

GERONTOLOGICAL CONTENT IN UNDERGRADUATE EDUCATION

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DEDICATION

“I can do all things through Christ who strengthens me” Philippians 4:13

As a result of the Lord’s love, provision, guidance, and outpouring of blessing in my life this work has been accomplished. God has given me a passion for nursing, a genuine love for others, and a deep longing to be apart of advancing elder care provision so that seniors may receive the compassionate care they deserve. The following work would not have been possible without God, holding me firm in His loving arms, sustaining me through this educational journey and of course, through life itself. I dedicate this work to my Heavenly Father and know that His good and perfect plan will be accomplished through it.

And we know that for those who love God all things work together for good, for those who are called according to his purpose. Romans 8:28

The Lord honors those who commit their works to Him and who strive for excellence in everything they do (Proverbs 16:3; 22:29).

ABSTRACT

It is increasingly important for healthcare professionals to obtain competence in gerontology to ensure preparedness to deliver services for an expanding group of complex older people. Undergraduate education has been found to be lacking, infrequent, and inconsistent (Boscart, McCleary, Huson, Sheiban, & Harvey, 2017). This project's purpose is to develop a gerontological workshop to demonstrate and promote the need for increased focused gerontological content in undergraduate education.

The workshop is grounded in Jack Mezirow's transformational learning theory, the concept of ageism was introduced to promote a shift in thinking towards the purpose of gerontological education in undergraduate programs. The hour-long workshop was presented to two specific target audiences. Data was collected from participant feedback forms, and facilitator direct observation. The findings concluded that a need for increased gerontological undergraduate education does exist, and that educational interventions reduce ageistic thinking resulting in an increased interest in the care of older individuals.

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CHAPTER ONE: INTRODUCTION

Canada's population is aging which is creating concern for the future of healthcare provision. There is growing alarm that the number of professionally trained health care workers will be outpaced by seniors requiring supportive care (Graham, 2017; O'Brien-Pallas, 2001). This fear is being confirmed by the ever-increasing needs of a longer-living population. In 2002, the Government of Canada projected that the senior population will represent 1/5 of the entire population by the year 2026 (Government of Canada, 2002) increasing at a rate four-times greater than the overall population. We are now eight years away from this target date and undergraduate education must consider its part in preparing practitioners for this growth.

In 2014 the World Health Organization predicted that the international number of older adults projected to be unable to care for themselves is forecasted to quadruple by 2050 (World Health Organization, 2014) contributing to the growing concern for health care delivery. According to statistics Canada, in 2017 one out of every six persons was at least 65 years of age, attributing to 16.9% of the country's total population (Statistics Canada, 2017). With this demographic change, if the number of educated healthcare professionals are not properly prepared to care for an aging population, seniors will be at risk for impoverished healthcare delivery.

Educators have a responsibility to prepare students to be equipped to provide excellent gerontological care. The goal of this project is to promote an interest in the area of gerontological studies, and to encourage undergraduate education to increase its gerontological content in curriculum.

Practice Problem

Students graduating with a Bachelor of Science in Nursing degree will generally be employed in a variety of settings within both the public and private healthcare sectors, and may operate in places such as doctor offices, hospitals, emergency rooms, intensive care units, nursing homes, hospices, geriatric centers, psychiatric care facilities, community centers, health care facilities, school districts, colleges, laboratories and research centers among other health care settings (NurseTheory, 2018). However, the distribution of these newly trained nurses is not always equal. The Canadian Nurses Association's profile of Registered Nurses in Alberta found that 65% of all nurses work in the hospital setting while only 6.3% were employed in long-term care settings (Canadian Nurses Association, 2018). In 1994, Ferguson predicted that 75% of nursing time will be spent caring for individuals older than 65 regardless of the work setting (Ferguson, 1994). In light of the aging population, it is safe to say this prediction is true if not greater than 75% today. With the increasing number of older adults in Canada, healthcare professionals need to be exposed to gerontological content grounded in current evidence to increase and improve understanding and attitudes around caring for complex older individuals. Despite this knowledge, undergraduate education has failed to act and gerontological content is currently insufficient (MacIntyre & McInnis-Perry, 2014).

It is recognized that few students chose to work with older adults, and few programs include significant gerontological curricula content (Deschodt, Dierckx de Casterlé, & Milisen, 2010; Gebhardt, Sims, & Bates, 2009). This results in a need to attract students to gerontological practice, and the importance of ensuring satisfactory gerontological content is included in undergraduate education. Whether or not future

healthcare professionals specifically choose to work with seniors, the increasing number of older adults dictates that most professionals will work with this population at some point in their careers and education needs to respond accordingly. Therefore there is a strong call for a radical transformation in healthcare curriculum if healthcare professionals are going to be well prepared for practice in an ever-complex and changing health care system (Benner, Sutphen, Leonard, & Day, 2010). Future healthcare professionals must be exposed to curriculums that include gerontological content in order to be well-prepared practitioners for the future (Hirst, Lane, & Stares, 2012; Lyons, Benefield, Holtzclaw, DeShea, & Wilson, 2013; Ordinelli, 2017). There is a caution that if we teach today's students as we taught yesterday's students, we rob them of tomorrow (Dewey, 1944). Resulting in a dis-service to the aging population in meeting their specific health care needs.

Purpose of the Project

The purpose of this project is to impact elder care provision by increasing focused gerontological content in undergraduate education. Through the development and implementation of a workshop that introduces the concept of ageism, the project will evaluate the degree of impact that education has on the interest among nursing students and practicing healthcare professionals towards gerontology in addition to gathering data to inform curriculum development.

When undergraduate education does not address the geriatric population to the same extent as other populations, the pediatric population for example, it could be perceived that this population is of less value. By increasing gerontological content in health-related education, a change can begin to take place. By developing the interests

regarding elder care, a reduction of stereotypical thinking towards aging can occur, and elder care provision will benefit. Clear gerontological focused content increases the visibility in undergraduate curriculum which may help increase students' interest in the care of the older adult population (Gebhardt et al., 2009; Lindeman, 2000).

CHAPTER TWO: LITERATURE REVIEW

A systematic review of the literature was conducted using databases including, but not limited to, Google Scholar, CIHNAL, Medline, and PubMed. The key words used included aging, ageism, education, discrimination, nursing, workforce, healthy aging, long-term care, student attitudes, job preferences, stereotypes, social justice, health inequities, and seniors. This literature review was conducted from January 2016 to July 2018 and was limited to health-related, and social justice articles. The research expressed slightly mixed reviews regarding the attitudes nursing students have towards older people. The dominant findings suggested negative views of aging and elder care provision were more predominant among nursing students with only some exception. A scattering of studies did identify that positive attitudes towards old age and older people do exist among nursing students, however, these findings were over-shadowed by the significant number of studies that described how attitudes towards gerontology are generally negative (Demir, Bicer, Bulucu-Böyüksoy, & Özen, 2016; Frost, Ranse, & Grealish, 2016; Holroyd, Dahlke, Fehr, Jung, & Hunter, 2009; Uysal, Derya-Beydag, Sensoy, Ozaydin, & K1yak, 2014; Zhou, 2007).

The literature review also focused on how ageism is constructed in society and in educational institutions. It also demonstrated how healthcare education either supports or discourages ageistic behaviours, and provided recommendations on different educational interventions to improve elder care provision. The following themes organize the literature review: (1) Lack of gerontological expertise, (2) Correlation between knowledge and attitudes, and (3) Successful educational innovations.

Lack of Gerontological Expertise

Gerontological nursing education is frequently acknowledged as being scarce or inconsistent and is generally integrated into other nursing courses. This integration of content in nursing programs presents a significant problem. It portrays a message that gerontology is less important than other areas of nursing education, especially when it is overlooked or completely left out. Gerontological content is generally under-represented and under-emphasized in nursing programs (McBride, 2000; Poirrier, 1994). Contributing to this failure is a lack of gerontological expertise among faculty. When faculty lack the interest and knowledge regarding a specific area it reveals itself in the curriculum. The literature advocates for additional supports for faculty to be able to increase gerontological content in undergraduate nursing programs in order to respond to the changing demographics; in other words; curriculum that will prepare practitioners for the future (Hirst et al., 2012; Lyons et al., 2013; Ordinelli, 2017). Even with increased supports to faculty expertise, student preferences and competing interests steer faculty away from gerontological content and thus neglects its importance and need (Beckingham, Van Maanen, & McKnight, 1992; William, Välimäki, Palovaara, & Kankkunen, 2017).

The absence of stand-alone gerontology courses perpetuates the lack of specialists in this area, conveying the message to nursing students as well as members of society that the older population is less important, enhancing negative attitudes and ageism (Grocki & Fox, 2004). As the Canadian population ages educational programs must recognize the importance of providing gerontological content and thus supporting faculty to be specialists in the area of gerontology.

In a study to determine the status of gerontology in Canadian nursing programs, Baumbusch and Andrusyszyn (2002), determined that the content of gerontology in Canadian nursing programs is lacking and has much potential for development. They determined that there is a need for faculty expertise, a need to address ageism, and a need for much more innovative forms of course delivery other than common didactic teaching (Baumbusch & Andrusyszyn, 2002). In September 2009, findings and recommendations from the National Nursing Education Study, the first of its kind in more than 30 years, found that classroom learning is suffering and recommended a major shift in nursing education from abstract classroom teaching to teaching from a position of passion (Rosenberg, 2009; World Health Organization, 2013). Educators who are experts in their fields can focus on the relevancy of the content and contextualize it so that students are engaged, knowing they are rehearsing for their future practice. Beginning with the classroom, future healthcare professionals can be drawn into elder care settings by equipping them with the right competencies to respond to the pressing healthcare needs of the aging population. Education has been proposed as a main strategy to generate more interest in gerontological studies, yet without educators who are experts in this area, gerontology will remain disadvantaged (Frenk et al., 2010).

Correlation Between Knowledge and Attitude

Working with older adults after graduating continues to be students least preferred career choice (McKenzie & Brown, 2014; Mezey & Fulmer, 2002; Ryan & McCauley, 2004; Williams & Kulig, 2012) and although gerontology is becoming more predominant across all healthcare domains, newly graduated nurses do not generally select gerontological nursing. One reason for this unequal distribution is that nursing students

often have a negative attitude towards aging and older adults (Bleijenberg, Jansen, & Schuurmans, 2012; Hess, Birren, & Schaie, 2006; Koren, Hertz, & Munroe, 2008). New graduate nurses commonly view gerontology as less interesting, having a heavier work load, and have a general feeling that seniors are burdening the health-care system by monopolizing resources that should be devoted to younger, healthier people (Stewart, 2015). Educational institutions may be inadvertently promoting these negative stereotypes by failing to include adequate gerontological content for students enrolled in health science programs. Occasionally, negative attitudes are actually fostered when faculty are not specialists in the care of older persons, and the declines and diseases of aging are emphasised rather than positive aspects associated with age as the focus; such as successful or healthy aging concepts (Uysal et al., 2014).

Perceptions of aging and elder care are multi-dimensional in nature, encompassing both positive and negative characteristics, and reflect a mix of accurate depictions of age-related changes, and distorted views of older people (Kite, Stockdale, Whitley, & Johnson, 2005). The widely-held views regarding aging have been socially constructed and impact elder care, however, these views can be adjusted in order to produce better outcomes in the care provision of the older population. Since knowledge, attitude, and power are closely interwoven, gerontology continues to be viewed as somehow less legitimate than other fields of health care (Ordinelli, 2017). The deficiency of gerontological content in undergraduate education contributes to this knowledge/power gap and the development of ageist behaviours. Some researchers call for a mixed approach to address this deficiency of gerontological content suggesting both stand-alone gerontological courses in addition to integrated curriculum (Hirst et al., 2012). Regardless

of how gerontological curriculum is configured within programs, there is a call for a curriculum adjustment to ensure best practice guidelines are the pillars of their programs.

The correlation between knowledge and attitude has a systemic effect on the healthcare system, as seen by the number of nurses in 2016 employed in long-term care settings accounting for only 6.3% of all nurses in Alberta (Canadian Nurses Association, 2018). Nurses surveyed at a United Nurses of Alberta general meeting in 2010 reported that long-term care settings are “chronically and dangerously understaffed”, commenting on the extreme shortage of beds and the trend to reduce Registered Nurse care in long-term care settings (United Nurses of Alberta, 2010). More concerning than the low numbers of nurses and resources in long-term care settings is the lack of geriatric specialists, and the non-existent gerontological focus in undergraduate healthcare programs despite the knowledge that most healthcare professionals will care for older adults at some point in their careers.

Nursing shortages are complex and multilayered, however, one reason found in the literature for nursing shortage in long-term care environments is that nursing students often have a negative attitude towards aging, older adults and elder care (Koren et al., 2008). A recent study found a correlation between nursing students’ lack of knowledge of older adults and negative attitudes existing toward that population (Eymard & Douglas, 2012). In order to increase the interest in elder care setting to new healthcare professionals gerontological education must be improved to reduce negative attitudes, thereby increasing the knowledge to better the attitude.

This knowledge attitude gap is intensified and perpetuated by the chief health authority in Alberta, Alberta Health Services (AHS) by setting forth proposals that may

reduce the number of highly trained professionals in continuing care settings (AHS, 2017). The hazard is that Alberta Health Services contributes to ageist attitudes, portraying a message that elder care is less of a speciality requiring a reduction in education to support this area of care delivery, sustaining the knowledge attitude gap gripping eldercare. Not only does nursing education have a responsibility to prepare healthcare practitioners to provide excellent care for an aging population, the health authorities need to be cautious moving forward to ensure existing professionals receive excellent training in gerontology that is consistent with best practice standards.

Numerous studies have uncovered a link between the knowledge and attitude gap, and results in disinterest in working within this field (Stewart, 2015; Uysal et al., 2014). Hence, knowledge, attitudes, and interest are all interconnected. By challenging preconceptions about aging through purposeful integration of knowledge and decreasing the gap, an increased interest in gerontology can be achieved. Through increased knowledge, expertise, and acceptance of the aging population, the knowledge attitude gap can be repaired.

Successful Educational Innovations

Gerontological education is frequently acknowledged as being scarce or inconsistent and if it does exist, it is generally integrated into other courses (McBride, 2000; Rodgers & Gilmour, 2011) . Integration of content presents a significant problem in that “when everybody is expected to do it [teach gerontology], then nobody may do it well” (McBride, 2000, p. 25). Seventy-nine per cent of faculties/departments reported that the gerontological content was primarily integrated within their generic baccalaureate programs (Hirst et al., 2012). Integration of content can have some benefits by increasing

the visibility and importance of gerontology. Unfortunately, the lack of stand-alone gerontology courses conveys the message to members of society and to nursing students that this population is less important, enhancing negative attitudes and ageism (Cottle & Glover, 2007; Grocki & Fox, 2004). Since ageism negatively impacts care provision for the older population, the time allocated to gerontological studies will directly impact ageistic thinking and will have a profound impact on eldercare delivery.

A study conducted by Haight, Christ, & Dias (1994), seeking to understand whether nursing education promotes ageism, found that exposure to well-elders had a positive influence on attitudes and interest in geriatric care and concluded that while nursing schools do not cause ageism, neither does it prevent it (Haight, Christ, & Dias, 1994). A shift in the way undergraduate programs introduce gerontology needs to take place to ensure ageist thinking is not promoted and elder care is displayed in a positive light.

Although Haight et al. study demonstrated positive influence on nursing students' knowledge and attitudes, this does not necessarily mean that more nurses will be interested in geriatric nursing and does not guarantee these attitudes are universal. Despite where new graduate nurses intend to work, caring for aged individuals will most certainly encompass part of their responsibilities. Undergraduate programs are lacking in providing positive, gerontological content and experiences which disadvantages new graduates in developing positive attitudes and considering gerontology as a career option.

Whether attitudes were found to be positive or negative, all attitudes were found to improve or become more positive after specific gerontology training (Adibelli, Turkoglu, & Kilic, 2013). Several works suggest that a stand-alone gerontological nursing course produces positive attitudes towards older people in collaboration to integrated

content in nursing programs (Boscart et al., 2017; Rodgers & Gilmour, 2011). Increased exposure to the older population in conjunction with increased knowledge will have a positive impact on nursing students regard for gerontological career choices and elder care provision. Undergraduate education has a significant role in highlighting the importance of elder care delivery across all health care settings through the promotion of focused education.

Lindeman (2000), suggests that just the visibility and clear focus of required stand-alone courses in gerontology may develop or increase students' interest in the older adult population (Lindeman, 2000). Undergraduate education has an important role in increasing knowledge and adjusting attitudes. Therefore, when healthcare education does not address the geriatric population to the same extent as the pediatric population for example, a message is sent that this population is of less value. Because faculty are significant role models and mentors which has implications for nursing students, attitudes toward elder care can be altered (Esmaeili, Cheraghi, Salsali, & Ghiyasvandian, 2014). When students have exposure to positive gerontological experiences, facilitated by instructors who are knowledgeable and motivated in the care of older adults, the interest in geriatric care increases and more positive attitudes towards adults are developed (Dehghan Nayeri, Gholizadeh, Mohammadi, & Yazdi, 2015; Esmaeili et al., 2014; Zhou, 2007).

As an interdisciplinary science, gerontology is the perfect context in which to apply practice-learning opportunities. As much of the work in the field of gerontology requires working in groups across widely dispersed services for older adults, interdisciplinary teams are often required to work across agencies and organizations. Given the good fit of practice-learning and gerontology, a particular opportunity exists to

link practices of community service to lessons in aging. Practice-learning draws on John Dewey's philosophy of education in that it "addresses the division of practical and intellectual activities as a feature of the larger philosophy of dualism" (Shapiro, 2002, p. 26). Not only do these opportunities serve to increase overall understanding of course content it also provides reciprocal benefits for older adults and the elder care sector. Focused gerontological content in curriculum paired with effective gerontological practice experiences have been shown to more successfully dispel myths about aging (Bliezner & Artale, 2001); aid in overcoming negative stereotypes, and increase positive perceptions of older adults; increase feelings of pride and self-worth for individuals providing service to older adults in their community; bring awareness, understanding, and respect of both the positive and negative realities of older adults; and influence career paths to incorporate working with older adults in the community (Anstee, Harris, Pruitt, & Sugar, 2008).

To meet the care demands of the nation's changing demographic, a shift in education needs to occur. Should the mode of delivery be questioned? Are small offerings of gerontological content too paltry to spark interest in and commitment toward gerontological practice? Further, from a pedagogical standpoint, how do programs accurately track gerontological content with little or no stand-alone courses? If there are few faculty members committed to teaching gerontological content within an integrated curriculum, will this important specialty be dropped out of convenience or lack of expertise among faculty? One suggestion is to "gerontologize" curriculum (Rosen, Zlotnik, & Singer, 2003). This approaches gerontological content by the development of both stand-alone courses alongside integration of content in other coursework. The warning and caution are that integration alone fails to give gerontology a home and risks

its eventual dilution. In contrast, creating a purely geriatric course, offers foundational nursing care information, but risks isolating gerontology from other coursework (American Association of Colleges of Nursing & John A. Hartford Foundation Institute for Geriatric Nursing, 2010).

The Canadian Gerontological Nursing Association (CGNA) and the National Gerontological Nursing Association have identified the importance of increasing gerontological education. The two associations produced a joint statement providing objectives to promote high standards of gerontological nursing practice in both Canada and the United States. In 2007, nursing practice standards were developed in response to a request made by members of the CGNA after identifying a need to refine the existing standards to reflect the current and future gerontological nursing practice in Canada. The standards now reflect the current knowledge and understanding in the discipline of gerontology to support dynamic healthcare practice. The CGNA highlighted these practice standards at the Canadian Association of Schools of Nursing (CASN) conference in May 2018 where the President-Elect, Lori Schindel-Martin, emphasised the importance for undergraduate education to adapt accordingly to the increasing complexities associated with caring for older adults.

There is a clear need for educational reform to take place to meet the demands of a growing complex group of older individuals. Educational institutions may inadvertently promote negative stereotypes by failing to include adequate gerontological education, failing to highlight the interconnectedness of the healthcare system, and the effects inadequate education places on care provision and the burden this creates on communities at large. Several studies have demonstrated that course work about older people is

essential in acquiring knowledge and understanding to dispel myths ((Bleijenberg et al., 2012; William et al., 2017).

CHAPTER THREE: PROJECT DESCRIPTION

Background and Planning

The purpose of this project is to provide an interactive educational workshop addressing a specific topic in the field of gerontology. The topic used for this project was the concept of ageism. Ageism was chosen with the intention to emphasize the negative correlation with age discrimination to gerontological content in undergraduate education (Lee, Garfin, Vaughn, & Lee, 2017), with the intention to provide new knowledge, challenge stereotypical thinking towards older people, and encourage an interest in gerontological education. Two target audiences were invited to participate in the workshop. By comparing the results from subject matter experts who work in elder-care setting areas and 3rd year nursing students a deeper understanding of the effectiveness, transferability, and sustainability of educational innovations will be gained. After an extensive literature review, an initial project proposal was developed and presented to a group of stakeholders consisting of faculty members from the University of Lethbridge Nursing program, the manager from Legacy Lodge long-term care facility, and current nursing students in the University of Lethbridge nursing program. Feedback was collected and utilized in the project development phase.

Project Goals and Intended Audience

University of Lethbridge nursing instructors were invited to attend a face-to-face meeting where the project goals and intended impact was discussed, and instructors were invited to participate in the projects implementation phase. Three instructors agreed to have their student groups take the workshop over the summer 2018 semester and dates were arranged via email. On-going communication between instructors and the project

lead was maintained during project development to ensure transparency and accountability. Planning took place to implement the project to the second target audience; subject matter experts working in elder care settings. An invitation was created and distributed in person to three elder-care facilities in Lethbridge, Alberta; Legacy Lodge, Cedar Creek, and Good Samaritans North (see Appendix A). A reminder email was sent to the facilities on July 4, 2018 to encourage participation. The project goals were clearly articulated to both intended audiences, emphasising the voluntary nature of the presentation and activities. Participation in the workshop promised the audience information around ageism and an opportunity to provide feedback to inform future gerontological content in undergraduate education.

Ethical Considerations

A Project Ethics Community Consensus Initiative (ARECCI) assessment was completed (see Appendix B for link). All projects should be screened for ethical risk and ways to mitigate such risk for the participants, therefore no identifying information was collected or recorded, and participation was voluntary. Participants were also provided with information during the recruitment phase reinforcing that the purpose of the workshop was strictly educational and would not include any evaluative component. In addition, clinical instructors were not in attendance during the student audience pilot's implementation stage to mitigate any pressure on students concerning evaluation. All participants were asked to join in a time of debriefing, and contact information was provided should any ethical concerns arise that needed to be discussed after the project was concluded.

Theoretical Framework

Jack Mezirow's theory of transformative learning guided the development of activities for this project (Figure 1). Transformational learning theory utilizes disorienting dilemmas to challenge one's thinking. Participants are encouraged to use critical thinking and questioning to consider if their underlying assumptions and beliefs about the world are accurate (Mezirow, 2003). Transformative learning is when habitual thinking processes and assumptions are transformed so that they become more inclusive, able to change, open and reflective (Parsons, MacDonald, Hajek, & Moody, 2015).

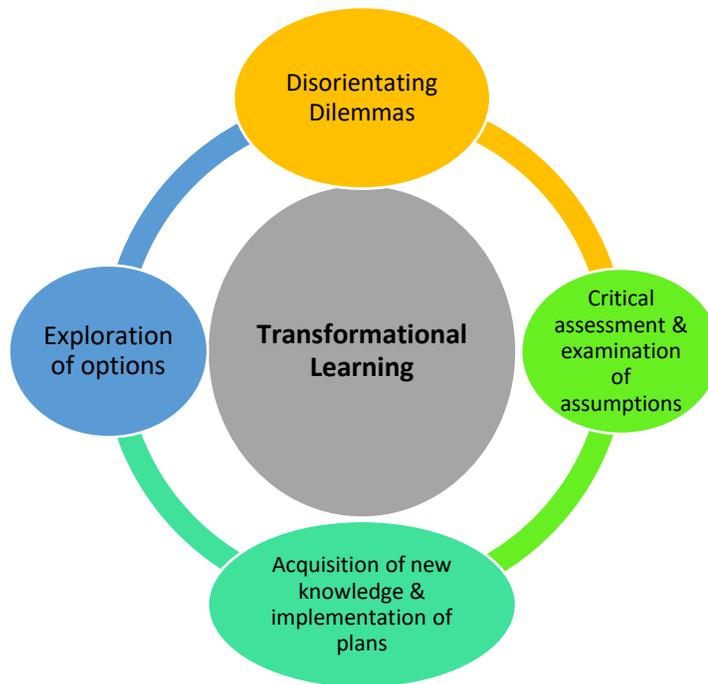


Figure 1: Jack Mezirow's Theory of Transformative Learning

Transformational learning incorporates two main learning strategies: instrumental and communitive approaches (Merriam, 2004). The workshop utilized both types of approaches to provide new knowledge and move participants through learning opportunities to change attitudes.

1. Instrumental learning focuses on learning through problem solving and determining the cause and effect of relationships. Viewing videos, and the completion of a self-assessment questionnaire allowed students to participate in this type of learning.

2. Communicative learning involves how individuals communicate their feelings, needs, and desires. This workshop allowed time for students to reflect individually as well as in group discussion to facilitate this type of the transformational learning.

The workshop's content is grounded in best nursing practice guidelines obtained from the College & Association of Registered Nurses of Alberta (CARNA) (Alberta, 2013), Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework (Nursing, 2015) and the Entry-To-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing (Nursing, 2017) to ensure accuracy and relevance for the learner.

Project Development and Implementation

The workshop is organized by stages connected to a time frame. Each stage has a specific aim and strategy, and intended impact linked to a guiding practice standard. The time of each stage may be adjusted to accommodate the instructor and/or learners needs. During transformative learning, attitudes and assumptions are tested. During the project's implementation stage, participants were asked to contribute ideas and experiences during transformative learning activities so that new knowledge could be gained and negative

attitudes could be adjusted. During two specific activities, participants were asked to consider their own thoughts, biases, and assumptions towards older people. Once time was given to complete this, participants were then asked to explore, examine, and consider new ways of thinking which are the steps in Mezirow's transformational learning theory. The project also engaged participants to conceptualize the aging process in a positive way to encourage new ways of thinking about the older adult, therefore acquiring new insight and knowledge. Literature supports transformational learning approaches to enhance student appreciation of aging issues through an increase in knowledge and understanding (Masters & Hooey, 2009).

A PowerPoint presentation was developed using engaging videos and guided group discussion activities which allowed participants to engage in critical thinking regarding ageism. An individual self-assessment questionnaire adapted from the National Initiative for the Care of the Elderly ROPE Tool (Cherry & Palmore, 2008) was administered providing time for participants to evaluate their own assumptions and attitudes. In addition, an intentional discrimination activity was planned to align with the stage of transformational learning where learners are taken through disorientating dilemmas in order to assist in developing new ways of thinking and understanding a concept. Accompanying the PowerPoint is a detailed lesson plan which provides content grounded in best nursing practice guidelines (see Appendix C) to ensure accuracy and relevance for the participants. In addition to the presentation and lesson plan, two hand-outs were developed to engage participants in both instrumental and communicative learning activities. Table 1 describes the activities and how they are connected to advanced practice guidelines and to the transformational learning framework.

Table 1: Description of Activities

Activity	Intention/Impact	Advanced Practice Guideline/ Theoretical Framework
<p>Instructor Taught PowerPoint Presentation</p> <p><i>10 minutes</i></p> <p>“Why Gerontology”</p> <p>Question and answer approach describing pertinent facts on Canada’s aging population.</p>	<p>Provides foundational knowledge to set the background for workshop.</p> <p>Engaging participants in critical thinking regarding Canada’s changing demographics.</p>	<p>CARN 19</p> <p>Has a knowledge base from nursing and other disciplines concerning current and emerging health care issues and trends.</p> <p><u>Transformational Learning:</u> Allowing participant to consider their own knowledge and understanding of emerging trends.</p>
<p>Self-Assessment Questionnaire</p> <p><i>5 minutes</i></p> <p>“How Do I Relate to Old People”</p>	<p>Allows for personal reflection and consideration of own ageist behaviours.</p>	<p>CASN 4.2</p> <p>The ability to self-monitor one’s beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members.</p> <p><u>Transformational Learning:</u> Challenging attitudes, reflection and exploring assumptions.</p>
<p>Group Discussion</p> <p><i>5 minutes</i></p> <p>“What is Ageism”</p>	<p>Encourages participants to consider the stereotypes, attitudes, behaviours portrayed in the clip that aligns with the concept of ageism.</p>	<p>CASN 4.2</p> <p>The ability to self-monitor one’s beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members.</p> <p><u>Transformational Learning:</u> Developing new ideas and knowledge to change existing negative ones.</p>
<p>Video</p> <p><i>5 minutes</i></p> <p>“How Old Is She?”</p>	<p>Participants consider how labels and assumptions are placed on others based on one’s own beliefs.</p>	<p>CASN-GERO 1.1 Recognized that care of the older person is affected by ageism and societal and personal views related to aging.</p> <p><u>Transformational Learning:</u> Personal reflection to acknowledge attitudes.</p>
<p>Controlled Discrimination Activity</p> <p><i>5 minutes</i></p> <p>“Age Discrimination Food Truck”</p> <p>PowerPoint Presentation</p> <p><i>10 minutes</i></p> <p>“Visuals Depicting Ageism/ Healthy Aging”</p>	<p>Linking the concept of ageism to healthcare delivery.</p> <p>Allowing participants to reflect, consider, and develop new ideas around gerontological concepts.</p>	<p><u>Transformational Learning:</u> Bringing new ideas in to replace old ones. Considering the affects negative assumptions have on knowledge and practice.</p> <p><u>Transformational Learning:</u> Allowing new ideas to replace old ones in order to move through this stage of transformational learning.</p>

Each pilot followed the workshop format maintaining consistency in content, timing, and evaluation. Activities participants were asked to complete were grounded in Mezirow's transformational learning theory, allowing old ideas to be challenged and new ones to form. A SWOT analysis was conducted following the implementation of each pilot to gather direct observation data.

Pilot 1. On July 5, 2018 the first pilot of the workshop was implemented for subject matter experts invited from three elder care facilities. The workshop included 10 participants and was held at Legacy Lodge, Lethbridge, Alberta. A SWOT analysis aided in identifying the projects successes and areas for improvement through a facilitator direct observation method of data collection (see Appendix D).

Pilot 2. On July 16, 2018 the second pilot was conducted with the first student group of seven 3rd year nursing student attendees held at the Cardston Health Care centre. Facilitator direct observation data was collected and compiled in the form of a SWOT analysis (see Appendix E).

Pilot 3. On July 17, 2018 the third pilot took place with seven 3rd year nursing students at the Pincher Creek Health Care Centre. Each pilot provided direct observational data which supported the analysis of the project. Additional insight and information collected can be found in a SWOT analysis (see Appendix F).

Pilot 4. On July 18, 2018 a final pilot was conducted with six 3rd year nursing students from the Claresholm Health Care Centre. A final SWOT analysis was conducted (see Appendix G).

Evaluation Methodology

A well planned and executed evaluation strategy was designed for this project. The evaluation component of this project was crafted to address the specific goals and objectives of the educational workshop, moreover, it sought to gather data to contribute to ongoing project impact. Both formative and summative evaluations were conducted during this project. Formative evaluations were conducted during program development and implementation ensuring the workshop and intended goals were being met. The literature review acknowledged a lack of gerontological content contributing to negative attitudes towards elder care delivery. This finding ignited the foundation of this project. During project planning and the implementation phase, ongoing formative evaluation occurred to ensure the workshop was achieving its intended outcomes and well functioning.

The summative evaluation component of this project was collected through the use of a participant feedback form. This data collection method allowed for an investigation to determine the extent the workshop was meeting its short-term goals. The participant responses also assisted in identifying the potential broader, longer-term impact that the project can make. Likert scales were developed in 1932 as the familiar five-point bipolar response that most people are familiar with today (Allen & Seaman, 2018). These scales incorporate a group of categories asking people to indicate how much they agree or disagree, approve or disapprove, or believe to be true or false.

Participant feedback forms have the advantage of collecting quantitative data since the respondents provide information directly related to specific focus that the project is seeking to clarify. One limitation to using participants feedback forms for this

project is the risk for social desirability. Since this project addressed issues of ageism, a form of discrimination, it could be reasonable that a respondent would answer the questions to put themselves in a positive light. To mitigate this risk, anonymity was offered reducing social pressure, and potential bias of the results.

The participants feedback forms also provided a section for open-ended comments. This type of data is qualitative in nature, providing a broader, more comprehensive understanding to inform the project. Facilitator direct observational data was compiled in the form of a SWOT (strengths, weaknesses, opportunities and threats) analysis for each pilot.

Data Collection and Analysis

The findings from this project are supported by the literature calling for increased focused gerontological education to be present in undergraduate programs as well as across healthcare settings in order to improve negative attitudes towards elder care. The facilitator direct observation results of each implementation of the workshop are described in the attached SWOT analyses (see Appendix D, Appendix E, Appendix F and Appendix G) and the results of the project collected from the participants feedback forms are attached (see Appendix H and Appendix I). Common across all pilots was the lack of previous knowledge regarding the topic of ageism, a noticeable interest in the activities, and ample engagement during the group discussion activities. A major difference between target groups was the emotional reaction that was observed during the professional audience pilot. Subject matter experts were emotional during transformational learning activities where personal assumptions were challenged. The responses were passionate, pointed, and purposeful towards the importance of eldercare delivery and the emphasis it

should have in academia. Whereas, in contrast, the student audience was observably less emotional during the workshop activities. This finding suggests the importance of continuing education for current healthcare professionals and highlights the need to address topics in healthcare education that challenges negative thinking towards specific populations.

Below are the key findings and comments from the two target audiences and a description of the qualitative data collected from each pilot through facilitator direct observation.

Pilot 1 Analysis. This pilot confirmed that the ageism is a relevant topic for the participants and the transformational approach to the activities was engaging and effective. Through facilitator direct observation during the workshop it was noted that there was excellent participation in the activities and attention to the length of the workshop indicated successful use of content. Subject matter experts displayed a positive investment in the overall goal of the project (to increase gerontological content in education) demonstrated through the feedback participant forms and voiced comments throughout the workshop. Passion regarding excellent eldercare delivery was evident through open-discussion time where participants stated, “How it’s going to change in the future we need to be ready for this change/ increase and educate the health care team to provide quality care” and “We need more young people to enable our baby boomers to have some quality care since there will be more people needing care than providers.”

Constructive feedback received allowed for revision of the workshop for increased effectiveness. It was recommended to include additional time during an activity called, “The Age Discrimination Food Truck” where participants were asked to answer three questions and then discuss answers in a group setting. It was suggested there was

not enough time for this activity and more time should be allocated to accommodate for deeper discussion. This recommendation was implemented in the second pilot. In depth analysis was compiled in a SWOT analysis (see Appendix D).

Pilot 2 Analysis. The first pilot with students provided additional insight and information to inform the project goals collected on the participant feedback forms. Participation was good; however, at time overall enthusiasm was difficult to assess. Students had just completed a clinical shift on a busy medical unit which may be the cause of this decrease in energy. Student discussion was conducted however at times required probing. Comments shared displayed thoughtful consideration of the topic of ageism and the future of eldercare provision, stating, “Workshop was very informative. Important topic with an aging population.” Overall, the pilot was successful in accomplishing the intended short-term impact and findings are compiled in a SWOT analysis (see Appendix E).

Pilot 3 Analysis. The third pilot with the second student group provided further validation. Participation was similar to the previous student pilot, discussion was more enthusiastic, and students voiced that new knowledge was acquired during the workshop. Additional learning was observed when participants voiced an increase in self-awareness towards older individuals acknowledging ageistic behaviours and attitude and the impact it has on care delivery, stating, “Better idea of my own perceptions towards “old” people! Wonderful presentation, informative, eye-opening!” and “It was eye-opening to think of the little things that I do that would classify as ageism, i.e. driving.” Overall results aligned with the first student target audience suggesting the projects success. SWOT analysis was completed (see Appendix F).

Pilot 4 Analysis. During the final pilot, student participation and enthusiasm was very energetic, even though the workshop was offered at the same time as the previous pilots. Discussion was active and thoughtful, including a demonstration that assumptions were being challenged and new ideas were being developed, “This presentation was not only informative about the concepts relating to aging and ageism but it helped me question how I have been caring for this population. A course in gerontology and healthy aging would change the way the aging population is cared for!” It could be perceived that the intended impact of the workshop will be experienced differently depending on the participants engagement in the activities and interest in the topic. SWOT analysis is attached describing the pilot (see Appendix G).

Participant Feedback Summary

Subject matter experts reported that they gained new knowledge through the workshop, and, that the activities allowed for personal reflection into their own practice working with an older population. Support that a greater emphasis for continuing education on gerontological concepts should be offered in the practice setting and in undergraduate programs was confirmed by this target audience.

The student participants demonstrated an interest in the topic presented and reported an increased interest and understanding of ageism by the end of the workshop. Strong emphasis was placed on the need for a focused gerontological course in their current undergraduate program with the exception of one respondent who answered no to the question: “Do you believe health care education programs should include a specific course in gerontology and healthy aging?” The respondent did explain their response on the feedback form saying, “I think the programs are being pulled in too many ways. I would find it interesting but between the TRC and leadership, we are taking away from

the medical aspect.” Other comments implied an interest in gerontological studies however voiced concerns that it may take away from other subjects such as medical/surgical nursing.

Table 2 is significant qualitative feedback from the two target audiences, gathered from the participant feedback forms, demonstrating the success, effectiveness, and impact of the project.

Table 2: Participant Feedback Form: Qualitative Data

Subject Matter Experts	Student Target Audience
<p>“The presentation was engaging and informative. Wonderful interaction and visuals. Passionate and knowledgeable speaker.”</p> <p>“Very thorough; all age groups should take a course in gerontology- not talked about enough; too much stereotyping. Very well done!”</p> <p>“By making it humorous it really made me rethink how even I do ageism.”</p> <p>“I thought it was good and well presented.”</p> <p>“Learned that my future as a recipient of healthcare service may be in jeopardy because I am older and there may not be service available for me. I like the use of humor. Great workshop!”</p> <p>“How our society views and under values older adults and places more value on youth. The realization of how large the older population is and will be and how limited resources are for this population. How this relates to and parallels my own experiences and affects everyone. Fantastic work! Thank you!”</p> <p>“How it’s going to change in the future we need to be ready for this change/ increase and educate the health care team to provide quality care.”</p> <p>“We need more young people to enable our baby boomers to have some quality care since there will be more people needing care than providers.”</p>	<p>“This presentation was not only informative about the concepts relating to aging and ageism but it helped me question how I have been caring for this population. A course in gerontology and healthy aging would change the way the aging population is cared for!”</p> <p>“I think nursing programs, though fantastic, have many gaps, but none are as glaring or profound as the absence of a class directly addressing gerontological health.”</p> <p>“Better idea of my perceptions towards “old” people! Wonderful presentation, informative and eye-opening.”</p> <p>“I feel comfortable with my geriatric experiences- I’ve worked 6 years in the hospital.”</p>

Table 3 provides the key findings from the participant feedback forms highlighting the effectiveness of the project, and, implications for future sustainability. The participants were offered a choice of five pre-coded responses ranging from strongly-disagree, disagree, neutral, agree, and strongly-agree. This method captured the respondent's level to which they agreed or disagreed with the particular question. These results produced the evidence to demonstrate how education is an effective tool in creating change, in this case, exposing the need for increased gerontological content for current and future healthcare professionals.

Table 3: *Participant Feedback Form: Quantitative Data*

Workshop Question	Subject Matter Experts	Student Audience
The workshop helped develop a deeper understanding of ageism and how to relate to older people.	70% Strongly Agreed	60% Strongly Agreed
A specific course in gerontology and healthy aging should be included in healthcare education.	100 % Strongly Agreed	95% Strongly Agreed
If offered I would be interested in taking a course in gerontology and healthy aging.	80% Strongly Agreed	75% Strongly Agreed

CHAPTER FOUR: REFLECTION AND RECOMMENDATIONS

Project Sustainability

To build sustainable change regarding gerontological content in undergraduate education it is important to first recognize and acknowledge that the world's demographic is aging. Gerontological education is in desperate need of reform in order to reduce the knowledge-attitude gap towards eldercare and prepare expert geriatric practitioners. A strong strategy to develop sustainability is to create and nurture a partnership between educational institutions, chief health authorities, and current healthcare professionals across all levels and within the clinical organizations (Westwood, Richardson, Latter, Macleod Clark, & Fader, 2018). Healthy collaboration between community agencies and educational institutions is a main strategy to create sustainability, and encourage new healthcare professionals to seek out gerontological studies (Frenk et al., 2010). Alongside local community partners, national healthcare associations provide a platform to discuss and work together to promote ongoing gerontological research and curriculum integration across the nation.

Long-lasting change can occur through the teamwork of passionate, educated professionals driven to work toward ensuring all healthcare professionals are adequately educated in the area of gerontology by matching the specifically educated professionals to see and treat older complex individuals, and to ensure the inclusion of core geriatrics competencies in all health-related curriculum (World Health Organization, 2016).

Focused Gerontological Content

Undergraduate education needs to explore ways in which core knowledge, skills, and attitudes towards older adults can be taught most efficiently and effectively, while

fostering compassion for all persons. To maximize learning student engagement is essential; therefore, designing courses to enhance the commitment to learning is vital. Health professionals are influenced consciously and unconsciously by prevailing societal values, and ageistic attitudes can be displayed in career choices that avoid elder care settings. The recommendation from this project's findings are to begin the work in undergraduate education to incorporate stand-alone gerontological courses alongside integrated gerontological content to reduce ageism through factual theory, positive practice placements, and dedicated time for gerontological content. The influence of undergraduate education on the formation of attitudes towards ageing is a complex phenomenon, however research strongly supports the belief that curriculum needs to incorporate integrated gerontological education, positive exposure to older individuals, and stand-alone courses on aging (Rodgers & Gilmour, 2011).

Project Development Process

The purpose of this project was to demonstrate how focused gerontological content in education is an effective intervention to promote interest towards eldercare delivery. A broader purpose was to contribute to the growing evidence for healthcare education to respond to a need for focused gerontological content in undergraduate programs. I discovered through the project development process that negative attitudes towards gerontology are not predominant not only among undergraduate students but also exist among current healthcare professionals themselves.

Education is found to be an effective and necessary component to improving attitudes, and was found to be lacking in undergraduate education as well as continuing education for current healthcare professionals. As I reflect on the project development

process I have gained an incredible amount of knowledge around the influence societal views have on healthcare delivery. In addition, it is critical to change attitudes and increase knowledge for future healthcare providers for effective transformation towards gerontological education and elder care delivery. Through this process I have developed more confidence in obtaining information and implementing evidence-based ideas to impact healthcare practices.

Major Lessons Learned

Through my graduate education I have gained deeper, broader knowledge of healthcare delivery, how to research and implement new ideas into practice settings, and finally, how important effective teaching is to promote long-lasting change. Prior to my Masters program at the University of Lethbridge I had a limited understanding of project development and an unrealistic view of the ease in which implementing new ideas would be. Projects require motivated, passionate leaders for success and sustainability. Gerontological education is the key to unraveling many other areas of concern in elder care delivery. At the beginning of my journey I was focused on finding a “quick fix” for a certain problem, but as I discovered the complexity around elder-care I came to the awareness that there are no quick fixes and true change takes time. During the project implementation the results spoke to the need for not only gerontological education in undergraduate programs but also in a continuing competency capacity in the practice settings. This was a surprise to me, an unexpected revelation that has opened the door to an area requiring attention. The opportunity to expand this project’s work to meet the needs of current and employed healthcare professionals was revealed. Eldercare is over-run with complex, multilayered problems and certainly can not be fixed with a single intervention, however, this project points to an area where education can be the start to

creating change, impacting current and future healthcare professionals, and ultimately assisting in improving healthcare delivery.

The masters of nursing program have stretched me to a point that was uncomfortable, challenging my thoughts around healthcare delivery, social justice issues, inequities, healthcare, frameworks, and, much more. I leave the program as a more well-rounded, advanced practice professional with the skills, ability, and resources to continue striving towards quality improvement initiatives that ensure excellent care provision for Canadians and moreover, the precious older individuals in our community.

Implications for Nursing Education

This project highlighted the need for undergraduate health-related programs to increase their gerontological content through focused integrated material in combination with stand-alone gerontology courses. This project also discovered that continuing education is an effective strategy to promote positive attitudes, and advanced learning opportunities in healthcare settings among practicing healthcare professionals. The development of gerontological education workshops, in-services, continuing competency expectations, and stand-alone gerontology courses are supported throughout literature and by the findings of this project.

Conclusion

To meet the growing complex needs in elder care, it is essential to inspire interest in the field of gerontology in undergraduate education. In addition to emphasising the importance of gerontological content in programs, attention should be given to how gerontological education is delivered, how content is tracked through programs, and how to attract qualified and enthusiastic faculty to teach gerontological content. This evidence-

based project contributes to raising awareness, increasing knowledge, and demonstrating the effectiveness of educational innovations to adjust attitudes and improve the interest in gerontology. As the aging population demands the need for excellent healthcare services, current and future professionals, government agencies, and, educational institutions must work collaboratively to be properly equipped to meet the unique needs of this valuable population.

REFERENCES

- AHS. (2017). Alberta Health Services. *Emergency Room*. Retrieved from <http://www.albertahealthservices.ca/info/service.aspx?id=6915>
- Alberta. (2013). *Entry-to-Practice competencies for the registered nurses profession*.
- Allen, E., & Seaman, C. A. (2018). Likert scale and data analyses *Quality Progress*. Retrieved from <http://rube.asq.org/quality-progress/2007/07/statistics/likert-scales-and-data-analyses.html>
- American Association of Colleges of Nursing & John A. Hartford Foundation Institute for Geriatric Nursing. (2010). Older Adults: Recommended baccalaureate competencies and curricular guidelines for geriatric nursing care. Retrieved from http://www.aacn.nche.edu/geriatric-nursing/aacn_gerocompetencies.pdf
- Anstee, J. L. K., Harris, S. G., Pruitt, K. D., & Sugar, J. A. (2008). Service-learning projects in an undergraduate gerontology course: a six-stage model and application. *Educational Gerontology, 34*(7), 595-609.
- Baumbusch, J. L., & Andrusyszyn, M. A. (2002). Gerontological content in Canadian Baccalaureate Nursing Programs: Cause for concern? . *Canadian Journal of Nursing Research, 34*(1), 119-129. doi:12122768
- Beckingham, A. C., Van Maanen, T. H., & McKnight, J. (1992). Curriculum innovation for gerontological nursing in Canada: A health for all systems based approach. *International Journal of Nursing Practice, 29*(2), 135-149. doi:[http://dx.doi.org/10.1016/0020-7489\(92\)90004-Z](http://dx.doi.org/10.1016/0020-7489(92)90004-Z)
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. Stanford, CA: Jossey-Bass.
- Bleijenberg, N., Jansen, M. J. M., & Schuurmans, M. J. (2012). Dutch nursing students' knowledge and attitudes towards older people- a longitudinal cohort study. *Journal of Nursing Education, 2*, 1-8.
- Bliezner, R., & Artale, L. M. (2001). Benefits of intergenerational service-learning to human services majors. *Educational Gerontology, 27*, 71-87.
- Boscart, V., McCleary, L., Huson, K., Sheiban, L., & Harvey, K. (2017). Integrating gerontological competencies in Canadian health and social service education: An overview of trends, enablers, and challenges. *Gerontology & Geriatrics Education, 38*(1), 17-46. doi:10.1080/02701960.2016.1230738
- Canadian Nurses Association. (2018). Registered Nurses profile (including Nurse Practitioners), Alberta, 2016 Retrieved from <https://www.cna-aicc.ca/en/nursing-practice/the-practice-of-nursing/health-human-resources/nursing-statistics/alberta>

- Cherry, K. E., & Palmore, E. (2008). Relating to older people evaluation (ROPE): A measure of self-reported ageism. *Educational Gerontology, 34*(10), 849-861.
- Cottle, N. R., & Glover, R. J. (2007). Combating Ageism: Change in Student Knowledge and Attitudes Regarding Aging. *Educational Gerontology, 33*(6), 501-512. doi:10.1080/03601270701328318
- Dehghan Nayeri, N., Gholizadeh, L., Mohammadi, E., & Yazdi, K. (2015). Family Involvement in the Care of Hospitalized Elderly Patients. *Journal of Applied Gerontology, 34*(6), 779-796. doi:10.1177/0733464813483211
- Demir, G., Bicer, S., Bulucu-Böyüksoy, G. D., & Özen, B. (2016). Attitudes of Nursing Students about Ageism and the Related Factors. *International Journal of Caring Sciences, 9*(3), 900-908.
- Deschodt, M., Dierckx de Casterlé, B., & Milisen, K. J. (2010). Gerontological care in nursing education programmes. *Journal of Advanced Nursing, 66*(1), 139-148.
- Dewey, J. (1944). *Democracy and education*. New York: MacMillan Company.
- Esmaeili, M., Cheraghi, M. A., Salsali, M., & Ghiyasvandian, S. (2014). Nursing students' expectations regarding effective clinical education: A qualitative study. *International Journal of Nursing Practice, 20*(5), 460-467. doi:10.1111/ijn.12159
- Eymard, A., & Douglas, D. (2012). Ageism among healthcare providers and interventions to improve their attitudes toward older adults. *Journal of Gerontological Nursing, 38*(5), 26-35.
- Ferguson, V. D. (1994). *The future of nursing*. Albany, NY: Strickland & Fishman.
- Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., & Evans, T. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet, 376*(56), 1923-1958.
- Frost, J., Ranse, K., & Grealish, L. (2016). Assessing ageist behaviours in undergraduate nursing students using the Relating to Older People Evaluation (ROPE) survey. *Australasian Journal on Ageing, 35*(1), 58-61. doi:10.1111/ajag.12260
- Gebhardt, M. C., Sims, T. T., & Bates, T. A. (2009). Enhancing geriatric content in a baccalaureate nursing program. *Nursing Education Perspectives, 30*(4), 245-248.
- Government of Canada. (2002). Canada's aging population. Retrieved from <http://dsp-psd.pwgsc.gc.ca/>
- Graham, J. (2017). Severe shortage of home health workers robs thousands of proper care. Retrieved from <https://homehealthcarenews.com/2017/04/severe-shortage-of-home-health-workers-robs-thousands-of-proper-care/>

- Grocki, J. H., & Fox, G. E., Jr. (2004). Gerontology coursework in undergraduate nursing programs in the United States: a regional study. *Journal of Gerontological Nursing*, 30(3), 46-51.
- Haight, B. K., Christ, M. A., & Dias, J. K. (1994). Does nursing education promote ageism? *Journal of Advanced Nursing*, 20, 382-390.
- Hess, T. M., Birren, J., & Schaie, K. (2006). Attitudes toward aging and their effects on behavior. *Psychology of Aging*, 6, 379-406.
- Hirst, S. P., Lane, A. M., & Stares, B. (2012). Gerontological content in Canadian nursing and social work programs. *Canadian Geriatrics Journal CGJ*, 15(1), 15-21.
- Holroyd, A., Dahlke, S., Fehr, C., Jung, P., & Hunter, A. (2009). Attitudes toward aging: implications for a caring profession. *Journal of Nursing Education*, 48(7), 374-380. doi:10.3928/01484834-20090615-04
- Kite, M. E., Stockdale, G. D., Whitley, B. E., & Johnson, B. T. (2005). Attitudes toward older and younger adults: An updated meta-analysis. *Journal of Social Issues*, 61, 241-266.
- Koren, M. E., Hertz, J., & Munroe, D. (2008). Assessing students' learning needs and attitudes: Considerations for gerontology curriculum planning. *Gerontology Geriatric Education*, 28(94), 39-54.
- Lee, J. A., Garfin, D. R., Vaughn, S., & Lee, Y. S. (2017). Factors associated with gerontological career choice: The role of curriculum type and students' attitudes. *Journal of Nursing Education and Practice*, 8(4), 1-9. doi:<https://doi.org/10.5430/jnep.v8n4p1>
- Lindeman, C. A. (2000). The future of nursing education. *Journal of Nursing Education*, 39(1), 5-12.
- Lyons, C. M., Benefield, L., Holtzclaw, B., DeShea, L., & Wilson, J. S. (2013). Enhancing gerontology in undergraduate nursing programs: The Oklahoma geriatric nursing education workgroup (OGNEW). *Oklahoma Nurse*, 58(4), 8-12.
- MacIntyre, J., & McInnis-Perry, G. (2014). Evaluating and transforming nursing curriculum: Using a modified curriculum model to enhance gerontological content. *Perspectives: The Journal of the Gerontological Nursing Association*, 37(2), 15-22.
- Masters, J. L., & Hooey, L. M. (2009). Encouraging responsible aging through pedagogy: The future self exercise. *Gerontology & Geriatrics Education*, 30, 34-46.
- McBride, A. B. (2000). Nursing and gerontology. *Journal of Gerontological Nursing*, 26(7), 18-27.

- McKenzie, E. L., & Brown, P. M. (2014). Nursing Students' Intentions to Work in Dementia Care: Influence of Age, Ageism, and Perceived Barriers. *Educational Gerontology, 40*(8), 618-633. doi:10.1080/03601277.2013.863545
- Merriam, S. B. (2004). The Role of Cognitive Development in Mezirow's Transformational Learning Theory. *Adult Education Quarterly, 55*(1), 60-68. doi:10.1177/0741713604268891
- Mezey, M., & Fulmer, T. (2002). The Future History of Gerontological Nursing. *The Journals of Gerontology: Series A, 57*(7), M438-M441. doi:10.1093/gerona/57.7.M438
- NurseTheory. (2018). Where do Registered Nurses work? Retrieved from <https://www.nursetheory.com/where-do-registered-nurses-work/>
- Nursing. (2017). *Entry-to-practice gerontological care competencies for baccalaureate programs in nursing.*
- Nursing, C. A. o. S. o. (2015). *National nursing education framework- final report.*
- Nursing, C. A. o. S. o. (2017). *Entry-to-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing.*
- O'Brien-Pallas, L., Baumann, A., Dunleavy, J. . (2001). *Fact Sheet: The aging nursing workforce: some figures and implications for the future.*
- Ordinelli, A. (2017). Its time to close the gap in gerontological education. *Canadian Nurse, 10.*
- Poirrier, G. P. (1994). *The effects of an educational intervention on young adult undergraduate students' stereotypical ageist attitudes toward the elderly.* (D.N.S.), Louisiana State University Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=109872454&site=ehost-live&scope=site>
- Rodgers, V., & Gilmour, J. (2011). Shaping student nurses' attitudes towards older people through learnign and experience. *Nursing Practice, 27*, 13-20.
- Rosen, A. L., Zlotnik, J. L., & Singer, T. (2003). Basic gerontological competence for all social workers. *Journal of Gerontological Social Work, 39*(1-2), 25-36. doi:10.1300/J083v39n01_04
- Rosenberg, M. (2009). The future of training in gerontology in Canada and other random notes. *Canadian Journal of Aging, 28*(2), 93.
- Ryan, M., & McCauley, D. J. (2004). Graduate nurses career choices. *NY State Nurses Association, 35*(2), 5-9.

- Shapiro, A. (2002). A service-learning approach to teaching gerontology: A case study of a first-year undergraduate seminar. *Gerontology and Geriatrics Education*, 23(2), 25-36.
- Statistics Canada. (2017). Annual demographic estimates: Canada, provinces and territories, 2017. Retrieved from <https://www150.statcan.gc.ca/n1/pub/91-215-x/91-215-x2017000-eng.htm>
- Stewart, S. (2015). Coming of age- Attitudes toward older adult population present barriers and opportunities to improve care. *Alberta RN*, 70(4), 24-26.
- United Nurses of Alberta. (2010). Alberta's health system: chronically and dangerously understaffed. *Alberta's nurses at your side on your side*, 34(5).
- Uysal, G., Derya-Beydag, K., Sensoy, F., Ozaydin, N., & Kiyak, M. (2014). Attitudes of students who receive health education in a foundation university regarding age discrimination. *Social and Behavioral Sciences*, 7, 430-434.
- Westwood, G., Richardson, A., Latter, S., Macleod Clark, J., & Fader, M. (2018). Building clinical academic leadership capacity: sustainability through partnership. *Journal of Research in Nursing*, 23(4), 346-357. doi:10.1177/1744987117748348
- William, G., Välimäki, T., Palovaara, M., & Kankkunen, P. (2017). Nursing curriculums may hinder a career in gerontological nursing: An integrative review *International Journal of Older People Nursing*, 12(3). doi:<https://doi.org/10.1111/opn.12152>
- Williams, A. M., & Kulig, J. C. (2012). Health and place in rural Canada. *Health in rural Canada*, 1-19.
- World Health Organization. (2013). *Transforming and scaling up health professionals education and training: World Health Organization guidelines* Retrieved from http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf
- World Health Organization. (2014). Ageing and life course. *Facts about ageing*. Retrieved from <http://www.who.int/ageing/about/facts/en>
- World Health Organization. (2016). *Health workforce for aging populations*. Retrieved from <http://www.who.int/ageing/publications/health-workforce-ageing-populations.pdf>
- Zhou, L. (2007). What college students know about older adults: A cross-cultural qualitative study. *Educational Gerontology*, 10, 811-831.

APPENDIX A: RECRUITMENT LETTER



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Lethbridge, Alberta, Canada
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Phone 403.329.2699
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<http://www.uleth.ca/hlsc>

“Introduction to Ageism”

A Look at Gerontological Content Research Project

My name is Sarah Krogman. I am a masters of nursing student at the University of Lethbridge developing an evidence-based practice project concerning Ageism. I have created a learning resource entitled, “The Effects of Ageism”. I am inviting you to participate in this study by attending a 1-hour presentation where your attendance would be voluntary and you would be asked to complete an anonymous evaluation at the end of the presentation. This project’s aim is to impact elder-care provision through increased education. If you have any questions regarding the project please contact me at sarah.krogman@uleth.ca. Hope to see you there!

“Introduction to Ageism” Presentation

Thursday **JULY 5, 2018**

1500-1600 (with time for discussion)

Legacy Lodge

335 Lettice Perry Rd N, Lethbridge AB

Refreshments provided

Please RSVP to sarah.krogman@uleth.ca by July 3



APPENDIX B: ETHICAL CONSIDERATIONS

ARECCI Screening Tool Results Link:

<http://www.aihealthsolutions.ca/arecci/screening/302907/41bdd4c787b8bab718b265ee54fe69d3>

Introduction to Ageism

LESSON PLAN 2018



Nursing Education in Southwestern Alberta

University of Lethbridge

Sarah Krogman, RN, BN, MN(s)

Introduction to Ageism- Lesson Plan

Developed by: Sarah Krogman RN, BN, MN(s) June 2018

The following lesson plan is intended to introduce learners to the concept of ageism. Organized learning activities guided by Jack Mezirow's transformational learning theory will engage the learner to think about ageism and its effects on healthcare provision. Transformational learning focuses on both instrumental and communicative learning strategies (Merriam, 2004) which this lesson plan utilizes.

- ❖ Instrumental learning focuses on learning through problem solving and determining the cause and effect of relationships. Viewing videos and the completion of a self-assessment quiz allows students to participate in this type of learning.
- ❖ Communicative Learning involves how individuals communicate their feelings, needs and desires. This lesson plan allows time for students to reflect individually as well as in group discussion to facilitate this portion of the transformational learning approach.

The lesson's content is grounded in best nursing practice guidelines obtained from the College & Association of Registered Nurses of Alberta (CARNA) (Alberta, 2013), Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework (Nursing, 2015) and the Entry-To-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing (C. A. o. S. o. Nursing, 2017) to ensure accuracy and relevance for the learner.

The lesson is organized by stages connected to a time frame. Each stage has a specific aim, strategy and intended impact linked to a guiding practice standard. The time of each stage may be adjusted to accommodate the instructor/learners needs.

Materials List:

- PowerPoint presentation via email - sarah.krogman@uleth.ca
- Projector/ Screen
- Private room to allow for group discussion and to promote a positive learning environment
- Whiteboard for brainstorming activities (could also use poster paper)
- Lesson Plan
- “How Do I Relate to Old People” Self Survey- **Handout**
- Age Discrimination Truck Activity- **Handout**
- Likert-Scale Evaluation- **Handout**

This resource is intended for educational purposes to promote an introduction to the concept of ageism and the potential effects it has on healthcare provision. It also seeks to encourage participants to consider the impact Canada’s aging population will have on the future of healthcare.

Questions, concerns, feedback: please contact: Sarah Krogman

sarah.krogman@uleth.ca

Lesson Plan
Introduction to Ageism

Time Frame	Procedure	Stage Aim & Strategy	Materials	Interaction Pattern/ Impact
5 mins.	Introduction	Include: <ul style="list-style-type: none"> - Presenter introduction - Purpose of the presentation - Housekeeping information (bathrooms, how long the presentation is, no cell phones) - Establishing trust and clear expectations 	Slide 1	Instructor-led <i>Establish a positive learning environment for students. Have students begin to think about topic.</i> <p style="text-align: right;">CARNA 5.0</p>
5 mins.	Learning Outcomes	<ul style="list-style-type: none"> - Explain learning outcomes: <ol style="list-style-type: none"> 1. Increased or new knowledge around the concept of ageism and its impact on healthcare 2. An opportunity to complete a self survey to assess your own thoughts, opinions and attitudes towards older people 	Slide 2	Instructor-led

		<p>3. Finally, a brief introduction of the concept healthy aging, and the impact ageism has on care provision.</p> <ul style="list-style-type: none"> - Explain evaluation component 		<p><i>Assess previous personal knowledge of topic, ones' own beliefs, assumptions regarding elder care.</i></p> <p>Learning outcomes developed using Objective Learning Goals- Bloom's Taxonomy of Educational Objectives (1956): Cognitive Skills</p> <p>CARNA 18, 19 CASN 4.2</p>
10 mins.	Why Gerontology?	<ul style="list-style-type: none"> - Question and answers regarding background of aging population. - Allow participants to answer. 	Slides 3-6	<p>Instructor-led</p> <p><i>Provide foundational knowledge regarding importance of gerontology.</i></p> <p>CARNA 19</p>
3 mins.	Education's Importance	<ul style="list-style-type: none"> - Emphasize why gerontological education is important. 	Slide 7	Instructor- led

1 min.	Summary	<ul style="list-style-type: none"> - Summary of information presented. - Pointing out the relevance of the presentation's importance. - Move the presentation now to begin talking about the concept of ageism. 	Slide 8	<p>Instructor-led</p> <p><i>New knowledge, previous knowledge reinforced.</i></p>
3 mins.	Define Ageism	<ul style="list-style-type: none"> - Provide a definition and background information on Ageism 	Slide 9	Instructor- led
5 mins.	<p>Self-Assessment</p> <p>“How Do I relate to Old People”</p>	<ul style="list-style-type: none"> - Allow participants to complete a self-assessment. - Allows for personal reflection and consideration of own ageist behaviours. - Personal assessment and answers will not be discussed to promote an honest, self assessment without fear of judgement. 	Slide 10	<p>Individual assessment by participants</p> <p>CASN 4.2</p>
5 mins.	<p>“The OFFICE”</p> <p>Video</p>	<ul style="list-style-type: none"> - Encourage participants to consider the stereotypes, attitudes, behaviours portrayed in the clip that aligns with the concept of ageism. 	Slide 11	<p>Instructor-participants</p> <p>CASN 4.2</p>

5 mins.	Group Work “What is Ageism”	<ul style="list-style-type: none"> - Allow participants to discuss what examples of ageism they saw in the video clip. - Write words and descriptors on whiteboard or poster paper. 	Slide 12	Instructor-participants
5 mins.	Ageism Examples	<ul style="list-style-type: none"> - Use the visuals to emphasis ageistic ideas. - Allowing participants to consider, through light humor, their own stereotypes, assumptions and ageistic behaviours. 	Slide 13-21	Instructor-participants
5 mins.	“How Old is She?” Video	<ul style="list-style-type: none"> - Clip demonstrates how our assumptions, values and stereotypes influence healthcare practice and the distribution of our resources. - Allow participants to watch considering how we label and place assumptions on others based on our own beliefs. 	Slide 22	Instructor-participants CASN (GERO) 1.1

5 mins.	<p align="center">Food Truck Age Discrimination Project Video</p>	<ul style="list-style-type: none"> - The following clip shows age discrimination. - Participants are encouraged to consider the reaction of those being discriminated against as well as the person creating the inequity. - Hand out worksheet. 	<p align="center">Slide 23</p>	<p>Instructor-participants</p>
5 mins.	<p align="center">Discrimination Activity</p>	<ul style="list-style-type: none"> - Allow participants to answer handout questions. - Then only ask certain students to answer-intentionally discriminating certain students to highlight the power healthcare providers have towards those they care for. - What we value impacts how we distribute our time, energy and attention. - Ensure everyone is allowed to participate once the intention of the discrimination activity is revealed. - Debrief regarding the way this activity aids in understand the affects of ageism. 	<p align="center">Slide 24</p>	<p>Instructor-participants</p> <p align="center"><i>Transformational Learning Activity</i></p>

5 mins.	How Does Ageism Impact Care?	<ul style="list-style-type: none"> - Make the connection from the food truck activity to healthcare provision. - How ageism impacts healthcare provision. 	Slide 25	Instructor-led
5 mins.	Effects of Ageism Group discussion	<ul style="list-style-type: none"> - Brief discussion on the impact ageism has on healthcare- limited access. - Allow participants to provide examples. 	Slide 26	Instructor-participants
5 mins.	Introduction to Healthy Aging	<ul style="list-style-type: none"> - Shift gears by introduction the concept of Healthy Aging. 	Slide 27	Instructor- led
5 mins.	What is Health?	<ul style="list-style-type: none"> - Definition of health and what healthy aging encompasses 	Slide 28	Instructor- led
10 mins.	Visual: Healthy Aging	<ul style="list-style-type: none"> - Use visuals to emphasis healthy aging concept. - Include the transformational learning video clip at the end. 	Slide 29-36	Instructor-participants

	<p>“Millennials: What Old Looks Like”</p> <p>Video clip</p>	<ul style="list-style-type: none"> - Allow for comments after this activity and video clip to allow participants to reflect on the concept of healthy aging. - Demonstrates how ageism impacts our views of older people. - Video demonstrates a shift in thinking about older people. 		
5 mins.	Conclusion	<ul style="list-style-type: none"> - End by reviewing key learning objectives of presentation. - Emphasis on continuing education’s purpose and need to reduce ageism. - Introduction to the last video clip that concludes the presentation. 	Slide 37	Instructor- led
5 mins.	<p>“What Old Look Like”</p> <p>Video</p>	<ul style="list-style-type: none"> - Last video that closes presentation by showing a shift from negative examples of older people to positive ones. 	Slide 38	Instructor- led
5 mins.	Evaluation	<ul style="list-style-type: none"> - Allow for questions or comments. - Ask participants to complete evaluation of presentation. - Provide contact information 	Slide 39	Instructor- led
		REFERENCES	Slide 40-41	

College & Association of Registered Nurses of Alberta (CARNA)

5. Demonstrates a professional presence and models professional behaviour.
18. Has a knowledge base about the contribution of registered nurse practice to the achievement of positive client health outcomes.
19. Has a knowledge base from nursing and other disciplines concerning current and emerging health care issues and trends (e.g., the health care needs of older adults, vulnerable and/or marginalized populations, health promotion, obesity, pain prevention and pain management, end-of-life care, problematic substance use, and mental health).

Canadian Association of Schools of Nursing (CASN): National Nursing Education Framework

- 4.2 The ability to self-monitor ones' beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members.
- 4.4 The ability to articulate a nursing perspective and the scope of practice of the registered nurse in the context of the healthcare team.
- 5.3 The ability to act as a role model for the interprofessional nursing team.
- 6.1 The ability to influence the development of programs to improve health outcomes.
- 3.1 Holistic and comprehensive assessment of diverse clients, to plan and provide competent, ethical, safe, and compassionate nursing care.

Entry-To-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing

- 1.1 Recognized that care of the older person is affected by ageism and societal and personal views related to aging.

APPENDIX D: SWOT ANALYSIS- SUBJECT MATTER EXPERTS

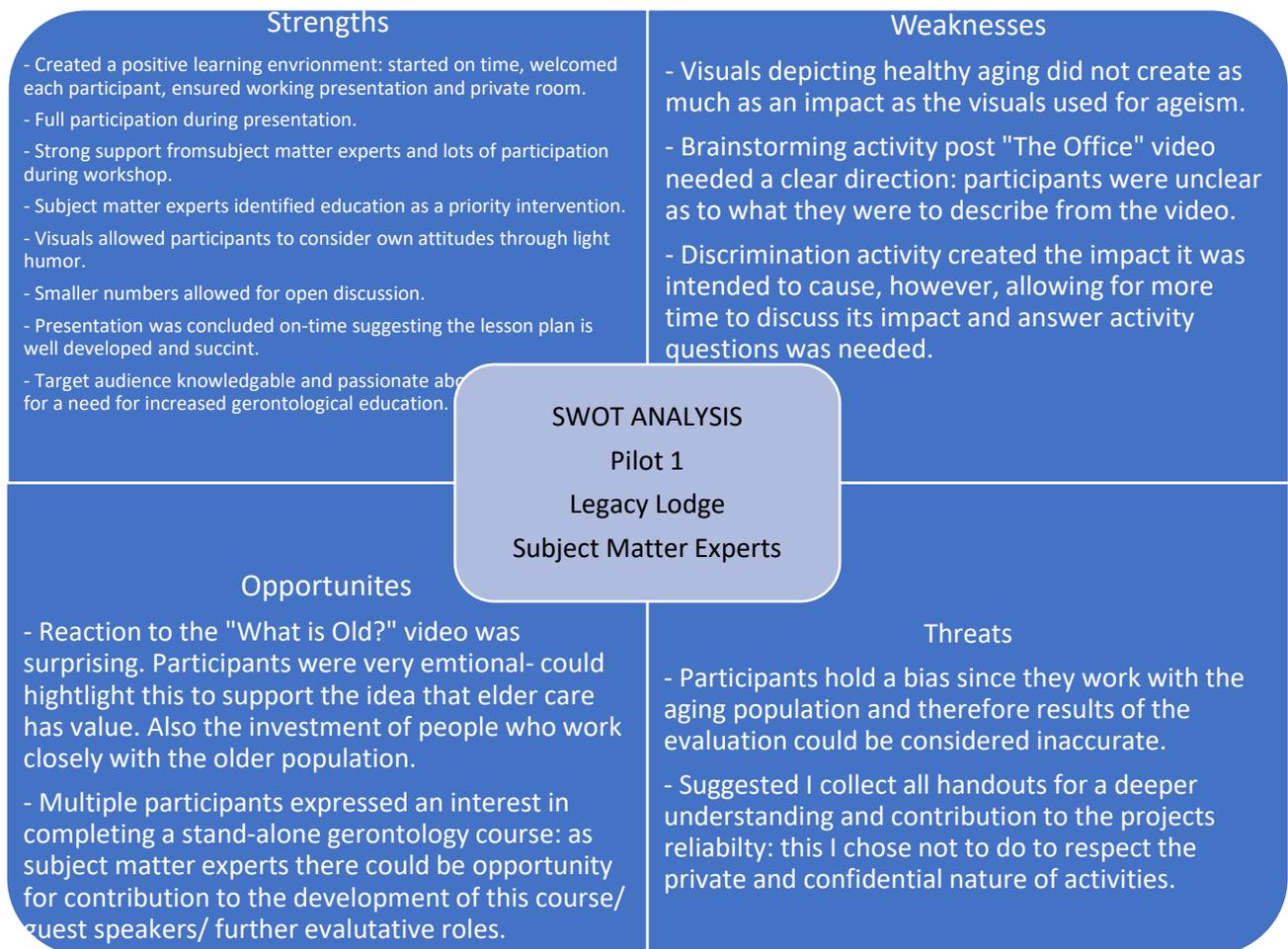
SWOT Analysis: Pilot 1

Legacy Lodge

July 5, 2018

1500-1600

Subject Matter Experts: Professional Audience



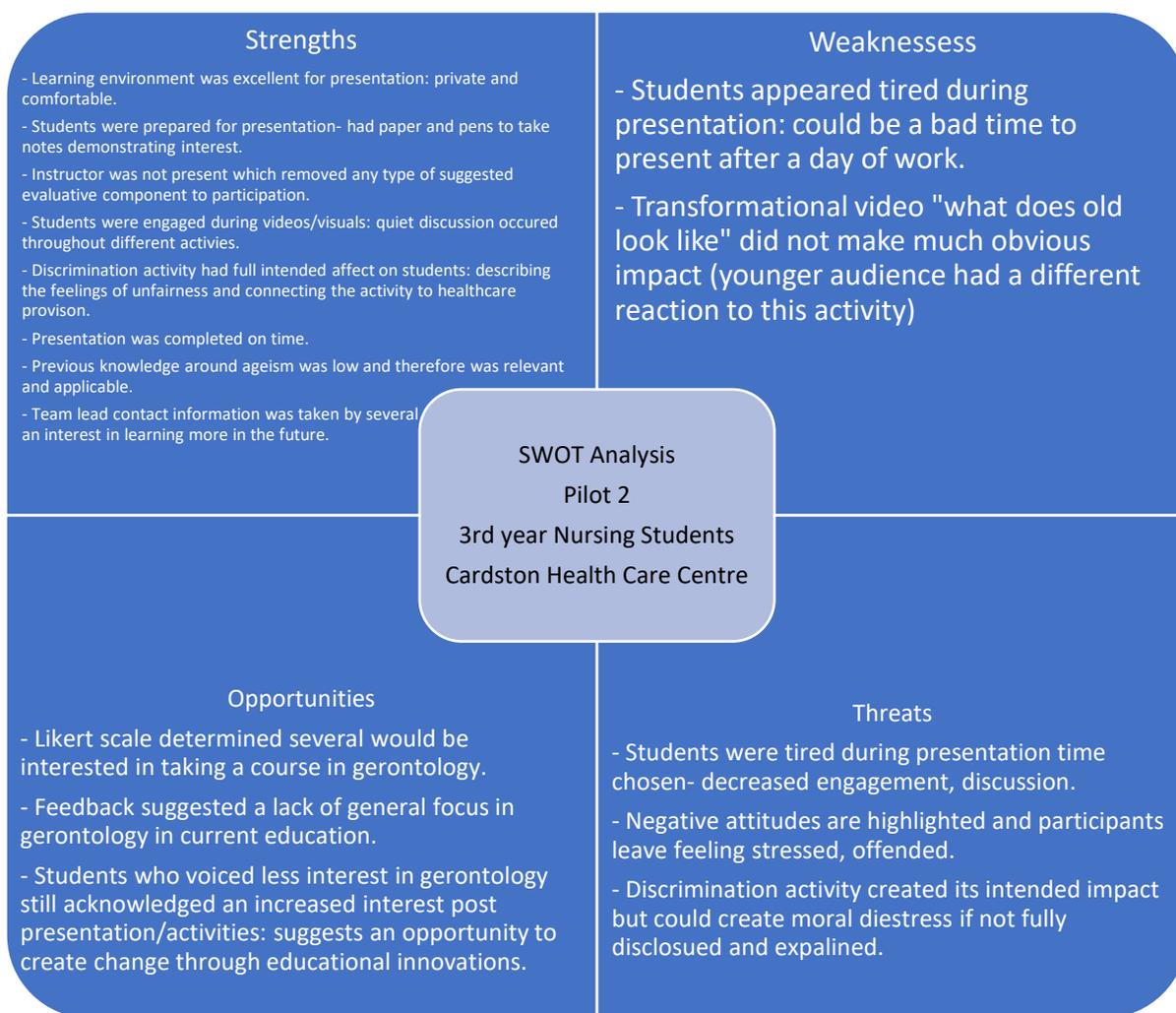
APPENDIX E: SWOT ANALYSIS- STUDENT AUDIENCE

SWOT Analysis: Pilot 2

Cardston Health Care Centre

July 16, 2018

University of Lethbridge 3rd year Nursing students



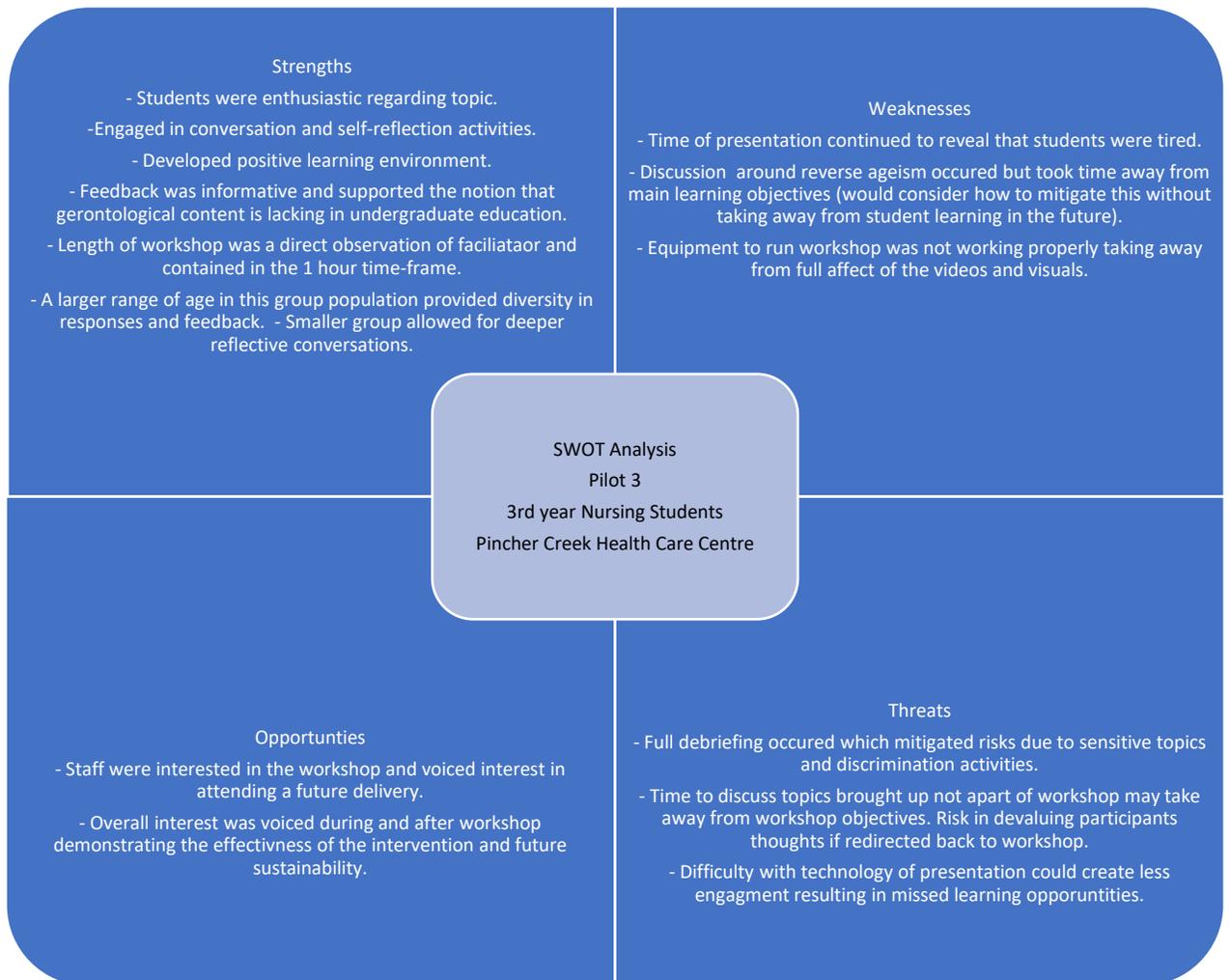
APPENDIX F: SWOT ANALYSIS- STUDENT AUDIENCE

SWOT Analysis: Pilot 3

Pincher Creek Health Care Centre

July 17, 2018

University of Lethbridge 3rd year Nursing students



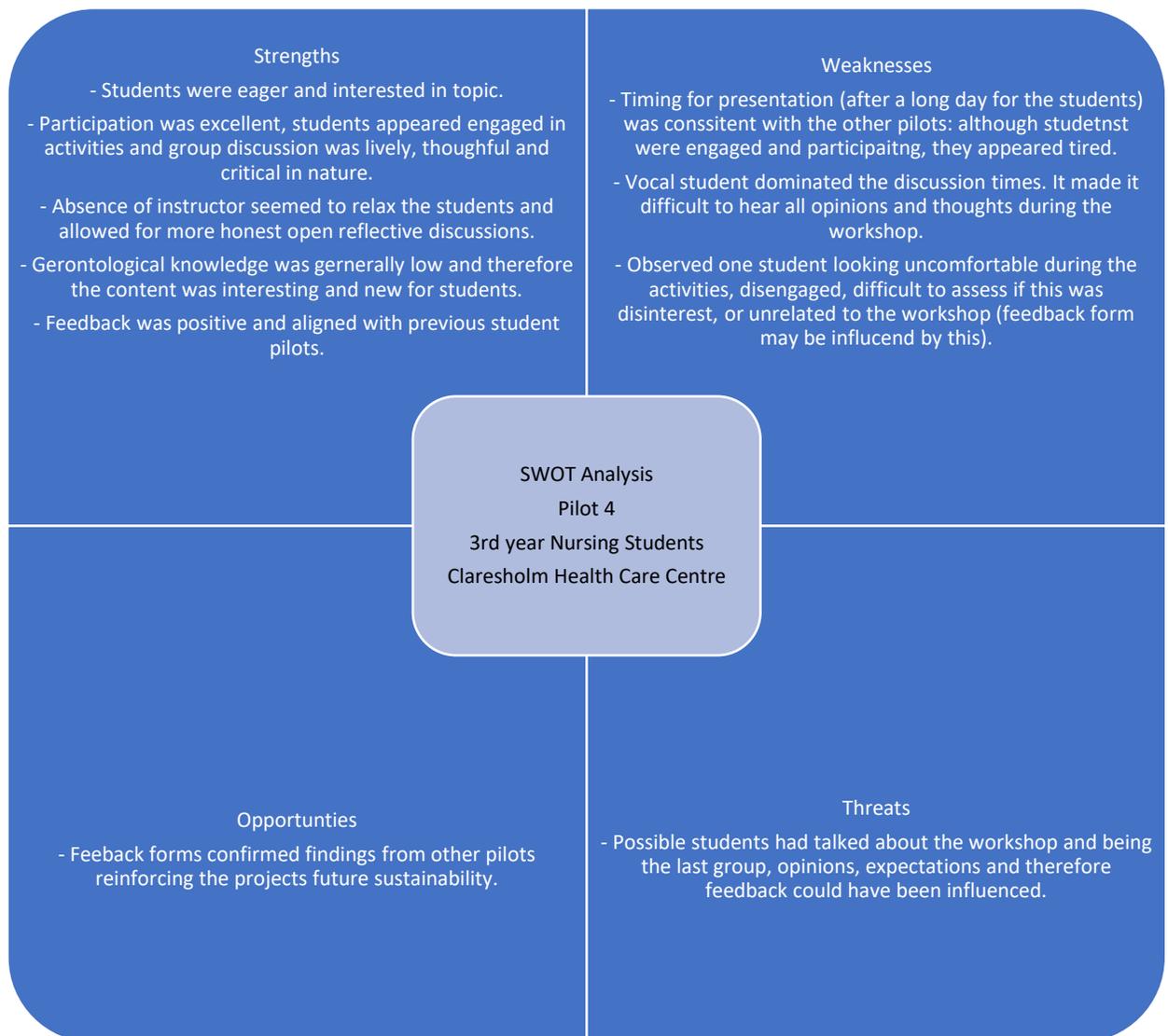
APPENDIX G: SWOT ANALYSIS- STUDENT AUDIENCE

SWOT Analysis: Pilot 4

Claresholm Health Care Centre

July 18, 2018

University of Lethbridge 3rd year Nursing students



APPENDIX H: SUBJECT MATTER EXPERTS FEEDBACK

Legacy Lodge: July 5, 2018

Subject Matter Experts- 10 Participants

Questions related to the Workshop	Results
1. Prior to this Workshop, I could describe ageism and concepts related to aging.	
2. This workshop presented new information about ageism and concepts related to aging.	
3. This workshop helped me develop a deeper understanding of ageism, and how I relate to older people.	
1. Have you taken a specific course in gerontology and healthy aging?	1= Yes 9= No no 90% said
2. Did your health care education program provide a specific course in gerontology and healthy aging?	1= Yes 8= No 1= N/A said no 80%
3. Do you believe health care education programs should include a specific course in gerontology and healthy aging?	10= Yes yes 100% said
4. I am interested in completing a course in gerontology and healthy aging to enhance my professional practice	8= Yes 2= No yes 80% said



Participants Comments:

1. "The presentation was engaging and informative. Wonderful interaction and visuals. Passionate and knowledgeable speaker."
2. "Very thorough; all age groups should take a course in gerontology- not talked about enough; too much stereotyping. Very well done!"
3. "By making it humorous it really made me rethink how even I do ageism."
4. "I thought it was good and well presented."
5. "Learned that my future as a recipient of healthcare service may be in jeopardy because I am older and there may not be service available for me. I like the use of humor. Great workshop!"
6. "How our society views and under values older adults and places more value on youth. The realization of how large the older population is and will be and how limited resources are for this population. How this relates to and parallels my own experiences and affects everyone. Fantastic work! Thank you!"
7. "How its' going to change in the future we need to be ready for this change/ increase and educate the health care team to provide quality care."
8. "We need more young people to enable our baby boomers to have some quality care since there will be more people needing care than providers."

APPENDIX I: STUDENT AUDIENCE FEEDBACK
July 16,17,18 2018

Cardston Health Centre, Pincher Creek Health Centre, Claresholm Health Centre
20 participants

Questions related to the Workshop	Results
4. Prior to this Workshop, I could describe ageism and concepts related to aging.	
5. This workshop presented new information about ageism and concepts related to aging.	
6. This workshop helped me develop a deeper understanding of ageism, and how I relate to older people.	
5. Have you taken a specific course in gerontology and healthy aging?	0= Yes 20= No 100% said no
6. Does your current health care education program provide a specific course in gerontology and healthy aging?	0= Yes 20= No 100% said no
7. Do you believe health care education programs should include a specific course in gerontology and healthy aging?	19= Yes 1= No 95% said yes
8. I am interested in completing a course in gerontology and healthy aging to enhance my professional practice	15= Yes 4= No 1= Maybe 75 % said yes



Participants Comments:

- “I think it allows people to understand their own beliefs on age and open their eyes to what the problem actually is. Workshop brought humor into the topic while also keeping a serious tone.”
- “Loved your presentation! Your content was fun, your pictures were funny, the videos were eye-opening, and your “activities” were also great, made me more self aware and they were not painful!”
- “I liked the videos that were incorporated, as well as the facts about the aging population.”
- “I think a course like this would be much more beneficial to our nursing careers than something like community health. It would be really amazing to learn more about age and how we can encourage people to age healthily. I think that there are a lot of misconceptions around geriatrics, especially in nursing and a course would better help rid of those stereotypes.”
- “Workshop was very informative. Important topic with an aging population.”
- “I think nursing programs, though fantastic, have many gaps, but none are as glaring or profound as the absence of a class directly addressing gerontological health; Keep up the great work, I hope this creates a change.”
- “Better idea of my own perceptions towards “old” people! Wonderful presentation, informative, eye-opening!”
- “It was eye-opening to think of the little things that I do that would classify as ageism, i.e. driving.”

- “The videos I think were most impactful because it provided with a visual and self reflection was also very eye-opening.”
- “I understand the importance of a gerontology and healthy aging course, but honestly it is difficult to be personally interested in it.”
- “This presentation was not only informative about the concepts relating to aging and ageism but it helped me question how I have been caring for this population. A course in gerontology and healthy aging would change the way the aging population is care for!”
- “I learned that aging is a state of mind. I liked the videos that articulated the concepts.”
- “I did not know there were professional bodies to regulate gerontology. Thank you!”
- “It was really good. I personally think that I was previously aware of ageism, however, this helped me further my understanding- thank you.”
- “This was honestly a fantastic presentation. I learned a lot about ageism and just how important it is- especially in healthcare. The videos were relatable and I thought it was incorporated well. Looking forward to seeing/hearing more about this- thank you.”
- “I feel comfortable with my geriatric experiences (I’ve worked 6 years in hospital”.
- “The videos made the presentation interesting while the questions throughout made it very engaging- thank you so much.”