

Tri-Stage Interprofessional Learning Experience on Aging (TILEA): A Curriculum for Interprofessional Learning Activities in the Context of Care for Older Adults

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Background to Development

The rapid growth of the aging population in Canada has led to an increase in the need for health and social services, in particular, the necessity for training healthcare professionals to understand the specific needs of elderly patients (Institute of Medicine, 2008). Currently, the education curricula for many health professional programs do not include a geriatrics core component, resulting in a lack of exposure to this population. Providing the knowledge and skills to care for older adults across all disciplines is recommended as a national priority in order to promote delivery of comprehensive interprofessional care that addresses the complex needs of this population (National Seniors Strategy, 2015).

Interprofessional education (IPE) occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (CAIPE, 1997). The CIHC National Interprofessional Competency Framework (2010) offers a list of competencies recommended for incorporation into learning programs, namely interprofessional communication, patient-centred care, role clarification, team functioning, collaborative leadership, and interprofessional conflict resolution. According to the Partnership for Health and Aging Workshop on Interdisciplinary Team Training in Geriatrics (2014), the complex health problems of older adults can require the expertise of multiple health professionals and a coordinated approach to care by a team including health professionals, the family and other caregivers. The care provided by an interdisciplinary team can improve the continuity and quality of care, improve health outcomes, and lower costs (Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics, 2014).

Tullo (2015) proposed that interprofessional practice could enhance the care of older adults, from an individual level affecting the attitudes of clinicians to a global level impacting policy makers. Furthermore, promoting positive experiences with elderly patients during training can increase the number of health professional students interested in working with the geriatric population (Fitzgerald et al., 2003).

The Tri-Stage Interprofessional Learning Experience on Aging (TILEA) was developed in 2014 by an interdisciplinary team of faculty within the Faculties of Health Sciences and Social Science at McMaster University as an optional extracurricular activity to address the gap in learning opportunities in geriatric care. This curriculum was designed to:

- increase the opportunities for interdisciplinary teaching and learning that addresses the care of older adults with documented outcomes,
- promote active engagement/partnership with community members / organizations and teaching hospitals,
- foster knowledge, skills and attitudes that enable students to more successfully collaborate in patient-centered care teams with older clients,

- address the use of community mentors in advancing communication skills and promoting positive attitudes about working with older clients, and
- address the use of additional student-driven learning objectives with a mentor that can be added to existing clinical placements/electives.

Previous studies have described programs that address geriatric skills (Duque et al. 2013; Fitzgerald et al., 2003; Gray & Walker, 2015; Solberg et al., 2015) yet few have incorporated opportunities that enable students to interact with members of the community. The TILEA Program provides students with the opportunity to interact with older adults within small group settings (Stage 1) and individually (Stage 3). For example, in Stage 1, students can gain perspectives from older adults living in the community (i.e., Health Mentors) who have lived experiences of navigating the health care system as patients, and first-hand experience with aging. Older adults are seen to be teachers and experts in aging (Stewart & Alford, 2006). Health Mentors have previously been used in longitudinal IPE programs in Canada (Ruitenbergh & Towle, 2015; Towle et al., 2014) and the United States (Arenson et al., 2015). These personal encounters enable students to practice communication skills, share perspectives, and receive immediate feedback from community members. Purposeful partnership with community mentors and patients and faculty in affiliated teaching hospitals foster community-engaged education that instills the value of patient-centered care to learners. As a result, this curriculum moves beyond learner-centered pedagogy and towards patients-centered IPE.

Our evaluation data indicate that longitudinal learning experiences are highly valued by students when they can be individualized and contextualized through practical applications. Partnering with older adults from the community who serve as Health Mentors in Stage 1 and with experienced healthcare professionals who serve as health professional mentors in Stage 3, facilitates IPE opportunities that are well integrated within both didactic and clinical learning environments. In the evaluation of the TILEA Program, there is evidence that TILEA was feasible and well received by the students. Furthermore, there have been significant improvements noted in students' attitudes upon the completion of both Stage 1 and Stage 2. These changes were evaluated (Woo et al., 2016) using two standardized measures commonly used in geriatric education programs, namely the Aging Semantic Differential (Polizzi, 2003) and the Geriatric Attitude Scale (van Zuilen, 2015). A manuscript describing the evaluation of all three stages of TILEA is currently under development.

TILEA, a three-stage interprofessional learning experience, utilizes a range of educational methods to advance the knowledge, skills and attitudinal competencies required by health professional students providing care for older adults.

TILEA Learning Objectives

1. Communicate with older adults using a client (patient)-centered approach that embodies empathy, autonomy and respect, encourages active participation in decision-making and avoids stereotypes of age, dependency, and incompetence. (Stages 1 and 3)
2. Actively listen to other team members, ensure common understanding of care plans, demonstrate respect for all team members, including older adults and their informal caregivers, as appropriate. (Stages 1-3)
3. Optimize the environment for dignity, privacy, engagement and safety, adapting to the unique preferences of each older adult. (Stages 1 and 3)
4. Work with other team members and use appropriate communication skills to enable older adults and their informal caregivers (as appropriate) make informed decisions about their health. (Stage 3)
5. Recognize and respect the diversity and interdependence of other health and social care professionals, and their roles, responsibilities and competencies in disease prevention, health promotion and health surveillance for older adults. (Stages 1-3)
6. Recognize common situations that are likely to lead to conflict, establish a safe environment in which to express diverse opinions and engage self and others, including the older adult and informal caregivers (as appropriate) in positively and constructively addressing disagreements as they arise. (Stages 1-3)

*Adapted from CanMEDS 2015 and
Canadian Interprofessional Health Collaborative
National Interprofessional Competency Framework*

The TILEA curriculum presented here is for educators in the Faculty of Health Sciences and Social Sciences, and beyond. The details of this curriculum can be useful to educators who aim to expand their current education programs through the integration of additional learning opportunities that can foster and increase the knowledge, skills and attitudes of students working with older adults. This curriculum has been designed and implemented by an interdisciplinary team comprised of faculty and students. The curriculum includes details of each of the three stages of TILEA, recognizing that educators may select some aspects of the curriculum and adapt it to suit the required competencies or learning objectives of their respective programs.

Curriculum Overview

The curriculum is a three-part series of extra-curricular interprofessional learning experiences. It was designed by an interdisciplinary faculty to enable students to gain new knowledge and skills regarding the care of older adults, with the potential to improve attitudes towards working with older adults in the process.

Students and faculty can be recruited from various health professional programs (e.g., medicine, nursing, occupational therapy, physiotherapy, and physician assistant). This learning experience covers all three IPE activities: Exposure, Immersion and Mastery. (See Appendix 1 for the Information Sheet for students, Appendix 2 for the description of the PIPER IPE Activities.) Community members can be recruited to act as *Health Mentors* through advertising in local community seniors' groups. The participation of community members as Health Mentors is integral in advancing communication skills and promoting positive attitudes regarding working with older clients (Stage 1). Health professional mentors, who may be clinicians or faculty members, play a critical role in Stage 3 where they help the students meet learning objectives within an existing clinical placement, medical elective, or self-directed extracurricular activity.

Over the course of 12 months, students have the option to participate in Stages 1, 2 or 3. In order to participate in Stage 3, the student has to complete both Stages 1 and 2. Certificates are issued on completion.

Stage 1 – Engaging with Older Adults: Listening to their Life Stories

This half-day interdisciplinary workshop provides an experiential learning opportunity in an interprofessional setting where health professional students are introduced to effective interviewing skills with a *Health Mentor*, i.e., a community-dwelling older adult. Through semi-guided conversations students practice their newly acquired skills and feedback from the Health Mentor and a faculty-facilitated debriefing session helps reinforce and share learning.

Uniqueness of Stage 1: Health Mentors can be used to help prepare students to communicate effectively with older adults by giving them the opportunity to informally discuss a range of topics relevant to healthcare, thus gaining comfort with aspects of the interview process, and in communicating with individuals from an older generation. The exchange of immediate feedback between the students and Health Mentors can assist with the integration of these newly acquired interviewing skills. Furthermore, the students are also provided with the opportunity to reflect upon and discuss the experiences with faculty, which helps to synthesize the learning.

Stage 2 – Exploring Approaches Pertaining to Older Adults and Health: Learning Assessment and Intervention Skills

Students are immersed in a one-day interdisciplinary workshop that includes a range of small and large group sessions where they are exposed to a spectrum of common health issues specific to older adults such as falls prevention, and the management of dementia and delirium. In 2018, the topics covered were polypharmacy, cultural competency in geriatrics, elder abuse, and falls in older adults.

Uniqueness of Stage 2: This annual workshop is organized by faculty and members of the McMaster Interprofessional Geriatrics Student Interest Group. This Group is one of 13 student geriatric interest groups across the country under the umbrella of the National Geriatric Interest Group, whose stated mandate is to create Canada-wide education initiatives in the field of aging. Dr. Tricia Woo, a faculty member in the Department of Medicine, has taken a leadership role in supporting and facilitating this student initiative.

Stage 3 – Applying Skills: Making a Difference in Clinical Practice

Students undertake an extra-curricular self-directed learning activity where they can apply the learning acquired in Stages 1 and 2 with their clinical practice environments. Students are matched with a mentor (who may be from the same or another professional discipline) whose role it is to assist students in the development and completion of personalized learning objectives related to geriatric care.

Uniqueness of Stage 3: This learning activity provides a number of unique opportunities, specifically targeting the students' areas of interest. Students identify their learning objectives, which could be related to acquiring new knowledge, skills or attitudes and gaining interprofessional collaboration skills. Students are matched with a health professional mentor from the same or another discipline. There was flexibility in the way the health professional mentor and student communicate; in some instances, the mentor and the students met in person; in other instances, the mentor and the student communicated over the phone or used web-based technology. While this learning activity was conducted as an extra-curricular one, there is potential for incorporation into existing clinical placements, and there is the potential for it to evolve into a group discussion where a health professional mentor leads a discussion with students from the same or different disciplines.

Curriculum Evaluation

Qualitative and quantitative data were used to evaluate the impact of the TILEA learning activities. Changes in students' attitudes were monitored using two measures: the Aging Semantic Differential (Polizzi 2003) and the Geriatric Attitude Scale (van Zuilen, 2015). Additional data was obtained through both written and verbal feedback, including an in-depth debrief in interprofessional focus groups and interviews with both students and the Health Mentors in Stage 1 and through interviews and reflective writing with the learners in Stage 3.

Stage One – Engaging with Older Adults: Listening to their Life Stories

Research on implementing interprofessional training on gerontology has been motivated by concerns that include a general lack of interest, presence of negative attitudes, and inexperience working with older adults amongst health professional students. Some of these attitudes stem from negative stereotyping and insufficient knowledge of health-related issues experienced by older adults (Gray & Walker, 2015).

Experiential learning initiatives are one way to promote positive experiences by partnering with dedicated older adults to act as informal health educators for students. The role of older adults from the community as informal health profession educators has been described as Health Mentors (Stewart & Alford, 2006). They can help students become competent in patient-centered care, facilitate learning around social determinants of health and foster effective communication skills by providing valuable patient perspectives for students (Ruitenberg & Towle, 2015).

Learning Objectives

At the end of the workshop, students will be able to:

1. Share information with and informally interview older adults,
2. Reflect upon similarities and differences in communications with older adults (65 years or older) versus persons from other age groups,
3. Discuss professional roles in the care of older people, and
4. Reflect on the differences between interviewing styles and questions grounded in professional roles of the students.

Audience

- Students from any health professional program
- More suitable for entry level students
- Ideal for an interdisciplinary group, but also could be implemented within an individual professional program

Learning Activities and Format

This multi-modal workshop consists of an introductory interactive large group didactic session and two opportunities for discussions among a pair of students with an older adult Health Mentor, followed by debriefing sessions for both the students and Health Mentors, and a lunch for all participants (which is optional).

In the first interview session, students focus on asking the Health Mentor broad questions about their life and experiences with healthcare professionals and the healthcare system to enable the student to gain comfort in speaking with (i.e., interviewing) an older adult. In the second interview session, the students have the opportunity to delve more deeply into questions about their experiences with their own health and health beliefs, etc.

Students are paired with a student from a different health profession discipline. One community Health Mentor is needed for each student pair.

Practical Issues for Implementing the Workshop

Recruitment of Students and Health Mentors

Recruitment of students is through formal or informal program or student-centered communication networks (Appendix 3). Student pre-registration is required to facilitate the preparation for the workshop. Since cancellations may occur, it is recommended to add a wait list of students who can attend within 24-48 hours notice. Within the recruiting material, we suggest the experience is framed in terms of the anticipated outcomes relevant to their future roles, e.g., gaining skills in communicating with and interviewing older adults, listening to and exploring life experiences and stories of older adults, gaining experience in giving and receiving constructive feedback from peers.

Recruitment of Health Mentors living independently in the community can be accomplished through a variety of avenues, including community seniors' groups, faculty and staff networks (Appendices 4 & 5). The recruitment of additional Health Mentors is recommended in order to be prepared in the event of any cancellations. It is important to offer assistance to Health Mentors with transportation or mobility challenges and offer some opportunity to socialize with the other Health Mentors.

Expenses included small tokens of appreciation for the health mentors e.g., gift cards), provision of refreshments, and faculty and staff time for planning and implementation.

Student Participation in Hosting Event

As part of TILEA, a group of interdisciplinary faculty members worked together with students from the McMaster Interprofessional Geriatric Student Interest Group, to develop and implement the workshop.

The students participated in the preparation of resource materials, greeted and oriented Health Mentors, and participated as scribes in debriefing discussions with students and Health Mentors.

Space requirements

- Two large group rooms, one for students, one for Health Mentors
- Several breakout rooms, one for each pair of students and the Health Mentor
- Room for refreshments/lunch (optional)

Preparation

There is potential to include online resource materials for before or after the workshop. Pre-reading materials could also be distributed. Letters confirming student enrolment can be distributed (Appendix 6).

Agenda

Half-day workshop: 3 hours

STAGE 1 – SAMPLE AGENDA			
Room	Time	Student	Health Mentor
2 - Large Group room	9:00 – 9:30	Registration Light refreshments Introduction/Review of session Icebreaker activity	
Room for students equipped with AV (ie., .ppt)	9:30 – 9:55	Orientation for the students - Communication Skills for Older Adults Students get to know partner and plan the interview together	Health Mentors arrive. Health Mentors gain familiarity with the learning space and review session objectives and agenda. Refreshments provided
	9:55 – 10:00	Travel to interview rooms	
Breakout rooms	10:00 - 10:25	Interview #1 Student Pairs meet with first Health Mentor	
Common Space	10:25 – 10:45	Break Student Pairs prepare to meet with the second Health Mentor	
Breakout rooms	10:45 – 11:10	Interview #2 Student Pairs meet with the second Health Mentor	
Common Space	11:10 – 11:30	Break and reassemble as a large group	
Large Group Room	11:30 – 12:00	Large group student debrief with instructors, student note takers Reflect upon learning	Health Mentor debrief with faculty, student note takers

AGENDA – Details

Introduction: This presentation addresses the impact of aging on communication abilities and offers strategies to communicate professionally and respectfully with older adults. This session can involve a facilitated large group discussion and role-playing activities. Sample agendas for the students (Appendix 7) and Health Mentors (Appendix 8) are provided.

Preparation for Interview #1

In preparation for meeting the first Health Mentor, the students first meet together.

- a) The students share an introduction and summary of their professional interests/role when working with older people, and review the interview script in preparation for meeting the Health Mentor.

Draft script for use with Health Mentors.

Students may edit or add questions, based on their personal and professional experiences and interests, and they may identify which individual will ask each question.

Students introduce themselves

Students should initially introduce themselves and briefly describe their professional roles when working with older people. Students will explain they will be asking a range of questions to gain experience and comfort in speaking with other people like them. Health Mentors must be reminded that they can refuse to answer any questions they feel uncomfortable or unable to answer.

It is very important that students are aware of ethical principles and ensure confidentiality and privacy of the Health Mentors and the information they share.

Potential questions to Health Mentors

Can you tell me about:

- Your current living situation and your life in general
 - living with a partner / living alone?
- Your occupation and employment –
 - current and past paid work?
- Your leisure and recreation activities –
 - What do you do for fun or pleasure?
 - How do you spend your holidays?
- Your living environment –
 - community characteristics – parks, nature, urban, rural?
- Your social interactions and support systems
 - friends, family, pets?
 - Do you belong to any groups or clubs?

Do you need help or assistance from anyone to accomplish any activities?

- Drive to appointments
- Help around the house / yard work

Are you providing support or assistance to anyone?

- Spouse / adult child / relatives / friends

What are your experiences with the healthcare system?

- Illnesses, personal or as a caregiver
- Visits to health professionals

Have you even interacted with a [health professional from the student's profession]?
If so, please tell me about that experience.

- How did the practitioners make you feel comfortable?

Would you be comfortable sharing your cultural beliefs around healthcare?

Additional questions:

- What do you think would be important for me to know, or to learn about, as part of my training to become a caring health professional,
- What issues are important to consider when I provide care to older people.

Interview #2 – Interview with 2nd Health Mentor

This interview, designed to build upon the experiences in the first interview, has a greater focus on health care. Prior to the interview, students will be given a short period of time to review and revise the questions according to their personal and professional experiences and interests.

Introductions

Students introduce themselves and explain to the Health Mentor they will be asking a range of questions to gain experience and comfort in speaking with older people like them, particularly in the context of giving and receiving healthcare. Health Mentors must be reminded that they can refuse to answer any questions they feel uncomfortable or unable to answer.

Can you tell me about your experience (good or bad) with healthcare providers?

What do you think it would be important for me to know, or to learn more about, as part of my learning to become a caring health professional, and particularly when thinking about what things are important when I provide care to people?

Have you had experience using complimentary therapies (e.g., acupuncture, Reiki, naturopathy, etc.)?

Can you share with me any personal observations about stigma or ageism?

- Can you think of a time where someone has treated you differently because you are older?
- Can you think of an instance where this may have happened to a friend or family member?

How important do you think it is to have others around your (e.g., family, friends)?

- Who are the people you can call on for help or assistance?
- Who are the people you can call on for leisure or recreation activities?

What are your personal views on intimacy?

Can you share with me your views of death and dying?

- What are your views on end-of-life care?

What do you generally consult when you have a health-related question?

- Do you use the Internet to answer health-related questions?

Additional questions are provided in Appendix 9.

Group Debriefing Session

Two separate debriefing sessions led by faculty are held with the students (Appendix 10) and Health Mentors (Appendix 11) after the second interview session. In this session, the students and Health Mentors are asked to discuss the process and experiences, and to provide feedback for future sessions. Students can act as recorders.

Measuring Outcomes with the Students

- Aging Semantic Differential (Polizzi, 2003)
- Geriatric Attitude Scale (van Zuilen, 2015)
- Generic or specific feedback questionnaires

Operational Issues

- Recruitment of Health Mentors could be conducted as an interprofessional activity among faculty.
- Standardized patients could be used – if they are older adults, they can act as themselves.
- Incorporating online resources as workshop preparation or during the introductory session should be considered.
- Involve health mentors in question development and the content of the initial introduction experience.

Stage Two – Exploring Approaches Pertaining to Older Adults and Health: Learning Assessment and Intervention Skills

Stage 2 is a long-standing annual workshop organized by faculty and members of the McMaster Interprofessional Geriatric Student Interest Group, under the leadership of Dr. Tricia Woo. This Group is one of 13 student geriatric interest groups across the country under the umbrella of the National Geriatric Interest Group, whose stated mandate is to create Canada-wide education initiatives in the field of aging. See Appendix 12 for a poster with event details.

Plenary sessions and small group discussions are part of the day-long event. The planning committee is responsible for the content, speakers, learning objectives, and evaluation processes which may change each year.

Stage 3 - Applying Skills: Making a Difference in the Practice Environment

Students who attended Stage 1 and Stage 2 are eligible to participate in Stage 3. This requirement is based on the presumption that a student who is more experienced in geriatric care would be more successful and better able to identify relevant learning goals if they had acquired some basic knowledge and skills through the completion of Stage 1 and 2. However, depending on the design and curriculum of your respective programs, you may identify different prerequisites for this learning group.

Audience

Self-directed health professional students with a desire to pursue an individualized / personalized extra-curricular learning activity.

Learning Objectives and Goals

Personalized in view of the student's experiences and self-identified learning objectives, and dependent on the learning environment and health professional mentor available.

The plan is self-directed and is to be completed within nine months of Stage 2 in order to accommodate the unique needs of each student. Students can address all the competencies outlined earlier on Page 5.

Students will complete a Learning Contract to apply the acquired knowledge and skills into their own unique practice setting (e.g.: clinical placements, rotations, clerkship). Students are matched by faculty with a professional mentor from their own or another profession. The health professional mentor will help them develop a realistic and feasible learning plan for Stage 3 that identifies:

1. Specific competencies to achieve,
2. Evidence of accomplishment,
3. Resources needed, and
4. Timelines

See Appendix 13 for a sample learning contract.

The Role of the Health Professional Mentor

Mentors are matched with one, or possibly two, student(s).

Mentors will:

- Facilitate a supportive/positive climate for dialogue and discussions.
- Model best practice: interprofessional collaboration, patient-centered care.
- Assist student in developing achievable learning objectives in the Learning Contract.

- Provide access and/or link student to relevant resources (e.g., literature, clinicians, etc.) and learning opportunities.
- Respond to questions related to clinical practices.
- Assist student to reflect on critical learning points.
- Provide feedback to student-related to the learning objectives.
- Approve successful completion of Stage 3 activities as indicated in the Learning Contract.

Frequency of meetings between the student and health professional mentor are identified at the outset and will depend on the needs of the student. However, it is recommended that mentor/student meetings should happen at least once in the beginning and once at the end of the experience. Monthly meetings, either via teleconference, videoconference or Skype, are recommended if appropriate.

What does Student Success Look Like?

Successful completion of Stage 3 is based on demonstrating responsibility and self-direction in:

- Developing a learning plan that includes 3-4 learning objectives addressing IPE and geriatric care, resources and evidence of accomplishments, as well as projected timelessness for completion.
- Applying the acquired knowledge and skills gained in Stage 1 and 2 into the student's unique practice setting (e.g.: clinical placements, rotations, clerkship).
- Consulting with mentor and relevant resources as appropriate.
- Successfully meeting the learning objectives outlined in the learning plan.
- Writing a 3-4 page reflection paper about the experience addressing the following questions:
 - What were your critical learning points related to interprofessional practice with older adults?
 - What specifically helped you examine or re-examine your views about older adults?
 - What would you do differently in your interactions with older adults in the future?

Upon the completion of Stage 3, students receive a certificate of completion (Appendix 14) and a congratulatory letter (Appendix 15).

Operational Issues

The number of opportunities is dependent on the recruitment and availability of Mentors/Supervisors who match the students' interests and learning objectives. The role of a health professional mentor from a discipline other than the student's discipline could be considered and would be dependent on the student's interest and learning objectives.

A number of students in TILEA found that completing this extra-curricular learning experience was difficult in view of their busy workloads and other responsibilities, despite noting the value of learning about geriatric care from an experienced mentor. Alternative ways to expose students to health professionals passionate about the care of older adults need to be considered, and could include online discussions among interprofessional students led by a health professional mentor, that may or may not be directly linked to a clinical placement.

Contact Information

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Appendices

Stage 1

1. Information Sheet for Students
2. PIPER Definition of Exposure, Immersion and Mastery IPE Credits
3. Student Recruitment Poster
4. Invitation for Health Mentors
5. Instructions for Health Mentors
6. Confirmation of Student Enrolment
7. Agenda for Students
8. Agenda for Health Mentors
9. Sample Interview Questions
10. Student Post-Workshop Debrief
11. Health Mentor Debrief

Stage 2

12. Agenda from 2016

Stage 3

13. Sample Learning Contract
14. Certificate of Completion
15. Congratulatory Letter for Student



Tri-Stage Interprofessional Learning Experience in Aging (TILEA)

What does partaking in TILEA Stages 1-3 mean?

Background

The Tri-Stage Interprofessional Learning Experience in Aging (TILEA) project is part of a larger health care study on health care and the older adult funded by the Labarge Optimal Aging Initiative. TILEA is offered as an interprofessional student learning experience.

Purpose

At the completion of TILEA, the students will be able to demonstrate competency in interacting empathically and professionally with older adults, both as individuals and as members of an interprofessional health care team.

Event Description

Health professional learners from each of the McMaster Faculty of Health Science programs and the McMaster Faculty of Social Sciences Social Work Program are the primary student group. Each student will have the option to customize their learning by electing to participate in one, two or all three stages of TILEA:

- Stage 1: Engaging with Older Adults: Communication workshop on Saturday, March 5th, 2016
- Stage 2: Participate in the Annual Geriatric Skills Day on Saturday, April 2nd, 2016
(Exploring Approaches to Older Adults and Health: Assessment and Intervention skills)
- Stage 3: Applying Skills: Making a difference in the Practice Environment through April-December 2016

How the IPE credit system works with TILIEA 2016

- ✓ Complete TILEA Stage 1 OR Stage 2: Earn Exposure Credit
- ✓ Complete TILEA Stage 1 AND Stage 1: Earn Immersion Credit
- ✓ Complete TILEA Stage 1, 2 AND 3: Earn Mastery Credit ***Certificate of Completion given.**

***You must complete Stage 1 AND 2 in order to register for Stage 3.**

****You can register for Stage 2 WITHOUT completing Stage 1.**

Contact: [info]

TILEA Stage 3

Student Role

Students will be matched with a mentor who will assist in completing Stage 3, which involves a self-directed experiential learning experience. Successful completion of Stage 3 will be based on demonstrating responsibility and self-direction in:

- ✓ Developing a learning plan that includes 3-4 learning objectives (addresses IPE and geriatric care), resources and evidence of accomplishments, as well as projected timelines for completion.
- ✓ Applying the acquired knowledge and skills gained in Stages 1 and 2, into own unique practice setting (e.g. clinical placements, rotations, clerkship).
- ✓ Consulting with mentor and relevant resources (e.g. PIPER staff, faculty, clinicians) as appropriate.
- ✓ Successfully meeting the learning objectives outlined in the learning plan.
- ✓ Writing a 3-4 page reflection paper about the experience addressing the following questions:
 - i. What were your critical learning points related to interprofessional practice with older adults?
 - ii. What specifically helped you examine or re-examine your views about older adults?
 - iii. What would you do differently in your interactions with older adults in the future?

Mentor Role

Mentors will be matched with 1-2 students to assist them in completing Stage 3. In this stage, the student(s) will engage in a self-directed learning experience by developing and fulfilling a learning contract to apply the acquired knowledge and skills into their own unique practice setting (e.g. clinical placements, rotations, clerkship).

As the student mentor:

- ✓ Facilitate a supportive/positive climate for dialogue and discussions
- ✓ Model best practice: interprofessional collaboration, patient-centered care
- ✓ Assist student in developing achievable learning objectives in the learning contract
- ✓ Access and/or link student to relevant resources (literature, people, etc.) and learning opportunities
- ✓ Respond to questions related to clinical practice
- ✓ Assist student to reflect on critical learning points
- ✓ Provide feedback to student related to the learning objectives
- ✓ Approve successful completion of Phase 3 activities as indicated in the learning contract

Meetings

- Frequency is dependent on needs of the student. However, we recommend that you correspond/meet at least once in the beginning and once at the end of the experience. You may want to meet once per month between April-Dec, 2016 (or until the completion of the learning objectives/contract. You may also meet via teleconference, videoconference and/ Skype if appropriate.

Frequently Asked Questions for TILEA Stage 3

- i. How do I find a mentor?
 - a. Mentors will be provided for you.
- ii. Who are the mentors?
 - a. They will be health care individuals with expertise in aging and health. In 2015, we had a physician mentor, occupational therapist mentor, and physiotherapy mentor.
- iii. What if my clinical placement is not in geriatric setting?
 - a. The mentor will assist you in exploring opportunities that can expose you to interacting with older adults in the clinical setting.
- iv. What if my clinical placement does not have interprofessional team/staff?
 - a. As mentioned in response to the Question iii, your mentor will assist you in exploring opportunities that can expose you to interprofessional teams/staff.
- v. Do you have examples of previously drafted learning plan and/ reflection?
 - a. Yes. The examples from TILEA 2015 will be available upon request. Please contact the Research Coordinator HeeJin Kim at Kimh65@mcmaster.ca for more information.
- vi. Who evaluates my performance?
 - a. Your mentor will review your learning plan, and reflection.

IPE ACTIVITY LEVELS

There are three types of IPE activities available to students within the Faculty of Health Sciences. These activities vary in terms of complexity and length. For some programs, participation in the activities will be mandatory. Eventually, all Faculty of Health Sciences students will be expected to demonstrate IP competencies prior to graduation. At a minimum each student would participate in at least 1 exposure, 1 immersion and 1 mastery activity.

1. Exposure

These activities are primarily knowledge based relating to the first 2 competencies. The activities will focus on “describing roles and responsibilities” and “demonstrating awareness”. Activities will be of shorter term duration.

Examples include:

- shadowing experiences
- journal clubs
- special event seminars
- “lunch and learn”
- Interprofessional Student Council approved activities

2. Immersion

These activities are typically of longer duration than exposure activities and require higher levels of interaction between the health professional students. All four competencies may be addressed through these activities. Students will be required to collaborate with other health professional students, make decisions and solve problems together.

Examples include:

- Tutorial Courses
- E-based Learning Activities
- Special Projects
- Communication Skills Labs
- Clinical Initiatives

3. Mastery

This is the most complex and integrative group of activities. Students will integrate their IP knowledge and skills in a team environment. Typically this will be of longer duration. Students will build relationships in a team environment and be actively engaged in team decision making around patient/client care. Mastery activities are primarily clinical education experiences.

Tri-stage Interprofessional Learning Experience on Aging (TILEA)

For MD, OT, PT, PA, Nursing and Social Work Students

This Tri-Stage IPE Learning Experience gives you the option of earning the following credits depending on your participation:

LEARNERS MUST REGISTER ON IPE MANAGER TO PARTICIPATE IN STAGE 1 AND 2!

Earn MASTERY: complete Stage 1, 2 and 3

Earn IMMERSION: complete Stage 1 AND 2

**Earn EXPOSURE: complete
Stage 1 OR 2**

STAGE 1

Engaging with Older
Adults: Listening to their life
stories

IPE Communication
Workshop with Older
Adults

**Saturday, March 5th,
2016**

**From 10am-2pm
HSC 1A3**

STAGE 2

Exploring Approaches to
Older Adults & Health:
Learning Assessments and
Intervention Skills

Interprofessional
Geriatric Skills Day

**Saturday April 2nd,
2016**

**From 8am-4:30pm
St. Peter's Hospital**

STAGE 3

Applying Skills: Making a
difference in the practice
environment

**April through
September 2016**

Self-directed
geriatric learning
experience under
one-on-one
guidance of
health professional
mentor

*More details will be
provided to Stage 1
participants.



Communication and Aging

[Date]

We are looking for people who are 65 years or older who are willing to spend some time discussing their life experiences and interests with students in health professional programs at McMaster University.

People will be asked to meet with a team of two students for a one to two hour discussion guided by some questions.

*The event location will be on McMaster University campus.
All information will be kept confidential.

If you have any questions or want to join
in our discussion, please contact:



Geriatric Interest Group
Annual Skills Day

[Name]

Research Coordinator at

Email:

OR

[Alternate]

Phone:

**This study has been reviewed by and received ethics clearance by the
McMasters Research Ethics Board.**

5 - Instructions for Health Mentors



workshop invitation for March 5th

Thu, Feb 18, 2016 at 1:40 PM

To:

Dear [student name]

My name is [name] and I am the research coordinator for the Communication and Aging project at McMaster University. I would like to thank you again for your interest in our event. My apologies for the late response as we were confirming the event details until today.

The Communication and Aging project is the first part (Stage 1) of the longitudinal geriatric experience workshop for health professional students at McMaster University titled, Tri-Stage Interprofessional Learning Experience in Aging (TILEA). For the event happening on **Saturday March 5th, 2016**, you will be paired up with 2 or 3 students to share your insight on effective ways for health professionals to communicate with older adults. Afterwards, you will have a debrief session with one of the faculty members from McMaster University to share your feedback on the event, as well as students' interaction with you.

We will be meeting at McMaster Children's Hospital by the gift shop (right by the main entrance in the red area lobby) at **10:00am sharp on Saturday, March 5th, 2016** and we will have someone there to escort you to the event location (at MUMC HSC 1A3). The event will end at 2:30pm.

If you are driving to McMaster that day, we will reimburse your parking. In addition, we will be serving light refreshments. Please let us know if you have any dietary restrictions and/ accessibility requests.

Here are the links for the direction and parking at McMaster Children's Hospital. Please let me know if you need more information.

Direction:

McMaster Children's Hospital
1200 Main St. W., Hamilton, ON, L8N 3Z5

From Toronto

- QEW to Highway 403 West (to Hamilton)
- Exit 403 at Main Street West
- Turn left onto Main Street West at the top of the hill
- Continue along Main Street West for several blocks McMaster Children's Hospital is located within McMaster University
- Medical Centre at 1200 Main Street West
- Turn right into the hospital's driveway and follow signs to parking facilities

From Brantford

- Highway 403 East (to Hamilton)
- Exit 403 at Aberdeen Avenue
- Turn left at the lights at Longwood Avenue (1st set of lights)
- Turn left onto Main Street West

- Continue along Main Street West for several blocks
- McMaster Children's Hospital is located within McMaster University Medical Centre at 1200 Main Street West
- Turn right into the hospital's driveway and follow signs to parking facilities

Parking:

http://www.hamiltonhealthsciences.ca/Workfiles/VOL_ASSOC/Parking%20Info%20Visitor_MUMC2_Web.pdf

***We will reimburse your parking.**

Thank you very much for your interest. We really appreciate your time and look forward to meet with you on **Saturday, March 5th, 2016 at 10:00am** at McMaster Children's Hospital lobby in front of the gift shop (by the main entrance, RED area). If you have any questions in the mean time, please do not hesitate to contact me. Please kindly confirm your attendance to me by next Friday, February 26th, 2016.

Sincerely,

Research Coordinator

Tri-Stage Learning Experience in Aging (TILEA)

McMaster University

[Quoted text hidden]

6 - Confirmation of Student Enrolment

Hello [student],

This is to confirm your registration in STAGE 1 of the Tri-stage Interprofessional Learning Experience.

Saturday, March 5, 2016

HSC 1A3

10:00 start time.

Please note: for this event, you will be paired with another HSC student from a different program. It is important that you notify us ASAP if you are unable to attend.

Many thanks for your interest in IPE in the FHS.

See you on Saturday!

Program Coordinator

PIPER

7 - Agenda for Students

Tri-stage Interprofessional Learning Experience in Aging (TILEA)

Stage 1 Exposure

Engaging with Older Adults: Listening to their life stories

IPE Communication Workshop

Agenda - Students

Date Saturday, March 5th, 2016
Time 10:00am-02:00pm
Location McMaster University Medical Centre

Timeline

Morning Session

10:00-10:15	Introduction Research overview and Consent
10:15-10:30	Icebreaker Get to know your partner and plan the interview together
10:30-10:55	Orientation for the students – Communication Skills for Older Adults
10:55-11:00	Meet Older Adult 1 and travel to the assigned interview room *Bathroom break
11:00-11:25	Students interview older adults
11:25-11:30	Meet Older Adult 2 and travel to the assigned interview room

Afternoon Session

12:00-12:15	Group photo
12:15-12:45	Lunch
01:00-01:45	Debrief session
01:45-02:00	Obtain IPE credit Evaluation

**Tri-stage Interprofessional Learning Experience in Aging (TILEA)
Stage 1**

Engaging with Older Adults: Listening to their life stories
IPE Communication Workshop

Agenda – Community Guest Educators (CGE)

Date Saturday, March 5th, 2016
Time 10:00am-01:45pm
Location McMaster University Medical Centre

Timeline

10:30- 10:55	Introduction and review of agenda
10:55- 11:00	Go to designated rooms
11:00- 11:25	Student interviews with CGE (#1)
11:25- 11:30	Student interviews with CGE (#2)
12:00- 12:15	Group photo
12:15- 12:45	Lunch
01:00- 01:45	TILEA Debrief session

9 - Sample Interview Questions

Tri-stage Interprofessional Learning Experience on Aging Pre-Workshop Interview Questions

Student interviewer / Older adult interviewee

Interview Questions: General data questions (can ask the participant to complete on a card)

1. What year were you born in?
2. What gender do you identify as?
3. What is your marital status?
4. Where were you born? If outside Canada, when did you immigrate to Canada?
5. What is your highest education level?
6. How would you describe your current living arrangements (live on your own, with others)?

Roles, Daily Life

1. Do you have a daily or weekly routine? Can you share how you organize your day or week?
2. What role do you value the most?
3. If you are or were employed outside the home, please tell us about your paid employment or occupation?

Skills, Strengths, Abilities, Accomplishments

4. What are your talents/hobbies?
5. What is your biggest accomplishment?
6. Have you been told what you are really good at?
7. How would your friends describe you? What would they say are your good qualities?

Relationships, Values, Strengths, Preferences

8. What makes the place where you live “home” for you?
9. When do you feel the most like yourself? or What makes you feel most like yourself?
10. What are the most important sources of support for you?
11. Who do you provide support to? Who counts on you?
12. What would be three words that you would use to describe a “good quality of life” for you?
13. If you needed help/support later in life, who would you accept help from?

Life experiences, Barriers/Challenges overcome,

14. What kinds of difficulties have you faced in your life? And how did you deal with them?
15. Can you share with us an experience that has influenced you and your life significantly?

Fears, Hopes and Dreams

16. What do you worry about or fear the most as you get older?
17. What are you looking forward to in the next year?
18. What do you wish you had more of and what do you wish you had less of?

Other

19. Is there anything else you would like to add? Comments? Questions? Concerns?

Learner Post Interview Debrief Discussion Question

Self-reflection involves thinking about the implications of the learning experience for you as an individual and what this means if you plan to work with older adults e.g. what was your major area of learning and what specifically helped you to examine your views about older adults; how you think about something differently, and what would you do differently in your interactions with people.

- Critically reflect on your knowledge and experience of aging and older adults and how your participation in experience has influenced you as a person and as a professional.
- Some of the questions you can address in your reflection are the following: How you have become more aware of your biases and aging stereotypes ? (or people with disabilities or chronic illness)?
- What kind of changes have you made to your thinking, communication, behaviour or actions as a result of your awareness?
- What are you comfortable doing in terms of being an advocate or an ally and why?

11. Health Mentor Debrief

Health Mentor Post-Workshop Debrief

- How do you feel your interview went?
- Did you feel as though the students were hearing you?
- Would you like to add anything?



Geriatric Interest Group Annual Skills Day



8th Annual Geriatric Skills Day

A Full-Day Interprofessional Workshop for MD, OT, PT, PA & RN students

Featured Workshops:

Cultural Competency, Polypharmacy, Aging in the Community
Depression/Delirium/Dementia, Elder Abuse, Falls

Saturday, April 2, 2016

8:15 AM- 4:30 PM

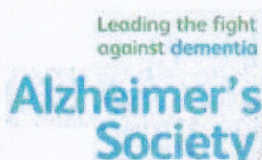
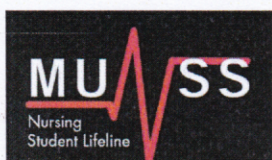
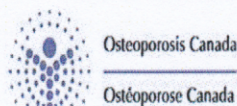
St. Peter's Hospital
88 Maplewood Ave., Hamilton

Participant Handbook

Brought to you with support from ;



Affiliated with and supported by
the Division of Geriatric Medicine



The learning plan is a document developed by the student and mentor and is used to guide student learning. The contract specifies what the student will learn, how this will be accomplished, and within what time frame.

It is anticipated that students can achieve 3-4 objectives related to interprofessional education/collaboration and care of older adults. Student and mentor will consult regularly to discuss the progression of the learning plan.

Objectives:

- ..clear, measurable and realistic
- ..student outcome (knowledge, skills, attitudes)

Resources:

- ..references (texts, class notes, articles),
- ..people (clients, care givers, team members, supervisor)
- ..community agencies and organizations

Evidence of Accomplishment:

- ..demonstrated knowledge and skills including the quality and quantity of the performance. What will the student say or do to indicate competence or mastery of the objective
- ..time frame for achievement of specific evidence

Stage 3 - Learning Plan

Sample

Student name: _____

Mentor name: _____

Date: _____

Objectives	Resources and Approach	Evidence of Accomplishment	Comments/Feedback
1. To demonstrate proficiency in my communication skills when conducting assessment interviews with older adults (and their care providers) in ... (acute care setting, community clinic etc.)	<ul style="list-style-type: none"> - Relevant resources (e.g., Stage 2 GSD Binder) - Colleagues and faculty with relevant experience - Feedback from preceptor, mentor, clinical resources 	<p>By August 10, I will have observed my mentor and another resource different from my own profession, conduct assessment interviews with 1-2 patients/client. Post interview, we will discuss the strategies used and I will identify learning issues for future educational exploration.</p> <p>By November 2016, I will have conducted assessment interviews with 3 patients/client demonstrating the following:</p> <ul style="list-style-type: none"> • client (patient)-centred approach that embodies empathy and respect • use of appropriate language to the needs of the patient/client • encourages active patient/client participation in decision-making <p>Post interview, I will seek feedback from my mentor/preceptor etc. regarding the quality of the interview and my communication skills. From this experience, I will identify learning issues for future educational exploration.</p>	

Stage 3 - Learning Plan

Objectives	Resources and Approach	Evidence of Accomplishment	Comments/Feedback
2. I will collaborate with team members during my next placement (clerkship, rotation) to develop a patient centered care plan (or discharge plan) for an older adult	<ul style="list-style-type: none"> - Clinical site guidelines (e.g., team roles, orientation manual) - Colleagues and faculty with relevant experience - Feedback from mentors 	<p>By July 2016, I will have communicated with at least 3 team members who are involved in the care of the patient to:</p> <ul style="list-style-type: none"> • Share findings from my interactions with the patient and/or care provider • Obtain relevant information from the other team members about their findings and recommendations • Contribute to the creation of a care plan that considers the wishes/goals of the patient and care provider • Seek feedback from the team members and/or preceptor about my collaboration skills (engaging in joint decision-making, appreciating and respecting others opinions, sharing professional viewpoints) and patient goal setting skills (realistic, patient-centered, grounded in patient assessment data and evidence) <p>From this experience, I will identify learning issues for future educational exploration.</p>	

Stage 3 - Learning Plan

Objectives	Resources and Approach/ Strategy	Evidence of Accomplishment	Comments/Feedback
3. I will conduct myself in all situations with team members, mentors, preceptors in a professional manner.	<ul style="list-style-type: none"> - McMaster University Code of Conduct, Profession specific Code of Ethics - Observation of mentors, preceptors 	<ol style="list-style-type: none"> 1) I will be prepared, on time, and organized for all meetings. 2) I will be respectful of team members, colleagues, participants and others pertaining to the Stage 3 experience. 3) I will be accountable for my actions to my mentors, TILEA team and PIPER staff by providing relevant updates of my activities. 	

Certificate of Completion

PIPER 

Program for Interprofessional
Practice, Education and Research

Mastery Level

This certificate acknowledges that

Student name

has completed all the requirements of the Interprofessional Education Tri-
Stage Interprofessional Learning Experience in Aging (TILEA) 2016

15 - Congratulatory Letter for Student



PROGRAM FOR INTERPROFESSIONAL PRACTICE, EDUCATION AND RESEARCH

Director, PIPER

Program Coordinator, PIPER

Website: <http://piper.mcmaster.ca/>

Dear [Student]

Congratulations on your completion of the IPE Mastery level experience: Tri-Stage Interprofessional Learning Experience on Aging (TILEA) for 2016!

Thank you for your commitment to interprofessional education, collaboration and care throughout the 10-month period of this longitudinal learning experience. As the second cohort to undertake this experience, your dedication is much appreciated, as is your feedback on the quality of your experience.

The first stage provided you with exposure to the challenges and delights of communicating with older adults. The older adults you engaged in conversation with expressed positive feedback regarding their time with the students.

The second stage, the Geriatric Skills Day, presented a menu of topics pertinent to older adult care and immersed students in the health issues of aging.

The final stage, where you engaged with a health professional mentor, allowed you to further solidify your learning in the area of aging and older adult health in a way more meaningful to your own clinical practice, demonstrating mastery of this IPE experience.

Again, congratulations on your completion of the TILEA project and good luck with your future endeavours.

Sincerely,

Director, Program for Interprofessional Practice, Education and Research

