



Behavioural Education and Training Supports Inventory (BETSI)

Section A - INTRODUCTION AND OVERVIEW

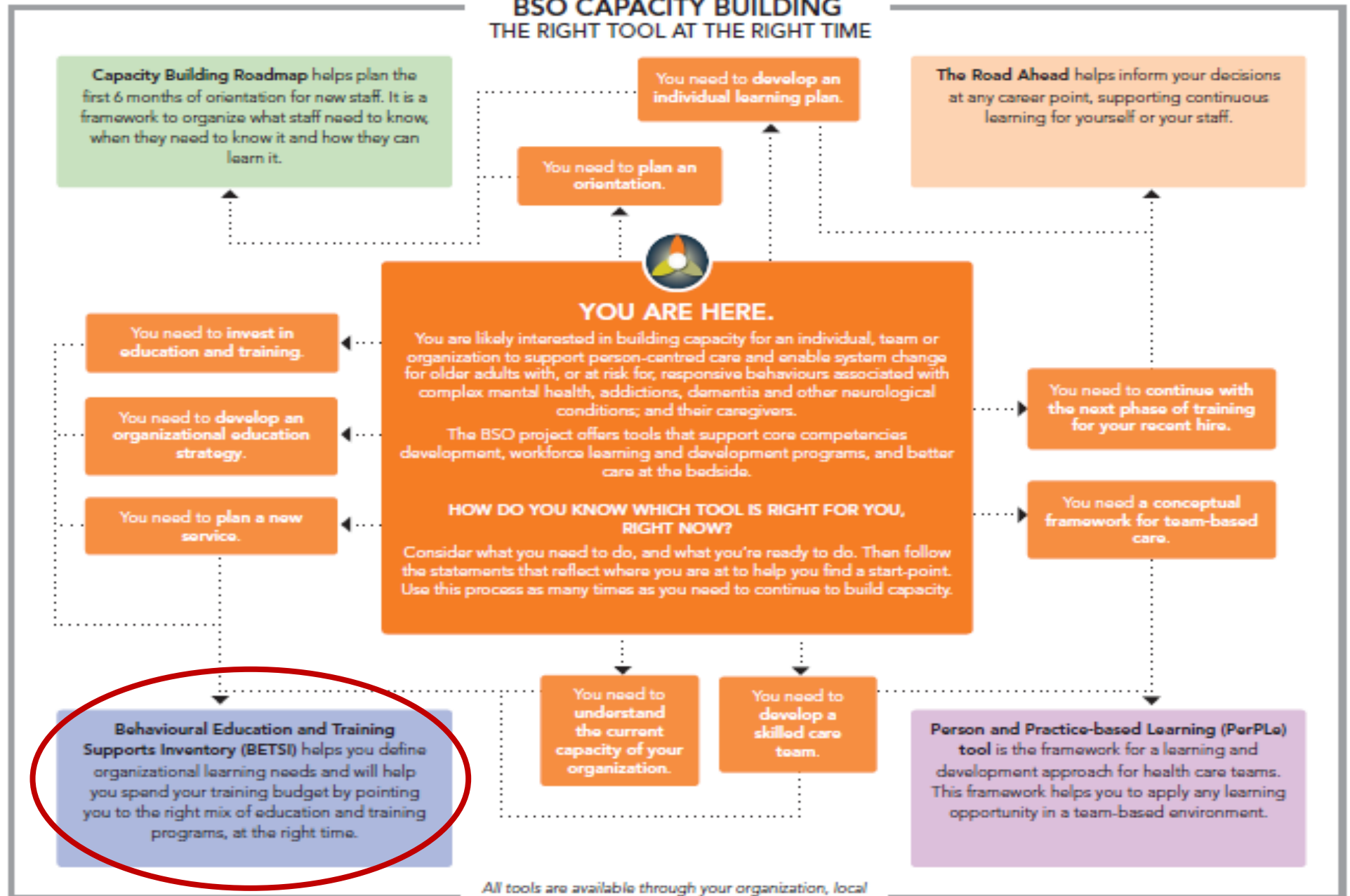
November 2012

UPDATED December 19, 2012

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BSO CAPACITY BUILDING THE RIGHT TOOL AT THE RIGHT TIME



Acknowledgements

This document was developed under the Behavioural Supports Ontario (BSO) Education and Training Consortium Committee chaired by Dr. Joel Sadvoy 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.

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[Watch the BETSI Video Now!](#)



Introduction

The intent of this document is to support the implementation of Pillar #3 of the Behavioural Support Ontario (BSO) Project.

Pillar #3 Knowledgeable Care Team and Capacity Building

1. *Strengthen capacity of current and future professionals through education and focused training to transfer new knowledge and best practice.*
2. *Develop skills and effective use of quality improvement tools and processes for continuous service improvement within and across sectors.*

To support the implementation of knowledgeable care teams and build knowledge and skill capacity for care providers serving the target population (described below) across the BSO project, the Dementia Educational Needs Assessment (DENA¹) was adapted into a system-wide framework and tool document to address behavioural education for the BSO target population.

While developing the Behavioural Education and Training Support Inventory (BETSI) Framework, the Provincial Education and Training Committee found a larger scope of needs to expand to the community and informal caregiver populations and include cultural sensitivity as well as implementation and sustainability strategies in system-wide education and practice. Thus, the Committee plans to address needs in two phases to meet the rapid implementation cycle of the BSO project and to ensure ongoing value and application of the BETSI Framework

Phase 1 aimed to identify and support Local Health Integration Network (LHIN) decision making needs by developing the BETSI Framework for release in June 2012. This tool targets the education needs and associated programs to support those newly hired for the BSO Project and local care providers (primarily Long-Term Care and Community Care) caring for complex, high risk and high need individuals. The focus is on education programs and curricula, though additional resources can be found at www.bsoproject.ca Embedded in this tool are strategies to support the translation of knowledge into sustainable practice change.

¹ Dementia Education Needs Assessment, 2008 <http://www.akeresourcecentre.org/DENA>

Phase 2 will aim to strengthen and expand Phase 1 to address the education needs of those caring for individuals needing prevention strategies, as well as those who are experiencing an acute decline in the community. During Phase 2 the Committee will focus on:

- Identifying gaps from the existing program inventory list;
- Expanding the focus to primary care, residential care, community care and acute care sectors;
- Expanding the scope to include cultural sensitivity, diversity, caregivers & families;
- Sharing evidence-based strategies to support the translation of knowledge into practice
- Evaluation of product and tools.

The Committee will determine at that time how to best meet these objectives (e.g. development of a supplementary resource, facilitation of knowledge exchange events, etc)

Want More Information? - Check out www.bsoproject.ca for more information about this work, as well as additional resources to support capacity building across all of the identified BSO Core Competencies

Please reference as follows - Behavioural Supports Ontario Education & Training Committee. *Behavioural Education and Training Supports Inventory (BETSI): A Decision Making Framework*. Behavioural Supports Ontario Project. Canada: 2012

The BETSI framework

Why?

The purpose of the BETSI Framework is to assist the LHINs and their local service providers as they aim to build knowledgeable care teams who will provide the best care possible, in safe and supportive workplaces, for the **BSO target population**:

Older adults with or at risk of responsive behaviours due to mental health, dementia, addictions or other neurological disorders; and their caregivers.

Continuing education can take many forms – it can be informal, such as ‘teaching in the moment’ opportunities and case-based learning, or it can be formal education initiatives, such as workshops. This tool focuses on formal education opportunities but it is recommended that the BETSI Framework be used in parallel with previously released capacity building resources. Any educational programming should be **one component in a broad and comprehensive capacity building plan**, as described in supplementary resources including the BSO Recommended Core Competencies², BSO Capacity Building Roadmap³ and the Person Centred Team Based Service Learning Framework⁴.

² Health Human Resources Workgroup. *Recommended Core Competencies for Health Human Resources*. Behavioural Supports Ontario Project. Canada:2011

³ Harris M, Clark S, Lusk L. *Behavioural Supports Ontario Capacity Building Roadmap*. Behavioural Supports Ontario Project. Canada:2012

⁴ South East LHIN Behavioural Supports Ontario Capacity Enhancement Working Group. *Person Centred Team Based Service Learning Framework*. Behavioural Supports Ontario Project. Canada:2012.

Ultimately, the BETSI Framework will assist users **to determine whether they need education, whether they are able to support practice change, what educational opportunities are available to them, the components necessary to ensure effective implementation and to sustain investments, and how these programs align with the BSO target population, core competencies and service functions.** The BETSI Framework is meant to be used in an ongoing way as a ‘check and balance’ to support local decision making – not only during the influx of new hiring but also as changes occur due to turnover, service provision and learning needs.

What?

The BETSI Framework is divided into two sections to facilitate and promote the translation of “knowledge-to-practice.”

- The first section is a brief **conceptual framework** of the BETSI structure that briefly describes why, what, who and how to use the BETSI tool.
- The second section is a **practical decision making tool** and program inventory that guide audiences to self assess capacity, readiness and specific needs for staff education and training on behavioural support. This section is organized in four parts:.

Part 1: Do you need education? This part of the tool assists you to determine whether education is what your organization needs at this point in time and provides suggestions for alternative options.

Part 2: Readiness for Education Tool. This part of the tool assists you to determine whether your organization is “ready” to select a formal education program. That is, whether you have the supports and resources in place to support the education and facilitate practice change. This tool emphasizes what success factors to make education optimally effective.

Part 3a: Selecting the Most Appropriate Education for your Organization This checklist will help you identify what are your driving needs for education.

Part 3b: Program Matrix and Inventory. This part of the tool will assist you to select the most appropriate education program based on your needs.

Part 4: Program Implementation and Sustainability. This part of the tool identifies the components necessary to ensure effective implementation and to sustain investment made in the chosen training programs. Research has identified that training alone will not affect change in behaviour or a reduction in injuries.

Who?

The BETSI Framework should be used by those who need to make decisions about what education is required to manage and better serve the target population. It is recommended that health organizations and LHIN capacity building leaders complete the tool in partnership with targeted sectors including but not limited to:

- Long Term Care
- Residential Care
- Community Care (e.g. CCAC's, community support services etc)
- Acute Care
- Supportive Housing
- Primary Care
- Specialized Services

The BETSI Framework can also be used by those who provide collaborative care for the target population and make education-related decisions. These persons may include:

- Senior management leaders
- Psychogeriatric Resource Consultants
- Public Education Coordinators
- Case Managers
- Educators
- Clinicians
- EMS
- Police
- Joint Health and Safety committees and/or Health and Safety representatives
- Health and Safety Specialists
- Advocacy group representation

Target learners include those who provide care to the target population.

How?

Assess and identify - Use the following **BETSI decision making tool**, matrix and inventory to determine your needs and if appropriate chose appropriate facilitated learning programs to meet those needs.

Implement - Capacity building is more than just what an individual learns. It is the opportunity to apply learning into practice change. Sometimes this may appear to be an easy task than when putting into action. The BSO Capacity Building Roadmap⁵ identified organizational factors to **support individual performance** - recognizing that the successful application of new knowledge and skills is dependent on multiple variables. Ensure organizational structures, and processes are in place to enable translation of knowledge to practice.

Example of “Structures” include:

- Policies and Procedures;
- Reorganization of staffing and services;
- Documentation forms;
- Clinical pathways' equipment (as required)

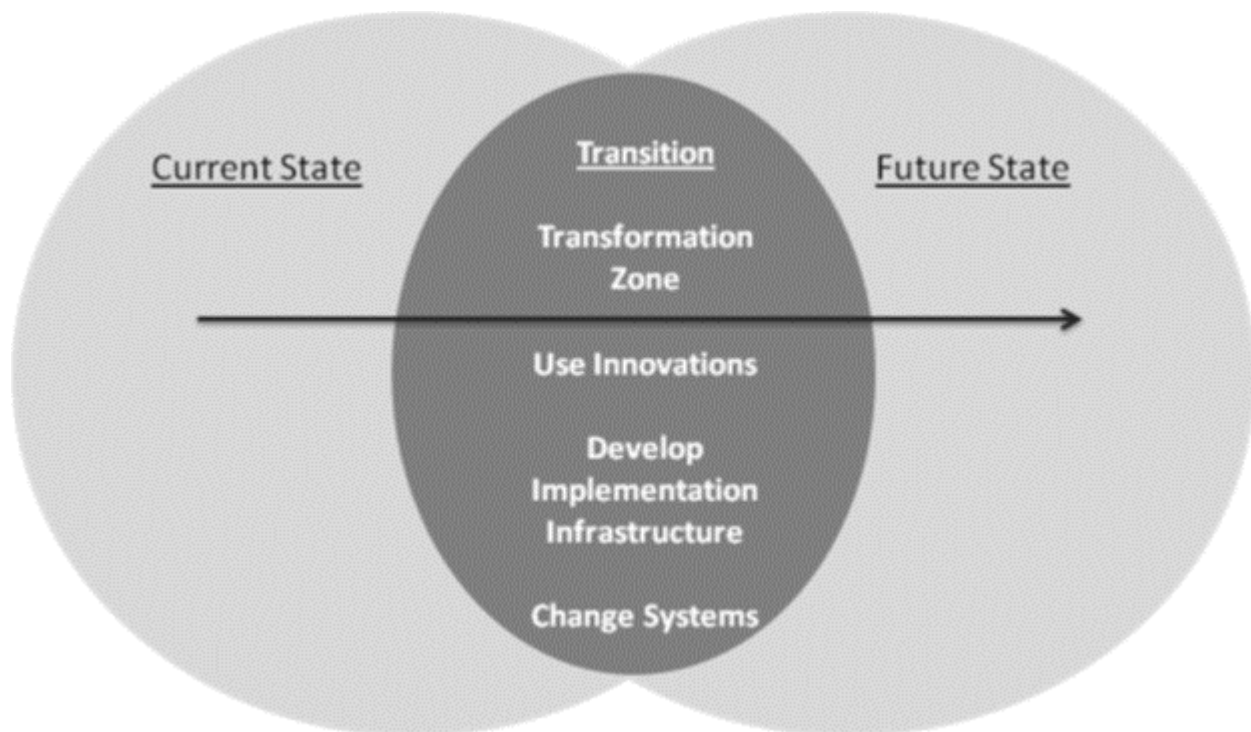
⁵ Harris M, Clark S, Lusk L. *Behavioural Supports Ontario Capacity Building Roadmap*. Behavioural Supports Ontario Project. Canada:2012

Examples of “Processes” include:

- Mandatory education for implementation;
- Application of knowledge to practice ;
- Continuous implementation progress and outcomes are shared with the whole team.

Thus, the most critical elements for implementation are (1) clear performance expectation; (2) essential support; (3) motivation; (4) opportunities for feedback and reflection”; and (5) supportive and safe work environment.

Make it stick - Frequently a large gap exists between evidence-based knowledge and transference to workplace performance. Innovative practices do not always translate well in existing organizational structures; it is important to consider *how* new practice will be sustained when moving the organization from current state to a change in practice (future state)⁶.



Strategic and ongoing efforts to foster a learning-to-practice environment are needed to ensure program sustainability and make best practice become the norm. Programs need to be implemented in a consistent manner with checklists or process audit and mapping tools to reduce the likelihood of deviations. In addition, ongoing measurement and evaluation efforts are critical elements to enable success (see Part IV- Program Implementation and Sustainability for more detail).

We are talking about a true cultural transformation in practice, mindset, attitudes, leadership, management support and staff competencies. This “change management” approach will be further elaborate in Phase 2.

⁶ Fixsen et al. (2005)



Behavioural Education and Training Supports Inventory (BETSI)

Section B - ASSESSMENT TOOL

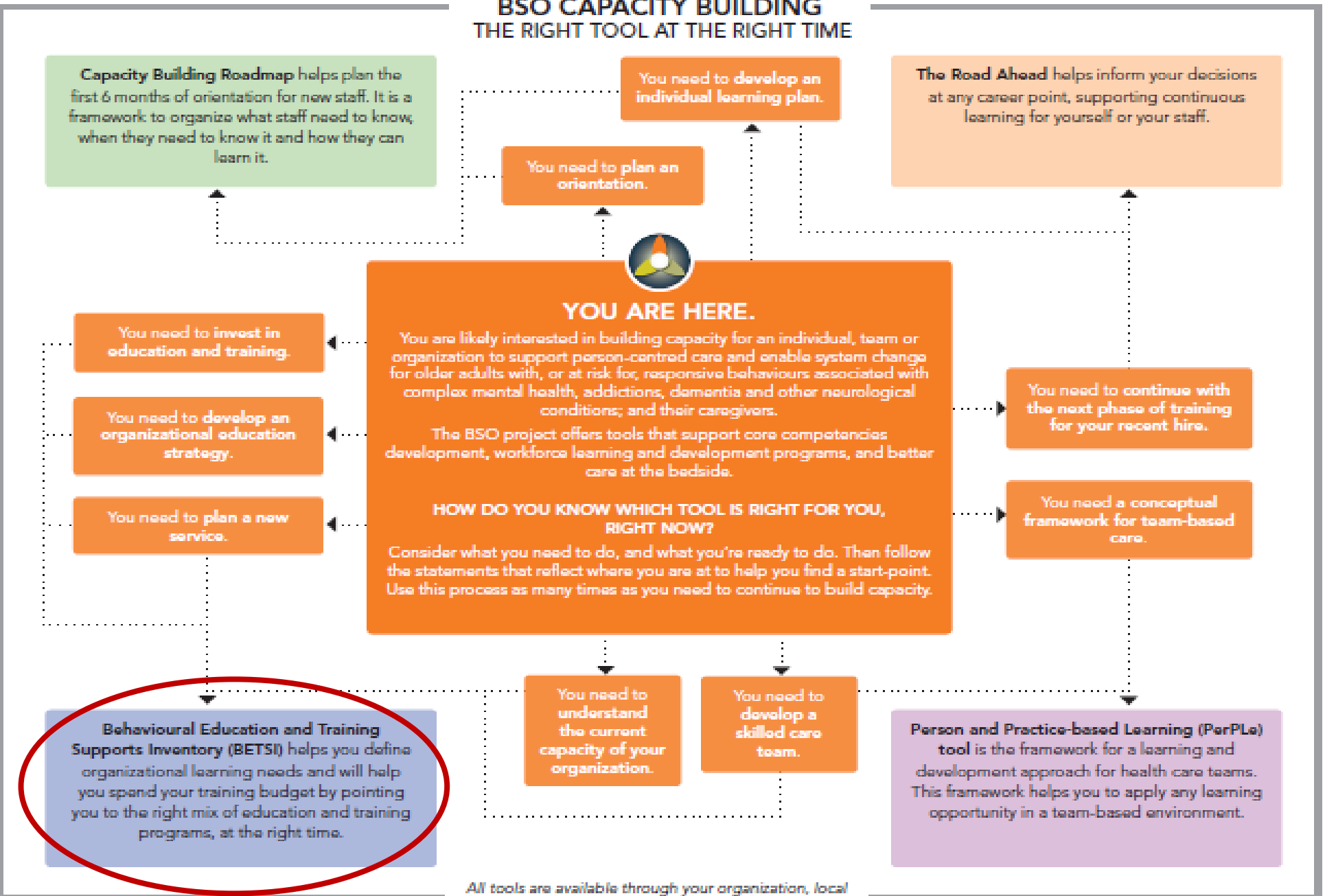
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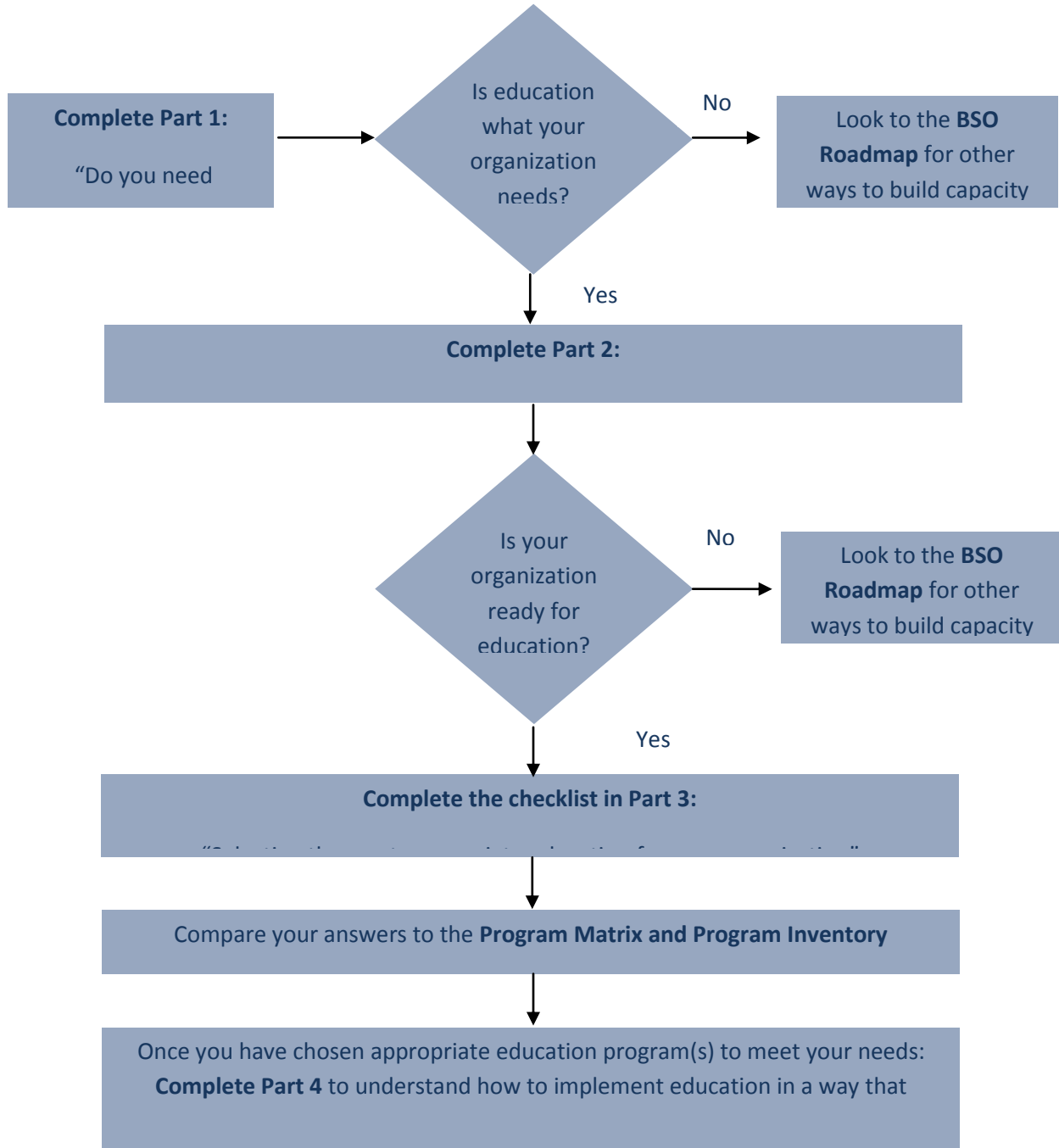
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Instructions for Using the BETSI Framework



Part 1 – Do you need education?

It is important to keep in mind that when making decisions related to education there are no wrong or bad decisions. In determining whether you need education at this point in time, reflect on the following questions.

What is the issue that brings you to this tool?

There are many reasons to use this tool – many of which are inter-related. You may have turned to this tool because you are faced with issues, need to make decisions about employee development, or are trying to make sense of available education programs related to the target population and employee health and safety. Examples of some issues you may be faced with include:

Organizational Issues

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

Employee Development.

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



What are the identified gaps in performance that exist in your organization?

You may be thinking that your organization needs additional education because of gaps in skills or knowledge related to the care of target population. Look back to the **BSO Core Competencies**¹ - 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?



Who have you consulted with about this type of education for your organization?

You do not need to make decisions about continuing education alone. Be willing to collaborate with and learn from others. There is a wealth of knowledge and expertise available to help you do this. Consider consulting with others who may help you to make decisions. Start inside your organization and then consult with external resources as necessary. Depending on your particular issue or question, consider consulting and collaborating with:

Internal Resources

- P.I.E.C.E.S. trained employees
- Other in-house resources (e.g., stroke, palliative care resources)
- Employee educators
- Social workers
- Clinical leadership
- Joint Health and Safety committee and/or Health and Safety representatives
- Health and Safety Specialists
- Physicians and specialists
- Family members
- Family and Resident/Client councils
- Community advisory groups
- Spiritual Care providers (e.g., chaplain, rabbi, priest)
- Front-line employees

External Resources

- Psychogeriatric Resource Consultants (PRCs)
- RNAO LTC Best Practice Coordinators
- Provincial Associations or Organizations
- Specialty Geriatric Outreach Programs
- Public Services Health & Safety Association consultants
- Local Chapter of the Alzheimer Society
- Local Dementia Network
- Your community of practice
- Regional Geriatric Programs (RGPs)
- Local education institutions (colleges and universities)
- Community agencies



¹ Behavioural Supports Ontario. *Recommended Core Competencies for Health Human Resources*. December 2011

What other options exist for developing capacity in your organization?

There are many potential solutions to the problems faced within health and community care settings. Education is sometimes part of the solution, but it might not necessarily be what your organization needs at this point in time. You may already have the expertise you need within your organization, but may need to consider how best to support and use that expertise or how to ensure employee apply what they have learned from previous educational initiatives. In addition to facilitated learning programs, consider other approaches to support capacity building including:

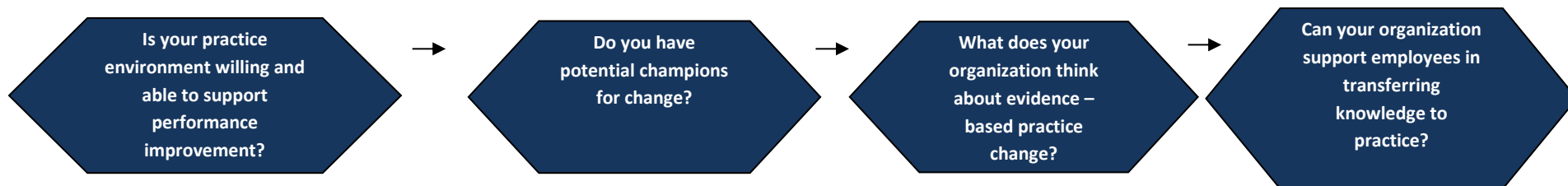
- Regular reflective practice
- Quality improvement processes
- Self-directed learning
- Continuous team engagement for collaborative learning
- Mentorship and job shadowing
- Communities of practice (CoP's) or Collaboratives
- Case based discussion
- Organizational orientation
- Knowledge exchange events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

If you determine that education is what your organization needs at this time, then please proceed to Part II: Education Readiness Tool.

Part 2 - Is your organization ready for education?

Prior to embarking on program implementation, the readiness of the organization must be evaluated to ensure program sustainability. It is important that the organization know: the groups that they are targeting, the current strengths and needs of the organization prior to implementation, and the need to develop a planning group, stakeholder involvement to facilitate participatory approach.

The following reflective questions highlight the factors that will increase your chance of success with education and practice change. This tool is not designed to give you a readiness score with regard to the formal education programs. Rather, the following questions provide an opportunity to integrate education with practice. This tool emphasizes the success factors that make education optimally effective.



Structural Factors

- Do you have a program infrastructure in place (standards/ policies/ procedures/ evaluation process) to support practice change?
- Are you able to provide needed resources? These include:
 - employee coverage
 - time and opportunity to practice
 - involvement of other employees
 - specific program expectations (e.g., direct care, employee education)

Social Factors

- Is there senior leadership commitment?
- Do you have local champions who can support practice changes?
- Will the existing culture and belief systems in your setting support change?
- Are you willing to support changes in administrative or care process that may be needed to allow for performance improvement?

Economic Factors

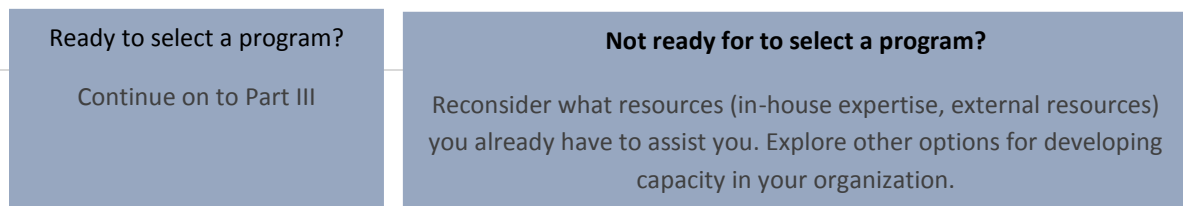
- Do you have the resources to support continuing education? This could include:
 - program costs (tuition, travel)
 - implementation costs (space, equipment)

- Do you have appropriate candidates for education?
- Do they have the necessary knowledge and skills to do this?
- Do they have the personal characteristics to be successful/ effective?
- Do they have good rapport with other employees?
- Are they committed to this?
- Are they interested/ passionate about this?
- Are they able to be a good role model to other employees?

- Does senior leadership perceive the need for change?
- Do you have senior leadership support?
- Do employees perceive the need for change?
- Do you have management support for this?
- Do employees tend to have negative reactions to new innovations or practices?
- Do employees tend to be positive about practice changes?
- What barriers to practice change exist in your organization?
- Are these barriers modifiable?

Knowledge Transfer Strategies

- Do employees have the authority to make practice changes?
- Can they take responsibility for changes?
- Do they have designated time for activities?
- Do they have time to consult/ network?
- Do they have access to resources needed to support change?
- Is there motivation for knowledge transfer:
 - reinforcements
 - incentives/rewards
- Will employees get prompt feedback about performance expectations?



Part 3a – What education is right for your organization?

You have concluded that your organizations has the resources, potential change agents, and organizational climate to support continuing education. This next section of the tool will assist you to select the most appropriate related education program for your organization at this time. Answer the questions below and match your answers to the information provided in the Program Matrix and Program Inventory. The training programs listed will assist organization to comply with components of the Long Term Care Home Act and Occupational Health and Safety Act. In addition these programs support person centred care strategies and best practices for program implementation and sustainability.

What outcomes do you hope to achieve with the education?

- Resolution of client behavioural issues
- Compliance with Ministry orders
- Policy/ program development
- Enhancement of employee and client safety
- Comprehensive training of new employees.

Which group(s) do you want to target for education? Do you have eligible candidates?

- Registered employees
- Unregulated employees
- Support employees
- Management
- All employees, including dietary, housekeeping.

Can you support the program requirements?

- Time commitment?
- Tuition costs?
- Travel costs?
- Employees coverage?
- Equipment requirements?
- Other requirements?

What format(s) do you prefer for the education program?

- Hands on Practical training
- Classroom lecture
- E-learning
- Webinars
- Videos.

What subgroups of the BSO target population do you serve?

- Older Adults
- Dementia
- Mental Health
- Addictions
- Neurological Issues
- Responsive Behaviours
- Caregivers.

What BSO core competencies do you want to target through education and training?

- Knowledge
- Person Centred Care Delivery
- Clinical Skills (Including Assessment, Care Planning and Intervention)
- Field-Based Quality Improvement and Knowledge Transfer
- Change Management Skills
- Leadership, Facilitation, Coaching and Mentoring
- Cultural Values and Diversity
- Prevention and Self-Management
- Resiliency and Adaptability
- Collaboration and Communication
- Technology Skills
- Professional and Work Ethics.

What BSO service functions will be required of learners?

- Prevention and Early Detection of Issues
- Acute Episode / Urgent Care
- Assessment and Care Planning
- Monitoring and Collaborative Management
- Specialized Referral and Support
- Debriefing and Identifying Preventative Strategies.

If there are gaps in any of the above sections,

- Explore other options for developing capacity in your organization.
- Reconsider what resources (in-house expertise, external resources) you already have to assist you. Reflect on the education programs your employees have already completed. How can your organization assist employees to transfer that knowledge to practice?
- Consider supporting existing programs or individuals.

Print program matrix and program inventory

Part 3b - Program matrix

The following program matrix maps each of the education and training programs to: The BSO target population, the BSO core competencies and BSO related service functions. Based on your answers to the Part III checklist, use this matrix to identify which programs *may* be the right fit to meet your BSO needs. Print the supplementary BETSI Program Inventory to explore further details about each program.

	BSO target population							BSO Core Competencies										BSO Service Functions							
	Older adult	Dementia	MH	Addiction	Neurological Conditions	Responsive Behaviours	Caregivers	Knowledge	PCC	Clinical Skills	QI/ KT	Change Management	Lead, coach, facilitate.	Cultural Diversity	Prevention Self Manag.	Resiliency Adaptability	Collabor. Communicat	Technical skills	Prof. Work Ethics	Prevention Early Detection	Acute Episode	Assessment Care	Monitoring Collab Managemen	Specialized Referral / Support	Identify prevention strategies
GPA Basics	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X			X
GPA Recharged	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X			X
GPA Coach	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X			X
GPA Student	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X			X
Advanced Gerontological Education	X	X	X	X		X		X	X	X	X		X		X		X		X	X	X	X	X	X	X
PIECES	X	X	X	X	X	X	X	X	X	X	X		X	X	X		X		X	X	X	X		X	X
CAMH Healthy Aging Project	X	X	X	X		X	X	X	X	X	X		X	X		X	X		X	X	X	X		X	X
U-First!	X	X	X		X	X	X	X	X		X		X	X		X	X		X	X	X	X			X
Me and U-First!	X	X			X	X	X	X	X					X		X	X		X	X	X		X	X	X
Montessori Methods for Dementia	X	X	X			X	X	X	X	X		X	X	X	X	X	X		X	X	X	X			X
Spaced Retrieval Technique	X	X				X	X	X	X										X	X	X	X			X
Validation Communication		X	X			X	X	X	X	X	X				X	X	X			X	X	X			X
MAREP Education Series CD-ROM		X				X	X	X	X	X	X		X		X	X	X			X	X	X	X	X	X
MAREP Behaviours CD-ROM	X	X				X	X	X	X	X		X	X	X	X	X	X			X	X	X	X	X	X
MAREP I'm Still Here	X	X				X	X	X	X	X		X	X	X	X	X	X			X	X	X	X	X	X
MAREP Dementia Education (on-		X				X	X	X	X	X	X	X	X	X	X	X	X			X	X	X	X	X	X
Reitman CARERS Program	X	X	X		X	X	X	X	X	X	X		X	X	X	X	X			X	X	X			X
ED GMH Program	X	X	X	X		X	X	X	X	X	X		X	X		X	X			X	X	X			X
Dementia BPSD Workshop	X	X				X	X	X	X								X			X	X	X			X
Respectful Directions							X					X	X	X	X	X	X			X	X	X			X
Insitute for Work & Health Toolkit							X												X						X
PSHSA Book 4		X					X	X	X						X		X			X					X
PSHSA Book 1	X	X	X		X	X	X	X		X					X		X			X	X	X			X
PSHSA Book2	X	X	X	X	X	X	X		X						X		X			X					X
PSHSA Book3							X	X									X			X					X
PSHSA Workplace Violence Prevention							X	X	X						X		X			X					X
PSHSA Assessing Violence in Community							X								X		X			X		X			X
PSHSA Assessing Violence Acute/LTC							X								X		X			X		X			X
PSHSA Community Care Tool							X								X		X			X		X			X
PSHSA Effective Leadership Series							X								X		X			X					X
PSHSA Occupational Health & Safety							X								X		X			X					X
PSHSA Joint Health & Safety Committees							X								X		X			X					X
PSHSA First Steps in Health & Safety							X								X		X			X					X
PSHSA Hazard Specific Training							X								X		X			X					X



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Section C - SUSTAINING & EVALUATING THE INVESTMENT

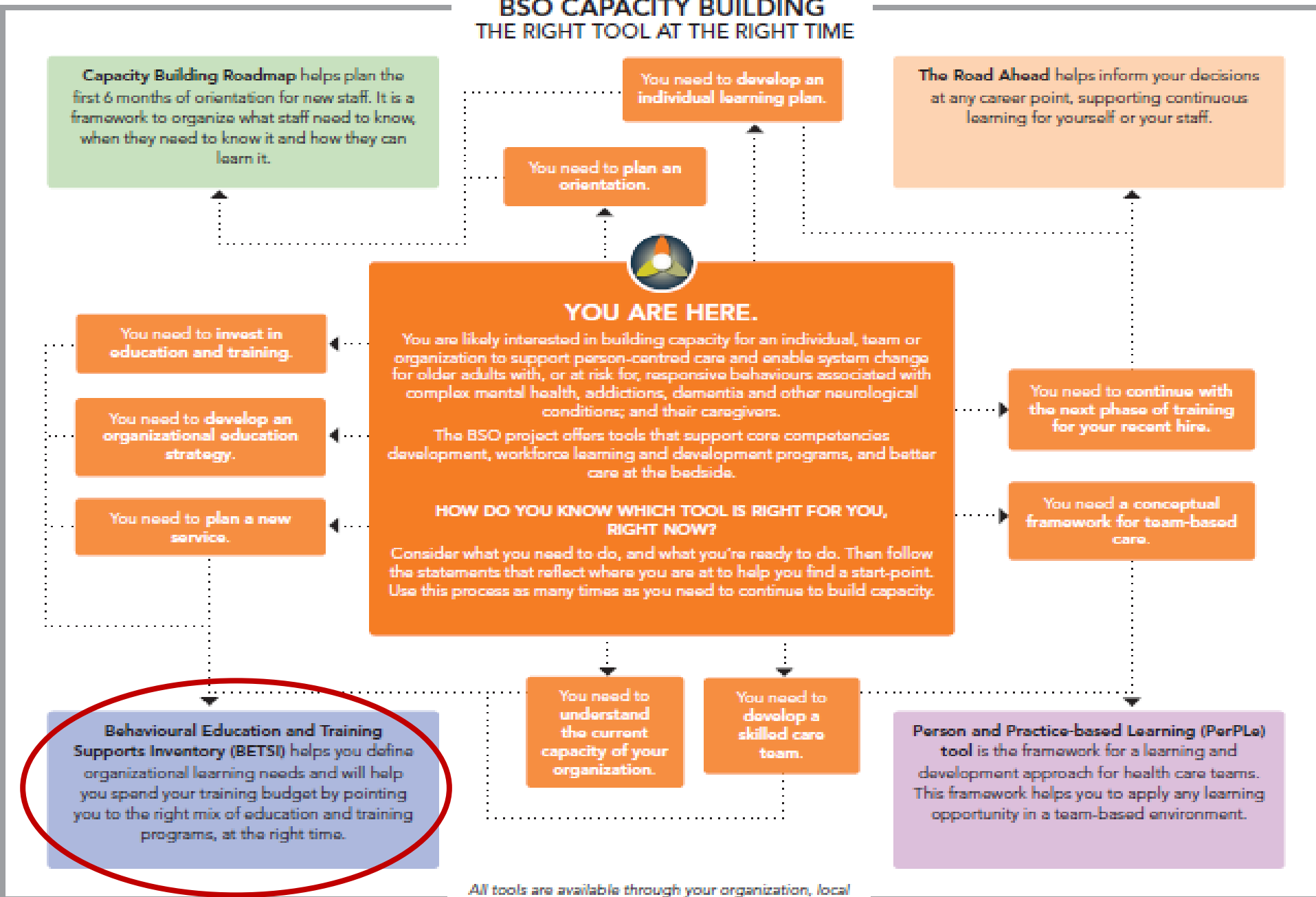
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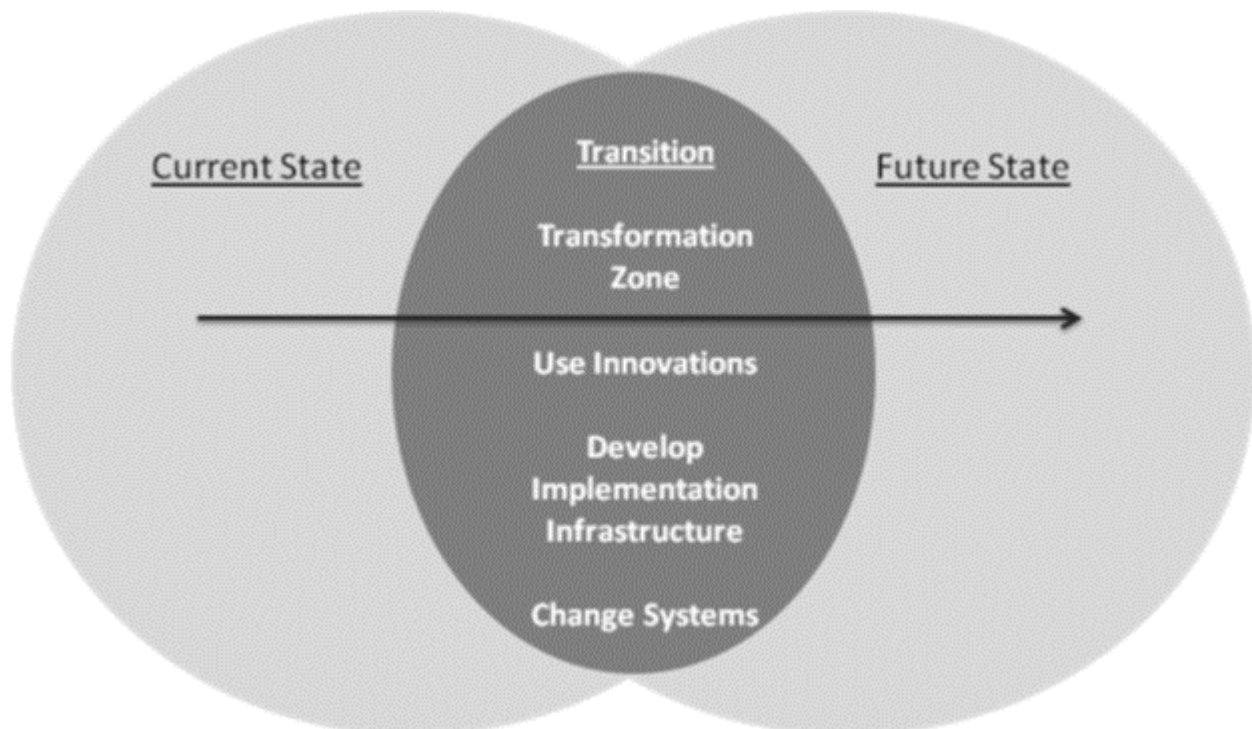
Sustaining the Investment in Education | Program Implementation and Sustainability

The role of implementation science research

It is important that an organization develops a rigorous program infrastructure to support the education and training. This includes an implementation of the program and an evaluative framework. . Recent research in the area of Implementation Science (Fixsen et al., 2005) ,reveals that organizations that only provide employee training without a rigorous program infrastructure will not be successful in sustaining the effects of education or making and sustaining practice changes. The Public Services Health and Safety Association promotes an implementation strategy that uses a step by step process to develop, implement and evaluate a program.

In the field of Occupational Health and Safety there is an expectation that programs are based on current research and are evidence-based. Research however on the science of program implementation has lagged behind. Fixsen et al. (2005), has conducted an extensive literature review on program implementation science.

Far too often innovative programs that are known to be effective are implemented by organizations unsuccessfully. Frequently a large gap exists between evidence based knowledge and practice, and transference to workplace performance. In fact, a sustainable program implementation framework may not have been established. Innovative practices do not fare well in existing organizational structures and systems and a transitional period which is the program implementation phase, is important in moving your organization from current state to a change in practice (future state) that is sustainable.



Implementation - is defined as the process or steps of putting in place a described activity or program into practice to achieve a desired outcome e.g. steps to establish a best practice manual materials handling program. It is the “how to”.

Intervention - in contrast is quite different and may be defined as the actual prevention endeavor or effort that has a different outcome e.g. training and use of a fork lift to reduce of injuries. It is the “what” that is being implemented.

Ineffective program implementation is not only costly and wasteful to an organization, undesirable outcomes such as incomplete or poor adoption of best practices, harm to workers and other losses to the organization may result. Poor program implementation in turn may affect the outcomes of the good or poorly designed interventions e.g. incomplete control of workplace hazards that could cause worker injury, illness or fatality. It is important to have both effective program implementation and effective interventions to have successful outcomes and sustainable health and safety programs. Table A demonstrates the effectiveness of interactions between program implementation and interventions.

		Implementation “The How To”	
		Effective	Not Effective
Intervention “The What”	Effective	Consistent Sustainable Positive Outcomes	Inconsistent; Not Sustainable; Poor outcomes
	Not Effective	Poor outcomes	Inconsistent ; Not sustainable; Poor Outcomes; Sometimes harmful

Evidence supports that the more clearly core components of an evidence based intervention program or practice are known and defined, the more readily the program or practice can be implemented successfully. (Bauman, Stein, & Ireys, 1991; Dal, Baker, & Racine 2002; Winter

Table A: Program Implementation and Intervention Outcome Effectiveness Matrix

(Adapted from Institute of Medicine, 2000; 2001; 2009; New Freedom Commission on Mental Health, 2003; National Commission on Excellence in Education, 1983; Department of Health and Human Services, 1999)

Levels of implementation

There are various levels of program implementation and these include:

- Paper implementation
- Process implementation
- Performance implementation.

Paper implementation primarily involves the development of written standards such as policies, procedures and safe work practices. **Process implementation** may include activities such training, implementing standard operating procedures, safe work practices and forms etc. **Performance implementation** includes integration of the desired activities and behaviours into observable and functional practice that will affect the desired outcome e.g. injury prevention.

Type of Support	Examples	Rationale for Use
Structure	<ul style="list-style-type: none"> • Policies and procedures • Reorganization of staffing or services • Documentation forms • Clinical pathways • Equipment (as required) 	<ul style="list-style-type: none"> • Provide rationale for change in practice and guide the practice • Ensures sufficient staffing to carry out implementation • Include prompts to perform assessments and specific interventions • Provide a guide to recommended clinical care • If equipment is required for the implementation, then having its availability will promote the action.
Process	<ul style="list-style-type: none"> • Mandatory educational sessions for implementation • Key indicators of application of knowledge to practice are included in the performance appraisals • Information about the results of implementation to manage behaviours is shared with clinical managers and clinical staff on a quarterly basis. 	<ul style="list-style-type: none"> • Supports optimal delivery of an implementation strategy (education to all staff) • Indicates importance of knowledge application to clinical practice • Provides a forum for discussion of relevant outcomes and an opportunity to make changes to implementation strategies if required.

Implementation outcomes

1. Changes in adult professional behavior (knowledge and skills of practitioners and other key employee members within an organization or system),
2. Changes in organizational structures and cultures, both formal and informal (values, philosophies, ethics, policies, procedures, decision making), to routinely bring about and support the changes in adult professional behavior, and
3. Changes in relationships to consumers, stakeholders (location and nature of engagement, inclusion, satisfaction), and systems partners.

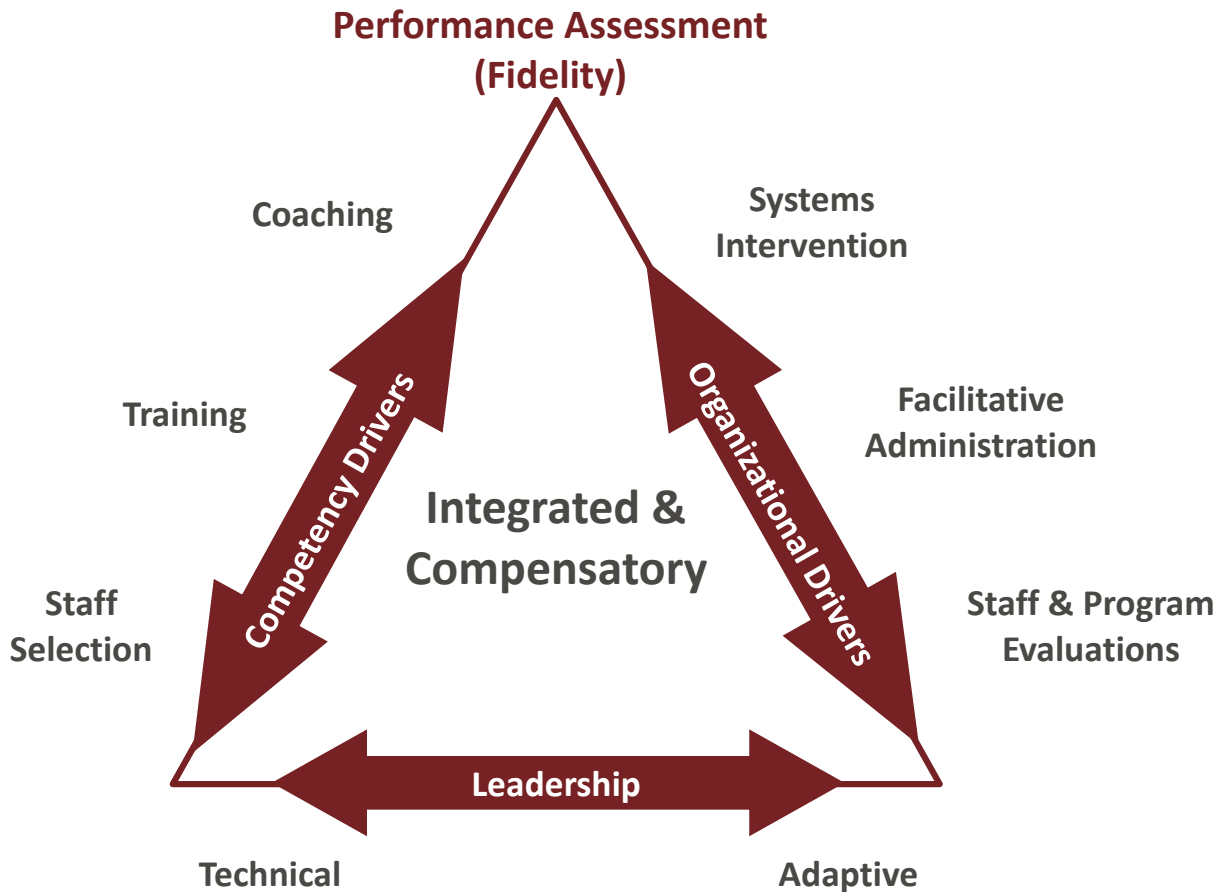
Clear performance expectations	→	clear role guidelines, leadership support, policies and procedures that encourage practice change, clear communication
Essential support	→	e.g the responsibility, resources, time, skills, connections to local resources and authority to do the job requested
Motivation	→	e.g. alignment of incentives and disincentives, on the job reinforcement of new skills, opportunities to learn and problem solve collaboratively, opportunities to explore new ideas and strategies
Opportunities for feedback and reflection	→	e.g. opportunities for reflection (e.g. self-assessments) on individual practice as well as time dedicated to team reflection and subsequent planning of course corrections as a result of the reflective process
Supportive and safe work environments	→	e.g. inclusive of all cultures and abilities and best supports physical and emotional safety and well-being; supported by physical design and organizational policy

Stages of implementation

1. Exploration and adoption – planning groups, needs assessment, commitment, identifying barriers
2. Program installation – what needs to be in place before implementation starts
3. Initial implementation
4. Full operation
5. Innovation – “opportunity to learn more”
6. Sustainability and/or fidelity

Program fidelity

Fidelity is the correspondence between the program as implemented and the program as described (Fixsen; 2005). This means that programs should be implemented in a consistent manner. To ensure that this occurs, checklists or process audit and mapping tools can be developed and utilized to guide the organization through the implementation process and reduce the likelihood of deviations.



Program evaluation

The evaluation will determine whether the organization has the foundation elements to proceed with implementation and to identify gaps to be completed prior to commencing implementation. Equally important is an evaluation of the state of readiness of program leaders and change agents that will lead change in the organization.

The program should utilize tools to assess leader readiness as well as organization readiness. The process includes the development of an action plan for health and safety foundation elements or required prerequisites, and journey elements which are those that can be worked on as part of the implementation process.

Behavioural Education and Training Supports Inventory (BETSI) – Section D

November 2012

UPDATED: December 19, 2012

This inventory was developed as part of the Behavioural Supports Ontario Project and meant to be used in conjunction with the BETSI Framework. Both tools can be found at:

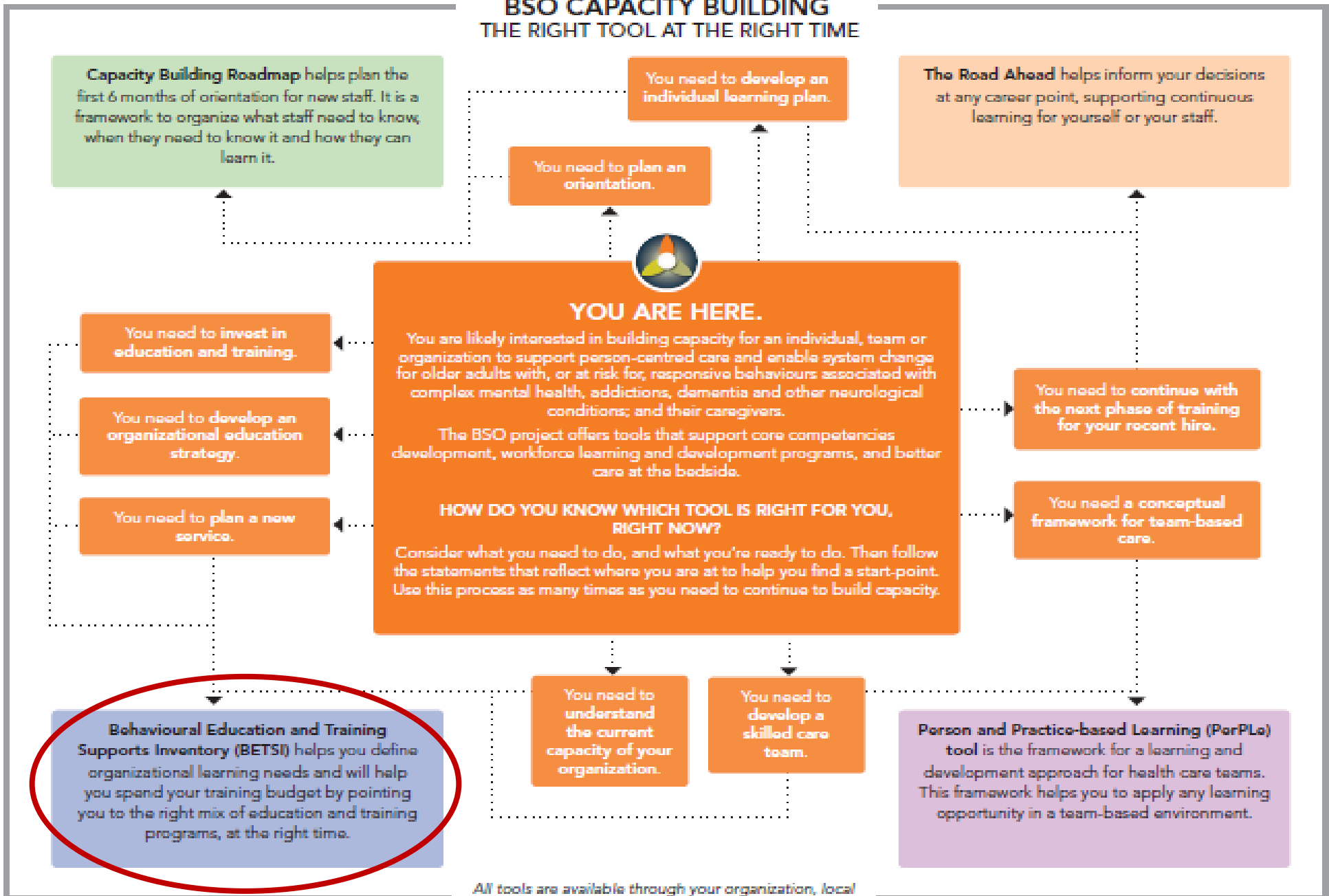
Amer Knowledge Exchange Linking Website:
www.bsoproject.ca

For more information:

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BSO CAPACITY BUILDING THE RIGHT TOOL AT THE RIGHT TIME



All tools are available through your organization, local LHIN, or the BSO website: www.bsoproject.ca

Section 1: Clinical Training Programs

Gentle Persuasive Approaches (GPA) BASICS (Beginner Competency Level)

Education Initiative

Interdisciplinary Staff Education Session for - Gentle Persuasive Approaches (GPA) in Dementia Care: Responding to Persons with Challenging Behaviours

BSO Target Population

Older Adults, Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Team Building, Workplace Health & Safety and Incident Reduction

Brief Description

The overall goal of this program is to provide front-line staff with the knowledge and skills to effectively and respectfully manage episodes of responsive behaviours that are catastrophic and aggressive in nature.

The program is built upon the concepts of person-centred, compassionate and gentle persuasive approaches. Staff members learn suitable and respectful interpersonal skills and motor techniques to use in response to catastrophic behaviours. The program is aimed at enhancing the confidence and self-efficacy of front-line staff when managing responsive behaviours of a physically/verbally aggressive nature. The training takes place in the participants' practice settings, with a focus on interdisciplinary teamwork.

Target Learner

All members of the interdisciplinary team (e.g., RNs, RPNs, PSWs, HCAs, Recreationists, Dietary Aides, Housekeeping staff) and all departments within health care organizations (long-term & residential care, retirement homes, acute care, adult day programs, complex continuing care, community agencies and other settings where people may interact with older adults with dementia). This curriculum has also been adapted for certified college health care programs.

Method of Delivery

Workshop format with multi-educational strategies to meet the various learning styles of front-line, point-of-care staff. Course content is implemented via role play, focus/small groups, didactic mini-lectures, experiential exercises, case studies and video clips.

Teachers/Trainers

Two GPA Certified Coaches teach a maximum of 12 participants per session.

Visit AGE website www.ageinc.ca for names of Certified Coaches in your region who can deliver GPA Education Sessions for your organization

Length of Training

One day (7.5 hours)

Cost Per Participant

No cost for participants to attend education session

Required GPA Participant Manual is \$13.80;

No cost for Certified GPA Coach

Other Partners

- Advanced Gerontological Education, (Operations and Materials)
- GPA Advisory Committee (Curriculum development, review, and evaluation)
- Psychogeriatric Resource Consultants (Delivery)
- Public Education Coordinators (Delivery)
- GPA Certified Coaches – site specific trained in-house coaches (Delivery)
- Daphne Cockwell School of Nursing, Ryerson University (Evaluation)
- Murray Alzheimer Research and Education Program, University of Waterloo (Evaluation)
- Murray Alzheimer Research and Education Program, University of Waterloo (Evaluation)

Contact

For information on certified coaches in your region who can teach this workshop, contact Paula DiLoreto at: 905-777-3837, ext. 12506 or dilorettop@hhsc.ca or visit the AGE website www.ageinc.ca

Gentle Persuasive Approaches (GPA) RECHARGED (GPA-R) (Refresher and Application Competency)

Education Initiative

Interdisciplinary Staff Education Session for those who have already completed the GPA Basics Curriculum - Gentle Persuasive Approaches (GPA) in Dementia Care: Responding to Persons with Challenging Behaviours RECHARGED Refresher

BSO Target Population

Older Adults, Dementia, Mental Health,, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication,, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Team Building

Brief Description

GPA-R is an education *refresher curriculum* that is the natural next phase of maintaining your staff's skills in providing care for clients with responsive behaviours. This refresher program will assist your organization in meeting the changes in the Ontario Health and Safety Act by maintaining staff's competency level in important body containment techniques and restore confidence in their ability to manage responsive behaviours

The training takes place in the participants' practice settings, with a focus on interdisciplinary teamwork.

Target Learner

GPA-R is available to anyone who has completed the GPA Basics full day curriculum. Annual renewal is recommended

Method of Delivery

The GPA-R curriculum reviews important GPA principals in an education session delivered involving multiple educational strategies i.e. learning activities and case studies, to meet the various learning styles of the participants.

Teachers/Trainers

One or two GPA Certified Coaches teach 6-12 participants per session.

Visit AGE website www.ageinc.ca for names of Certified Coaches in your region who can deliver the GPA-R Education Sessions for your organization.

Length of Training

120 minutes can be taught either in two concurrent one-hour sessions or two one-hour sessions on two separate days, within a short time-frame

Cost Per Participant

No cost for participants to attend education session

Required GPA-R Participant Booklet is \$5;

No cost for Certified GPA Coach

Other Partners in Delivery

- Advanced Gerontological Education, (Operations and Materials)
- Psychogeriatric Resource Consultants (Delivery)
- Public Education Coordinators (Delivery)
- GPA Certified Coaches – site specific trained in-house coaches (Delivery)
- Ryerson University (Evaluation)

Contact

For information contact Paula DiLoreto at: 905-777-3837, ext. 12506 or diloretop@hsc.ca or visit the AGE website www.ageinc.ca

Gentle Persuasive Approaches (GPA) (Coach Competency Level)

Education Initiative

Certified Coach Training Workshop for- Gentle Persuasive Approaches (GPA) in Dementia Care: Responding to Persons with Challenging Behaviours

BSO Target Population

Older Adults, Dementia, Mental Health, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Team Building, Organizational Development

Brief Description

A Certified Coach will be responsible for training both professional and non-regulated staff who care for persons with dementia in health care sectors. Workshops are held regionally and frequently throughout the year. A Certified Coach has:

- Authorization to teach the GPA course and use the GPA coach and course manuals.
- The opportunity for consultation and networking with other GPA certified coaches and the use of GPA resource information.

Emphasis in this workshop is on working with the coaches-in-training on how they will teach the GPA workshop to staff. Workshop participants will develop teaching strategies that will enhance GPA workshop delivery in the field.

Target Learner

To qualify to be trained as a Certified Coach you must be a Psychogeriatric Resource Consultant (PRC) or Public Education Coordinator (PEC), Clinical Staff Educator, Student Instructor of a recognized College Health Care program or have all of the following:

- Experience in dementia care
- Experience in teaching/learning, to reflect pedagogical approaches
- An ongoing relationship with recipients of GPA training
- A letter of support from employer
- Post-secondary education in a field related to dementia care

Method of Delivery

Two day workshop format with multiple educational strategies including role plays, discussion, small group work, didactic mini-lectures, experiential exercises, case studies and video clips. Day 2 focus is on teaching tips and strategies.

Teachers/Trainers

GPA Master Coaches teach the Certified Coach Workshops.

Three GPA Master Coaches teach this 2-day training workshop with a maximum of 16 participants (coaches-in-training) per workshop

Length of Training

Two consecutive days

Cost Per Participant

\$550* (Subject to change)

Includes continental breakfast, refreshments and lunch, as well as resource materials including a Certified Coach Manual in hard copy, access to information for educational and training videos.

Other Partners in Delivery

- Advanced Gerontological Education

Contact

For more information about this two-day coaches' training workshop, contact Paula DiLoreto at 905-777-3837, ext. 12506, or dilorettop@hhsc.ca or visit the AGE website www.ageinc.ca for workshop dates and registration

Gentle Persuasive Approaches (GPA) STUDENT (Beginner Competency Level)

Education Initiative

Student Education Session for - Gentle Persuasive Approaches (GPA) in Dementia Care: Responding to Persons with Challenging Behaviours.

BSO Target Population

Older Adults, Dementia, Mental Health, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Team Building, Organizational Development

Brief Description

This curriculum is available to Accredited College or Adult Learning Programs with prior consent from AGE.
GPA Student Edition has been developed to bring understanding and awareness to students in health care programs in colleges and universities. This modified course delivers basic understanding of dementia and its relationship with a person's responsive behaviours. Students learn to apply emotional, environmental and interpersonal communication strategies that diffuse challenging behaviours. This learning allows the student to enter a workplace confident of their understanding that each person with dementia is a unique human being, capable of interacting with the outside world. It is the responsibility of the workplace to deliver the full GPA Basics course to a new employee to ensure all respectful self-protective techniques are learned. These self-protective techniques, along with the gentle redirection techniques are powerful tools in ensuring that a responsive behavior has a positive outcome for both the caregiver and the person with dementia.

Target Learner

Students registered in Health Care relate programs (e.g., RN, RPN, PSW, OT, PT, RT) that will be employed in health care organizations (long-term & residential care, retirement homes, acute care, adult day programs, complex continuing care, community agencies and other settings where people may interact with older adults with dementia).

Method of Delivery

Adapted from the GPA Basics curriculum, this version has been modified for delivery in the classroom setting. Course content is implemented via role play, focus/small groups, didactic mini-lectures, experiential exercises, case studies and video clips.

Teachers/Trainers

One -two GPA Certified Coaches teach a maximum of 20 participants per session. Staff program instructors are encouraged to become certified coaches in order to teach the GPA curriculum within their programs.

Length of Training

One day (7.5 hours)

Cost Per Participant

GPA Participant Manual is required for each student. Cost is negotiated by contract with individual college or program.

Advanced Gerontological Education (AGE) Education Committee

Education Initiative

Educational workshops based on the learning needs of health care workers in the community

BSO Target Population

Older Adults, Dementia, Mental Health, Addictions, Responsive Behaviours

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

AGE's mission is "enhancing the care of older adults by learning together." What makes AGE unique in their approach to enhancing the care of older adults is that they promote 'gap' topics that relate to dementia. AGE provides learning through educational workshops that are both accessible and affordable to all interested consumers and the community. Participants walk away with not only knowledge but a summary report that encapsulates the discussion of that workshop. AGE makes information accessible via their website, www.ageinc.ca.

Target Learner

Target learners include any professionals that interact with people with dementia and want more education on specific topics relating to gaps in dementia knowledge. Learners can include anyone from the community, long term care, acute care, public housing, police officers, etc.

Method of Delivery

Half-day workshops are used to deliver information. Workshops include presentations from professionals in the field as well as interactive case-based exercises that promote collaboration and networking.

AGE also offers to support local Dementia Networks or other agencies with delivery or support for developing educational workshops.

Cost Per Participant

Early bird \$30 (plus tax), Regular \$40 (plus tax), subject to change
Includes light breakfast and a coffee break.

Other Partners in Delivery

AGE Education Sub Committee's (topic based)

Contact

For more information about AGE workshops, contact Anisha Chohan at 905-777-3837, ext. 12443, or chohana@hhsc.ca or visit the AGE website www.ageinc.ca for workshop updates and educational resources.

P.I.E.C.E.S. A Model for Collaborative Care and Changing Practice

Education Initiative

P.I.E.C.E.S.™ 16-hour LTC and Community Education Program (Revised 2011)

BSO Target Population

Older Adults, Dementia, Mental Health, Addictions, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

The P.I.E.C.E.S.™ 16-hr program is a best practice learning and development initiative which provides an approach to understanding and enhancing care for individuals with complex physical cognitive/mental health needs and behavior changes. P.I.E.C.E.S. enables a comprehensive interdisciplinary approach and promotes continuous improved shared care practices through human resource development and changes in practice. The person and family are the centre-piece of care.

The learning program has been designed to support the transfer of the classroom learning into day-to-day practice in the workplace. Delivery of the program emphasizes: enhancing learners' clinical skills and knowledge; practical application of core concepts in the workplace; and consolidation of learning including feedback on practical application and exploring the role of serving as a resource to others to improve practice.

The P.I.E.C.E.S. Leadership and Performance Improvement program is offered in other jurisdictions and currently under revision for Ontario. This one-day program provides a solid foundation in P.I.E.C.E.S concepts and explores the critical role of senior leadership in supporting the transfer of new skill and knowledge into day-to-day practices and sustaining P.I.E.C.E.S. learning in the longer-term.

Target Learner

Regulated Health Care Professionals (e.g. RNs, RPNs, NPs, OTs, PTs, RSWs) from Long Term Care Homes, Retirement Homes, Community, Acute Care, Emergency Departments and Primary Health Care Teams with responsibility for providing clinical assessments and care planning to persons with complex physical, cognitive/mental health needs and their caregivers.

Method of Delivery

Part 1: 1-day of core curriculum to enhance learner's knowledge and skills

Part 2: Practical Application of the learning from part 1

Part 3: 1-day consolidation of knowledge and skills including review of Practical Application and strategies for enhancing the TEAM approach to shared solution finding.

Teachers/Trainers

Educators from: Psychogeriatric Resource Consultants (PRCs) and Clinical Educators and/or Clinicians from Specialty Geriatric Services

Length of Training

The 16-hour program includes 2 days of in classroom learning, the Practical Application between day 1 and 2, and on-line pre and post evaluation. Maximum 25 participants/education session.

Cost per Participant

\$160.00 required upon registration which includes a copy of the comprehensive P.I.E.C.E.S. Resource Textbook and 2 Job Aids (Assessment and Psychotropic Job Aids).

Other Partners in Delivery

See teachers/trainers

Contact

For more information about any of the P.I.E.C.E.S. programs contact: www.piecescanada.com The Project Collaboration Office, Tel: 1-866-400-8823,

Centre for Addiction and Mental Health (CAMH)

Education Initiative

Healthy Aging Project: Education and resources about older adults, mental health, substance use and gambling problems

BSO Target Population

Older Adults, Dementia, Mental Health, Addictions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Resiliency and Adaptation, Collaboration and Communication, Technology Skills, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

1. Suicide Intervention with Older Persons:

For: all professionals working with older adults in community or long-term care settings. Introduces suicide intervention with older persons, risk factors, prevention strategies, and how to cope in a crisis.

2. De-mystifying Staff Concerns: Seniors' Mental health, Substance Use and Problem Gambling

For: staff who are a main point of contact for residents, including, personal support workers, health care aides, other non-professional staff and volunteers. Participants will increase their understanding of healthy aging, increase their level of comfort in working with older adults with substance use, mental health and problem gambling issues and learn about strategies and resources to use in the work setting to support clients that may present with "difficult" behaviours.

3. Making the Connection Work: Identification and support for older adults with mental health, substance use and gambling problems within the PIECES framework

For: Professional, clinical, administrative and educational staff in agencies and facilities serving older adults. Information, tools and techniques are provided on the screening, referral and ongoing support for older adults with alcohol, medication, gambling, mental health and co-occurring problems. A community capacity building exercise provides an opportunity to support community planning to improve referrals and assistance.

Target learner

see above

Method of Delivery

Courses are designed to be interactive, in person workshops based on adult education principles.

Teachers/Trainers

Trainers are CAMH staff and or regional or local experts

Length of Training

Half day, one or two days

Cost per Participant

Standard training fees are \$125.00 per person per day, or group rates available..

Other Partners in Delivery

Older adult specialized addiction providers, psychogeriatric resource consultants, mental health services

Education Initiative

U-First!

BSO Target Population

Older Adults, Dementia, Mental Health, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies

Brief Description

U-First! is a proven and effective approach to working with people with dementia. Through dialogue and a case-based approach, learners will have more confidence in working with people with responsive behaviours.

The goal of the U-First! Program is to offer training to care providers in how to improve the quality of the **interaction** between the formal care provider and the person living with Alzheimer's disease and other dementias

If you are caring for someone with dementia, the U-First! Program will help you:

- **Understand** the behaviour changes in a person with dementia
- **Flag** possible changes seen in the person
- **Interact** with skill and understanding
- **Reflect** and report the behaviour
- **Support** the person with dementia and their family caregiver

You will also learn how to involve the Team in caring for the person with dementia.

U-First! uses P.I.E.C.E.S.™ concepts in its training.

P.I.E.C.E.S.™ is a best practice learning and development initiative that provides an approach to understanding and enhancing care for individuals with complex physical and cognitive/mental health needs and behavioural changes.

The P.I.E.C.E.S.™ model helps us to understand the whole person.

Target Learner

Training is especially designed for people working in community care, acute care, and long-term care. U-First! is offered to all staff who work directly with people living with Alzheimer's disease and other dementias (unregulated and regulated).

Method of Delivery

This 6-hour workshop will train care providers in U-First!, a proven and effective approach to working with clients with dementia.

Through dialogue and a case based approach, learners will have more confidence in working with people with responsive behaviours.

A certificate will be sent to all those completing the 6 hour workshop.

Teachers/Trainers

A U-First! Trainer will have:

1. University degree/College Diploma in a related field and/or enrollment in the Dementia Studies certificate program
2. 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
3. Knowledge of Alzheimer's disease and other dementias, as well as and other current education resources related to this population
4. High level presentation skills coupled with knowledge of adult educational principles

Length of Training

U-First! is offered in a one day format (6 hours) as well as 2- half days (3 hours each).

Cost per Participant

\$60.00 for a U-First! Workshop includes:

- An approved U-First! Facilitator
- Workbook
- U-First! Wheel; our collaborative tool

Other Partners in Delivery

- P.I.E.C.E.S.™ Canada
- Alzheimer Society of Ontario's partnering Chapters across the province
- Host Agencies of our U-First! Trainers
- Ontario Community Support Association (OCSA)

Contact

Contact Information: Alzheimer Society of Ontario
Cathy Conway, Director Quality Management & Education
ufirst@alzheimeront.org www.u-first.ca

Education Initiative Me and U-First! E-modules

BSO Target Population

Older Adults, Dementia, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Cultural Values and Diversity, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Assessment & Care planning, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

Series of eight modules, based on the language of U-First! Me and U-First! is a flexible and user-friendly internet-based course designed specifically for Personal Support Workers and other care partners interested in learning how to better understand and care for people with Alzheimer's disease and other dementias.

Target Learner

Personal Support Workers were the target group throughout the development of the modules. The modules are useful for all staff entering the field of dementia care and also for those staff looking for a refresher on the U-First! approach to care.

Method of Delivery

Me and U-First! is an online course divided into eight modules that explore the physical, intellectual, emotional, social, environmental challenges facing those with dementia. Included is reinforcement of the need for dialogue and to link with partners, especially Psychogeriatric Resource Consultants and Public Education Coordinators. Each module takes less than one hour to complete and can be completed in any order at any time. Learners will receive practical tips and use the U-First! wheel to assist them in their role.

Teachers/Trainers

There is no certificate available; however, worksheets completed throughout the modules are often handed in to supervisors and/or teachers for review (for proof of completion). Learners are encouraged to link to their own supervisors and/or to other external partners such as Psychogeriatric Resource Consultants and Public Education Coordinators for ongoing support.

Length of Training

Varied, dependant on learner.

Cost per Participant

Free, with no registration required.

Other Partners in Delivery

This project was developed by the Simcoe County Dementia Network and funded by the Post-Alzheimer Strategy Staff Education Committee. It has also been provided support by the Alzheimer Society of Ontario, the P.I.E.C.E.S. Consult Team and OCSA.

Contact: Contact Information: Alzheimer Society of Ontario Cathy Conway, Director Quality Management & Education ufirst@alzheimeront.org www.u-first.ca

Montessori Methods for Dementia™

Education Initiative

Montessori Methods for Dementia™ (MMD™)

BSO Target Population

Older Adults, Dementia, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies

Brief Description

Montessori Methods for Dementia™ equips the individual with dementia with environmental supports that build on existing abilities, with the purpose of maintaining or improving skills and abilities and enhancing function and independence.

Target learner

All types and levels of staff (RNs, OT's, PT's, RPNs, PSWs, Activity / Recreation staff, etc.) in LTC and community.

Method of Delivery

Workshop format with multiple educational strategies including small group activities, didactic mini-lectures and experiential exercises.

Teachers/Trainers

Provided through the Dementiability Enterprises Inc., PRCs and PECs may be involved in training after they have successfully completed the requirements for MMD™ Certification.

Length of Training

Two days for the Montessori Methods for Dementia™ workshop. Certification: Case work plus half a day. Details are available at www.dementiability.com (and described fully in the 2 day workshop). The length of time to complete Certification requirements is dependent on how quickly an individual does the case work. The Certification session is usually half a day (an exam is written and case presentations are delivered to the group).

Cost per Participant

2 day Montessori Methods for Dementia™ workshop: \$450 regular; \$400 early bird rate
Certification: \$350

Other Partners in Delivery

Centre for Applied Research, Cleveland, Ohio

Contact

Provided through Dementiability Enterprises Inc. PRCs and PECs Contact: Gail Elliot – 905-580-5636; email gail.elliott@dementiability.com, website: www.dementiability.com

Spaced Retrieval (SR) Technique

Education Initiative

Memory Enhancement Programming for Dementia: Spaced Retrieval (SR) Technique

BSO Target Population

Older Adults, Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery

BSO Service Functions

Prevention and Early Detection of Issues, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies

Brief Description

Spaced Retrieval (SR) is a memory intervention that is aimed at helping those with dementia to successfully recall information over progressively longer intervals of time. Beginning with an understanding of memory and spared capacity, SR techniques are explored by focusing on the needs and abilities of the client. The main categories include compensatory strategies (fact or information finding techniques) and safety and ambulation techniques (e.g., safe use of their walker).

Target learner

All types and levels of staff (RNs, OT's, PT's, RPNs, PSWs, Activity / Recreation staff, etc.) in LTC and community.

Method of Delivery

Workshop format with multiple educational strategies including small group activities, didactic mini-lectures, experiential exercises.

Teachers / Trainers

Provided through Dementiability Enterprises Inc. PRCs and PECs may be involved in training

Length of Training

1 or 2 days

Cost per Participant

For more information, visit: www.dementiability.com

Other Partners in Delivery

Centre for Applied Research, Cleveland, Ohio

Validation Communication Techniques

Education Initiative

Validation Communication Techniques, provided by Dementiability Enterprises Inc.

BSO Target Population

Dementia, Mental Health, Responsive Behaviours, Caregivers

BSO Core Competencies

Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication

BSO Service Functions

Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management

Brief Description

Validation Therapy is a method of communicating with individuals who are challenged by memory loss associated with dementia. This method is based on the work of Naomi Feil and focuses on validating feelings and opening the lines of communication.

Target learner

All types and levels of staff (RNs, OT's, PT's, RPNs, PSWs, Activity / Recreation staff, etc.) in LTC and community.

Method of Delivery

Workshop format with multiple educational strategies including small group activities, didactic mini-lectures, experiential exercises.

Teachers/Trainers

Provided through Dementiability Enterprises Inc. PRCs and PECs may be involved in training

Length of Training

1 day

Cost per Participant

\$200

For more information, visit: www.dementiability.com

Contact

www.dementiability.com; Contact: Gail Elliot, 905-580-5636 or email at gail.elliott@dementiability.com

Murray Alzheimer Research and Education Program, University of Waterloo

Education Initiative

MAREP Dementia Care Education Series on CD-ROM

BSO Target Population

Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Prevention and Self Management, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

This interactive electronic education program on CD-ROM explores 10 specific aspects of dementia and dementia care by using current research, video clips, stories, poetry, songs, interactive exercises, and hand-outs. This CD-ROM can be used for individual self study or for facilitated sessions and has an accompanying facilitator guide.

Key Words

Overview; Perspective of Persons with Dementia; Communication; Responsive Behaviour; Assessment; Models of Care; Ethics; Care Provider Stress; Family Issues; Therapeutic Interventions.

Outcomes

- Enhance skills and abilities of all involved in dementia care to respond to the needs of persons with ADRD and their families
- Provide new tools, perspectives, and approaches that will improve the quality of dementia care and the support provided to persons with dementia and their families
- Provide opportunities for self-learning at one's own pace or facilitated learning in a group format
- Provide helpful resources for further understanding into topics
- Improve the quality of life for persons with dementia and their families

Target learner

All those working with persons with dementia and their families (e.g., formal and informal care providers, clinical and educational staff, social services, family partners in care, volunteers, and Chaplains) All Audiences

Method of Delivery

Individual self-study or in-house training using the CD-ROM and accompanying facilitator guide. Format responsive to the needs and learning aspirations of adult learners with a range of educational backgrounds and experiences

Teachers/Trainers

Designed for in-house trainers or individual self-study

Length of Training

Modules range from 1 hour to 3 hours with concepts broken into manageable sections (~10min/concept) allowing for flexibility in length and depth of training (e.g., lunch and learns, half or full-day workshops)

Cost per Package

CD-ROM and Facilitator guide \$98.95 plus HST and Shipping

Contact information

Murray Alzheimer Research and Education Program (MAREP) University of Waterloo (519) 888 – 4567 ext. 36880 www.marep.uwaterloo.ca

Murray Alzheimer Research and Education Program, University of Waterloo

Education Initiative

Managing and Accommodating Responsive Behaviours in Dementia Care CD-ROM and Resource Guide

BSO Target Population

Older Adults, Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

MAREP has produced in partnership with the PRC's of Central South Ontario, and funded by the Ministry of Health and Long-Term Care, a video vignette series that illustrates ten of the most intense responsive behaviours experienced by staff working in long-term care homes (and other sectors). The tool helps formal care providers better understand the meaning behind responsive behaviours and develop practical strategies/interventions for managing and accommodating those behaviours.

Key Words

Responsive Behaviour; Assessment; Self-Reflective Practice; Human Becoming Theory; Person-centred; Relationship-Centred; Therapeutic Interventions; Practice; Research-Based; in-house; Self-study

Outcomes

- Enhance understanding of "responsive" behaviours (a response to something negative, frustrating, or confusing in the resident's environment)
- Enhance knowledge and awareness of issues in the social or physical environment that can contribute to responsive behaviours.
- facilitate the development of skills in the use of person-centred interventions to manage and accommodate responsive behaviours
- Improve the quality of life for persons with dementia and their families

Target Learner

Care providers (formal and informal, clinical and social services staff), volunteers and other partners in care.

Method of Delivery

Individual self-study or in-house training using the videos and accompanying facilitator guide

Format responsive to the needs and learning aspirations of adult learners

Teachers/Trainers

Designed for in-house trainers or individual self-study

Length of Training

Time spent on each behaviour to be determined by facilitator – tool is designed for flexible training options (e.g., lunch and learns, half or full-day workshops).

Cost Per Package

\$20.00 plus HST to cover overhead and shipping

Contact information

Murray Alzheimer Research and Education Program (MAREP) University of Waterloo (519) 888 – 4567 ext. 36880 www.marep.uwaterloo.ca

Murray Alzheimer Research and Education Program, University of Waterloo

Education Initiative

I'm Still Here DVD and Teaching-Learning Guide

BSO Target Population

Older Adults, Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

MAREP has developed in partnership with Dr. Gail Mitchell and Dr. Christine Jonas-Simpson, a powerful educational tool based on play which captures important aspects of, and deepens understanding about, the dementia journey from the perspectives of persons living with dementia and their family partners in care.

Key Words

Self-Reflective Practice; Human Becoming Theory; Person-centred; Relationship-Centred Practice; Research-Based; in-house; Self-study

Outcomes

- Enhance understanding of issues faced across the dementia journey from the perspectives of persons living with dementia and their family partners in care
- Develop new awareness and appreciation of the experience of dementia and change images of dementia and persons living with dementia
- Enhance awareness of the importance of working in partnership with persons with dementia and their families
- Provide opportunities for and develop skills in self-reflective practice

Target Learner

Any person involved with individuals and families who live with a diagnosis of Alzheimer's disease or a related dementia will benefit from viewing the videotaped version of I'm Still Here and reflecting on the words of persons with dementia and the questions presented in this teaching-learning guide

All Audiences

Method of Delivery

Self study; In house*; On site*.

The play should be watched first in its entirety with an opportunity to discuss emotions and ideas that arise from the viewing of the play.

The accompanying learning and teaching guide is useful to lead discussions with staff, families, and others touched by dementia around the key themes reflected in the play.

Format Using a reflective practice approach, the accompanying teaching-learning guide takes viewers through the major themes and issues reflected in the play and helps learners to think about behaviours in a different way.

Teachers/Trainers

Designed for in-house trainers or individual self-study

Length of Training

I'm Still Here is one hour in length. It is strongly advised to hold a debriefing following the play. Reviewing themes designed to be flexible to meet needs of organization and participants

Cost Per Package

DVD and Teaching-Learning Guide \$91.50 plus HST and Shipping.

Contact information

Murray Alzheimer Research and Education Program (MAREP) University of Waterloo (519) 888 – 4567 ext. 36880 www.marep.uwaterloo.ca

Murray Alzheimer Research and Education Program, University of Waterloo

Education Initiative

Dementia Care Education On-Site Sessions and Workshops

BSO Target Population

Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Specialized Referral / Support, Debriefing and Identifying Preventative Strategies

Brief Description

MAREP has developed a range of interactive and educational opportunities for adult learners in a variety of settings including community and social support agencies, long-term care homes, retirement homes and supportive housing environments. Organizations can access MAREP's multi-level in-house dementia education series.

Keywords

Overview; Perspective of Persons with Dementia; Communication; Responsive Behaviour; Assessment; Models of Care; Ethics; Care Provider Stress; Family Issues; Therapeutic Interventions

Tailored Workshops/Sessions

Multi-sectoral training; research based In-house; Video Conferencing

Outcomes

- Enhance abilities of formal and informal partners in care to respond to the needs of persons living with Alzheimer's disease and related dementias
- Provide new tools, perspectives, and approaches that will improve the quality of dementia care and support provided to persons with dementia and their families
- Provide opportunities for self-learning at one's own pace or facilitated learning in a group format

Target Learner

Any person involved with individuals and families who live with a diagnosis of Alzheimer's disease or a related dementia (e.g., healthcare staff, support staff, chaplains, volunteers, etc.) All Audiences

Method of Delivery

Four Level Series offered in-house over the course of 5 or 6 sessions. Sessions include small group activities, didactic mini-lectures, experiential exercises and homework is often assigned.

Options are available for individually tailored workshops to meet specific needs of organizations.

Video conferencing options are also available.

Format Off site; On site*; Train the trainer; Video-conferencing Responsive to the needs and learning aspirations of participants

Teachers/Trainers

Sessions are offered by MAREP staff

Length of Training

Each Level offered in a series of 5 or 6 session 2 – 3 hours in length. Specially tailored education available and adapted to more concentrated workshop formats.

Cost per Series

To be determined with organization based on requirements (e.g., on-site – video conferencing; existing series or tailored workshop)

Contact information

Murray Alzheimer Research and Education Program (MAREP) University of Waterloo (519) 888 – 4567 ext. 36880 www.marep.uwaterloo.ca

Reitman Centre CARERS Program (Coaching, Advocacy, Respite, Education, Simulation), Mount Sinai

Education Initiative

Experiential training Through On-Site Sessions/Workshops including e-Learning Program for Family Caregiver Management and Support AND Train the Trainer Reitman Centre CARERS

BSO Target Population

Older Adults, Dementia, Mental Health, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Assessment & Care planning, Problem Solving Therapy and Interpersonal Communication, Emotional Self Regulation of Caregivers

Brief Description

The Reitman Centre CARERS Program employs rigorously evaluated advanced principles of intensive Therapeutic Education and Skills Training employing adapted Problem-Solving Technique (PST) and unique systematic use of simulation by trained professional standardized patients. In this educational initiative Health care practitioners are trained to use this evidenced based method for sustaining caregivers in a train-the-trainer program comprised of 3 day intensive workshops interactive video enhanced E-learning program and group observation and ongoing supportive supervision by Reitman centre staff.

The Program received a “Leading Practice Award” from Accreditation Canada, 2012

Keywords

Carers; caregivers; problem-solving therapy; simulation, simulated patient; experiential learning; evidence-based; adult learning; coping; dementia and caregiving; group sessions; train the trainer

Outcomes

- Fully trained group leaders
- Capacity to open CARERS Centres locally
- Enhanced care of high risk caregivers
- Reduced stress in community caregivers secondary to responsive behaviours

Method of Delivery

The Reitman Centre CARERS Program employs advanced principles of adult-learning in small and medium size group formats as appropriate. A version of Problem-Solving Technique (PST) adapted for specific use by professional health care workers dealing with responsive behaviours is the evidence based method of proven effectiveness that is the foundational tool for training. The method is highly experiential with systemic use of simulation with trained professional standardized patients to enact the unique challenges facing health care workers. A didactic framework of the intervention is translated into skills development by direct hands-on experience. The interconnected components of the program have demonstrated enhanced coping and problem solving, sense of mastery, and reduction of stress and anxiety for learners.

Curricula are tailored to meet specific professional groups or organization needs.

1. On-site 3-day program (theory and simulation)
2. On-site 1-day PST & Simulation Program
3. interactive, video enhanced multimodular e-learning training Program (8-10 hours) may be combined with 1 and 3 day programs as appropriate

Teachers/Trainers

- On-site programs are offered by Reitman Centre staff (psychiatrists and/or clinicians and simulation staff)
- On-line learning

Target Learner

selected professional health care providers dealing with caregivers in the community

Length of Training CARERS program

1. On-site day intensive workshop training including hands on simulation practice (3 full days of 8 hours per day) for health professionals aim to run a caregiver program
2. On-site Workshop (1 day training of 8 hours theory and hands on stimulation practice) for health professionals to advance behavioural support knowledge and skills
3. e-Learning Guide (8-10 hours self learning model with knowledge check)

Cost per Series

To be determined with organization based on requirements, number of participants

Contact information

Reitman Centre CARERS Program, Mount Sinai Hospital, Toronto (416)

586-4800 ext. 5192

www.caregiverMSH.com

Emergency Department Geriatric Mental Health (ED-GMH) Program, Mount Sinai Hospital, Toronto

Education Initiative

Delirium, Dementia and Depression Education e-Learning Program for Emergency Department Teams

BSO Target Population

Older Adults, Dementia, Mental Health, Addictions, Responsive Behaviours

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication,

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Process and Information Flow and Transfer

Brief Description

The Program provides practical geriatric mental health- care path training and protocol set for Emergency Departments (ED) supplemented with an e-learning education program (Assessment, Delirium, dementia and depression, cultural factors) to enhance ED staff's psychogeriatric clinical skills and practical knowledge when working in high intensity culturally diverse environments. It guides ED medical and professional staff in application of effective efficient standardized assessment tools and newly designed processes to create a senior friendly approach to care in the ED and to manage seniors with 3D issues. This program has been evaluated and empirically demonstrated to be acceptable to learners and lead to significant change in patterns of ED identification of problems and implementation of appropriate care.

The Program has received the "Leading Practices Award" from Health Achieve 2009

Keywords

Emergency Department; behavioural issues; delirium; dementia; depression; diversity; senior friendly environment; assessment tools; cultural sensitivity; e-learning program; process flow; staff training mental health protocol.

Outcomes

- Cultivate a senior-friendly frame of mind for ED staff;
- Motivate staff to use a refined geriatric "lens" to recognize changes in cognition, mood, function and behaviours of seniors visiting the ED;
- Introduce 3D screening tools to assess clients and develop base line information;
- By following a standardized process flow and documentation tool, staff working as a team will effectively diagnose and manage clients with 3Ds issues;
- Enable staff to be aware of culturally sensitive issues and to interact appropriately with diverse populations

Target Learner

Clinical and medical staff of the entire Emergency Department.
RN, SW, PT, OT, medical physicians and interns

Method of Delivery

- an online e-learning program
 - ✓ **clinical staff version:** 2 hours, self-directed multi-modular (6 modules) program with voice-over
 - ✓ **physician version:** 25 minutes
- CD ROM

Teachers/Trainers

- On- Site preparation consultation service packaged with templates, documents, tools for evaluation and all required documents to implement the program
- On-line e-learning program

Length of Training

For each ED clinical staff: 2 hours e-Learning program

For the entire ED: about 4 months to train the entire team and implement

Cost per Series

To be determined with organization based on requirements and number of participants

Contact information

EDGMH Program, Mount Sinai Hospital, Toronto

(416) 586-4800 ext. 4107

ayau@mtsinai.on.ca

Dementia BPSD Workshop

Education Initiative

Ontario College of Family Physicians Behavioural and Psychological Symptoms of Dementia (BPSD) Workshop

BSO Target Population

Older Adults, Dementia, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Collaboration and Communication, Professional Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Assessment & Care planning, Monitoring & Collaborative Management,

Brief Description

This program's educational objectives cover diagnosis and treatment of Alzheimer's Disease and Related Dementias, the impact of the disease on the person, his/her family and caregivers; directions on accessing available resources; and directions on developing, maintaining and communicating an advanced care plan.

At the end of this workshop, participants will be able to:

1. Assess and interpret common behavioural and psycho-social problems seen in patients affected by dementia, whether they live at home or in a Long Term Care home.
2. Present the risks, benefits and appropriate dose range of medications that are currently recommended for BPSD that may respond to pharmacological treatment for the purpose of obtaining informed consent.
3. Support health care team members in the monitoring of common side effects of drugs that may be used in the treatment of BPSD.
4. Support health care team members in the utilization of the P.I.E.C.E.S. assessment framework and the application of principles outlined in U-FIRST for the implementation of non-pharmaceutical approaches

Target Learner

The target audience includes: students of all Ontario medical schools, Family Medicine residents, family physicians, physicians, and other primary care providers practicing in Long-Term Care facilities and Community Care Access Centres.

Method of Delivery

College of Family Physicians of Canada accredited Mainpro-C workshop: onsite, small group interactive program.

Teachers/Trainers

Ontario College of Family Physicians Peer Presenter Program

Length of Training

Half Day (3 hours)

Cost

Standard Half day price is \$155 per participant

Contact information

Ryan Morley, CME/CPD Manager
Ontario College of Family Physicians
416-867-9646 extension 48
ryan@cfpc.ca

Respectful Directions

Education Initiative

Communications, Conflict Resolution & Relationship Building Training & Development Programs

BSO Target Population

Caregivers

BSO Core Competencies

Change Management Skills, Leadership Facilitation Coaching and Mentoring, Cultural Values and Diversity, Prevention and Self Management, Resiliency and Adaptation, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies

Brief Description

The overarching Principle of the BSO Project is person and caregiver-directed care. This focus includes: person centered care, unconditional acceptance of people and their clinical situation, inclusion of previously quiet voices, and a deliberate focus on fostering respectful and trusting relationships between staff, residents, clients and informal/formal behavioural support nurses (Ontario Behavioural Support Systems: A Framework for Care, Jan. 2011).

As well, the document, “Behaviours Have Meaning” (Oct. 2010), identified the focus on resident/client centered care and the use of Quality Improvement to support strategic systems changes as central to the BSS model.

With regard to these objectives, BSO Projects place emphasis on:

- Prevention and early intervention
- Equitable and timely access to the right providers for the right service
- “No Door is the Wrong Door” Principle
- Family/caregiver satisfaction

This cultural change will require health care providers as well as their managers to have exemplary communication skills, leadership capacity, and relationship building competencies to effectively handle situations when opinions differ or there exists no clear answer.

Outcomes

The broad objectives for these training and development programs are to:

- Enhance the Core Communication Competencies of Behaviour Support Staff & Managers
- Build Behaviour Support staff capacity in Relationship Building and Conflict Resolution
- Improve knowledge to practice transfer and sustainability of both training and field experience.

Target Learner Because these programs focus on building capacity for dealing effectively with others, the training/development can be targeted to managers, front line staff, support staff, registered staff or other health care professionals.

Method of Delivery. Based on an assessment, the program is customized to meet the specific needs of the BSO group.

Principles of adult learning are applied in all aspects of the training/development program:

- Opportunities to reinforce direct instruction in participatory ways (practical workplace scenarios and group learning to practice, master and integrate new skill sets)
- Training will be goal oriented, focused on building practical-based capacity in communication, relationship building and conflict management competencies

Teachers/Trainers Have combined 30+ years of experience working with organizations to develop individual and group communication skills and respectful, supportive work environments Bring certification, experience and training in the fields of conflict and change management and communications.

We have worked with human and health service organizations, both large and small, including a hospital with a staff of 3,000 to regional and long term care facilities with smaller staffing.

Length of Training

- Half day, one day or two day workshops or 90 minute coaching sessions (via phone or Skype)

Cost per Services

For more information, contact: kpopaleni@respectfuldirections.com

Other Partners - BSO Program in HNHB LHIN – contact tjohnson@sjv.on.ca

Contact information

Katherine Popaleni T. 905.975.2990 E.kpopaleni@respectfuldirections.com

www.respectfuldirections.com

Cognitive Assessment Training Workshop

GETTING IT RIGHT!

Regional Geriatric Program central

Education Initiative

A practical workshop enhancing the use of cognitive assessment tools for the elderly.

BSO Target Population

Older Adults, Dementia, Mental Health, Caregivers

BSO Core Competencies

Knowledge, Person, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Team Building, Standardize use of tools to promote better care

Brief Description

This workshop will allow participants to engage with geriatric experts, including members of the Division of Geriatric Medicine and participate in small interactive groups. They will understand when and why to use cognitive assessment tools (i.e., screening for dementia, depression, responsive behaviours) and have insight into balancing the scientific and ethical considerations related to the use of clinical tools. After completing this workshop, participants will be able to use cognitive assessment tools in a standardized and consistent manner.

Target Learner

Front line health care professionals working with the elderly who use cognitive assessment tools in their clinical practice including: Physicians, RNs, RPNs, APN, OT, PT, SLP, Social work, and others who use cognitive assessment tools in clinical practice.

Method of Delivery

Workshop format with multi-educational strategies to meet the various learning styles of front-line, point-of-care staff. Course content is implemented via role play, focus/small groups, didactic mini-lectures, experiential exercises, case studies and video clips.

Teachers/Trainers

Geriatricians, CNS, PRNs, PRCs, Allied Health

Length of Training

One day (7.5 hours)

Cost Per Participant

Fee: \$150.00

Other Partners

Regional Geriatric Program central
Division of Geriatric Medicine, McMaster University

Contact

Regional Geriatric Program central: Education Coordinator, Anisha Chohan at 905-777-3837 ext. 12436 or email chohana@hhsc.ca. Visit www.rgpc.ca for more information.

Geriatric Assessment Training Program

Regional Geriatric Program central

Education Initiative

A two-day educational workshop for professionals who are NEW to the field of geriatric care.

BSO Target Population

Older Adults, Dementia, Mental Health, Caregivers

BSO Core Competencies

Knowledge, Person, Clinical Skills, Field Based Quality Improvement and Knowledge Transfer, Change Management Skills, Leadership Facilitation Coaching and Mentoring, Collaboration and Communication, Professional and Work Ethics

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Monitoring & Collaborative Management, Debriefing and Identifying Preventative Strategies, Team Building

Brief Description

This workshop will allow participants to enhance clinical knowledge of the unique needs of the elderly, including those with complex health problems including patients/clients presenting with responsive behaviours. It will increase clinical knowledge of common geriatric syndromes and principles of care. Participants will acquire the skills necessary to perform an in-depth multidimensional geriatric assessment and improve their understanding of who may benefit from specialized geriatric services.

Target Learner

Healthcare professionals working with the elderly who are NEW to the field of geriatric care or who have not had formal geriatric training. This workshop is recommended for professionals and students.

Method of Delivery

Workshop format with multi-educational strategies to meet the various learning styles of front-line, point-of-care staff. Course content includes case studies, targeted presentations with “pearls” of practice and opportunities for Q and A with each speaker.

Teachers/Trainers

Speakers include: Geriatricians, CNS, PRNs, PRCs, Allied Health

Length of Training

Two day workshop

Cost Per Participant

Fee: \$250.00

Other Partners

Regional Geriatric Program central
Division of Geriatric Medicine, McMaster University

Contact

Regional Geriatric Program central: Education Coordinator, Anisha Chohan at 905-777-3837 ext. 12436 or email chohana@hhsc.ca. Visit www.rgpc.ca for more information.

Section 2: Health & Safety Training Programs

Education Initiative

Toolkit for newcomers on OHS and workers' compensation

BSO Target Population

Caregivers

BSO Core Competencies

Knowledge, Professional and Work Ethics

BSO Service Functions

Workers in any service function with limited knowledge of their Occupational Health and Safety / Workplace Safety and Insurance Act rights

Brief Description

The Toolkit for newcomers on Occupational Health and Safety and workers' compensation was designed for settlement agencies and others to teach newcomers to Ontario about rights and responsibilities related to occupational health and safety (OHS), and workers' compensation (WC).

The toolkit contains everything needed to deliver instructional sessions on these two topics within an Ontario context: sample lesson plans and slide show presentations for workshop leaders, as well as handouts for participating newcomers. While designed for delivery to newcomers, the information in the toolkit may be of value to vulnerable workers more generally.

Target Learner

Newcomers to Ontario or workshop leaders involved in informing newcomers about OHS and WC rights and responsibilities.

Method of Delivery

The toolkit is available for free download from the IWH website at <http://www.iwh.on.ca/pbm>.

The toolkit includes handouts for newcomers, guides for workshop leaders, and presentation slides.

Contact information

Institute for Work & Health:

416-927-2027 ex 2110

www.iwh.on.ca

Length of Training

Approximately 2 hours to present both the OHS and WC information.

Cost Per Participant

No cost to download the toolkit.

PSHSA Developing a Workplace Violence Prevention Program Education Series

Education Initiative

Preventing Client Aggression/Responsive Behaviours Through Gentle Persuasive Approaches (GPA) (Book 4)

BSO Target Population

Dementia, Responsive Behaviours

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Clinical Skills, Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issue, Assessment and Care Planning, Debriefing and Identifying Preventative Strategies

Brief Description

The overall goal of this workshop is to guide long-term care homes in the development of a program infrastructure to sustain the GPA curriculum.

This workshop employs a variety of tools and sample procedures.

The program infrastructure was designed to complement existing resident care strategies and systems. It integrates the MOHTLC Resident Care Standards, the College of Nurses of Ontario standards and practice guidelines, and Ontario health and safety legislation.

Target Learner

Program lead and the multidisciplinary committee charged with the responsibility for the development/implementation of the Preventing Client Aggression program.

Suggested committee members include: senior management, educators, clinicians, all levels of staff (e.g., RNs, RPNs, PSWs, HCAs), staff trained in P.I.E.C.E.S. and U-First!

Method of Delivery

Workshop format with multi-educational strategies—including large and small group discussions, experiential exercises and didactic mini-lectures—to meet the various learning styles of all attendees

Teachers/Trainers

PSHSA Consultants Contact PSHSA Regional Consultant or our head office:
416-250-7444 or 1-877-250-7444

Length of Training

One day (7.5 hours)

Cost Per Participant

On site courses:

Full day: \$110 per person plus HST (minimum 10 people)

Regional courses:

Full day - \$150 per participant

Other Partners in Delivery

This workshop was designed as a result of the partnership between PSHSA and the Continuing Gerontological Education Cooperative, author of the GPA

PSHSA Developing a Workplace Violence Prevention Program Education Series

Education Initiative

Implementing a Workplace Violence Prevention Program (Book 1)

BSO Target Population

Older Adults, Dementia, Mental Health, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Person Centred Care Delivery, Field Based Quality Improvement and Knowledge Transfer, Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Acute Episode / Urgent Care, Assessment & Care planning, Debriefing and identifying preventative strategies

Brief Description

The overall goal of this workshop is to guide community and health care organizations in the development of a workplace violence prevention program that addresses all forms of workplace violence except for client aggression (see Book 4).

This workshop employs a variety of tools and sample procedures.

Target Learner

Program leader and the multidisciplinary committee charged with the responsibility for the development/implementation of the Workplace Violence Prevention program. Suggested committee members include: senior management, educators, all levels of staff, JHSC and union representatives, human resources personnel.

Method of Delivery

Workshop format with multiple educational strategies including small group discussions, didactic mini-lectures, experiential exercises

Teachers/Trainers

PSHSA Consultants

Contact PSHSA Regional Consultant or our head office:

416-250-7444 or 1-877-250-7444

Length of Training

One day (7.5 hours)

Cost Per Participant

On site courses:

Full day: \$110 per person plus HST (minimum 10 people)

Regional courses:

Full day - \$150 per participant

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA Developing a Workplace Violence Prevention Program Education Series

Education Initiative

Developing Crisis Prevention and Communication Strategies (Book 2)

BSO Target Population

Older Adults, Dementia, Mental Health, Addictions, Neurological Conditions, Responsive Behaviours, Caregivers

BSO Core Competencies

Knowledge, Clinical Skills, Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Debriefing and Identifying Preventative Strategies

Brief Description

This education session is designed to provide staff with skills in recognizing and responding to stages of violence. This session focuses on effective communication strategies and addresses strategies to support staff following violent incidents.

Target Learner

Management and all front-line staff

Method of Delivery

Workshop format with multiple educational strategies including role plays, small group work, didactic mini-lectures, experiential exercises

Teachers/Trainers

PSHSA Consultants

Contact PSHSA Regional Consultant or our head office:

416-250-7444 or 1-877-250-7444

Length of Training

Half day (3.5 hours)

Cost Per Participant

On site courses:

Half day: \$70 per person plus HST (minimum 10 people)

Regional courses:

Full day - \$100 per participant

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA Developing a Workplace Violence Prevention Program Education Series

Education Initiative

Developing Human Resource Strategies For Managing Workplace Violence (Book 3)

BSO Target Population

Caregivers

BSO Core Competencies

Knowledge, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Debriefing and Identifying Preventative Strategies

Brief Description

This education session focuses on the prevention of violence among employees and provides strategies for dealing with all forms of harassment, domestic violence, threats, weapons in the workplace and hiring and termination practices.

Target Learner

Management, human resources personnel

Method of Delivery

Workshop format with multiple educational strategies including role plays, small group work, didactic mini-lectures, experiential exercises.

Teachers/Trainers

PSHSA Consultants

Contact PSHSA Regional Consultant or our head office:

416-250-7444 or 1-877-250-7444

Length of Training

Half day (3.5 hours)

Cost Per Participant

On site courses:

Half day: \$70 per person plus HST (minimum 10 people)

Regional courses:

Full day - \$100 per participant

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA Workplace Violence Prevention Education

Education Initiative

Workplace Violence Prevention in Health and Community Care DVD

BSO Target Population

Caregivers

BSO Core Competencies

Person Centred Care Delivery, Clinical Skills, Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Assessment and control of workplace violence risks in the community

Brief Description

This DVD, funded by the Ministry of Health & Long-Term Care, was revised in 2010, to include the amendments to the OHS Act and additional information on domestic violence. It encourages organizations and their employees to adopt the belief that violence is not part of the job. The DVD defines workplace violence and provides examples of violence types that may be encountered. There are specific modules for acute care, long-term care and community care. Downloadable resources in the Prevention Tools section of the DVD enable organizations to conduct an effective risk assessment and empower individuals to implement control measures that will minimize the impact of workplace violence.

Target Learner

Managers/ Supervisors, employees, JHSC

Method of Delivery

DVD

Teachers/Trainers

Self Directed

Length of Training

DVD Running time 65 minutes

Cost Per Participant

\$30.00 each

This DVD is available to purchase by license for use on your intranet upon request. Please Contact Head Office to purchase a license @ 416-250-7444

Member One Site: \$200.00

Member Multi Sites: \$300.00

Non-Member- within Ontario: \$600.00

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA Workplace Violence Prevention Education

Education Initiative

Assessing Violence in the Community: A handbook for the workplace

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Assessment and Care Planning, Assessment and Control of Workplace Violence Risks in the COmmunity

Brief Description

This handbook provides practical tools on assessing the risk for violence, communicating with potentially violent clients, safe travel and an employee hazard checklist.

The up-front planning that a community care organization and the care provider completes for the provision of care to clients in the community is critical to ensuring employee safety. Based on the PSHSA booklet “Assessing Violence in the Community: A Handbook for the Workplace”, the following tools guide you through the assessment of three elements that should be considered in the planning process:

- Pre-visit Assessment – An assessment of a client and home prior to a visit (to be completed by the supervisor or case manager prior to the first visit)
- Pre-Travel Assessment – An assessment of the geographical region and travel route (to be completed by the supervisor prior to first visit)
- Worker Home/Community Hazard Assessment – An assessment of the environment and client during the visit (to be completed by the employee at the first visit)

Target Learner

Managers/ Supervisors, employees, JHSC

Method of Delivery

Self Directed with on line assessment tools

Teachers/Trainers

Self Directed

Cost Per Participant

Free download from PSHSA website- www.pshsa.ca Or purchase for \$7.50 each

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA Workplace Violence Prevention Education

Education Initiative

Assessing Violence in Acute Care or Long Term Care Facilities E-tool

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Assessment and Care Planning, Assessment of the physical environment and clinical workplace violence program,

Brief Description

Violence or harassment in the workplace is an issue that can touch all business sectors and occupations. Customers, clients, patients, residents, friends, family members, or other workers may assault workers while they are working. Employers need to prevent and control workplace violence, whenever it may occur. In Ontario, the *Occupational Health and Safety Act* requires employers to assess the risks of workplace violence as often as necessary to ensure their policy and program protects workers from workplace violence and to put in place measures and procedures regarding workplace violence and workplace harassment. It is recommended that a violence risk assessment be completed at least annually. A copy of the assessment must be provided to the Joint Health and Safety Committee (JHSC). The Health Care and Residential Facilities Regulation requires consultation with the JHSC or Health and Safety Representative (HSR) to develop establish and implement measures, procedures and training and educational programs for health and safety. This Workplace Violence Risk Assessment Tool has been developed to assist Ontario hospitals and Long Term Care facilities to meet these requirements

Target Learner

Managers/ Supervisors, employees, JHSC

Method of Delivery

Self Directed web tutorial with on line assessment tools

Teachers/Trainers

Self Directed

Cost Per Participant

Free download from PSHSA website- www.pshsa.ca

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA General Health and Safety Training

Education Initiative

Community Care: A Tool to Reduce Workplace Hazards

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Assessment and Care Planning, Hazard Assessment in the Community

Brief Description

The community sector can be an unpredictable place to work. Moving from one client home to another, your workplace is always changing. PSHSA, in partnership with the Ontario community Support Association and St Clair West Services for Seniors has developed a tool that outlines the common hazards present in the home care environment and suggests ways to control these hazard at the worker, employer and system level. Attend a half-day session to learn how to use this tool to: Recognize hazard that might cause a workplace injury, or complete the training online. Decide what to do to control the hazard. Know when and what to tell your supervisor.

The hazard categories include: Musculoskeletal Disorders, Slips/Trips and Falls, Driving, Workplace Violence, Infectious Diseases, Fire and Emergencies, Chemicals and Kitchen hazards.

Target Learner

CCAC, Employer, Supervisor/Manager and Frontline worker

Method of Delivery

Handbook and video shorts

Teachers/Trainers

In class or Self Directed

Length of Training

Half day

Cost Per Participant

On site courses:

Half day: \$70 per person plus HST (minimum 10 people)

Regional courses:

Half day: \$100 per participant

Tool and Videos

Free download from PSHSA website- www.pshsa.ca

Or purchase for \$5.00 each

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA General Health and Safety Training

Education Initiative Effective Leadership Series

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Health and Safety Legislation and Roles and Responsibilities for Managers and Supervisors

Brief Description

Effective Leadership's five resource manuals and educational programs, plus a sixth educational program for executives, will equip today's health care professionals with the essential knowledge and skill to implement a culture of health, safety and wellness in their organization.

Elements of the *Effective Leadership* program:

- Book one - *Legislation, Standards and Codes*
- Book two - *The Internal Responsibility System and Due Diligence*
- Book three - *Hazard Awareness and Control*
- Book four - *Incident/Event Causation and Investigation*
- Book five - *Practical Approaches to Effective Leadership: Moving Beyond Compliance*
- *Effective Leadership for Executives*- Educational program only

Target Learner

Supervisor/Manager and JHSC members

Method of Delivery

Workshop format with multiple educational strategies including small group discussions, didactic mini-lectures, experiential exercises.

OR Self Directed with Resource Manual

Teachers/Trainers

PSHSA Regional Consultant

Length of Training

Each program is a Half Day

Cost Per Participant

On site courses:

Half day: \$70 per person plus HST (minimum 10 people)

Regional courses:

Half day: \$100 per participant

Resource Manuals

\$35.00 each

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA General Health and Safety Training

Education Initiative

Roles and Responsibilities in Occupational Health and Safety

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Identification and Reporting of Workplace Hazards

Brief Description

Designed to assist workplace parties to better understand their roles and responsibilities in terms of occupational health and safety and promote the internal responsibility systems. Appropriate for all employees. By the end of the course participants will understand the Internal Responsibility System (IRS), due diligence, the legislative rights and responsibilities of workplace parties and how to maintain a safety culture.

Target Learner

Supervisor/Manager and Frontline worker

Method of Delivery

Workshop format with multiple educational strategies including small group discussions, didactic mini-lectures, experiential exercises
Or Resource Manual

Teachers/Trainers

PSHSA Regional Consultant

Length of Training

Half Day

Cost Per Participant

On site courses:

Half day: \$70 per person plus HST (minimum 10 people)

Regional courses:

Half day: \$100 per participant

Resource Manuals

\$20.00 each

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA General Health and Safety Training

Education Initiative Effective Joint Health and Safety Committees

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Roles and Responsibilities of Joint Health & Safety

Brief Description

Designed to provide members of the joint health and safety committee (JHSC) with the necessary information to operate effectively and address workplace health and safety issues with knowledge and confidence. By the end of the course, participants will have the knowledge of their roles and responsibilities as committee members.

Target Learner

JHSC members

Method of Delivery

Workshop format with multiple educational strategies including small group discussions, didactic mini-lectures, experiential exercises
Or Resource Manual

Teachers/Trainers

PSHSA Regional Consultant

Length of Training

Half Day

Cost Per Participant

On site courses:

Half day: \$70 per person plus HST (minimum 10 people)

Regional courses:

Half day: \$100 per participant

Resource Manuals

\$31.25 each

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA General Health and Safety Training

Education Initiative

First Steps in Health and Safety: Orientation for New Employees

BSO Target Population

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Prevention and Early Detection of Issues, Awareness of Workplace Hazards and Employee Responsibility

Brief Description

This informative DVD provides an overview of the hazards present in the health and community care sector, including: client handling and manual lifting; slips, trips and falls; workplace violence and client aggression; exposure to infectious diseases; hazardous chemicals and motor vehicle incidents. It also provides information on the joint health and safety committee and/ or health and safety representative.

Target Learner

Supervisor/Manager, Frontline worker and JHSC members

Method of Delivery

DVD

Teachers/Trainers

Self Directed

Length of Training

18 minutes

Cost Per Participant

DVD

\$50.00 each

This DVD is available to purchase by license for use on your intranet upon request. Please Contact Head Office to purchase a license @ 416-250-7444

Member One Site: \$400.00

Member Multi Sites: \$600.00

Non-Member- within Ontario: \$1200.00

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444

PSHSA General Health and Safety Training

Education Initiative Hazard Specific Training

BSO Target Population

Caregivers

BSO Core Competencies

Prevention and Self Management, Collaboration and Communication

BSO Service Functions

Identification and Control of Workplace Hazards

Brief Description

A full list of PSHSA regional workshops, certification training and information sessions is available on our [training pages](#), or you can check our e-store for [upcoming sessions](#) in your region. We regularly offer Webinars on a range of topics – you'll find them on our [e-store](#). If you want to book an onsite training session in your region, contact your Regional Consultant.

PSHSA has [DVDs](#) on everything from Workplace Violence to WHMIS, and a range of [booklets, posters and resource manuals](#) on key hazards. We have health and safety [orientation for new workers](#) and [ready-made forms](#), such as our employee incident report forms that you can implement in your organization. We also have more than 100 [free downloads](#) for healthcare employers and workers.

Hazard Specific programs and resources are available for:

- client handling and manual lifting;
- ergonomics
- slips, trips and falls;
- workplace violence and client aggression;
- exposure to infectious diseases;
- respiratory protection;
- hazardous chemicals (WHMIS and Consumer products);
- motor vehicle incidents
- indoor air quality and
- early and safe return to work.

Contact

Your regional PSHSA consultant or our Head Office at 416-250-7444 or 1-877-250-7444