



**So what do I do with this? Applying a
competency framework to practice – the
possibilities and the pitfalls**

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Kelly Kay

Acknowledgements

- Research team
 - Kelly Kay
 - Stacey Hawkins
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- Development team (12 members)
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- Task teams
 - CGA Self Assessment: Heather MacCleod and Deb Daly
 - CGA compendium: NESGC, Seniors Care Network and Laurentian University

An interprofessional approach to interprofessional competency development!

Objectives

- Provide a brief overview the competency framework for interprofessional CGA
- Examine the applications for interprofessional practice
- Provide an update on current knowledge to action activities arising from the framework
- Review major critiques associated with competency based practice to help practitioners avoid pitfalls



Overview of the Competency Framework for Interprofessional CGA

Background

- No clear understanding by the interprofessional team of the meaning and components of CGA that they could effectively contribute to
- Lack of undergraduate and post graduate programming dedicated to development of the skills of geriatric assessment in the interprofessional team – findings supported by a meta summary¹ of training needs assessments relevant to senior care
- Varying levels of geriatric expertise – not well identified during the hiring process (no competencies against which to measure or even to support the development of appropriate postings)
- Desire to promote a primary geriatric assessor model – one skilled clinician conducting the majority of the CGA

1. Ontario Simulation Network. 2015. Needs assessment meta-summary –priority learning needs and practice challenges of health care providers supporting seniors aging at home.

Project Achievements

- ✓ Develop and articulate a shared philosophical approach to comprehensive geriatric assessment
- ✓ Confirm the domains of assessment to be routinely included in assessment activity
- ✓ Identify the competencies associated with effective assessment in each domain (the Framework)

This Work...

IS

- A response to a need for clinical consistency and system wide capacity development
- A mechanism to optimize the role of the IP team as effective geriatric assessors

IS NOT

- A new “reductionist” checklist or form that eliminates the need for critical thinking

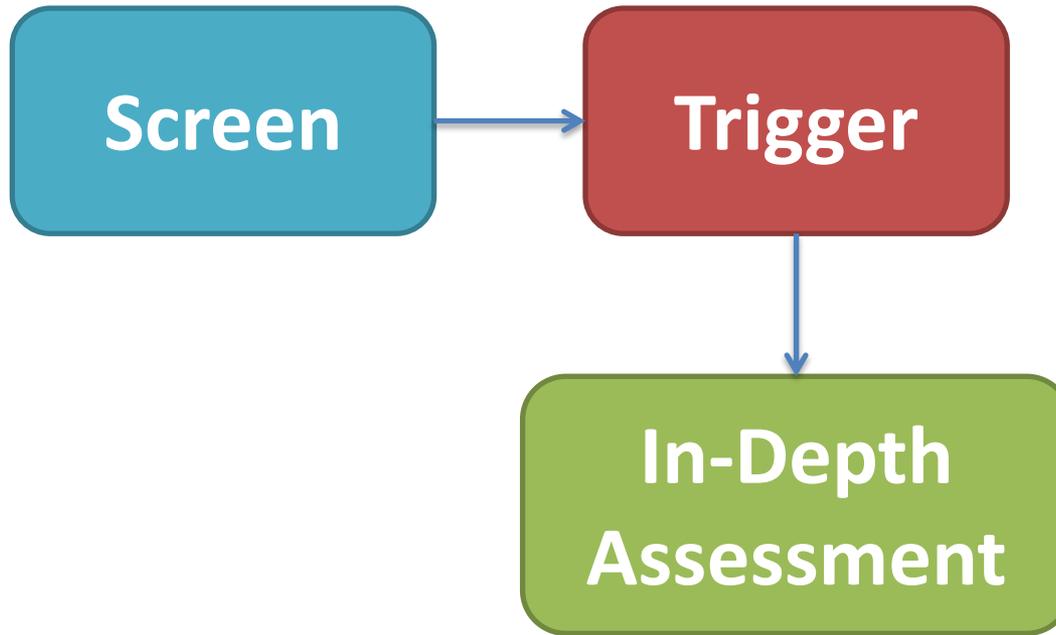


Domains of CGA

Process of Conducting the CGA

- The listed domains are those to be included within the Interprofessional Comprehensive Geriatric Assessment and Interventions (CGA).
- Due to complexity of the target population, each patient has very different concerns. Therefore, each domain should be considered/screened at minimum (i.e., “scanning”) and as concerns are identified the interprofessional team then conducts further assessment within the domain.

The CGA Process



Domains of Assessment

Thirteen broad assessment domains are included in the CGA and minimum expectations for assessment are summarized. The table below explains how to read the domain list:

Domains (Screen/Scan Level) GREEN	<ul style="list-style-type: none">• Evaluate all areas• Minimum areas of assessment required to accurately determine whether more detailed assessment is needed within the domain to develop a full clinical profile of frailty• Ordered in logical order of screening, but non-linear in nature and sequencing of assessment depends on the interview and clinical approach
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Selectively conduct further/deeper assessment as required, as problems are identified in each domain



Elements YELLOW	<ul style="list-style-type: none">• Selectively conduct further/deeper assessment as concerns are identified• Use of additional in-depth interviewing and/or validated tools as needed to further explore areas of concern
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See Pages 15-17 in Framework



The Competency Framework



Project Team

Kelly Kay, MA
Faculty of Health Sciences, UOIT
Seniors Care Network
e. kkay@nhh.ca
t. 905-376-3331

Stacey A. Hawkins, BA, MA, CPG
Seniors Care Network
stahawkins@nhh.ca

Adam MB Day, PhD
Northeast Specialized
Geriatric Centre
aday@hnsudbury.ca

Melanie Briscoe, OT Reg.
Northeast Specialized
Geriatric Centre
mbriscoe@hnsudbury.ca

Debbie Daly, RN(EC), MN
The Scarborough Hospital
ddaly@tsh.to

Ken Wong, BScPT, MSc
The Regional Geriatric
Program of Toronto
ken.wong@sunnybrook.ca

A Competency Framework for Interprofessional Comprehensive Geriatric Assessment

- Ninety-nine (99) behavioural statements vetted through rigorous consensus process
- Six (6) practice areas
- Intended to build on profession specific competencies and interprofessional competencies (CIHC, 2010)

Can be downloaded from:

<http://seniorscarenetwork.ca/wp-content/uploads/2017/09/2017-CGA-Competencies-Framework-FINAL-Report.pdf>

Major Critiques of Competency Based Practice

Critique	Notes	Mitigation
<p>Context</p> <ul style="list-style-type: none"> • Statements too general to practically guide practice. • When competencies are described more specifically, their application across settings or situations may not be addressed. 	<ul style="list-style-type: none"> • Clarity of context (older persons care) – risk of utilizing competencies out of context may be low • Approaches that are good for older adults are beneficial to other people (e.g. disability community) 	<ul style="list-style-type: none"> • Support the appropriate use of competencies for care of frail older adults among other relevant, vulnerable populations and contexts (e.g. expand senior friendly care approaches)
<p>Minimum Standard</p> <ul style="list-style-type: none"> • “bland generalities that represent the lowest common denominator” (Rennie, cited in Fink et al. 1984, p. 979) 	<ul style="list-style-type: none"> • By confirming the domains of the CGA, there is growing clarity about the desired output of interprofessional geriatric teams • Identification of required, rather than minimum standards is possible 	<ul style="list-style-type: none"> • Set the standards at the desired level of practice and support practitioners to achieve them through formal and informal educational opportunities that include mentorship by experts
<p>Measurement & Evaluation</p>	<ul style="list-style-type: none"> • Team interdependency makes it difficult to evaluate individual competency • Limited numbers of experts makes clinical supervision difficult 	<ul style="list-style-type: none"> • Evaluate team function using systematic approaches (e.g. periodic team function assessments) • Gather 360-style feedback to contribute to learning plan development • Utilize technology (e.g. videoconferencing) to extend the reach of clinical supervisors

Major Critiques of Competency Based Practice

Critique	Description	Mitigation
<i>Bureaucratic control</i>	<ul style="list-style-type: none"> Competency statements are tangible descriptions of complex practice and may be appropriated by bureaucrats to address policy ends Danger of cherry picking aspects of a competency framework for use in ways not intended Risk of framework being converted to an algorithm or decision tool related to service allocation decision making 	<ul style="list-style-type: none"> Clearly articulate the purpose of and use for competency statements Ensure continued leadership of development process by clinicians Support the appropriate bureaucratic utilization of the competency framework (e.g. to create funds to support competency development) Create specific education content on the appropriate use of tools in a holistic approach to geriatric assessment
<i>Reductionism</i>	<ul style="list-style-type: none"> High risk of professionals and others reducing practice to “what’s on the list” Risk of organizations seeking quick fixes by cherry picking competencies to include in the job descriptions of non-regulated health professionals 	<ul style="list-style-type: none"> Set the standards at the desired level of practice and support practitioners to achieve and surpass them Incent and recognize excellence and innovation in interprofessional geriatric practice Careful design of educational and communication approaches to reinforce that the development of competence rest on core foundational knowledge and growth occurs over time and with cumulative experience

Activities Arising from The Framework

- Development of a self-assessment tool to enable health professionals evaluate their learning needs related to Interprofessional Comprehensive Geriatric Assessment
- Development of a compendium of educational resources to support competency development across each domain
- Identification of practice areas needing further explication and co-design of solutions for policy and practice – position on care coordination for older people living with frailty

Self Assessment Tool

- The Interprofessional Comprehensive Geriatric Assessment (CGA) Self-Assessment Tool is a clinical tool that was developed to support the development and growth of the core competencies outlined in the Framework
- It is currently being distributed for trial to clinicians with varied levels of experience in order to obtain feedback on its usability.

Self Assessment Tool (cont.)

- There are three sections of this tool:
 - The Self-Assessment Tool: The clinician
 - rates their knowledge, skills and abilities for each practice area and behavior statement;
 - indicates if this is an area for professional development and indicates when this will be followed up on;
 - provides one example per practice area that demonstrates one of the competencies in their practice.
 - Summary Sheet: the clinician indicates in which area(s) they will focus their learning.
 - Action Plan: This template supports the clinician to detail action steps for each Skill and/or Competency that they want to develop.
- To participate in providing feedback on any part of the tool please contact Heather MacLeod hmacleod@bruyere.org

Self Assessment Tool (cont.)

1. CORE GERIATRIC KNOWLEDGE

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

Core Geriatric Knowledge Sample	Knowledge, Skills and Ability Rating Scale						Is this an area for professional development?		
	0	1	2	3	4	N/A	Yes	No	Timeline
1a) Applies knowledge relevant to geriatric clinical practice on:									
Normal Aging									
Frailty									
Atypical presentations of medical conditions									
Management of the medically complex older adult									
Falls and Mobility									
Immobility and its complications									
Cognitive Function									
Mild Cognitive Impairment									
Dementias + associated symptoms									
Delirium									
Mood disorders and other psychiatric manifestations									
Pain management									

Compendium of Educational Resources

- In addition to development of the self-assessment tool, the Knowledge to Action working group identified the need for learners to have access to freely available and high quality educational offerings to support any areas of improvement identified on self-assessment.
- As such, the North East Specialized Geriatric Services (NESGC), Seniors Care Network, and Laurentian Research Institute on Aging (LRIA) joined forces to create this document, a Compendium of Educational Offerings Relevant to Interprofessional Comprehensive Geriatric Assessment.

Compendium of Educational Resources (Cont.)

- The compendium includes an extensive list of both formal and informal educational offerings by public or private organizations intended for use by health professionals to develop skills in geriatric assessment.
- Organized in such a way that the learning objectives map directly to the behavioural statements of the CGA Framework.
- You are invited to share your resources, and add to the compendium by contacting Shaen Gingrich
sgingrich@hsnsudbury.ca

Compendium of Educational Resources (Cont.)

Red = registration required (free) Green = en francais

1. Core Geriatric Knowledge

1.a) **Apply knowledge** of the clinical, socio-behavioural and functional biomedical sciences relevant to geriatric clinical practice, including but not limited to:

1.a.i) Normal aging

- [Physiology-of-Aging-Presentation.pdf](#)
- [Normal Aging and Geriatric Syndromes/Conditions: https://www.oasw.org/Public/Online_Certificate/Module_1_Normal_Aging_Geriatric_Syndromes_Conditions.aspx](#)
- [Conférence Vieillir en santé - Documents offert sur chaque présentations \(aging in health conference - documents on each presentation\) https://www.ciusss-capitalenationale.gouv.qc.ca/expertise-et-partenariat/centres-de-recherche/le-centre-dexcellence-sur-le-vieillissement-de-quebe-0](#)
- [Interventions évaluées visant la participation sociale des aînés \(evaluating the participation of older adults in a social context\) https://www.ciusss-capitalenationale.gouv.qc.ca/sites/default/files/interventions_p_articipation_aines-mars2015.pdf](#)
- [La participation sociale des aînés dans une perspective de vieillissement en santé \(social participation of older adults by looking at healthy aging\) https://www.ciusss-capitalenationale.gouv.qc.ca/sites/default/files/memoire_ivpsa.pdf](#)

Sample

Note: Seniors Health Knowledge Network resource have been included

Co-design of Solutions for Policy and Practice

A practice area needing further explication and co-design solutions for policy and practice – care coordination.

4.r) Demonstrate the ability to promote integrated care of older patients, especially those with complex needs, and ease transitions across the variety of settings where they may receive services.

4.s) Identify the role of specialized geriatric services in providing case management for the frail senior.

(Competency Framework for Interprofessional CGA, p. 11).

Asked 150 conference participants to consider how they would do this.

Position on Co-ordination of Care for Older People Living with Frailty (cont.)

- Examined insights from a local exploration into team-based coordination of care with older people living with frailty
- Challenged our current thinking about “what” and “how” as it relates to coordination of care
- Engaged with the wisdom of the room to re-define the “what” and “how” of coordination of care among older people living with frailty

Reflections

World Café session undertaken May 23 focused on:

- What does the SGS community believe are key aspects of care coordination that are unique for older people living with frailty?
- What should care coordination look like and how should it be operationalized?

The Debrief

- What other possibilities for action emerge?

Summary

- An overview the competency framework for interprofessional CGA
- Examined the applications for interprofessional practice
- Provided an update on current knowledge to action activities arising from the framework
- Reviewed major critiques associated with competency based practice to help practitioners avoid pitfalls

In Closing...

- If you wish to remain involved:
- CGA Self Assessment
 - Heather MacLeod hmacleod@bruyere.org
- Compendium Project
 - Shaen Gingrich sgingrich@hsnsudbury.ca
- Position statement on coordination of care
 - Kelly Kay kkay@nhh.ca

Thank you for shaping SGS
interprofessional practice

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