

LONG-TERM PRACTICE IMPACTS OF AN INTERPROFESSIONAL PROVINCIAL COMMON ORIENTATION TO THE CARE OF OLDER ADULTS: FINDINGS FROM AN EXPLORATORY MULTI-COHORT EVALUATION

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BACKGROUND - PROGRAM OVERVIEW

Program Goals: Provincial Common Orientation to the Care of Older Adults (PCO). Goals are to increase awareness, improve knowledge, enhance skills and change practice.

Format: Hybrid virtual and online model; 27 topics over 11 weeks. Learners review module content asynchronously prior to weekly 90-minute facilitated sessions to apply content to clinical scenarios and participate in active learning engagement activities.

Learners: Multidisciplinary health and social care professionals.

Cohorts: Program is delivered in three cohorts per year (Winter, Spring, Fall) since January 2023.

POST TRAINING EVALUATION

Goal: To understand how attending PCO influenced clinical practice after completing the program.

Study Design: Cross-sectional retrospective program evaluation survey. Survey administered in October 2025.

Participants: 1084 participants from 7 Cohorts (Winter 2023 to Spring 2025) were invited to participate (6 months - 2.5 years following program completion).

Data Collection: Email survey with quantitative and qualitative data.

Results: 1005 surveys successfully distributed, 32 responses received for a 3% response rate (majority from Spring 2025 cohort). All sectors represented (31% community, 22% hospital, 27% LTC). 78% of respondents had 10+ years of experience and 13% had 5-10 years of experience. 96% of respondents attended 80% of the sessions and 84% of respondents would recommend PCO to others.

Impact: Respondents reported improved knowledge, confidence in skills, skills, comfort, attitudes and job satisfaction.

Recognize and Respond
PGLO's Clinical Approach to Care:



KEY FINDINGS - IMPACT

New Roles Reflecting Themes of Reported Changes To Practice

Becoming an Aging Care System Advocate

Changed programs and advocated for person-centred holistic care.

Becoming an Aging Care Ambassador

Built capacity and disseminated knowledge to others (patients, care partners, colleagues, students, leaders). Disseminated via rounds, huddles, teaching sessions, mentoring. Topics: what matters most, delirium vs dementia, polypharmacy, ageism, frailty.

Becoming an Aging Care Expert

Reinforced existing knowledge, expanded and developed new knowledge, increased awareness, increased confidence, increased skill, changed practice with resource use.

"Changed programs and advocated for person-centred holistic care."

"Ensuring our vision, values, and operations reflect senior friendly care."

"Improved understanding of foundational principles, understanding of nuances in care for older adults with frailty that differs from care of other populations."

"Having the knowledge acquired in the Provincial Common Orientation helps me to assess each patient as a whole person and to guide the teams on the most appropriate discharge destination."

"A colleague who I share an office with [reflected] that I sound much more confident in my role!"

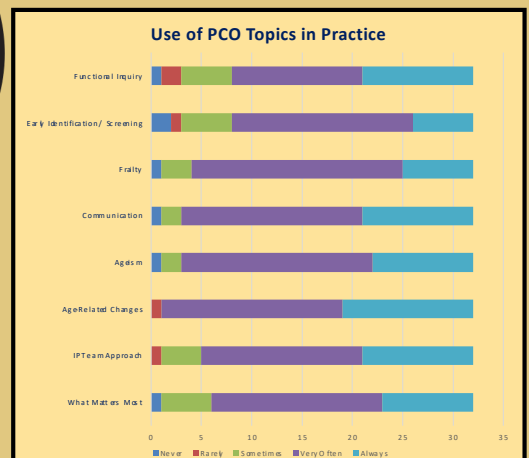
"I advocated for developing and implementing an early frailty identification program in primary care, along with a significant focus on improving the public's knowledge on healthy aging."

INTERPRETATION OF FINDINGS

This exploratory evaluation suggests that the impact of interprofessional geriatric education may extend beyond individual learner outcomes to influence team capacity and organizational practice. The findings provide preliminary evidence that foundational geriatric education can support the development of **aging care experts, aging care ambassadors, and aging care system advocates**. At the **knowledge level**, participants described (1) gaining new or expanded understanding of geriatric concepts, (2) increasing awareness of aging-related considerations, and (3) reinforcing prior knowledge. Together, these findings represent the foundational learning impact of the program. This knowledge translated into **applied competence** demonstrating behavioural impact, not just cognitive learning. The impact extended beyond individual learners into **dissemination and spread** across the system. This reflects outward diffusion of PCO education across teams. PCO appeared to **foster critical reflection** as participants reflected on care orientation, recognized ageism, evaluated program quality, and identified structural barriers or areas for improvement. While many participants showed **ongoing growth**, the impact was not uniform. Some participants reported no additional learning needs, while others expressed a desire for advanced content or continued development. This diversity reflects differences in baseline expertise and should be understood as insight-generating rather than generalizable. Interpretation is limited by a low response rate and potential response bias toward more engaged participants, as well as overrepresentation of more recent cohorts. Future evaluation efforts will include shorter follow-up intervals and strategies to improve response representativeness.

CONCLUSION

Educational interventions are often evaluated at the level of learner satisfaction or knowledge acquisition. These findings suggest that PCO may influence higher-order outcomes including behaviour change, dissemination of knowledge, and systems improvement. Findings suggest that an interprofessional, case-based educational program can contribute to **building geriatric care capacity across roles and settings**. Future directions include tailoring content to varying levels of experience, looking at ways to expand opportunities for ongoing learning through our regional partners, and strengthening evaluation approaches to better capture long-term impact.



FOR MORE INFORMATION

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