberg (2009) and Iwasiw and Goldenberg (2013). The 3rd edition revisions followed a rigorous, systematic process. Four teams of content, practice and facilitation experts, one team for each of the four curriculum modules, met under the guidance of two lead curriculum developers to critically review, analyze and revise the content. Updates were made to the curriculum according to best practice guidelines and a scoping review of the current, evidence-informed literature. Recommendations for curriculum change were considered by the CROC, a committee providing oversight to ensure the revisions were in alignment with the intent, purpose, and learning objectives of the original GPA program, and that the substantive content maintained a logical, sequential flow. Subsequently, over 70 knowledge users and stakeholders from across Canada provided feedback that was incorporated to the final draft. Finally, a group of GPA Certified Coaches, representing 11 organizations from Ontario, participated in a workshop during which they provided additional feedback to strengthen content and language used in teaching materials, e.g. coach/participant manuals, slide decks and case studies. The GPA Certified Coaches also provided evaluation with respect to their self-efficacy to deliver the updated curriculum to staff learners. Each of the 11 organizations then delivered the revised curriculum to a cohort of staff within their own workplaces, and provided quantitative and qualitative evaluation feedback. Staff reported that the new curriculum was satisfactory and provided them with the knowledge and skill to deliver person-centred dementia care to the older people in their facilities.
Program Evaluation & Results:	Yes, iGPA has been evaluated and is in early stages of implementation. Please refer to AGE website, Research Hub for up to date information and access to references and publications pending: www.ageinc.ca
How does the Program elicit Practice Change?	iGPA is an innovative way to deliver the foundational knowledge inherent in the traditional GPA Basics full day session. Based on the PARiHS framework, the implementation and sustainability of GPA knowledge and practice is promoted through the delivery model involving an in-house coach.

	Coach resources and tools have been enhanced to assist them with on-the-spot coaching and mentorship at the point of care. Coach tools have been developed to apply GPA strategies in real-time in case-based discussions, such as the Individual Behavioural Escalation Prevention Plan (IBEPP). A coach newsletter is shared quarterly that includes stories and examples from coaches across Canada, sharing ways they sustain GPA and promote practice change. AGE features organizations and their stories through the GPA Leadership Excellence in Person-Centred Care Awards Program. Through these organizations, we can all learn and share strategies to integrate GPA principles and strategies into practice. Some examples of integration include: • GPA as part of staff orientation • GPA Certified Coaches present in the care setting as mentors • GPA Certified Coaches facilitate 'behavioural rounds' • GPA Certified Coaches facilitate/participate in "behavioural support resource teams" • GPA strategies integrated into computerized documentation (point click care prompts, care plans) • GPA language and strategies integrated into policies (workplace violence prevention, responsive behaviours) • GPA Certified Coaches support informal pre-care discussions (huddles). • GPA Certified Coaches use Activity Learning Packages (ALPs), GPA module summary pages, GPA-R Booklets, GPA-R tear-away cards, to guide discussions with staff in the moment GPA Master Coaches are recruited, mentored and supported geographically. With the ongoing support of a GPA Certified Coach (CC) at the point of care, learners will have continued opportunity to receive feedback, mentorship and contribute to case-based discussions. GPA CC are credited for hours of 'Informal Coaching' towards their coach maintenance.
Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☐ Evaluation of trainer via student survey post completion of the course ☒ Other: Coach Database to monitor coaching maintenance hours for renewal; ongoing coach educational resources (webinars, newsletters, tools); access to a Clinical Education Specialist for consultation
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	Bulk pricing available. See https://ageinc.ca/integrated-gpa/ Contact AGE info@ageinc.ca
Contact Information & Website:	For more information on how to access components of the GPA program: Visit the AGE website www.ageinc.ca Call 905-777-3837 ext. 12277 or Email: info@ageinc.ca

Gentle Persuasive Approaches (GPA): Recharged

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia ☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☒ Other: Any condition that results in impaired cognition or perception
Brief Description:	GPA-R is an interactive, team-based session designed to refresh knowledge of core GPA principles and skills in a fun and engaging session. Small teams work together to complete learning activities, discuss current care situations and engage in solution finding for some of the complex scenarios in the care setting using GPA strategies. Facilitated by a GPA Certified Coach, GPA-R is a two-hour session (or two, one-hour sessions no more than one week apart). The ideal group size is 8 – 12 participants, depending on access to GPA Activities Learning Package (ALP) Resource. GPA-R is recommended as a yearly refresher for participants following GPA Basics or GPA eLearning. GPA Certified Coaches have access to planning resources including a coach tutorial, planning outline, GPA-R presentation and coach manual. Participants must have previously completed GPA Basics or eLearning. All participants receive a GPA-R Booklet, which includes tear-away pocket reminder cards and a GPA-R completion card to be signed by the GPA Certified Coach.
Goals/Objectives of the Program:	The overall goal of GPA is to equip staff with the knowledge and skills to use a person-centred, compassionate and gentle persuasive approach to respond respectfully with confidence and skill to behaviours associated with dementia. Specific objectives of GPA-R include: • Recall key concepts learned in GPA; • Describe and discuss current care situations in which GPA principles and strategies can be applied; • Demonstrate through practice and case discussion the correct use and application of GPA strategies and techniques; • Select safe and appropriate interventions to respond to situations involving responsive behaviours in the current care setting

Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: Security & Corrections Staff; Paramedics
Method of Delivery:	☒ In-Person	☐ Online
Length of Training:	2 hours (in 1 session or 2; less than one week apart)	
Frequency of Re-Training:	Yearly GPA-R recommended for two years following GPA Basics, with attendance at GPA (GPA eLearning) recommended at 3rd year, or aligned with AGE GPA Curriculum revision cycle.	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☒ Other: Correctional Facilities
Curriculum Update Cycle & Method:	Since its inception in 2004, the GPA Basics curriculum has been revised several times (2007, 2010, 2014 and planned for 2018 - 2019). GPA-R was developed in 2008 - 2009 with an initial focus on group interactive learning activities. The GPA-R Booklet was revised for the 2nd edition as a result of findings from the first pilot test, with additional learning activities developed to include in the Activities Learning Package (ALP). A comprehensive 3rd edition revisions process saw the GPA-R content and materials revised again, with an emphasis on application of knowledge/ skills and tailoring content for unique learning needs in the care setting. As with GPA Basics, the curriculum is subjected to formal review using a 4-5 year renewal cycle based upon the model of curriculum development by Iwasiw, Andrysyszyn and Goldenberg (2009) and Iwasiw and Goldenberg (2013). See GPA Basics Curriculum Update and Cycle Method for more information.	

Program Evaluation & Results:	The 1st edition of the GPA-R booklet was developed and tested at three health care sites as a result of an internal grant provided by AGE Inc. in 2008-2009. The GPA-R booklet and activities were revised for the 2nd edition as a result of findings from the first pilot test. In 2011, AGE successfully acquired a generous grant from the Ontario Workplace Safety and Insurance Board (WSIB) to conduct a study of experimental design testing the capacity of the GPA-R program to sustain knowledge and promote delivery of competency-based dementia care using interactive strategies. The findings of the WSIB-funded study and 3rd edition revisions resulted in substantial changes to the 3rd edition of the GPA-R. For more information on the WSIB study, refer to AGE website www.ageinc.ca
How does the Program elicit Practice Change?	GPA-R ensures a formal process to review key concepts and apply knowledge to current practice. Based on the PARiHS framework, the implementation and sustainability of GPA knowledge and practice is promoted through the delivery model involving an in-house coach. Coach resources and tools have been enhanced to assist GPA Certified Coaches with on-the-spot coaching and mentorship at the point of care. Coach tools have been developed to apply GPA strategies in real-time in case-based discussions, such as the Individual Behavioural Escalation Prevention Plan (IBEPP). A coach newsletter is shared quarterly that includes stories and examples from coaches across Canada, sharing ways they sustain GPA and promote practice change. AGE features organizations and their stories through the GPA Leadership Excellence in Person-Centred Care Awards Program. Through these organizations, we can all learn and share strategies to integrate GPA principles and strategies into practice. Some examples of integration include: • GPA as part of staff orientation • GPA Certified Coaches present in the care setting as mentors • GPA Certified Coaches facilitate 'behavioural rounds' - GPA Certified • Coaches facilitate/participate in "behavioural support resource teams" • GPA strategies integrated into computerized documentation (point click care prompts, care plans) • GPA language and strategies integrated into policies (workplace violence prevention, responsive behaviours) • GPA Certified Coaches support informal pre-care discussions (huddles) • GPA Certified Coaches use Activity Learning Packages (ALPs), GPA module summary pages, GPA-R Booklets, GPA-R tear-away cards, to guide discussions with staff in the moment • GPA Master Coaches are recruited, mentored and supported geographically

Quality Assurance Process(es) for Trainers:	☐ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☐ Evaluation of trainer via student survey post completion of the course ☒ Other: Coach Database to monitor coaching maintenance hours for renewal; ongoing coach educational resources (webinars, newsletters, tools); access to a Clinical Education Specialist for consultation
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	Beyond the initial investment of certifying an in-house coach (see GPA Certified Coach Workshop), the only cost of the GPA-R program itself is the manuals required for each participant ($6 plus tax per person). GPA Certified Coaches have access to all required materials to facilitate their sessions, including Activities Learning Packages (ALP). Additional ALPs are available for order as needed for larger groups ($50.00 plus tax per kit). As per the Certified Coach agreement, coaches require the use of AV equipment, including free software download. GPA-R is available in organizations that sustain a GPA Certified Coach.
Contact Information & Website:	For more information on how to access components of the GPA program: Visit the AGE website www.ageinc.ca Call 905-777-3837 ext. 12277 or Email: info@ageinc.ca

LIVING the Dementia Journey

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia ☒ Mental Health/Mental Illness ☐ Substance Use ☒ Neurological Conditions ☒ Other: Care Partners of those caring for someone with Dementia
Brief Description:	LIVING the Dementia Journey (LDJ) is an award-winning, evidence-informed training program for those who support people living with dementia. Participants gain awareness and understanding that changes not only the way they view dementia, but the way they support people living with it. The LDJ program: • Increases understanding of dementia and provides a new perspective on the experience of living with it • Applies a person-centred approach to provide individualized support • Enhances skills in relationship-building to support individuals with compassion and respect • Shares strategies to recognize, interpret, and respond to personal expressions (behaviours) • Addresses ways to tackle boredom, loneliness, and helplessness by creating opportunities for meaning, purpose and growth LDJ was created in collaboration with people living with dementia and their care partners. It provides a fresh perspective on dementia care and support based on real life experiences. The program emphasizes the importance of shifting care and services to focus on a person's strengths and abilities, and how each person can be supported in living life to the fullest. The program includes presentations, individual reflections, small and large group discussions, and experiential learning to meet the needs of adult learners.
Goals/Objectives of the Program:	The goals of LDJ are to provide a new perspective on the experience of living with dementia, to apply a person-centred approach to care and support, to enhance skills in relationship-building, to share strategies to recognize, interpret and respond to personal expressions ("behaviours"), and to address ways to tackle boredom, loneliness and helplessness by creating opportunities for meaning, purpose and growth. Target competencies include: **Module 1** - LEARNING about the experience of dementia • Gain a new understanding and perspective of dementia • Understand how common myths and misunderstandings about dementia impact the approach to care • Learn about the unique, real-life experiences of people living with dementia

Module 2 - IMPROVING well-being

- Understand that quality of life goes beyond quality of care and activities of daily living
- Learn about the seven domains of well-being and what they mean for each person
- Learn the importance of and strategies for taking care of yourself and others

Module 3 - VALIDATING and honouring each person in the moment

- Recognize the value of the individual beyond diagnosis and knowing each person
- Understand how people living with dementia perceive and communicate their reality differently
- Learn how your actions and interactions with a person with dementia can have a negative or positive impact

Module 4 - INTERPRETING personal expressions, actions, and reactions

- Understand that personal expressions (behaviours) having meaning
- Understand what factors trigger personal expressions
- Learn how to problem solve and identify strategies to recognize, interpret and respond to personal expressions

Module 5 - NURTURING all relationships

- Understand the importance of the way you speak and act
- Learn the key ingredients to developing relationships with people whose cognition is changing
- Explore different styles of caring to promote relationships

Module 6 - GREETING each day as an opportunity

- Understand how to combat the three plagues of long-term care: boredom, loneliness and helplessness
- Learn how to create meaningful experiences and opportunities for growth for people living with dementia

Target Learner(s):

- ☒ General Public
- ☒ Persons with Lived Experience
- ☒ Family Care Partners (or "caregivers")
- ☒ Volunteers
- ☒ Personal Support Workers (PSW)
- ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance)
- ☒ Nursing (RN & RPN)
- ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)
- ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist)
- ☒ Primary Care (i.e., Physicians, Nurse Practitioners)
- ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators)
- ☒ University/College Students
- ☐ Other:

Method of Delivery:	☒ In-Person	☐ Online
Length of Training:	1 Day or 2 days	
Frequency of Re-Training:	Every 2 years (recommended)	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	The program was co-created in 2013 by the Murray Alzheimer Research and Education Program (MAREP) in partnership with a diverse advisory team. The advisory team consisted of residents, family members, and team members connected to Schlegel Villages – a group of long-term care and retirement communities in Ontario, Canada. The program was evaluated on two separate occasions: 1) An initial assessment conducted in 2016 2) A comprehensive evaluation conducted in 2017. Revisions were made to the program based on these evaluations. Updates will continue to be made to the curriculum according to best practice guidelines and a scoping review of the current, evidence-informed literature. The curriculum is subjected to formal review every 2 years. Recommendations for curriculum change will be considered by the RIA team to ensure the revisions are in alignment with the intent, purpose, and learning objectives of the LDJ program. In addition, input will be sought from program participants (through evaluation forms), as well as from program Facilitators and Master Trainers (through teleconference calls).	
Program Evaluation & Results:	The RIA conducted a comprehensive process and outcome evaluation to evaluate the strengths and limitations of the program's usage, delivery, and operation, and whether the program was reaching its expected outcomes. A mixed methods approach with quantitative and qualitative methods of data collection was used for this evaluation. Participant evaluation forms, team member surveys, huddle talks (focus groups), and facilitator surveys and interviews were used to collect data. The evaluation included 1,785 participants and found that the program increased their understanding and awareness of dementia. Participants felt that the program is foundational in positively shifting perceptions and language about dementia. The following quotes were obtained from participants and team members working in long-term care: "I love that the content is developed by persons living with dementia and that this training is made for everyone." – Program participant	

	"The facilitators are using really creative ways to showcase the content and provoke people to start thinking about the content in ways I didn't even imagine. There's a lot of passionate people that all want to make a difference." – Manager, Long-Term Care The program has also gained recognition from dementia specialists: "Living the Dementia Journey is the first comprehensive course of which I am aware that ticks all the important boxes: it looks at dementia from the individual's perspective, promotes a relational approach to support, encompasses basic transformational principles, and was developed in partnership with people living with the diagnosis. It is a major step forward in education, appropriate for all who partner in care and support. I recommend it highly for anyone who wants to elevate her/his knowledge and skills." – G. Allen Power MD, FACP Schlegel Chair in Aging and Dementia Innovation The program will continue to be evaluated on an on-going basis.
How does the Program elicit Practice Change?	LDJ aligns with the national culture change movement sweeping across Canada and around the world. The program elicits practice change by: • Building a strong foundation for person-centred care • Encouraging the use of dementia-inclusive language by all who support people living with dementia • Using a social model of living to change the way team members think about dementia and the way they support people living with it • Addressing ways to tackle boredom, loneliness, and helplessness by creating opportunities for meaning, purpose and growth • Sharing strategies to interpret and respond to personal expressions (behaviours) • Teaching team members to be proactive, not reactive. [i.e. understanding why personal expressions (behaviours) happen so they can be prevented] • Empowering teams by providing them with the knowledge and skills to act with empathy and understanding, and support with compassion • Building capacity within organizations by certifying trainers on teams • Sharing first-hand experiences of people living with dementia to change the way teams think, act and provide support
Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☐ Minimum number of hours or courses required to be delivered each year ☐ Evaluation of trainer via student survey post completion of the course ☒ Other: Observation of Program Delivery

Affiliation with other Education Programs, certificates and/or degrees:	None.
Program Cost:	1) 1-day Overview Workshop Cost per participant: $300 * Packages are also available at discounted rates for groups. 2) 2-day In-Depth Cost per participant: $600 * Packages are also available at discounted rates for groups.
Contact Information & Website:	E-mail: info@livingdementia.ca Website: www.livingdementia.ca Mailing address: LIVING the Dementia Journey c/o Schlegel-UW Research Institute for Aging 250 Laurelwood Drive Waterloo, ON, N2J 0E2

Mental Health First Aid for Seniors

Target Population in Program Content:	☐ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☒ Mental Health/Mental Illness ☒ Substance Use ☐ Neurological Conditions ☐ Other:
Brief Description:	MHFA Seniors is an adaptation of the MHFA Basic course that is intended to increase the capacity of seniors, families (informal caregivers), friends, staff in care settings and communities to promote mental health in seniors, prevent mental illness and suicide wherever possible in seniors and intervene early when problems first emerge.	
Goals/Objectives of the Program:	• Increase their knowledge of signs, symptoms and risk factors of mental health problems • Decrease the social distance between themselves and someone with a mental health problem • Increase their confidence to help someone experiencing a mental health crisis • Identify professional and self-help resources for individuals with a mental health problem • Show increased mental wellness themselves	
Target Learner(s):	☒ General Public ☒ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☐ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person	☐ Online
Length of Training:	2 days; 14 hours	
Frequency of Re-Training:	Every 2-3 years (recommendation)	

Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	The course is evidence based; it depends on updates we receive from MHFA Australia
Program Evaluation & Results:	See: https://www.mhfa.ca/en/evidence-mhfa-effectiveness
How does the Program elicit Practice Change?	The Mental Health First Aid program is designed around the idea that you do not need any skills or mental health training prior to taking the course. It is designed to be accessible for everyone, regardless of their background. Since being developed in 2011, it has been evaluated for its impact on participants, which includes increased awareness, decreased stigma, and increased helping behaviour. A participant manual is provided to each participant which includes several tools and resources to reference going forward.
Quality Assurance Process(es) for Trainers:	☐ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course
Affiliation with other Education Programs, certificates and/or degrees:	None.
Program Cost:	Between $100-$400/participant The reason for the cost variance is that instructors set their own prices, depending on their own expenses. By visiting the www.mhfa.ca website and using the "Find a Course" search tool, you can find a list of available courses as well as their registration prices.
Contact Information & Website:	www.mhfa.ca

P.I.E.C.E.S.™ 16 Hr Learning and Development Program

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☒ Mental Health/Mental Illness ☒ Substance Use ☒ Neurological Conditions ☐ Other:
Brief Description:	P.I.E.C.E.S. 16-Hr Learning and Development Program provides health care practitioners across the continuum of care with a practical, reflective and evidence based approach to guide shared assessment, collaborative engagement and supportive care with older persons at risk or living with complex chronic disease including: neurocognitive disorders (including but not limited to the dementias) and other mental health and substance use needs, and associated behavioural changes. Highly committed to the voice of lived experience in collaborative care, P.I.E.C.E.S. uses a person and care partner centred approach focused on prevention, early detection and a continuous process for shared solution finding, monitoring progress and minimizing disability. It provides a unique way of understanding the multiple health challenges and associated risks, promoting enhanced quality of life by recognizing individual needs and building on strengths related to the person's Physical, Intellectual and Emotional health, supportive strategies to maximize Capabilities, the individual's social and physical Environment and Social self (cultural, spiritual, Life Story). Through a highly interactive exchange of knowledge and experiences learners are provided opportunities for practical application of the P.I.E.C.E.S. approach and exploration of effective strategies to meaningfully engage the person, care partner and all members of the TEAM in shared care.	
Goals/Objectives of the Program:	The overall goal of the P.I.E.C.E.S. 16-Hr Learning and Development Program is to provide health care practitioners with a dynamic and highly interactive practical framework to guide a holistic person and care partner centred TEAM approach, as well as the knowledge and skills necessary to support the well-being and health care of older individuals at risk or living with complex chronic conditions. Following their completion of Days 1 and 2 and a workplace Practical Application, learners will have the knowledge to apply the P.I.E.C.E.S. Foundational Principles in practice, and be a role model and coach to others in the use of a common language and collaborative approach:	

	P.I.E.C.E.S. Foundational Principles (see http://pieceslearning.com for detailed information): • Validating: Honouring the person and understanding what matters through authentic engagement focused on the quality of relationships; validating all observations and concerns; and acknowledging unique contributions of all Team members • Shared Solution Finding: Using the P.I.E.C.E.S. 3-Question Template to surface collective wisdom of the person, care partner and all TEAM members; focused on prevention, early detection of and response to change, intervention, and ongoing monitoring; identifying priorities and risks and developing a clear action plan • Acting Together: Partnering to support the person and care partner within the system of care • Enhancing and Translating Knowledge: Respecting and supporting evidence from lived experience, practice and research
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☐ Personal Support Workers (PSW) ☐ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: Participating health care professionals/practitioners must have a clinical role and shared accountability for assessment and care planning, which often includes Directors of Care
Method of Delivery:	☒ In-Person ☐ Online
	Note: There is a practical Application of in-person learning, which is completed in the workplace between Day 1 and Day 2 of P.I.E.C.E.S. 16-Hr Learning and Development Program. Completion of 2 days of learning and the Practical Application are required to receive the P.I.E.C.E.S. 16-Hr Learning and Development Certificate
Length of Training:	Two full days with approximately 2-3 weeks between Day 1 and Day 2 to allow practitioners to return to their workplace to apply their learning in practice and return to the classroom to debrief and build upon their TEAM conversations and experience.
Frequency of Re-Training:	Currently Under Review

Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	The P.I.E.C.E.S. 16Hr Learning and Development Program has been updated every 4-5 years since it was initially developed in 1997. Knowledge translation frameworks informing recent curriculum enhancements include: • The PARiHS Framework for research implementation • Bloom's Taxonomy • Kolb's Experiential Learning Cycle • CIHR Framework (Ottawa Model of Research Use) - KTA • The Knowledge Exchange Cycle • Knowledge to Practice Process Framework; BSO Framework of Care The P.I.E.C.E.S. 16-Hr Learning and Development was most recently updated in 2018/19 with enhancements focused on four key areas: integrating best practice tools and resources; facilitation techniques to enhance learner engagement; practice-based application and coaching capacity in others; and providing a learning experience that will be relevant across the continuum of care. This developmental work was supported by a Redesign Collaboration Group including representation from P.I.E.C.E.S. Educators with extensive clinical and education experience in Ontario and other jurisdictions across Canada. Information gathered to inform the redesign focused on: • Development of curriculum content and facilitation techniques to foster successful knowledge to practice, involving interprovincial collaboration using on-line P.I.E.C.E.S. Educator Feedback Surveys and webinars. • Ensuring the voice of persons and their care partners informed the development through on-line and in-person collaborative discussions with Lived Experience Advisory Groups. • Ongoing interprovincial collaboration with P.I.E.C.E.S. Educators and other partners in care, including organizational leaders to learn from practice based experiences. • Inclusion of updated research and best practice literature, tools and resources.

Program Evaluation & Results:

The P.I.E.C.E.S. TEAM approach to person and care partner centred care was first developed in 1997. Since that time its evolution and the development of the P.I.E.C.E.S. core Learning and Development Program (now the P.I.E.C.E.S. 16-Hr Learning and Development Program) has been informed by evidence from:

- lessons learned through its implementation in practice and spread across health care sectors within both regional and provincial jurisdictions
- lived experiences of the person and care partners
- research and best practice literature specific to:
  - Person and care partner directed health and health care
  - Assessment and care planning
  - Education – adult learning and continuous improvement
  - Accelerating knowledge to practice
  - System transformation

Examples of evidence from both published as well as grey literature are provided below describing application of the P.I.E.C.E.S. TEAM approach in practice within a variety of health care settings:

1. Hillier L. (2006). Putting the PIECES Together Learning Initiative: Evaluation of Putting the P.I.E.C.E.S. Together 2004-2005 Learning Initiative Continuing Care Partner. Province of Nova Scotia.
2. Hung L, Lee PA, Au-Yeung AT, Kucherova I & Harrigan M. (2016) Adopting a Clinical Assessment Framework in Older Adult Mental Health. Journal of Psychosocial Nursing and Mental Health Services. 54(7) 26-3 http://europepmc.org/abstract/med/27362382
3. McAiney CA, Stolee P, Hillier LM, Harris D, Hamilton P, Kessler L, Madsen V & Le Clair K. (2007) Evaluation of the Sustained Implementation of a Mental Health Learning Initiative in Long-Term Care. International Psychogeriatrics. 19.
4. Ryan, D et al. (November 5 2009) P.I.E.C.E.S.TM and U-First! In Ontario: The Perceptions of Four Stakeholder Groups. Prepared for the Ontario Community Service Association.
5. Sinclair C & Puckniak J. Reduction of Antipsychotics Resulting in Savings of 400,000 in Six Months Using the P.I.E.C.E.S. Model and Quality Improvement. Winnipeg Regional Health Authority Briefing Note on CFHI Website. http://www.cfhi- fcass.ca/SearchResults/page/9?indexCatalogue=cfhi-site- search&searchQuery=reduction+in+use+of+antipsychotics&wordsMode=0
6. Stolee P, McAiney CA, Hillier L, Harris D, Hamilton P, Kessler L, Madsen V & Le Clair K. (2009). Sustained Transfer of Knowledge to Practice in Long-Term Care: Facilitators and Barriers of a Mental Health Learning Initiative. Gerontology and Geriatric Education. 30(1) 1-20.

7. British Columbia Care Providers Association; A Pathway to Ensuring the Appropriate Use of Antipsychotics in Continuing Care: A Guide Sharing Success Stories from BCPPA Members, 2018 https://bccare.ca/2018/04/new-bccpa-guide-shows-success-of-care- homes-push-to-cut-antipsychotics-use/

8. Dialogue on Aging; 14th Annual Geriatric Services Conference held in British Columbia on April 7, 2017 – Going Beyond; Explore. Engage. Evolve. Both of these conference videos describe what has been a very successful integration of the P.I.E.C.E.S. holistic person and care partner-centered approach into the shared assessment and care planning within a specialized intensive inpatient program to support those living with complex neuropsychiatric symptoms and behavioural changes. http://pieceslearning.com/evidence-for-the-p-i-e-c-e-s-model/video-presentations/

9. A British Columbia P.I.E.C.E.S. Success Story: Leadership and Teamwork http://pieceslearning.com

How does the Program elicit Practice Change?

To support the integration of the P.I.E.C.E.S. approach into practice, its spread and sustainability the P.I.E.C.E.S. 16-Hr Learning and Development Program is a comprehensive learning strategy to develop the role of in-house P.I.E.C.E.S. Resource Persons (PRPs). Through their participation in the program, learners enhance their own practice and explore start points for TEAM engagement and the coaching of others in mobilizing the P.I.E.C.E.S. approach into action. Case studies and reflective practice activities are strategically included during both days to provide opportunity to apply learning in real time.

The Practical Application between Day 1 and 2 is also designed specifically to foster the transfer of knowledge to practice by having learners return to the workplace and in collaboration with the TEAM apply the P.I.E.C.E.S. approach. They return on Day 2 with their completed application to exchange successes, lessons learned and to highlight further opportunities for integrating the P.I.E.C.E.S. approach and TEAM engagement. An integral role of the PRP is to seek collaborative opportunities with senior leadership and others on the TEAM (both internal and external partners) in the shared development of strategies to: assess current practices; determine how those practices compare to what was learned through participation in the P.I.E.C.E.S. 16-Hr Learning and Development Program; set realistic goals for improving and integrating new practices; and impart new knowledge and skills learned through participation in the Program.

It is common for PRPs to continue to partner with Certified P.I.E.C.E.S. Educators who are often in a day-to-day role to support them and other members of the TEAM following the 16-Hr Program. Certified P.I.E.C.E.S. Educators will frequently collaborate with organizational leadership in developing strategies for successful implementation and sustainability of the P.I.E.C.E.S. approach, including support for the PRPs (See P.I.E.C.E.S. Educator Development Program for more detail). The P.I.E.C.E.S. approach complements and can be integrated with other best practices related to shared assessment, collaborative person-centred approaches and capacity enhancement in the care of the complex older person.

Through the P.I.E.C.E.S. Educator network, supported by the P.I.E.C.E.S. Collaboration Office, practice-based strategies for implementation and sustainability are shared. This includes an interprovincial exchange of successful knowledge to practice experiences (see http://pieceslearning.com for examples, including Videos). A P.I.E.C.E.S. Newsletter has been developed that will provide updates regarding continued enhancements, learning opportunities, and a sharing of experiences and practice-based tools and resources that support the transfer of P.I.E.C.E.S. knowledge to practice. Examples of successful strategies to promote knowledge to practice include:

- Many interprovincial examples of integration of the P.I.E.C.E.S. 3-Q Template and language into policy, processes, and documentation, including the electronic medical record
- P.I.E.C.E.S. job aids developed in the workplace tailored to help guide a TEAM debrief when responsive behaviours of concern and risk occur;
- PRPs are often in leadership and support roles for Behavioural Resource Teams
- PRPs frequently identified as a Behavioural Support Liaison for their organizations, linking with external and regional partners
- P.I.E.C.E.S. approach using the 3-Q Template is integrated into shared assessment and care planning in collaboration with external care partners e.g. Seniors Mental Health Teams
- PRPs host shared care TEAM Huddles
- PRPs are often in coaching and practice development roles supporting TEAM conversations to meaningfully engage family in shared care
- P.I.E.C.E.S. integrated into staff orientation, often facilitated by PRPs
- P.I.E.C.E.S. complements and can be integrated with other best practices related to shared assessment, collaborative person-centred approaches and capacity enhancement in the care of the complex older person

Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course ☒ Other: P.I.E.C.E.S. Educator database to monitor number of facilitated learning sessions required for renewal. On-line post learning Summary Reports reviewed by P.I.E.C.E.S. Collaboration Office (PCO) and P.I.E.C.E.S. Canada Consult Group, and shared with each P.I.E.C.E.S. Educator Team for their individual and collaborative review. Access to PCO as well as a Clinical Education Consultant for support. Resources, tools and updates made available through Newsletters and http://pieceslearning.com
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	The Program cost per person (currently $195.00 including tax) includes learner materials (P.I.E.C.E.S. Resource Guide, Job Aids, other resources, Certificate of completion). It also includes the following support provided by the P.I.E.C.E.S. Collaboration Office: • Online learner registration • Online post Program Survey • Website postings advertising session information • Training site arrangements • Mid-morning and mid-afternoon refreshments • Post Program Evaluation Summary Reports provided to each P.I.E.C.E.S. Educator Team and P.I.E.C.E.S. Consult Group • Participant and Educator information in P.I.E.C.E.S. database, including website listing of regional P.I.E.C.E.S. Educator Teams in Ontario
Contact Information & Website:	P.I.E.C.E.S. Collaboration Office Email: office@piecescanada.com Website: http://pieceslearning.com

P.I.E.C.E.S.™ Leadership Performance Improvement Program

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia ☒ Mental Health/Mental Illness ☒ Substance Use ☒ Neurological Conditions ☐ Other:
Brief Description:	The P.I.E.C.E.S. Leadership Performance Improvement (LPI) Program is designed to bring together organizational and system leaders who are in a position to support change in practice and foster a collaborative approach to TEAM development and performance improvement in the delivery of person and care partnered centred care. This one-day program provides a dynamic, highly interactive experience for leaders responsible for supporting P.I.E.C.E.S. Resource Persons (PRPs) across the continuum of care who attended the P.I.E.C.E.S. 16-Hr Learning and Development Program. To foster the development of innovative partnerships, it is highly recommended that organizational senior leaders participate in the LPI Program together with a PRP(s) from within their organization, or a TEAM member who will be attending the P.I.E.C.E.S. 16-Hr Learning and Development Program in the near future. The LPI provides leaders with a solid foundation in the P.I.E.C.E.S. relationship-centred TEAM approach which promotes engagement through dialogue, on-the-job learning and shared solution finding in the support of older persons at risk or living with complex chronic disease. Through their participation in the LPI Program leaders will develop practical start points for collaboratively mobilizing the P.I.E.C.E.S. approach into action and sustaining it in the longer term. (See P.I.E.C.E.S. 16-Hr Learning and Development Program for more information)
Goals/Objectives of the Program:	The overall goal of the P.I.E.C.E.S. Leadership Performance Improvement Program (LPI) is to engage organizational and system leaders in a dynamic exchange to foster a relationship focused TEAM approach to person and care partner centred care for older adults at risk or living with complex chronic disease, and their care partners; focusing on the more immediate and short term possibilities for enhancing practice and performance improvement using the P.I.E.C.E.S. person and care partner centred TEAM approach, as well as longer term sustainability. As a result of participating in the LPI Program learners will have an enhanced understanding of:

	• The P.I.E.C.E.S. 16-Hr Learning and Development Program that provides health care practitioners across the continuum of care with a practical, reflective and evidence based framework to guide shared assessment, collaborative engagement and supportive care with older persons at risk or living with complex chronic disease including; neurocognitive disorders (including but not limited to the dementias) and other mental health and substance use needs, and associated behavioural changes. • The current organizational and system needs experienced by the older person at risk or living with complex and chronic disease, and their care partner(s). • The practical factors to support performance improvement and the development of high performing relationship focused TEAMS using a common language and common approach Performance Objectives: Learners will support the implementation of the P.I.E.C.E.S. person and care partnered centred TEAM approach to the extent they support the P.I.E.C.E.S. Foundational Principles in practice (http://pieceslearning.com for detailed information): • Validating: Honouring the person and understanding what matters through authentic engagement focused on the quality of relationships; validating all observations and concerns; and acknowledging unique contributions of all Team members. • Shared Solution Finding: Using the P.I.E.C.E.S. 3-Question Template to surface collective wisdom of the person, care partner and all TEAM members; focused on prevention, early detection of and response to change, intervention, and ongoing monitoring; identifying priorities and risks and developing a clear action plan. • Acting Together: Partnering to support the person and care partner within the system of care Enhancing and Translating Knowledge: Respecting and supporting evidence from lived experience, practice and research.
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☐ Personal Support Workers (PSW) ☐ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☐ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: System leaders with a role in policy and decision making who can provide support to organizations in their practice change and performance improvement
Method of Delivery:	☒ In-Person ☐ Online
Length of Training:	1 Day
Frequency of Re-Training:	Currently Under Review

Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	The P.I.E.C.E.S. Leadership Performance Improvement Program assists organizational and system leaders to support the mobilization of learning acquired through the P.I.E.C.E.S.16-Hr Learning and Development Program into practice. When there are enhancements to the P.I.E.C.E.S.16-Hr Learning and Development Program there is a corresponding update to the P.I.E.C.E.S. Leadership Performance Improvement Program. The most recent update to the P.I.E.C.E.S. 16-Hr Learning and Development Program was 2018/19. The extensive collaborative feedback process undertaken to inform the redesign also informed the enhancements to the Leadership Performance Improvement Program (See P.I.E.C.E.S. 16-Hr Learning and Development Program for more information).
Program Evaluation & Results:	The P.I.E.C.E.S. Leadership Performance Improvement Program has been designed for organizational and system leaders who are in a position to support P.I.E.C.E.S. Resource Persons (PRPs) across the continuum of care who attend the P.I.E.C.E.S. 16-Hr Learning and Development Program; and to help foster a collaborative approach to TEAM development and performance improvement using the P.I.E.C.E.S. approach in practice. See P.I.E.C.E.S. 16-Hr Learning and Development Program for information describing evaluation and results related to the application of the P.I.E.C.E.S. approach in practice.
How does the Program elicit Practice Change?	Success occurs when leaders, together with P.I.E.C.E.S. Resource Persons and other members of the TEAM, collaboratively strategize to positively impact the quality of life for the person, their care partner(s), and all members of the TEAM. Consideration of these key elements help learners to prepare their organizations and plan for successful implementation and sustainability in the longer term. Success occurs when the leaders: • Provide clear expectations for the P.I.E.C.E.S. relationship focused TEAM approach and review/align supporting policies and procedures. • In collaboration, plan and provide the necessary support for the development of the P.I.E.C.E.S. Resource Person(s) and the implementation of the P.I.E.C.E.S. approach in practice. • Develop and mobilize a plan for appropriate recognition of expectations met by P.I.E.C.E.S. Resource Person(s). • Develop and mobilize a plan for timely and relevant feedback for the P.I.E.C.E.S. Resource Person(s). • Identify the most appropriate individual(s) for the P.I.E.C.E.S. 16-Hr Learning and Development Program.

	• In collaboration, develop a plan for ongoing learning and development of the P.I.E.C.E.S. Resource Person(s). Connect with system partners to explore the alignment between policy and practice at a system level. Through the P.I.E.C.E.S. Educator network, supported by the P.I.E.C.E.S. Collaboration Office, practice-based strategies for engaging organizational and system leadership in the implementation and sustainability are shared. This includes an interprovincial exchange of successful knowledge to practice experiences (see http://pieceslearning.com for examples, including videos). A P.I.E.C.E.S. Newsletter has been developed that will provide updates regarding continued enhancements, learning opportunities, and a sharing of successes, lessons learned and practice-based tools and resources that support the transfer of P.I.E.C.E.S. knowledge to practice.
Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course ☒ Other: P.I.E.C.E.S. Educator database to monitor number of facilitated learning sessions required for renewal. On-line post learning Summary Reports reviewed by P.I.E.C.E.S. Collaboration Office (PCO) and P.I.E.C.E.S. Canada Consult Group, and shared with each P.I.E.C.E.S. Educator Team for their individual and collaborative review. Access to PCO as well as a Clinical Education Consultant for support. Resources, tools and updates made available through Newsletters and http://pieceslearning.com
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	Contact the P.I.E.C.E.S. Collaboration Office for more information Email: office@piecescanada.com
Contact Information & Website:	P.I.E.C.E.S. Collaboration Office Email: office@piecescanada.com Website: http://pieceslearning.com

Team Essentials for Coordinating Care for Responsive Behaviours

Target Population in Program Content:	☐ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☐ Other:
Brief Description:	This module enables teams to recognize and communicate responsive behaviours for persons with dementia through the use of the Sensory Observation System (SOS) and SBAR techniques. Principles of team-based coordination for responsive behaviours include: objectivity, specificity and descriptiveness, risk assessment, self-reflection, strategizing, monitoring, debriefing and team competencies. Staff will learn how to apply this to common clinical scenarios and to transfer this learning to their daily practice setting. Anticipated outcomes include improved understanding and ability to reflect on a resident-centred approach to care and enhanced information sharing and care coordination within the team. Teams already trained in U-First, PIECES and GPA will find that this training supports them in coordinating and communicating care for responsive behaviours in the moment and within and across roles and shifts. The in-person workshop also considers the effects of delirium on dementia.	
Goals/Objectives of the Program:	After this module, participants will: 1. Build a common understanding of the team's role and contribution in managing responsive behaviours 2. Develop observation and team reporting skills focused on responsive behaviours 3. Enhance team skills and values related to being objective, self-reflective, relational-centred and proactive 4. Apply team communication and collaboration strategies	

Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☐ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN)	☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☐ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☐ Primary Care (i.e., Physicians, Nurse Practitioners) ☐ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☐ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person: Toronto only	☒ Online: across Ontario
Length of Training:	In-Person: 7.5hrs	Online: 3hrs
Frequency of Re-Training:	Refreshers recommended	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☐ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	Curriculum updated every 12-18 months by interprofessional educator team in consultation with experts.	
Program Evaluation & Results:	We have evaluated the program using Kirkpatrick's New World Training Model and developmental evaluation techniques. Report with graphics available upon request (rmeyer@baycrest.org).	
How does the Program elicit Practice Change?	In addition to the in-person and online learning, we offer, to Ontario Long-Term Care Homes: 1. Team Essentials Pocket Cards 2. eLearning module on 8A's 3. eLearning module on 3Ds (forthcoming) 4. Simulation Activity: Behaviour Scene Investigation 5. Simulation Activity: Labels Exercise 6. Simulation Activity: Dementia Simulation Toolkit 7. Simulation Activity: 8A's of Dementia Toolkit 8. Simulation Activity: Virtual Reality Dementia Simulations 9. Trigger Match - Serious Game Kit to Foster Team Collaboration in the Care of Persons with Dementia 10. Leadership coaching (before, during and after training) with custom curriculum/activity development to support organizational readiness and fit with the program and to enable support and monitoring of sustained practice change 11. Custom debrief guides for team huddles aligned with QIP reporting (forthcoming)	

Quality Assurance Process(es) for Trainers:	☐ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course ☒ Other: Currently delivered by a limited pool of trained interprofessional educators
Affiliation with other Education Programs, certificates and/or degrees:	This program has also been expanded and integrated into a newly developed online post-graduate Interprofessional Certificate in Complex and Long-Term Care in partnership with George Brown College (lead) and Ryerson University.
Program Cost:	Currently delivered to Ontario long-term care homes for free. For other sectors, pricing to be determined.
Contact Information & Website:	Ontario long-term care homes: Raquel Meyer, Manager, Ontario Centres for Learning, Research & Innovation in Long-Term Care at Baycrest; rmeyer@baycrest.org https://clri-ltc.ca/?resource=team-essentials-leading-practices-long-term-care; All other sectors: Lisa Sokoloff, Manager, Training & Simulation, Baycrest; lsokoloff@baycrest.org https://www.baycrest.org/Baycrest/Education-Training/Training-and-Simulation-Division/ProductsAndServices

U-First! Workshop

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☒ Mental Health/Mental Illness ☐ Substance Use ☒ Neurological Conditions ☐ Other:
Brief Description:	If you are caring for someone with dementia, the U-First! Workshop will help you: • Understand that there can be many reasons why you might see behaviour changes when a person is living with dementia • Flag the possible changes that you may see when you are supporting a person living with dementia • Interact in a new way with both skill and a common understanding of dementia • Reflect and report on not only new behaviours you may see in the person you are supporting but also share your strategies and your tips on working with a person who is living with dementia • Support the person with dementia, their family and friends in everyday activities • Know that you are part of an important Team in caring for the person with dementia	
Goals/Objectives of the Program:	Learner Objectives: Demonstrate sensitivity and respect for the individuality of the person with dementia, their family and other team members by: • Recognizing the impact of a person's life experiences, values, thoughts and feelings on their well being and quality of life. These factors are equally relevant for that person's family and significant others. • Serving as a role model for co-workers by focusing on the person living with dementia, supporting their strengths and abilities, promoting their active participation in all aspects of their care and continuing to work with the team to meet the evolving needs of the person, their family/significant others.	

Seek to understand the person living with dementia & associated behavioural changes by:

- Using the U-First!® Wheel in dialogue with the team to flag risks and behavioural issues associated with cognitive/mental health needs and possible causes. This frames an understanding of the physical, intellectual, emotional, capabilities, environment and social/cultural aspects of the person.
- Promoting dialogue with the team by sharing pertinent information and reflections to increase a common understanding of the person living with dementia and their family/significant others.
- Recognizing the rights of the person to make his/her own decisions according to mental capability and to the extent it does not infringe upon the rights of another individual.

Collaborate with the team to ensure individualized support strategies are developed that recognize and respond to information gathered using U-First!® and take that into consideration:

- Respect for the person's values, cultural beliefs, desires, goals, coping styles and communication patterns
- Identification of high risk situations
- Collaboration with family/significant others to develop approaches to care
- Respect for all team members' knowledge, experience, involvement and contributions
- Reflection and reporting of observations and interactions are valued in evaluating supportive care strategies and redefining goals of care, if necessary

Target Learner(s):

- ☐ General Public
- ☐ Persons with Lived Experience
- ☐ Family Care Partners (or "caregivers")
- ☐ Volunteers
- ☒ Personal Support Workers (PSW)
- ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance)
- ☒ Nursing (RN & RPN)
- ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)
- ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist)
- ☒ Primary Care (i.e., Physicians, Nurse Practitioners)
- ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators)
- ☒ University/College Students
- ☐ Other:

Method of Delivery:	☒ In-Person ☐ Online
Length of Training:	6 hour workshop or 2 - 3 hour workshops
Frequency of Re-Training:	Every 2 years
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☐ Tertiary Care ☐ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	Feedback gathered from various stakeholders/target groups to determine past experience and receive suggestions for improvement, occurs every 2 -3 years.
Program Evaluation & Results:	Evaluations are completed after every workshop, return rate varies, all results are filed and reviewed. No published evaluation.
How does the Program elicit Practice Change?	Workbook used during workshop supports the learner as they apply new knowledge, U-First! Wheel is a collaborative tool to assist learner post workshop.
Quality Assurance Process(es) for Trainers:	☒ Formal recertification process ☒ Minimum number of hours or courses required to be delivered each year ☒ Evaluation of trainer via student survey post completion of the course
Affiliation with other Education Programs, certificates and/or degrees:	P.I.E.C.E.S. Learning & Development Program Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	$75 per person
Contact Information & Website:	www.u-first.ca

U-First! Online Course

Target Population in Program Content:	☒ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☒ Mental Health/Mental Illness ☐ Substance Use ☒ Neurological Conditions ☐ Other:
Brief Description:	If you are caring for someone with dementia, the U-First! Online Course will help you: • Understand that there can be many reasons why you might see behaviour changes when a person is living with dementia • Flag the possible changes that you may see when you are supporting a person living with dementia • Interact in a new way with both skill and a common understanding of dementia • Reflect and report on not only new behaviours you may see in the person you are supporting but also share your strategies and your tips on working with a person who is living with dementia • Support the person with dementia, their family and friends in everyday activities • Know that you are part of an important Team in caring for the person with dementia	
Goals/Objectives of the Program:	Learner Objectives: Demonstrate sensitivity and respect for the individuality of the person with dementia, their family and other team members by: • Recognizing the impact of a person's life experiences, values, thoughts and feelings on their well being and quality of life. These factors are equally relevant for that person's family and significant others. • Serving as a role model for co-workers by focusing on the person living with dementia, supporting their strengths and abilities, promoting their active participation in all aspects of their care and continuing to work with the team to meet the evolving needs of the person, their family/significant others.	

	Seek to understand the person living with dementia & associated behavioural changes by: • Using the U-First!® Wheel in dialogue with the team to flag risks and behavioural issues associated with cognitive/mental health needs and possible causes. This frames an understanding of the physical, intellectual, emotional, capabilities, environment and social/cultural aspects of the person. • Promoting dialogue with the team by sharing pertinent information and reflections to increase a common understanding of the person living with dementia and their family/significant others. • Recognizing the rights of the person to make his/her own decisions according to mental capability and to the extent it does not infringe upon the rights of another individual.
	Collaborate with the team to ensure individualized support strategies are developed that recognize and respond to information gathered using U-First!® and take that into consideration: • Respect for the person's values, cultural beliefs, desires, goals, coping styles and communication patterns • Identification of high risk situations • Collaboration with family/significant others to develop approaches to care • Respect for all team members' knowledge, experience, involvement and contributions • Reflection and reporting of observations and interactions are valued in evaluating supportive care strategies and redefining goals of care, if necessary.
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☐ In-Person ☒ Online
Length of Training:	3 weeks to complete modules (available 24/7)
Frequency of Re-Training:	Every 2 years

Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care ☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	New course, will review in 3 years
Program Evaluation & Results:	Online evaluation required after completion of course, results presented in poster presentation at ADI Chicago July 2018
How does the Program elicit Practice Change?	Online discussion forums and webinar support the learner in applying new knowledge.
Quality Assurance Process(es) for Trainers:	• Formal recertification process • Minimum number of hours or courses required to be delivered each year • Evaluation of trainer via student survey post completion of the course
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University)
Program Cost:	$75/learner
Contact Information & Website:	www.u-first.ca

Validation Communication

Target Population in Program Content:	☐ Adult Population with Age-Related Conditions ☒ Older Adult Population ☒ Dementia	☐ Mental Health/Mental Illness ☐ Substance Use ☐ Neurological Conditions ☐ Other:
Brief Description:	Validation Communication explores a variety of communication techniques that have proven to be effective for those working in dementia care and with other populations (including work and home life). While the focus is on Validation techniques, which were introduced by Naomi Feil in the early 1980s, the workshop also includes basic communication skills that can be used in any setting and introduces the learner to Adaptive Interaction techniques for late-stage dementia (Ellis, M. 2018). The goal of this workshop is to provide insight into how communication is central to quality of life. Also, the connection between communication needs and responsive behaviours is highlighted, and the implications for both professional and personal exchanges are discussed. When communication needs are understood, positive outcomes are easier to achieve. An overview of the "how to's" of running a Validation Group is also provided.	
Goals/Objectives of the Program:	Goal: To develop a set of effective communication skills, with a special focus on understanding the unique needs and techniques that are related to dementia care. Objectives: • To identify basic communication techniques and discuss how they are related to brain and behaviour. • Using the statement, "All behaviour has meaning", discuss how communication is related to responsive behaviours and explore what can be done to address each individual's needs. • To differentiate between reminiscing, hallucinations, validation and seeing with the mind's eye. The goal is to understand, and work through, the key components of each with the objective of developing new communication skills. • To examine the key components of verbal and non-verbal communication and apply one's understanding to the abilities of those living with dementia, thereby developing a new approach to communicating with those living with dementia. • To understand how our senses are associated with communication outcomes through a demonstration that explores how this process begins early in life.	

	• To experience how important it is to validate feelings. • To discuss how touch can impact communication and can be used to connect to memories of the past. • To identify communication techniques using the who, what, when, where and how questions and to understand why questions that ask "Why?" may create negative outcomes when communicating with those living with dementia. • To discuss Adaptive Interaction Communication techniques for late stage dementia (Ellis, M., 2019). • To discuss, demonstrate and provide the tools and resources required for running a Validation Group.	
Target Learner(s):	☐ General Public ☐ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person	☒ Online
Length of Training:	1 Day	
Frequency of Re-Training:	None	
Sector Applicability:	☒ Long-Term Care ☒ Community (including private dwellings, retirement homes) ☒ Acute Care	☒ Tertiary Care ☒ Primary Care ☐ Other:
Curriculum Update Cycle & Method:	1 or 2 times per year	

Program Evaluation & Results:	An evaluation of the program was conducted in a LTC home but results were not published. Staff who attended the education were from different disciplines and different departments. A questionnaire was distributed prior to the workshop and a week later. Generally, the results indicated that with the content of the workshop staff felt they were better equipped to interact with residents and said they felt better about their jobs. Many said they came into this field to help people but they had become frustrated from their inability to do a good job. In the pre-test questionnaire they were asked how competent they felt when interacting/communicating with residents with dementia. The average score was 2/5. Many people mentioned that they did not know what to say to residents (especially when the person lacked the ability to talk) or didn't know if they were saying the right things to people who could talk. The post-workshop evaluation answers (one week after the workshop) found that staff reported being far more confident when interacting with the residents and case examples provided evidence that clearly indicated they had changed the way they interacted/communicated with those in their care.
How does the Program elicit Practice Change?	Resources are provided in the workshop for use following the workshop. The resources are easy to use and workshop participants are invited to email any time if they have questions or need help.
Quality Assurance Process(es) for Trainers:	None
Affiliation with other Education Programs, certificates and/or degrees:	Geriatric Certificate Program (Regional Geriatric Program – Central/ McMaster University) Niagara College Recreation Program.
Program Cost:	$225.00/person
Contact Information & Website:	Gail Elliot www.dementiability.com Gail.elliot@dementiability.com laura@dementiability.com leighann@dementiability.com

CORE CURRICULA: Train-The-Trainer Programs

A number of programs included in the BETSI also created accompanying Train-the-Trainer versions of their respective programs that equip staff to be able to deliver the program. Train-the-Trainer programs help further the spread of programs that may not be readily available in certain areas due to absence of instructors and also help enable the sustainability of learning, having access to Instructors nearby. All information was provided by Program Representatives.

GPA Certified Coach Workshop (Train-the-Trainer)

Description:	A GPA Certified Coach Workshop (CCW) is the first step in implementing the GPA program in an organization. Selection of appropriate CC candidates is critical to successful implementation and sustainability of the GPA program. Following successful participation at a 2-day GPA CCW, GPA CC are authorized by AGE to facilitate GPA Curricula via staff/student education sessions. A GPA CCW is facilitated by Certified GPA Master Coaches who model various styles of facilitation during Day 1 - delivery of GPA Basics. GPA CC Candidates participate in a GPA session guided by GPA Master Coaches with the goal of demonstrating how to apply the standardized curriculum using GPA Coach materials and various adult learning principles and modalities. Day 2 includes practice facilitation with feedback, overview of resources and administrative requirements, adult learning principles discussions including coaching tips and strategies for practice change. Day 2 wraps up with review of Certified Coach Agreement and discussion on how GPA is a critical component of a Workplace Violence Prevention Plan. GPA CC receive all of the resources and materials they need to be successful in their role (see GPA CC Information Package on the AGE website www.ageinc.ca).
Length of Training:	2 Days
Core Competencies to Become a Trainer:	Prerequisites include completion of GPA Basics, GPA eLearning or GPA-R within the past 24 months; 100% attendance and participation in the 2 day training; 3+ years experience in dementia care, geriatric care or a related field; experience in coaching, teaching or facilitation; job role includes ongoing relationship with GPA participants to be coached; completion of online registration with evidence of above information. Organizational commitment to sustain GPA CC involves planning for GPA Basics sessions and GPA-R sufficient to meet maintenance hours requirements. The traditional GPA delivery model involves co-facilitation in small multidisciplinary, team-based sessions. Solo coaching is accepted with a maximum ratio of 1 GPA CC for 10 participants. GPA sessions require the use of a laptop with certain free software, projector and speakers. Coaches are authorized to teach GPA within the base of their employment only.

Cost:	GPA Certified Coach Workshop cost is $800 (+applicable taxes) - cost includes all resources and access to materials including: • GPA CC Manual • GPA Basics Manual • GPA-Recharged Participant Booklet • GPA Activities Learning Package (ALP) • GPA CC Certificate and GPA Pin • Access to coach-specific online resources and tools The GPA CC renewal fee is currently $100.00 for a two year period following successful completion and tracking of GPA CC maintenance hours.
Contact Information:	For more information on the GPA Certified Coach Workshop, upcoming workshops, registration and/or submission of interest for notification, please see AGE website calendar of education events: www.ageinc.ca

LIVING the Dementia Journey (Train-the-Trainer)

Description:	LIVING the Dementia Journey (LDJ) is an award-winning, evidence-informed training program for those who support people living with dementia. Participants gain awareness and understanding that changes not only the way they view dementia, but the way they support people living with it. The LDJ program: • Increases understanding of dementia and provides a new perspective on the experience of living with it • Applies a person-centred approach to provide individualized support • Enhances skills in relationship-building to support individuals with compassion and respect • Shares strategies to recognize, interpret, and respond to personal expressions (behaviours) • Addresses ways to tackle boredom, loneliness, and helplessness by creating opportunities for meaning, purpose and growth. LDJ was created in collaboration with people living with dementia and their care partners. It provides a fresh perspective on dementia care and support based on real life experiences. The program emphasizes the importance of shifting care and services to focus on a person's strengths and abilities, and how each person can be supported in living life to the fullest. The program includes presentations, individual reflections, small and large group discussions, and experiential learning to meet the needs of adult learners.
Length of Training:	3 days
Core Competencies to Become a Trainer:	LIVING the Dementia Journey (LDJ) is delivered by LDJ certified Facilitators through workshops with a ratio not exceeding 1 LDJ certified Facilitator to 20 participants. This group size allows Facilitators to effectively include all participants in group discussions. To become a certified Facilitator, each Facilitator must attend a 3-day training program, which includes: • Day 1 – Facilitators participate in the LDJ Overview Workshop to familiarize themselves with the content and delivery of the program • Day 2 – Facilitators explore adult learning techniques and learn group facilitation skills • Day 3 – Facilitators practice delivering the six program modules of both the Overview and In-Depth workshops

	In terms of competencies, Facilitators must have a basic understanding of dementia (e.g. types, symptoms, progression, etc.) and previous experience working with and/or supporting people living with dementia. Additionally, Facilitators must be comfortable delivering education to diverse learning partners and have strong communication skills. Most importantly, they should be passionate about supporting people living with dementia. To become certified, Facilitators must attend the full 3-day training. These 3-day training sessions are delivered by LDJ Master Trainers, who are employed by the Schlegel-UW Research Institute for Aging (RIA). Facilitator certification is valid only at their organization of employment. Re-certification will be required every 2 years.
Cost	Cost per facilitator to be trained: $900 One-time licensing fee: $1,500 - $7,000 (depending on size of organization) Annual subscription fee: $300 Workbooks: Once a Facilitator is trained and ready to deliver the workshop to their team, participant workbooks are to be ordered from the RIA at a cost of $20 (for Overview Workbook) or $30 (for In-Depth Workbook).
Contact Information:	E-mail: info@livingdementia.ca Website: www.livingdementia.ca Mailing address: LIVING the Dementia Journey c/o Schlegel-UW Research Institute for Aging 250 Laurelwood Drive Waterloo, ON, N2J 0E2

Mental Health First Aid (MHFA) for Seniors (Train-the-Trainer)

Description:	MHFA Seniors is an adaptation of the MHFA Basic course that is intended to increase the capacity of seniors, families (informal caregivers), friends, staff in care settings and communities to promote mental health in seniors, prevent mental illness and suicide wherever possible in seniors and intervene early when problems first emerge.
Length of Training:	5 Days
Core Competencies to Become a Trainer:	• Minimum 2 years' experience in a front-line position (paid or unpaid) within the last 10 years supporting seniors living with mental health problems • Good knowledge of mental health disorders and their treatment • Experience delivering training/teaching effectively to adult learners • Experience in networking with community partners • Knowledge of the range of mental health services • Good interpersonal and communication skills • Positive attitudes towards seniors with complex mental health • Enthusiasm to reduce stigma/discrimination associated with mental illness • Proficient in computer programs such as PowerPoint and Excel, and must have an email address, internet, access to a computer and a projector
Cost:	$3000.00/learner
Contact Information:	www.mhfa.ca

P.I.E.C.E.S. Educator Development Program

Description:	Certified P.I.E.C.E.S. Educators facilitate the P.I.E.C.E.S. 16-Hr Learning and Development Program that provides health care practitioners with a dynamic and practical framework to guide a holistic person centred TEAM approach, as well as the knowledge and skills necessary to support the well-being and health care of older individuals at risk or living with complex chronic conditions including; neurocognitive disorders (including but not limited to the dementias) and other mental health and substance use needs, and associated behavioural changes. P.I.E.C.E.S. uses a person and care partner centred approach focused on health promotion, prevention, early detection and a continuous process for shared solution finding, monitoring progress and minimizing disability. It provides an understanding of the multiple health challenges and associated risks, and promotes an enhanced quality of life by recognizing unique needs and building on the person's strengths. In the P.I.E.C.E.S. Educator Development Program learners become familiar with how to facilitate the P.I.E.C.E.S. 16-Hr Program so the sessions are interactive, learner focused, integrate opportunities for practical application of the P.I.E.C.E.S. approach in practice, as well as explore effective strategies to meaningfully engage the person, care partner and all members of the TEAM, including the role of leadership in shared care.
Length of Training:	Two Consecutive Days
Core Competencies to Become a Trainer:	Certified P.I.E.C.E.S. Educators for the P.I.E.C.E.S. Educator Development Program are members of the P.I.E.C.E.S. Canada Consult Group (PCG) or Certified P.I.E.C.E.S. Educator Associates identified but the PCG to deliver the P.I.E.C.E.S. Educator Development Program. They will have the following: • A University degree in a related health care field e.g. nursing, OT, PT, SW • A minimum of 5 years health care experience in the support of complex older adults • Completion of the P.I.E.C.E.S. 16-Hr Educator Development Program delivered by the P.I.E.C.E.S. Consult Group and/or a designated Certified P.I.E.C.E.S. Educator Associate(s) • Excellent interpersonal and communication skills • Extensive experience in the facilitation of the P.I.E.C.E.S. 16-Hr Learning and Development Program and the implementation and ongoing sustainability of the P.I.E.C.E.S. approach in practice. • Experience in the facilitation of adult learning and the ability to create a dynamic interactive learning environment

	• Extensive knowledge, skills and experience in the shared assessment/ care planning for older adults at risk or living with complex health conditions and associated behavioural changes and the application of best practice clinical assessment tools and protocols • An ability to facilitate a TEAM approach to shared assessment and collaborative care planning, including management of high risk situations • An ability to draw upon knowledge and experiences to confidently respond to clinical questions/situations in-the-moment as they arise in the classroom learning • Excellent coaching skills and the ability to facilitate the development of these skills in others • The ability and support necessary to facilitate a P.I.E.C.E.S. Educator Development Program over two consecutive days. • Certified P.I.E.C.E.S. Educators agree to: deliver the curriculum honouring the integrity of the program using the P.I.E.C.E.S 16-Hr Learning and Development Program Facilitator Guide; partner closely with other members of their P.I.E.C.E.S. Educator Team modelling the P.I.E.C.E.S. relationship focused approach; and work in partnership with the P.I.E.C.E.S. Collaboration Office (as detailed in the signed Educator contract with the P.I.E.C.E.S. Canada Consult Group/P.I.E.C.E.S. Collaboration Office)
Cost:	The Program cost per person (currently $275.00 incl tax) includes learner materials (P.I.E.C.E.S. 16-Hr Learning and Development Program Facilitation Guide, P.I.E.C.E.S. Resource Guide, Job Aids, other resources, Certification as a P.I.E.C.E.S. Educator). It also includes extensive logistical support from the P.I.E.C.E.S. Collaboration Office in the planning of P.I.E.C.E.S. 16-Hr Learning and Development Program sessions, as well as other support as required: • Online learner registration • Online post Program Survey • Website postings/session advertising • Regular registration updates for Lead P.I.E.C.E.S. Educator to be shared with P.I.E.C.E.S. Educator Team • Training site arrangements • Mid-morning and mid-afternoon refreshments • Post Program Evaluation Reports provided to P.I.E.C.E.S. Consult Group and P.I.E.C.E.S. Educator Team • P.I.E.C.E.S. learner and Educator database
Contact Information:	P.I.E.C.E.S. Collaboration Office Email: office@piecescanada.com Website: http://wwwpieceslearning.com

U-First! (Train-the-Trainer)

Description:	Training provided for experienced educators on: 1) Dialogue education approach; and 2) Facilitating U-First! in a meaningful way.
Length of Training:	3 days: Day 1 & 2 (6hrs each): Dialogue Education Day 3: Attend U-First! Facilitators Workshop
Core Competencies to Become a Trainer:	A U-First! Facilitator must have: • University degree/College Diploma in a related field and/or enrollment in the Dementia Studies certificate program • Minimum 3 years Health Care Sector working experience dealing with persons with dementia and/or their families including experience in best practices related to the management of mental illness and dementias • Knowledge of Alzheimer's disease and other dementias, as well as and other current education resources related to this population • Excellent interpersonal and communication skills with a demonstrated ability to work independently and as a member of a team • High level presentation skills coupled with knowledge of adult educational principles; including training in a Dialogue Education™ approach • Completion of the one-day (6Hr) U-First! Workshop • Experience in coaching and/or supporting staff/caregivers • Drivers license and access to a vehicle where required • Comfortable with technology, including knowledge of PowerPoint, Laptops and LCD projectors, and DVDs.
Cost:	Approximately $500/learner
Contact Information:	www.u-first.ca

ADDITIONAL CURRICULA

The BETSI Working Group suggests considering the following additional education programs that BETSI Users may wish to consider in enhancing capacity amongst staff working across sectors. This list includes programs that did not meet all BETSI Evaluation criteria, primarily due to not being available across Ontario and/or they didn't specifically pertain to the BSO Target Population. Despite not being included in the primary listing of core curricula, these programs may be valuable for staff working with the BSO Target Population. All information was provided by Program Representatives.

Applied Suicide Intervention Skills Training (ASIST)

Description:	ASIST is an award-winning, 2 day interactive workshops that prepares participants to provide life-assisting suicide first-aid intervention using the Pathways for ASIST Life (PAL) model. 5 day training for trainers is available.	
Target Learner:	☒ General Public ☒ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person	☐ Online
Length of Training:	2 Days	
Cost:	Contact asist@livingworks.net to obtain a quote	
Contact Information:	asist@livingworks.net	www.livingworks.net

Brain Basics

Description:	The Brain Basics Training Program is designed to provide front-line Health Care Workers, Mental Health Workers, Services Agency Workers, Caregivers, Survivors and others with an opportunity to learn an understandable introduction to the world of Brain Injury. If Acquired Brain Injury was a simple injury, it might be possible to present a list of do's and don'ts that would suffice. Since Acquired Brain Injury is anything but a simple injury, in order to understand the importance of the strategies that might work with someone with an ABI, one must first understand the nature and complexity of Acquired Brain Injury; and to understand the nature and complexity of Acquired Brain Injury one must first have some understanding of the structure and function of the Brain. The goals of the Brain Basics Course are to help participants to: • Understand the structure and function of the brain. • Appreciate the consequences of an Acquired Brain Injury. • Acquire practical strategies to work effectively with people living with the effects of Acquired Brain Injury. • Understand the roles of the various people who form the team responsible for the recovery and well-being of the person with the Acquired Brain Injury.	
Target Learner:	☒ General Public ☒ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person	☒ Online
Length of Training:	2 Days	
Cost:	$250.00/person	
Contact Information:	e-mail: ddakiv@obia.on.ca	website: www.obia.on.ca

Canadian Fall Prevention Curriculum

Description:	If you are a health professional who works with older adults, this recently updated (2017) five-week online course will help you to acquire the knowledge and skills needed to apply an evidence-based approach to the prevention of falls and fall-related injuries. Through online, instructor-facilitated learning modules you will: • Study four to six hours per week • Learn how to design, implement and evaluate a fall prevention program Upon course completion you should be able to: • Define the scope and nature of the problem of falls provide fall risk identification and assessment • Employ a selection of prevention interventions reflecting evidence-based strategies • Understand social policy and context • Provide application of a program planning model • Evaluate the effectiveness of a fall prevention program
Target Learner:	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☐ In-Person ☒ Online
Length of Training:	4-6 hrs/week for 5 weeks
Cost:	$230 + $11.50 GST
Contact Information:	continuingstudies.uvic.ca/CFPC www.canadianfallprevention.ca or Dr. Vicky Scott at vjbs@shaw.ca

Cognitive Assessment Tools Workshop

Description:	The Cognitive Assessment Tools Workshop, in partnership with the Regional Geriatric Program central, is a practical workshop that enhances the use of cognitive tools for older adults. It provides individuals with the opportunity to learn about different cognitive assessment tools and how to effectively use them in a standardized manner. This program is a small classroom style workshop that allows individuals the chance to work with the instructor in conducting assessments.
Target Learner:	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☐ Personal Support Workers (PSW) ☐ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person: Hamilton ☐ Online
Length of Training:	5 hrs.
Cost:	$150.00/person
Contact Information:	https://www.geriatriccp.ca/courses/6

Delirium Prevention & Management

Description:	Delirium Prevention and Management is a full day workshop that equips health care professionals with the necessary knowledge and skills required to support older adults at risk for delirium. The learners will be presented with up to date knowledge on delirium prevention and management practice applicable to a variety of clinical settings. Clinical experts in Delirium Prevention will provide education on topics commonly associated with delirium including differentiation of delirium, dementia and depression, validated screening tools, delirium risk factors, and delirium prevention strategies. In addition, learners will become familiar with the essential elements comprising effective delirium management plans. Furthermore, learners will acquire knowledge about strategies and interventions that facilitate family engagement. Delirium Prevention and Management curriculum incorporates Best Practice Guidelines endorsed by Registered Nurses Association of Ontario (which includes Hospital Elder Life Program) and National Institute for Clinical Excellence. In the final part of the workshop, with the goal to integrate the knowledge gained throughout the day, learners will have the opportunity to participate in the interactive clinical case review and small group discussions. This course will be delivered using didactic, small group problem based learning, dialogue, and hands on approaches.
Target Learner:	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☐ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☐ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person: Hamilton ☐ Online
Length of Training:	8 hrs.
Cost:	$300 per person (Early bird rate = $250)
Contact Information:	Alex Curkovic, Hamilton Health Sciences; email:curkovi@hhsc.ca; phone number 905-521-2100 ext. 76497

Excellence in Resident-Centred Care (ERCC)

Description:	Designed for personal support workers and other team members in seniors care, ERCC builds practical skills using a person-centred approach. ERCC uses a train-the-trainer model to promote best practices that are consistent with Ministry standards. The ERCC Trainer Course provides team members with the capabilities to become a Trainer and teach the ERCC Team Member Course to their peers within their home or organization. Using interactive e-learning modules, facilitated group discussions and simulated activities, team members have the opportunity to practice evidence-informed skills and techniques to support individualized, resident-centred care. The course reviews strategies to optimize team collaboration, including enhancing communication, conflict mitigation and self-care. ERCC was developed by Conestoga College and the Schlegel-UW Research Institute for Aging. A Trainer Course is also available (24hrs total)
Target Learner:	☐ General Public ☐ Persons with Lived Experience ☐ Family Care Partners (or "caregivers") ☐ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☐ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☐ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person: ☒ Online
Length of Training:	12Hrs
Cost:	Long-term care or retirement homes purchase a package based on their home size, which covers Trainer tuition and access to the training materials for a two-year period. The home is required to cover the printing and supplies costs.
Contact Information:	https://the-ria.ca/resources/excellence-in-resident-centred-care-ercc/

Positive Approach to Care (PAC) Workshops

Workshop A - "Normal Aging/Not Normal Aging";

Workshop B - "Positive Physical Approach TM (PPATM) and Hand-under-Hand® (HuH®)"; and

Workshop C - "Teepa's GEMS®; Using Skills that Make a Difference"

Description:	**Workshop A** - covers differences in "Normal Aging/Not Normal Aging" and develops better observational skills to recognize and intervene effectively when behavioral challenges occur. The workshop emphasizes how to 1. approach, cue, and connect with people with dementia, 2. match helping behaviors to the person's needs and retained abilities to promote a sense of control and self-direction, and 3. address typical issues that occur from early through the final care concerns of the disease. **Workshop B** - focuses on care partnering techniques, including "Positive Physical Approach™ (PPA™) and Hand-under-Hand® (HuH®)," which enable care partners to shift from simply "dealing with the behaviors" to creating a positive and caring environment. Learners develop observational skills to recognize growing distress of unmet needs and reduce anxiety to improve quality of life. **Workshop C** - "Teepa's GEMS®; Using Skills that Make a Difference" offers an overview of Teepa Snow's dementia classification model (based on the Allen Cognitive Disability Levels) and compares different states of retained skill to the characteristics of precious jewels. This dignified metaphor defines normal aging and an understanding of changing skill in combination with adjusted expectations, modification of cues and support, and more accurate communication to better meet ever-changing needs.
Target Learner:	☒ General Public ☒ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.) ☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☒ Other: anyone who interacts with people living with dementia
Method of Delivery:	☒ In-Person: ☐ Online
Length of Training:	Anywhere from 1/2 hr to 9 hrs of content are offered
Cost:	Varied
Contact Information:	Beth Nolan bethn@teepasnow.com 785-760-2238 (cell); www.teepasnow.com

safeTALK

Description:	safeTALK helps participants become alert to suicide. Suicide-alert people are better prepared to connect persons with thoughts of suicide with life-affirming help. Over the course of their training, safeTALK participants will learn to: Notice and respond to situations where suicide thoughts may be present, Recognize that invitations for help are often overlooked, Move beyond the common tendency to miss, dismiss, and avoid suicide, Apply the TALK steps: Tell, Ask, Listen, KeepSafe, and Know community resources and how to connect someone with thoughts of suicide to them for further suicide-safer help.	
Target Learner:	☒ General Public ☒ Persons with Lived Experience ☒ Family Care Partners (or "caregivers") ☒ Volunteers ☒ Personal Support Workers (PSW) ☒ Other Front-Line Staff (e.g., Dietary, Environmental Aid, Administration, Maintenance) ☒ Nursing (RN & RPN) ☒ Allied Health Professionals (e.g., Occupational Therapists, Social Workers, Physiotherapists, Recreation Therapists, Behavioural Therapists, etc.)	☒ Other Health-related Disciplines (e.g., Sociology, Gerontology, Nutritionist) ☒ Primary Care (i.e., Physicians, Nurse Practitioners) ☒ Management (e.g., Managers, Directors of Care, Executive Directors, Administrators) ☒ University/College Students ☐ Other:
Method of Delivery:	☒ In-Person:	☐ Online
Length of Training:	3-4 hrs.	
Cost:	Please contact safetalk@livingworks.net for quote information	
Contact Information:	safetalk@livingworks.net www.livingworks.net	

APPENDICES

APPENDIX A: ACKNOWLEDGEMENT OF ORIGINAL BETSI CREATORS

The original BETSI (released in 2012) was developed under the Behavioural Supports Ontario (BSO) Education and Training Consortium Committee chaired by Dr. Joel Sadavoy and Patti Boucher. The Behavioural Education & Training Support Inventory (BETSI) tools were developed using the previous work of the Dementia Education Needs Assessment (DENA) committee. We would like to acknowledge the excellent and collaborative work of the DENA committee, the BETSI subcommittee of the BSO Education and Training Consortium Committee who developed BETSI, and the BSO Education and Training Consortium Committee.

2011-2012 BSO Education and Training Committee Chairs:

Joel Sadavoy, MD, FRCPC, Founder, Geriatric Psychiatry, FCPA (Distinguished) Head, Geriatric & Community Psychiatry Programs Director, The Cyril & Dorothy, Joel & Jill Reitman Centre for Alzheimer's Support and Training Sam and Judy Pencer and Family Chair in Applied General Psychiatry Professor of Psychiatry, University of Toronto

Patti Boucher RN, BHSC(N), MHSM, COHN(C), CRSP, CDMP Vice President Prevention Services, Public Services Health and Safety Association

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Clara Ho
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Susan Furino
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Barb McCoy
Dr. Ken LeClair
Cathy Conway
Gail Elliot
Liz Birchall
Carrie McAiney
Anisha Chohan
Lisa Loiselle
Josephine Santos
Ron Saunders
Sarah Macdonald

APPENDIX B: PROGRAM DESCRIPTION FORM

Each program wishing to be considered for inclusion into the updated BETSI was asked to provide information on a *Google Form*.

1. E-mail Address
2. Title of Education/Training Program
3. Keywords (please select up to 5 keywords to describe your program that are not in the title)
4. Target Population that the program pertains to
5. Brief Description: Please describe your program in 200 words or less.
6. Is this program affiliated with another education/training program, certificate or degree? If so, please list these affiliations.
7. Target Learner(s)
8. Method of Delivery
9. Availability of Program across Ontario
10. Length of Training
11. Frequency of Re-Training
12. Is this a train-the-trainer program?
13. In which sector(s) is the program applicable?
14. Course Alignment with Behavioural Supports Ontario (BSO) Core Competencies: a) Person and Family-Centred Care; b) Knowledge; c) Assessment, Care Approaches & Capacity Building
15. What are the core competencies required to become a teacher/trainer of your program and what is the level of commitment?
16. Curriculum Update Cycle & Method (i.e., how often is the curriculum updated and who is involved?)
17. Program Evaluation & Results (i.e., has the program ever been evaluated? If so, please provide a summary of the results). You may also include references to relevant material by noting the author, title, date and current URL to any document or article you wish to direct us to in order to substantiate your response.
18. Program Cost (per person, including cost of training and material and/or information on bulk pricing)
19. Please describe the goals and/or objectives of the education/training program and target competencies.
20. Please identify any theoretical frameworks upon which the program curriculum is based.
21. How does the program elicit practice change? Please describe the products and/or services that promote the integration and sustainability of the program (e.g., tools & resources, indicators, coach/mentor system, follow-up assessments, etc.)
22. Please identify the quality assurances process(es) to ensure the competencies of your trainers.
23. Are you familiar with the following person-centred language guidelines: http://alzheimer.ca/sites/default/files/2017-11/Person_Centred_Language_Guidelines-e.pdf
24. Is the language used in your curriculum consistent with these guidelines? Alternatively, if other guidelines pertaining to language were consulted in the creation of your curriculum, please list them below.
25. Contact Information & Website

APPENDIX C: BETSI APPLICATIONS EVALUATION FORM

The following Evaluation Survey was used to determine whether an education program would be included or excluded from the BETSI. Each submission was reviewed by 2 BETSI Working Members who would respond to the survey independently. All survey responses were then compiled to share amongst the Working Group to inform the inclusion/exclusion decision. *Survey Monkey* software was used to create the survey.

1. Your initials:
2. Title of program that you're evaluating:
3. Title: Is the title an accurate representation of the program content (based on the program description) and is it non-stigmatizing?
4. Target Population: Is at least 1 group from the BSO target population selected?
5. Brief Description: Is the program clearly described?
6. Affiliation with other programs: If the program is affiliated with a certificate program or degree, does it appear to be from a reputable organization (e.g., health care org, college, university)?
7. Program Availability: Is the program available across Ontario? (Note: If program is available online, please click yes automatically).
8. Core Competencies: Is there at least 1 competency selected?
9. Core Competencies: Does the selected competency (ies) align with the program description provided and the target learners identified earlier on in the form?
10. Program Trainers: Does the program have a clear set of competencies to ensure the competencies of their trainer(s)?
11. Curriculum Update: Is the curriculum updated at minimum every 5 years?
12. Evaluation: Has the program ever been evaluated?
13. Evaluation: If the program has been evaluated, comment on the methodology and results.
14. Fees: Do the fees seem exorbitant given the length of the training program and its content?
15. Goals/Objectives: Does the program have clear goals/objectives and does this response align with their selected BSO Core Competencies that they've indicated that they're aligned with?
16. Frameworks: Was the program developed under the guidance of a relevant framework?
17. Sustainability: Does the program offer a mechanism to promote the sustainability of its learning following the training session?
18. Quality Assurance of Trainers: Is there at least 1 process identified to ensure ongoing competencies of the program trainers?
19. Language: Based on the language used in this submission, does the program appear to comply with the use of person-centred language?
20. Would you recommend including this program in the BETSI?

APPENDIX D: BSO CORE COMPETENCIES

1. PERSON AND FAMILY-CENTRED CARE

Delivers person and family-centred care, supported by evidence-informed clinical best practices, which recognize both the uniqueness of each person (i.e., personhood) and an awareness of one's own contribution to that relationship, including personal attitudes, values and actions. This includes:

a) Contributing to the delivery of the person and family-centred philosophy of care.

b) Acknowledging that the person, the family and care partners all bring expertise and experience to the authentic relationship.

c) Involving the person and family as part of the care team and ensuring that care reflects the person and family's values, preferences and expressed needs and goals.

d) Ensuring that information and care plans are actively updated and shared with individuals and families using appropriate and accessible methods.

e) Preserving and promoting the abilities, self-esteem and dignity of the person.

f) Considering components of safety, risk and quality of life.

g) Protecting and advocating for the person and family's rights.

h) Demonstrating compassion, empathy, respect for diversity and cross-cultural awareness.

i) Exhibiting effectiveness as an interprofessional team member through collaboration and cooperation in interacting with the person, their families and other partners in care. Ensuring care is continuous and reliable.

j) Utilizing communication strategies that demonstrate compassion, validate emotions, support dignity, and promote understanding.

2. KNOWLEDGE

Within respective scope of practice, demonstrates knowledge of dementia, complex mental health, substance use disorders and neurological conditions and their impact on the person, their family members and other care partners (e.g., health care professionals, front-line staff). This includes a fundamental understanding of:

a) The Importance of perspectives of lived experience from the person and their family members;

b) Types of conditions and causes;

c) Cognitive, neurological and behavioural symptoms;

d) Assessment and diagnostic processes;

e) Stages and progression of conditions;

f) Current treatment interventions and approaches;

g) Emerging and/or best non-pharmacological strategies and practices to promote optimal quality of life;

h) Environmental factors associated with responsive behaviours/personal expressions; and

i) The Long-Term Care Homes Act and other applicable regulations and/or other legislation that is relevant to the scope of practice.

3. ASSESSMENT, CARE APPROACHES & CAPACITY BUILDING

Within respective scope of practice, conducts and/or contributes to a thorough assessment and recommends, implements and evaluates therapeutic interventions and approaches with respect to the expressed behaviours. This includes:

a) Recognizing that behaviours have meaning and therefore, looking for contributing factors is an essential part of the assessment and care planning process.

b) Assessing the meaning, contributing factors and associated risks of behaviours using an objective, systematic and wholistic process that takes the individual's personhood into account in addition to the physical, intellectual, emotional and functional capabilities of the person; as well as the environmental and social aspects of their surroundings.

c) Identifying non-pharmacological strategies that are abilities focused and person-centred to prevent and respond to expressed behaviours, including recommendations to mitigate associated risks.

d) Collaborating with the person, their family and interprofessional team members to create, share, implement and model an individualized behavioural care plan.

e) Analyzing and evaluating the ongoing effectiveness of the implemented plan including thorough communication of next steps, suggestions for adherence and thorough follow-up.

f) Providing facilitation, coaching, mentoring and demonstrating team leadership and change management skills.

g) Demonstrating excellent clinical reasoning and critical thinking skills that target prevention of the expressed responsive behaviours by creatively adjusting the social and physical environment; focusing on the person's abilities and knowing the individual, their life story and aspirations.