Provincial Common Orientation:
Program Outline

Building Awareness, Knowledge, Skills and Attitudes to Provide Care and Support for Older Adults Living with/at risk of Frailty
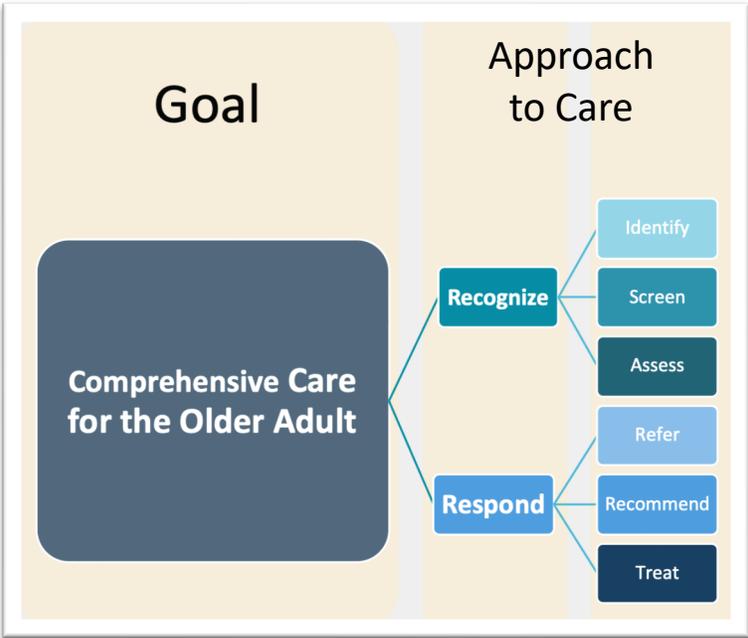
v Spring 2026

Introduction

The **Provincial Common Orientation to the Care of Older Adults (Provincial Common Orientation)** is a workforce training series for health and social care professionals. Combining on-line content (self-paced) and 11 weekly 90-minute sessions to discuss and apply content, facilitation is led by expert interprofessional geriatric assessors. Topics are addressed through 25 interactive modules covering content ranging from normal aging, ageism and communication to screening, assessment, care planning and intervention across geriatric syndromes.

Program Rationale

Older adults require a holistic approach to care and services that incorporates an individual's physical, mental and cognitive health to prevent disease, optimize health and enable function.

These requirements necessitate a comprehensive and integrated approach to health and social care founded on the ability of health and social care providers to **recognize** clinical conditions unique to the older adult and **respond** by integrating geriatric clinical evidence with contextual elements, senior friendly principles, individual goals and roles and your program mandate.

The **Provincial Common Orientation** is a tiered approach to learning that enables health and social care providers interested in the care of older adults living with frailty to engage in relevant and progressive professional development. The **Provincial Common Orientation** is intended to support a holistic approach to geriatric care through learning activities that

integrate the complex physical, cognitive, social and mental health concerns frequently experienced among older adults.

Learners new to geriatrics build initial knowledge through foundational concepts appropriate for interprofessional teams (**Tier 1**). Learners then expand this foundational knowledge and develop additional skill by engaging in enhanced learning activities (**Tier 2**). **This course outline is specific to learning activities at the Tier 1 and Tier 2 level.**

For regulated health professionals working in specialized and focused geriatric services, additional continuing education is available through Ontario's Regional Specialized Geriatric Services Programs who provide advanced education that integrates new evidence and advanced clinical concepts (**Tier 3**). A final Tier (**Tier 4**), focused on the development of leadership and systems thinking in geriatric care enables the better integration of geriatric clinical expertise with health policy to support the design of integrated care systems for older

adults in Ontario. Tier 4 content will be available through Provincial Geriatrics Leadership Ontario. Please see https://geriatricsontario.ca/resources/continuing-geriatric-education-links/ to access content related to Tier 3 and Tier 4.

The overall objectives of the Provincial Common Orientation are to support learners to increase awareness, improve attitudes, increase knowledge and increase skills in order to provide care that improves the older adult's care experience, achieves better health

outcomes, improves staff experience and reduces health inequity and cost (Quintuple Aim[1]).

Intended Audiences

Tier 1 and 2 of the Provincial Common Orientation are intended for health and social care professionals in all roles from:

- Ontario Health Teams (OHTs) or primary care settings that have prioritized a focus on older adults living with complex health conditions (e.g. frailty, dementia);
- Ministry of Health, Ministry of Long-Term Care and Ontario Health funded programs focused on older adults (e.g. Community Paramedicine, High Intensity Supports at Home, Alternative Level of Care related initiatives, etc.);
- Specialized Geriatric Services, who have been recently recruited or who require a refresher or a review;
- Other health and social care professionals new to the care of older adults living with complex health conditions (e.g. frailty, dementia)

Format

The format of Tier 1 and 2 actively engages learners in the development of their own competencies. This means that learners will participate in three main learning activities: self-study, a facilitated learning series and formal and informal mentorship.

1 **Guided Self Study (asynchronous)**
Via a customized course portal https://learning.geriatricsontario.ca

2 **Synchronous Facilitated Sessions**
An 11-week seminar series facilitated by faculty experienced in geriatrics That includes didactive presentations, resource sharing, in-class activities, patient examples along with virtual and web-supported discussions.

3 **Linkage to ongoing mentorship**
Achieved through formal and informal collegial connections with experienced clinicians working in specialized geriatric services, and personal commitment to ongoing professional development and peer review.

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[1] Itchhaporia, D. (2021). The evolution of the quintuple aim: Health equity, health outcomes, and the economy. *Journal of the American College of Cardiology, 78* (22), p. 2262-2264, https://doi.org/10.1016/j.jacc.2021.10.018.

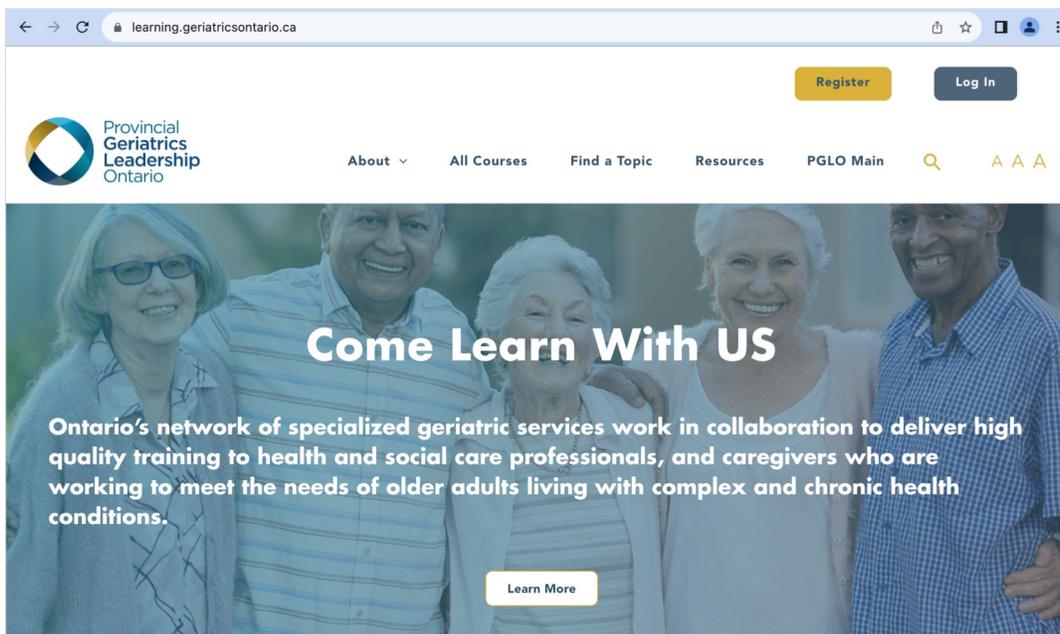# 1: Guided Self-study (Asynchronous)

Learners begin their participation in the Provincial Common Orientation by completing a self-assessment to determine their learning needs in key geriatric topics. This may be completed informally (e.g. reflecting on current challenges, areas of uncertainty etc.), or for regulated health professionals may include the use of the *"Self-Assessment Tool for the Competency Framework of the Interprofessional Comprehensive Geriatric Assessment"* which can be downloaded from https://geriatricsontario.ca/resources/self-assessment-tool-for-the-competency-framework-of-the-interprofessional-comprehensive-geriatric-assessment/
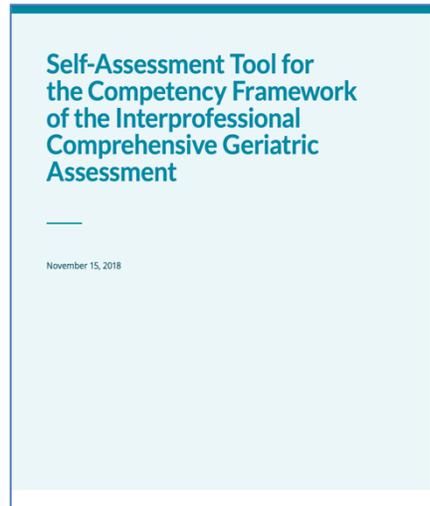
Online Course Portal

Following self-assessment and identification of learning needs, participants engaged in the Provincial Common Orientation commit to participating in weekly activities and readings found in customized course portal at https://learning.geriatricsontario.ca/

Participants enrolled in the facilitated series will receive a user account to access the course(s) they have registered for (e.g. Tier 1: Foundations in Geriatrics for Interprofessional Teams, Tier 2: Core Geriatric Knowledge for Interprofessional Teams, or both). Participants then log-in, navigate to the course and get started.

Self-study is self-paced and asynchronous and is required prior to and during participation in the Facilitated Learning Series.

Participants may also wish to engage in independent self-study on topic of interest or to address personal knowledge gaps. Many links and resources are included in the on-line course portal for further exploration. Additionally, the following links may be of interest:

- [Compendium of Educational Offerings](#) (Free, $)

- [Geriatric Essentials eLearning](#) (Free)

- [Senior Friendly Care Learning Series](#) (Free)

2: Facilitated Learning Series (Synchronous)

To understand and apply the recognize and respond approach to care, learners engaged in the Provincial Common Orientation participate in a virtual series of synchronous **facilitated learning sessions** which provide the opportunity to integrate topics reviewed in self-study, discuss key concepts, ask questions and learn to apply new knowledge to their health and social care practice. These virtual Facilitated Learning Sessions will take place once weekly for eleven weeks and are led by expert facilitators.

Below are the learning outcomes and an outline of modules and objectives for Tier 1 (three weeks) and Tier 2 (eight weeks).

Tier 1: Foundations in Geriatrics for Interprofessional Teams
Facilitated Learning Series

The primary goals of **Tier 1** facilitated sessions are to increase awareness, improve attitudes and increase knowledge. This level of training is appropriate for most health and social care professionals (e.g. 911 paramedics, home and community care professionals, social service professionals etc.). Depending on their role, not all participants in Tier 1 training will wish or need to continue on to Tier 2.

The learning outcomes of Tier 1 are as follows:

Tier 1: Foundations in Geriatrics for Interprofessional Teams
1.1. Describe what older adults want (goals of care)
1.2. Identify the elements of an interprofessional approach to care of older adults
1.3. Recognize age related changes (normal aging, atypical presentations, delirium, falls, sensory changes)
1.4. Recognize and respond to ageism
1.5. Identify techniques for communicating with older adults
1.6. Understanding frailty including prevention, screening, and early identification)
1.7. Understanding the importance of early identification, screening and assessment
1.8. Understand function in order to conduct a frailty screen and functional inquiry

Tier 1 is organized into four sessions that are typically offered once per week for 4 weeks. Below is the topical outline for the modules that comprise Tier 1.

Week	Tier 1 Modules & Learning Objectives
1	**Module 1: Welcome & Introductions**
	By the end of this module, you will be able to: • Describe the background and expectations for the Provincial Common Orientation and Tier 1 Foundations in Geriatrics for Interprofessional Teams • Begin to set personal knowledge goals relevant to the care and support of older adults living with complex health conditions • Identify learning outcomes, learning tasks and pre-requisites required to achieve personal knowledge goals and training expectations
	Module 2: What Older Adults Want
	By the end of this module, you will be able to: • Understand the perspective of older adults • Identify approaches to goal-based care planning and own role as advocate

	• Discuss "aging in place" as a concept and a motivation • Introduce Advance Care Planning
	Module 3: Interprofessional Approach to Care of Older Adults
	By the end of this module, you will be able to: • Identify core competencies required for interprofessional teams • Describe roles and responsibilities of different health and social care professionals who might provide care to older adults living with frailty • Facilitate the inclusion of older adults and care partners on the team
2	**Module 4: Age Related Changes**
	By the end of this module, you will be able to: • Define normal aging • Identify age-related changes with a focus on delirium, falls, sensory changes • Link age-related changes with geriatric syndromes • Recognize atypical presentations of Illness in the older adult • Identify "Red Flags" signaling unsafe or urgent medical concerns in the older adult • Identify common chronic illnesses seen in older adults (e.g. CHF, COPD pathways, diabetes pathways) • Discuss approaches to chronic disease management and self-management in Ontario • Discuss the implication of chronic disease care for the geriatric patients (multi-focus versus traditional unidimensional)
	Module 5: Overcoming Ageism and Its Effects
	By the end of this module, you will be able to: • Identify myths and facts related to aging • Identify misconceptions of the aging population and ageism in healthcare.
	Module 6: Communication with the Older Adult
	By the end of this module, you will be able to: • Demonstrate compassionate and patient-centered care • Effectively communicate the unique needs of older adults • Recognize the significance of behavioural observations in dementia care • Collaboratively communicate and advocate for the unique needs of older adults with other care providers. • Apply communication strategies/skills for person centered communication.
3	**Module 7: Processes of Care**
	By the end of this module, you will be able to: • Understand the role and importance of inter-disciplinary nature of geriatrics • Review the elements of the Senior Friendly Care Framework related to processes of care • Complete a personal and organizational self-assessment of the current state of senior friendly processes of care related to one's own context
	Module 8: Frailty, Early Identification, Screening, and Assessment
	By the end of this module, you will be able to:

	- Define frailty holistically, and consider the implications of caring for someone living with frailty to your own practice - Identify strategies to prevent frailty and plan person-centered messages to encourage uptake of preventive care activities - Discuss the basics of assessment in the older adult - Understand the importance of early identification and screening of frailty and other concerns - Consider next steps following screening, clarifying "responses" of different roles following screening
End of Tier 1	
	Complete an evaluation of the education provided in Tier 1

Tier 2: Core Geriatric Knowledge for Interprofessional Teams Facilitated Learning Series

The two main goals of the **Tier 2** facilitated sessions are to continue to increase knowledge by adding depth to the foundational knowledge obtained in Tier 1 and to increase skill by developing clinical skills to integrate into practice.

The learning outcomes of Tier 2 are as follows:

Tier 2: Core Geriatric Knowledge for Interprofessional Teams
2.1. Adapt processes of care (approaches to care for older adults)
2.2. Recognize and respond to medications, delirium, dementia, mental health and substance use, pain, sleep, falls and mobility, nutrition, continence, and sexuality within professional role
2.3. Recognize and respond to the unique needs of caregivers
2.4. Foster social connectivity
2.5. Contribute to care plans, treatments, and interventions
2.6. Facilitate system navigation

Week	Tier 2 Modules & Learning Objectives
4	**Module 9: Functional Inquiry**
	By the end of this module, you will be able to: • Understand the meaning of baseline function and approaches to a functional inquiry
	Module 10: Medications
	By the end of this module, you will be able to: • Define medication use and older adults (increase knowledge) • Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) • Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
5	**Module 11: Delirium**
	By the end of this module, you will be able to: • Define delirium (increase knowledge) • Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) • Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
	Module 12: Dementia and Responsive Behaviours

	By the end of this module, you will be able to:
	- Define dementia (increase knowledge) - Define responsive behaviours related to dementia (increase knowledge) - Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) - Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
6	**Module 13: Mental Health**
	By the end of this module, you will be able to: - Define mental wellness, depression, suicide, anxiety and substance use as experienced by older adults (increase knowledge) - Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) - Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
7	**Module 14: Pain**
	By the end of this module, you will be able to: - Define pain (increase knowledge) - Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) - Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
	Module 15: Sleep
	By the end of this module, you will be able to: - Define sleep (increase knowledge) - Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) - Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
8	**Module 16: Falls and Mobility**
	By the end of this module, you will be able to: - Define mobility and falls (increase knowledge) - Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) - Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
	Module 17: Nutrition
	By the end of this module, you will be able to: - Define nutrition (increase knowledge) - Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge)

	• Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
9	**Module 16: Continence**
	By the end of this module, you will be able to: • Define continence (increase knowledge) • Apply new knowledge to your clinical interactions (ie. Impact on function and safety)(applying knowledge) • Understand and apply the recognize and respond approach to care as appropriate for one's clinical setting (skills)
	Module 17 Intimacy & Sexuality
	By the end of this module, you will be able to: • Recognize the need to support sexuality & intimacy in all older adults • Dispel myths and misconceptions about older adults and sexuality • Respond appropriately with practical supports for sexuality & Intimacy
10	**Module 20: Caregivers**
	By the end of this module, you will be able to: • Recognize the importance/value of interacting with caregivers. • Understand the unique requirements of caregivers who support individuals living with frailty • Identify resources to support caregivers to meet their needs related to caring for the caregiver, pain, staying active, nutrition, bladder health, medication management, changes in thinking and behaviour and social engagement • Identify supports for caregivers to develop confidence in their approach and skills, personalize strategies related to specific aspects of care and access resources that meet their needs
	Module 21: Social Connectivity
	By the end of this module, you will be able to: • Differentiate between social isolation, loneliness, and social support (knowledge) • Understand the impact of social isolation on older adults (e.g. Impact on function and safety)(applying knowledge)
	Module 22: Risk
	By the end of this module, you will be able to: • Identify how our values impact on how we assess and manage risk • Recognize the importance of a balanced and broadened approach to risk assessment and management • Understand the benefits of a balanced and broadened approach to risk assessment and management • Complete the four steps involved in the Living with Risk: Decision Support Approach
11	**Module 23: Care Planning and Intervention**
	By the end of this module, you will be able to:

	- Recap compassionate and person-centered care - Identify reliable sources of information to inform the personal history - Identify techniques for communicating with people living with dementia or aphasia for the purposes of assessment and treatment. - Identify strategies to gather information about a patient's beliefs, concerns, expectations and illness experience - Use information about behavioural interventions to inform a person-centered goal-based care plan - Identify strategies to check for patient and caregiver understanding, ability and willingness to follow through with recommended interventions - Apply approaches to providing feedback to the interprofessional team on the evaluation of the care plan to inform refinement of plan
	Module 24: System Navigation and connecting with the Regions
	By the end of this module, you will be able to: - Identify health, community, and social services in local area - Understand the importance and benefits of the 'warm hand off' the required individual and organization supports for enabling this
	End of Tier 2
	Complete an evaluation of the education provided in Tier 2

3: Ongoing Mentorship

Formal and informal mentorship opportunities will be coordinated by the network of specialized geriatric services organizations and local SGS expert clinicians to continue building opportunities for professional development and peer review.

To explore mentorship opportunities, please contact your local Regional Geriatric Program or Specialized Geriatric Services by visiting https://geriatricsontario.ca/regional-programs/

Acknowledgements

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