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Maine Geriatric Education Center

University of New England
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Educational Needs Assessment 2010

A Survey of Health Professionals throughout Maine
Who Impact the Lives of Older Adults

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INTRODUCTION

The University of New England Maine Geriatric Education Center (UNE-MGEC) is one of 48 national geriatric education centers, receiving funding through the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services.

The UNE-MGEC partners to develop, implement, disseminate and evaluate evidence-based best practice geriatric education, training, curricula, and resources to meet the geriatric health education needs of Maine's health workforce, health professions faculty and students, community organizations and older adults and their families to improve the quality of health care and quality of life for Maine's older adults. The UNE-MGEC provides a range of health professionals, health professions faculty and students with training, curricula and tools that are relevant to today's older adult population's healthcare needs and expectations, to the imperatives of a rapidly changing healthcare delivery system and to the needs of an aging rural state in which primary care providers and other health professionals, particularly those with knowledge of elder health, are in short supply.

Maine continues to be one of the oldest and most rural states in the nation. In Maine, the impact and characteristics of the Baby Boomer "silver tsunami", the health professions shortage, patient-centric population based care and new payment reform models are all currently occurring. Each has or will have an effect on the ways in which care is delivered to the elder population and ultimately effect the geriatric education that must be planned and delivered to healthcare professionals and students.

This Educational Needs Assessment was conducted to provide UNE-MGEC with the information necessary for designing and improving training and continuing education offerings in geriatrics and gerontology for Maine's healthcare professionals. The term 'healthcare professionals' is intended to be an inclusive category including providers, educators, administrators and public health professionals. For this needs assessment a survey measuring current and future training needs and preferences was conducted with a sample of health professionals in Maine representing a wide array of health related disciplines.

The survey was administered online between December 2009 and April 2010. A total of 324 respondents indicated their preferences for geriatric education topics and delivery methods. The results of this survey will be used to inform UNE-MGEC planning for future training and education initiatives in geriatrics for Maine healthcare professionals.

EVALUATION QUESTIONS

The following questions provide a framework for survey content:

- What are the characteristics of healthcare professionals in Maine serving the geriatric population?
- How specialized is the workforce in the area of geriatrics/gerontology?
- To what extent are healthcare providers in clinical settings using evidence based geriatric care practice?
- What are the learning needs and training preferences of healthcare professionals?
- What are the geriatric related topics that healthcare professionals rate the lowest knowledge of?
- What are the geriatric related topics that healthcare professionals rate the highest interest in?

TARGET POPULATION

The target population for the online survey included the broad range of healthcare professionals serving the elder population in Maine. Specific disciplines included certified nursing assistants, case managers, dental hygienists, dentists, dieticians, long term care administrators, medical assistants, medical directors, occupational therapist, optometrists, pharmacists, physical therapists, physicians, advance practice nurses, physician assistants, podiatrists, public health professionals, registered nurses, social workers, speech therapists, and university faculty.

The goal was also to include geriatric healthcare professionals representing major practice settings throughout the state, inclusive of all 16 counties in Maine. Practice settings included primary care (Federally Qualified Health Centers and other primary care clinics), dental offices, universities, home care, hospital inpatient and outpatient, long term care/nursing homes, assisted living and other residential settings, mental health, and rehabilitation clinics.

SURVEY DESIGN & SAMPLE

A web-based survey was used for this assessment. Content was created based on prior years' needs assessments and input from staff and advisory board of the UNE-MGEC. The survey included questions on demographics, scope of geriatric practice, previous geriatric education and personal learning needs and interests, preferred learning and training methods, interest in certification, and use and interest in social networking. The UNE-MGEC increasingly offers its training programs online so several questions were also asked about access to computers and the internet as well as preferences for training online versus in person.

The survey design was piloted online during late fall 2009 and modifications were made in order to increase ease of completion and improve interpretation accuracy of responses. Several UNE-MGEC collaborators were contacted and asked to complete a demo version of the needs assessment online. Comments were returned via e-mail to the UNE-MGEC Director and changes were incorporated before finalizing the survey for distribution. This feedback resulted in increased clarity of survey instructions and improved survey question flow. In general the survey received positive feedback in ability to respond electronically and understanding of questions. The survey was completed in an average of 15 minutes. The final survey instrument is included in Appendix A.

In order to promote completion of the survey, individuals and organizations on UNE-MGEC distribution lists were contacted via e-mail, provided with a link to the survey, and asked to complete the survey online. Respondents were also asked to forward on the e-mail to others in their professional network that might provide input to the geriatric needs assessment. Follow up contacts were made by phone to several organizations and individuals to increase response rates.

DATA ANALYSIS

A total of 324 responses to the survey were received and data was imported directly from the online survey provider to Excel for analysis. Analysis included descriptive statistics and proportion analysis to evaluate statewide distribution. All data were reviewed by the UNE-MGEC Director and Research Associate. For some questions there was a category of "other" wherein respondents could write in an open ended response. Using these responses, new categories were created where needed or respondents were reassigned to existing categories (for example a nurse also identifying as an EMT was classified as a nurse). Detailed breakdown of these "other" responses are included for questions where the responses in this category were of sufficient number.

In addition, there was a higher than expected number of missing responses for several questions, possibly indicating difficulty in interpreting these questions or respondent fatigue due to the length of the survey. Generally, proportions are presented in this report excluding the missing values from both the numerator and the denominator so that they do not impact the results. However, missing values are noted in the results section, particularly for items where missing values exceed 10% of total.

RESULTS

PARTICIPANTS

A total of 324 responses were received including 272 women (86%) and 44 men (14%) (8 missing). Age was recorded in 10-year age groups and the distribution is as follows:

- 20-29, n=15, 5%
- 30-39, n=51, 16%
- 40-49, n=70, 22%
- 50-59, n=130, 40%
- 60-69, n=49, 15%
- 70-79, n=7, 2%
- Missing, n=2

Respondents came from almost every county in the state and reported a mix of urban (45%), rural (33%), and suburban (22%) residence. Two respondents reported not working in Maine. Using current census data (2008 Maine Estimates), proportions for each county in the state were created and compared to respondents' county of employment. While some counties were overrepresented compared to the population and others underrepresented somewhat, the majority are not significant differences and the representation indicates broad representation from almost all areas of the state.

Respondents were asked to report all professional categories that apply so there were more total professions reported than respondents. Respondents represented a wide variety of disciplines, with the largest group being registered nurses (n=82) followed by social workers (n=50) and case managers (n=32). Although 63 reported "Other" responses, 8 of these were reclassified into existing categories and an additional 29 were reclassified into a new category of administrators or managers in some care setting. A complete listing of other responses is included in Appendix 2. 59 participants reported two or more professional categories.

Table 1: County of Employment

County Name	Count	%	State
Androscoggin	21	7%	8%
Aroostook	35	11%	5%
Cumberland	120	38%	21%
Franklin	5	2%	2%
Hancock	7	2%	4%
Kennebec	12	4%	9%
Knox	1	0%	3%
Lincoln	6	2%	3%
Oxford	2	1%	4%
Penobscot	53	17%	11%
Piscataquis	6	2%	1%
Sagadahoc	3	1%	3%
Somerset	5	2%	4%
Waldo	1	0%	3%
Washington	0	0%	2%
York	38	12%	15%
Does not work in ME	2	1%	NA
Missing	7		

Table 2: Professions of Respondents

Profession	Count
Registered Nurse	84
Other (please specify)	63
Social Worker	51
Case Manager	32
Advanced Practice Nurse	23
Faculty	23
Physician	19
Long term Care Administrator	17
Occupational Therapist	16
Dental Hygienist	11
Dentist	10
Physical Therapist	10
Physician Assistant	8
Medical Director	5
Student	4
Dietician	3
Certified Nursing Assistant	3
Pharmacist	2
Speech Therapist	2
Licensed Practical Nurse	1
Medical Assistant	1

Respondents also worked in a variety of settings as shown in Table 3. The most respondents reported working in a long term care or nursing home setting (n=61) followed by hospital inpatient (n=51) and hospital outpatient (n=45). There were a relatively high number of "Other" responses to practice setting, but many of these were reclassified into existing or new categories leaving only 40 that could not be further grouped. More information on other responses is included in Appendix 2.

The respondents reported a wide range of years providing care and/or services to elder adults as displayed in Table 4.

PRIOR GERIATRIC EDUCATION

Only 7% of respondents reported currently having a certificate of any type in geriatrics or gerontology as shown in Table 5. They were also asked if they were interested in pursuing a future certificate in Geriatrics in their profession with the following results:

- Yes, n=90, 32%
- No, n=102, 37%
- Unsure, n=87, 31%
- Missing, n=45

Additionally, respondents were asked about participation in any UNE-MGEC educational offerings in the past 3 years, answers were:

- Yes, n=69, 22%
- No, n=213, 67%
- Unsure, n=35, 11%
- Missing, n=7

Those who indicated they had participated in a MGEC offering in past three years were asked to also indicate the type or types of offerings they had attended. The most commonly attended was workshop/seminar (n=33, 48%) followed by conference (n=23, 33%) and worksite in-service (n=10, 15%)

Table 3: Practice Setting

Practice Setting	Count
Long Term Care/Nursing Home	63
Hospital Inpatient	51
Hospital Outpatient	50
Educational Setting (faculty)	43
Assisted Living/Residential	42
Home Care	37
Other	31
Primary Care Clinic	28
Rehabilitation Facility	26
Dental Office	19
Educational Setting (clinical faculty supervision/students)	15
Community Health Center	14
Federally Qualified Health Center (FQHC)	14
Mental Health	13
Agency on Aging	9
Educational Setting (student)	6
Community Based Organization	4
State Government	4
Social Service Agency	2

Table 4: Years Providing Geriatric Services

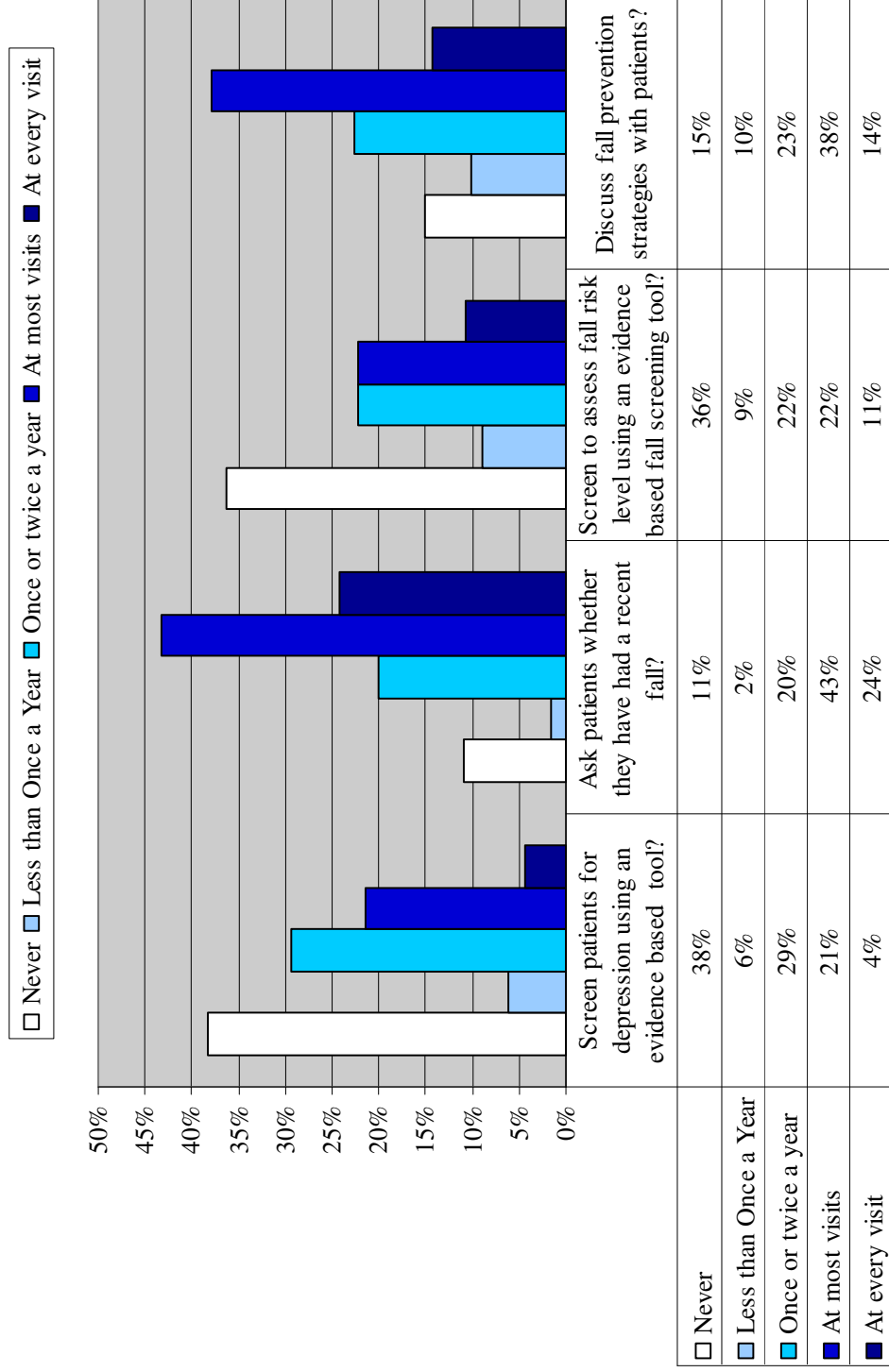| Years	Count	%
1-10	98	31%
11-20	89	29%
21-30	100	32%
31 or more	15	5%
Do not provide services to Geriatric Population	10	3%

Table 5: Certificate in Geriatrics

	Count	%
Yes	20	7%
No	263	92%
Unsure	3	1%

EVIDENCE BASED GERIATRIC CARE PRACTICE

Approximately 141 (44%) of respondents indicated that they currently see patients in clinical practice of any kind. Of these respondents, just over 50% reported half or more of their practice was comprised of patients age 65 or older. All respondents who indicated being in clinical practice were asked follow up questions about their use of evidence based tools in the areas of fall prevention and depression screening. As shown in Figure 1 below. More than a third of respondents indicated never screening patients for depression using evidence based tools. While more than 85% of clinical providers indicated that they query patients about recent falls at least once a year, more than a third indicated never using an evidence based fall screening tool for this discussion. Just over half of clinical providers indicated discussing fall prevention strategies with patients at most or every visit.

Figure 1: Use of Selected Evidence Based Clinical Geriatric Care Practices

	Screen patients for depression using an evidence based tool?	Ask patients whether they have had a recent fall?	Screen to assess fall risk level using an evidence based fall screening tool?	Discuss fall prevention strategies with patients?
Never	38%	11%	36%	15%
Less than Once a Year	6%	2%	9%	10%
Once or twice a year	29%	20%	22%	23%
At most visits	21%	43%	22%	38%
At every visit	4%	24%	11%	14%

TRAINING PREFERENCES

Survey respondents were asked several questions about their training needs and learning style preferences. Just over two-thirds of respondents (n=189, 67%) require continuing education credit (e.g. CEU, CME or university credit) of some type for continued licensure or certification. Respondents were also asked what type of credit is important to them when taking a course. The majority (n=210, 74%) want Continuing Education Credits (CEUs) but about 18% require Continuing Medication Education (CMEs) and 13% prefer to receive college credit.

In terms of access to computers and the internet for online training, all but one respondent indicated having access to a computer, with 236 (84%) reporting access to computers at more than one location (e.g. home and work). Respondents also indicated high-speed internet connectivity with more than half reporting cable modems and almost 40% reporting access to a DSL connection. Only 9% reported a mobile phone as their only internet access.

Table 8 shows the results for training location preferences with 60% preferring going offsite from work for training but 40% preferring completing the training at their workplace, including online.

Table 9 displays the preferred maximum travel distance to attend trainings offsite. Almost half report 21-50 miles as the maximum preferred travel distance but about 1/3 report willingness to travel more than 50 miles. These results are important given the wide geographic span of Maine's providers.

Figure 2 on the next page shows respondents reported likelihood of attending a geriatric education offering for various methods of training delivery, ranging from onsite at work for 1-2 hours to staying overnight at a conference, with various web-based methods also included.

Table 6: Access to Computer & Location

Have access to computer	Count	%
Yes, at home	251	89%
Yes, at work	264	93%
Yes, somewhere else (i.e. library)	23	8%
No	1	0%
Missing	41	

Table 7: Internet Connection Type

Type of Internet Connection	Count	%
Cable modem	148	52%
DSL	110	39%
Modem (dial up)	9	3%
T-1 (Ethernet)	38	14%
Mobile Messaging (e.g. Blackberry, iPhone)	26	9%
Not sure	32	11%
Missing	42	

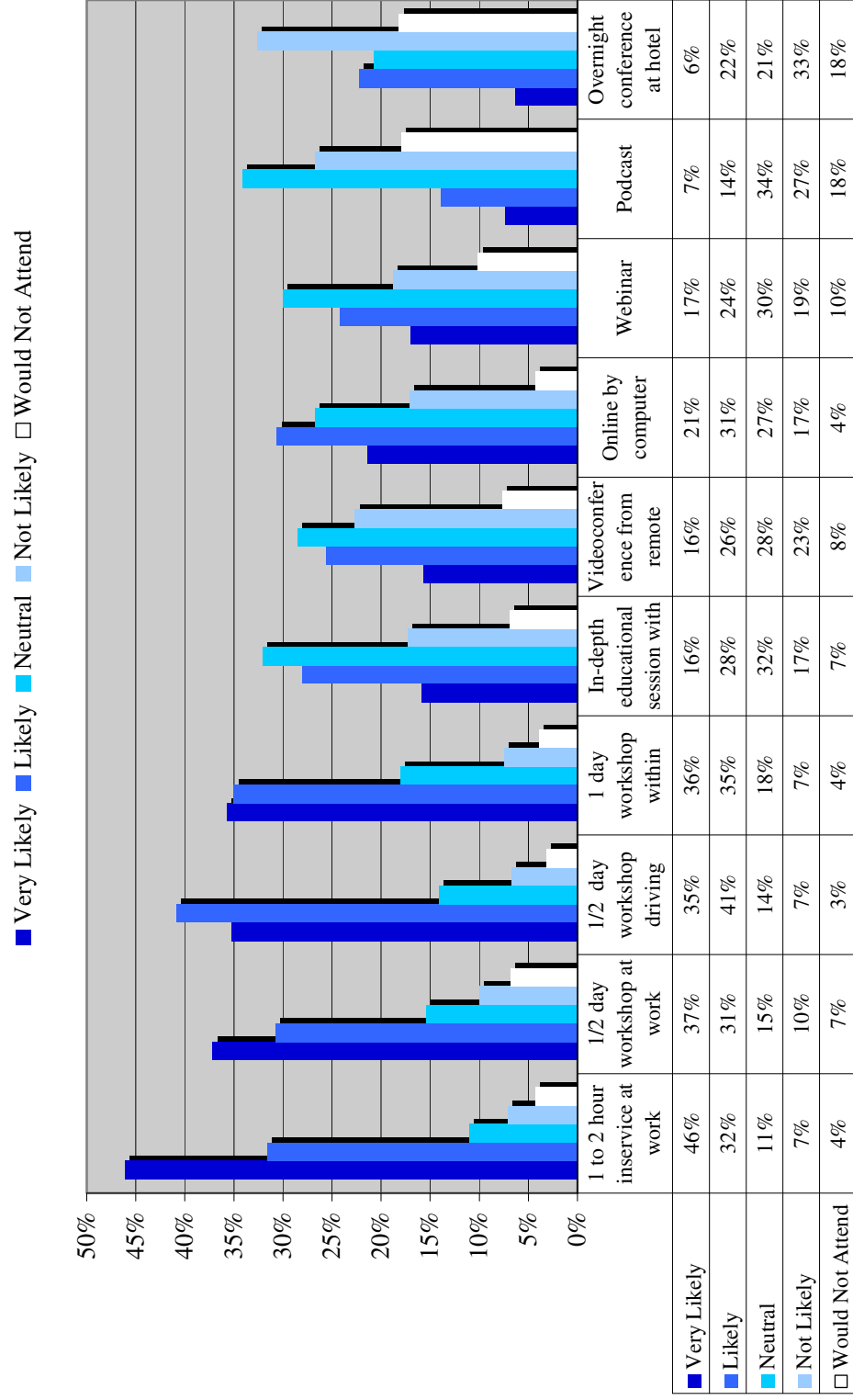Table 8: Training Location Preferences

Training Location	Count	%
Offsite	169	60%
Onsite at work	111	40%
Missing	44	

Table 9: Training Distance Preferences

Range of Miles	Count	%
0-10	13	5%
11-20	47	17%
21-50	127	46%
over 50	92	33%
Missing	45	

Respondents indicated they would be most likely to participate in a 1-2 hour or ½ day workshop onsite at their work (78% and 68% respectively reporting being very likely or likely to attend). This is an interesting finding given that only 40% preferred this method in a previous question. This discrepancy may indicate that some respondents prefer offsite training but are more able to attend onsite training due to cost or time constraints. A majority also indicated a strong likelihood of attending a workshop for ½ day or full day within driving distance of home. Participants were somewhat less likely to report being very likely or likely to attend an in-depth educational session immediately preceding or following a larger conference (44%), a videoconference training being broadcast from a remote location (42%), a webinar (41%), or online by computer in some other way (52%). Conferences or meetings overnight at a hotel and Podcasts were the least likely to be attended according to respondents, with 18% reporting no chance of attending a training in this method.

Figure 2: Likelihood of attending geriatric education offering for each method

	1 to 2 hour inservice at work	1/2 day workshop at work	1/2 day workshop driving	1 day workshop within	In-depth educational session with	Videoconference from remote	Online by computer	Webinar	Podcast	Overnight conference at hotel
Very Likely	46%	37%	35%	36%	16%	16%	21%	17%	7%	6%
Likely	32%	31%	41%	35%	28%	26%	31%	24%	14%	22%
Neutral	11%	15%	14%	18%	32%	28%	27%	30%	34%	21%
Not Likely	7%	10%	7%	7%	17%	23%	17%	19%	27%	33%
Would Not Attend	4%	7%	3%	4%	7%	8%	4%	10%	18%	18%

■ Very Likely ■ Likely ■ Neutral ■ Not Likely □ Would Not Attend

SOCIAL NETWORKING

Table 10 indicates that less than ½ of survey respondents have ever used a social networking site (43%). Of those that have used a networking site, most have used Facebook (93%), with Linked In as the next most commonly reported site used (21%).

Those using social networking sites were divided in terms of purpose with about half using them only for social networking and the other half using them for both professional and social networking. Only 6 respondents (5%) reported using these sites for professional networking only.

All survey participants were asked about their confidence in their ability to use online networking sites. Only 22% reported being very confident and 44% reported being not confident at all as shown in Table 13. Almost half reported being interested in online networking training, should it be made available as a resource.

Table 10: Use of Networking Sites

Ever Used	Count	%
Yes	120	43%
No	162	57%
Missing	42	

Table 11: Networking Site Used (N=120)

Site/Type Used	Count	%
Blogs	9	8%
Facebook	112	93%
MySpace	9	8%
Linked In	25	21%
Twitter	9	8%
Other	2	2%

Table 12: Purpose for Networking (N=120)

Purpose	Count	%
Professional Networking	6	5%
Social Networking	56	48%
Both Professional and Social Networking	55	47%
Missing	3	

Table 13: Confidence in Ability to Use Networking Sites

Confidence Rating	Count	%
Very Confident	62	22%
Somewhat Confident	98	34%
Not Confident	125	44%
Missing/Blank	39	

Table 14: Interest in Online Networking Training

Training Interest	Count	%
Yes	139	49%
No	68	24%
Unsure	78	27%
Missing	39	

KNOWLEDGE & INTEREST RATINGS

Participants were asked to rate a set of possible future UNE-MGEC training topics in terms of their current knowledge of the topic and their interest in learning more about the topic. Likert scale ratings were converted to numbers with 1 indicating no knowledge or no interest and 4 indicating high knowledge of the topic or high interest in learning more. The following tables present the results of these ratings in rank order from lowest to highest using the weighted average of ratings. Areas of lowest existing knowledge, and therefore most potential need for training, are those with lowest weighted average scores (indicated in bold in Table 15). Creativity and aging received the lowest knowledge ratings (68% reporting low or no knowledge) followed by oral health (56% no or low knowledge), motivational interviewing (52%), older adult injury prevention (49%), health literacy (46%) and cultural issues (46%).

Table 15: Ratings of Knowledge

	No Knowledge	Low Knowledge	Moderate Knowledge	High Knowledge	Weighted Averages
					(Ranked from low to high)
Creativity and Aging (e.g. art, music)	**11%**	**57%**	**26%**	**6%**	**2.26**
Oral health	**12%**	**44%**	**32%**	**12%**	**2.45**
Motivational Interviewing	**15%**	**37%**	**37%**	**12%**	**2.45**
Older Adult Injury Prevention (e.g. driving, medication, suicide)	**8%**	**41%**	**40%**	**11%**	**2.53**
Health Literacy	**7%**	**39%**	**48%**	**7%**	**2.55**
Cultural issues	**4%**	**42%**	**47%**	**7%**	**2.56**
Driving	5%	42%	43%	11%	2.60
Emergency preparedness (e.g. community long term care)	6%	43%	36%	15%	2.61
Pain management	6%	29%	49%	17%	2.77
Geriatric assessment	6%	26%	47%	21%	2.83
Interdisciplinary practice	7%	26%	42%	26%	2.86
Social isolation	3%	25%	51%	21%	2.90
Promotion of Health in older age	2%	24%	55%	19%	2.90
Community resources	1%	24%	51%	24%	2.98
Transitions in older age (e.g. change from home to assisted living)	4%	19%	50%	27%	3.00
Depression	2%	16%	60%	22%	3.03
Falls and Injury Prevention	3%	19%	47%	31%	3.07
End-of-life issues	2%	19%	48%	31%	3.08
Knowledge and attitudes about aging	4%	15%	48%	33%	3.10
Elder abuse and neglect	2%	17%	48%	33%	3.12
Advanced Directives	5%	13%	49%	33%	3.12
Caregiving	1%	12%	44%	43%	3.30

The results for interest ratings (higher weighted average indicating more interest are in bold in Table 16) indicated that respondents had the most interest in community resource information (81% reporting moderate or high interest) followed by geriatric assessment (79% moderate or high interest), promotion of health in older age (79%), life transitions in older age (79%), end of life issues (77%), and depression (76%).

Although this analysis has identified the highest need areas for future geriatric education offerings in terms of low knowledge and high interest, the survey ultimately reflected both interest and lack of knowledge in a wide variety of areas beyond the top (or bottom) six noted. Nonetheless, the findings do point to some needed areas for future UNE-MGEC trainings and will be used to inform planning efforts.

Table 16: Interest Ratings

	Percentages				Weighted Averages
	No Interest	Low Interest	Moderate Interest	High Interest	(Ranked low to high)
Advanced Directives	12%	36%	35%	16%	2.57
Driving	10%	32%	44%	14%	2.61
Oral health	12%	35%	35%	19%	2.61
Caregiving	6%	31%	43%	20%	2.77
Health Literacy	6%	28%	44%	22%	2.82
Interdisciplinary practice	6%	28%	41%	25%	2.86
Creativity and Aging (e.g. art, music)	5%	27%	42%	26%	2.87
Knowledge and attitudes about aging	5%	27%	40%	28%	2.89
Emergency preparedness (e.g. community long term care)	6%	26%	42%	27%	2.89
Elder abuse and neglect	7%	23%	45%	26%	2.90
Motivational Interviewing	7%	22%	42%	29%	2.93
Falls and Injury Prevention	5%	26%	37%	32%	2.97
Cultural issues	5%	21%	44%	30%	2.98
Older Adult Injury Prevention (e.g. driving, medication, suicide)	4%	21%	44%	31%	3.02
Social isolation	4%	19%	45%	32%	3.04
Pain management	4%	18%	47%	31%	3.05
Depression	**4%**	**20%**	**40%**	**36%**	**3.08**
End-of-life issues	**4%**	**19%**	**42%**	**35%**	**3.08**
Transitions in older age (e.g. change from home to assisted living)	**4%**	**17%**	**40%**	**39%**	**3.14**
Promotion of Health in older age	**3%**	**18%**	**39%**	**40%**	**3.15**
Geriatric assessment	**4%**	**17%**	**38%**	**41%**	**3.16**
Community resources	**4%**	**16%**	**41%**	**40%**	**3.17**

DISCUSSION

Respondents to the survey represented a wide array of professions and practice settings in all counties of Maine except one, and several respondents representing organizations and agencies providing services statewide. While about 60% of survey respondents reported having provided care to geriatric populations for 11 or more years, only 7% reported having a certificate in geriatrics or gerontology of any kind.

Just under half of respondents were currently working in clinical practice of some kind, and slightly more than half of those in clinical practice (or ¼ of all respondents) reported that their practice was comprised of a majority of patients age 65 or older. When asked about use of evidence based tools and practices in the areas of fall prevention and depression screening, more than a third of clinicians indicated never screening patients for depression using an evidence based tool. More than 85% of clinical providers indicated that they ask about recent falls at least once a year, but far fewer reported using an evidence based fall screening tool at least once a year (55%). Just over half of clinical providers indicated discussing fall prevention strategies with patients at most or every visit. These results suggest that there is room for improvement in clinician use of evidence based screening tools to address depression and fall prevention among elder adults in Maine.

In terms of learning needs and preferences, a slight majority prefers training offsite from their work, but the highest reported likelihood of attending any training method was for onsite at work suggesting that time and money considerations may outweigh preferred learning style when making decisions about attending training. Although most respondents reported access to computers at work and at home, these methods of delivery received lower likelihood ratings than in-person methods of training. Most respondents indicated a high likelihood of attending trainings within driving distance of their home or work for one day or less, with a majority preference for driving less than 50 miles.

In terms of areas of need for future training, creativity and aging, oral health, motivational interviewing, injury prevention, health literacy, and cultural received the lowest knowledge ratings. Three of these identified areas of need will be included in UNE-MGEC training curriculums/programs planned for the upcoming years. The geriatric topics of most interest did not correspond to the areas of lowest knowledge. Community resource information, geriatric assessments, promotion of health and transitions in older age as well as end of life issues and depression were training topics that received the highest interest ratings.

The results of the needs assessment survey, from a broad representation of clinical and non-clinical geriatric service providers, will impart valuable input to the UNE-MGEC strategic planning process and will be used to develop recommendations for future training and educational initiatives as well as to re-assess and confirm current training plans and curriculums.

1. University of New England Maine Geriatric Education Center

Thank you for your interest in the University of New England Maine Geriatric Education Center Needs Assessment. The purpose of this survey is to assess the educational needs and preferences of health care professionals and others who provide services to older adults in Maine. Your participation in this survey will assist UNEMGEC staff to develop educational programs that are relevant and useful to you in your work.

The survey should only take about 10 minutes of your time to complete. Please mark your answers in the appropriate spaces. You may also add written comments.

1. Which of the following best describes your profession? (check all that apply)

- ☐ Advanced Practice Nurse
- ☐ Case Manager
- ☐ Certified Nursing Assistant
- ☐ Dental Hygienist
- ☐ Dentist
- ☐ Dietician
- ☐ Faculty
- ☐ Licensed Practical Nurse
- ☐ Long term Care Administrtor
- ☐ Medical Assistant
- ☐ Medical Director

- ☐ Occupational Therapist
- ☐ Optometrist
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician
- ☐ Physician Assistant
- ☐ Podiatrist
- ☐ Registered Nurse
- ☐ Social Worker
- ☐ Speech Therapist
- ☐ Student

Other (please specify)

[   ]

2. Are you:

- ◯ Male
- ◯ Female

3. What is your age?

- ◯ 20-29
- ◯ 30-39
- ◯ 40-49
- ◯ 50-59

- ◯ 60-69
- ◯ 70-79
- ◯ 80-89

Other (please specify)

[   ]

4. Please select the practice setting that describes the majority of your practice. (select all that apply)

☐ Hospital Inpatient

☐ Hospital Outpatient

☐ Home Care

☐ Dental Office

☐ Assisted Living/Residential

☐ Community Health Center

☐ Rehabilitation Facility

☐ Mental Health

☐ Primary Care Clinic

☐ Long Term Care/Nursing Home

☐ Federally Qualified Health Center (FQHC)

☐ Educational Setting (faculty)

☐ Educational Setting (clinical faculty supervision/students)

☐ Educational Setting (student)

Other (please specify)

[   ]

5. Which of the following best describes your practice location during the majority of the week?

○ Rural   ○ Urban   ○ Suburban

6. Select the county where you work.

◯ Androscoggin	◯ Penobscot
◯ Aroostook	◯ Piscataquis
◯ Cumberland	◯ Sagadahoc
◯ Franklin	◯ Somerset
◯ Hancock	◯ Waldo
◯ Kennebec	◯ Washington
◯ Knox	◯ York
◯ Lincoln	◯ I do not live in Maine
◯ Oxford	

Other than Maine (please specify)

[   ]

7. How many years have you been providing services to the geriatric population?

◯ 1-5	◯ 16-20
◯ 6-10	◯ 21-25
◯ 11-15	◯ 26-30

Other (please specify)

[   ]

8. Do you currently see patients in any type of clinical practice?

◯ Yes

◯ No

2. Questions for Practicing Clinical Providers Only

1. When providing care for geriatric patients age 65 and older, how often do you:

	At every visit	At most visits	Once/twice a year	Less than once a year	Never	N/A
Screen patients for depression using an evidence based depression screening tool? e.g. Geriatric Depression Scale	◯	◯	◯	◯	◯	◯
Ask patients whether they have had a recent fall?	◯	◯	◯	◯	◯	◯
Screen to assess fall risk level using an evidence based fall screening tool?	◯	◯	◯	◯	◯	◯
Discuss fall prevention strategies with patients?	◯	◯	◯	◯	◯	◯

Maine Geriatric Education Center

2. What percentage of your practice is comprised of persons age 65 and older?

( ) 0%-25%   ( ) 51%-75%

( ) 26%-50%   ( ) 76%-100%

3. UNE Offerings

1. In the past three years, have you participated in at least one educational offering sponsored by the UNE Maine GEC focusing on geriatrics, such as Health Literacy, Falls, Depression. Advanced Directives, Elder Abuse and Exploitation, Older Adult Resource Toolkit (OAR)

( ) Yes   ( ) Unsure

( ) No

4. UNE Offering Past Three Years

1. What type of offering was it? (check all that apply)

[ ] Workshop/Seminar   [ ] Online course

[ ] Conference   [ ] Distance teleconference

[ ] Worksite inservice   [ ] Lecture

[ ] Grand Rounds

Other (please specify)

[   ]

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5. Knowledge and Interests

1. Please rate your knowledge in each of the following geriatric education topics:

	No Knowledge	Low Knowledge	Moderate Knowledge	High Knowledge
Advanced Directives	○	○	○	○
Caregiving	○	○	○	○
Community resources	○	○	○	○
Creativity and Aging (e.g. art, music)	○	○	○	○
Cultural issues	○	○	○	○
Depression	○	○	○	○
Driving	○	○	○	○
Elder abuse and neglect	○	○	○	○
Emergency preparedness (e.g. community long term care)	○	○	○	○
End-of-life issues	○	○	○	○
Falls and Injury Prevention	○	○	○	○
Geriatric assessment	○	○	○	○
Health Literacy	○	○	○	○
Interdisciplinary practice	○	○	○	○
Knowledge and attitudes about aging	○	○	○	○
Motivational Interviewing	○	○	○	○
Older Adult Injury Prevention (e.g. driving, medication, suicide)	○	○	○	○
Oral health	○	○	○	○
Pain management	○	○	○	○
Promotion of Health in older age	○	○	○	○
Social isolation	○	○	○	○
Transitions in older age (e.g. change in living situation, home to assisted living, loss of spouse)	○	○	○	○

2. Please indicate your interest in learning more about each of the following geriatric education topics:

	No Interest	Low Interest	Moderate interest	High Interest
Advanced Directives	○	○	○	○
Caregiving	○	○	○	○
Community resources	○	○	○	○
Creativity and Aging (e.g. art, music)	○	○	○	○
Cultural issues	○	○	○	○
Depression	○	○	○	○
Driving	○	○	○	○
Elder abuse and neglect	○	○	○	○
Emergency preparedness (e.g. community long term care)	○	○	○	○
End-of-life issues	○	○	○	○
Falls and Injury Prevention	○	○	○	○
Geriatric assessment	○	○	○	○
Health Literacy	○	○	○	○
Interdisciplinary practice	○	○	○	○
Knowledge and attitudes about aging	○	○	○	○
Motivational Interviewing	○	○	○	○
Older Adult Injury Prevention (e.g. driving, medication, suicide)	○	○	○	○
Oral health	○	○	○	○
Pain management	○	○	○	○
Promotion of Health in older age	○	○	○	○
Social isolation	○	○	○	○
Transitions in older age (e.g. change in living situation, home to assisted living, loss of spouse)	○	○	○	○

3. Please list three(3) geriatric subject areas in which you would most likely participate in an educational offering:

A _____

B _____

C _____

4. Do you have certification in Geriatrics or Gerontology?

○ Yes   ○ Not sure

○ No

5. Would you be interested in receiving a certificate in Geriatrics or Gerontology?

◯ Yes

◯ No

◯ Not Sure

6. Does your profession require continuing education credit for continued licensure or certification?

◯ Yes   ◯ Not sure

◯ No

7. When taking a course, what type of credit is important to you? Check all that apply.

☐ CME (Continuing Medical Education)

☐ CEU (Continuing Education Unit)

☐ College credit

☐ None

8. When participating in an educational offering, what location do you prefer?

◯ Onsite at work   ◯ Offsite

9. Please indicate the likelihood of your attending a geriatric education offering for each of the following delivery methods:

	Would not attend/participate	Not Likely	Neutral	Likely	Very Likely
1 to 2 hour inservice at my work setting	◯	◯	◯	◯	◯
1/2 day workshop at my work setting	◯	◯	◯	◯	◯
1/2 day workshop within driving distance of my home/work	◯	◯	◯	◯	◯
1 day workshop within driving distance of my home/work	◯	◯	◯	◯	◯
Pre/post meeting/conference: in-depth educational session	◯	◯	◯	◯	◯
Videoconference from remote location	◯	◯	◯	◯	◯
Online by computer	◯	◯	◯	◯	◯
Webinar	◯	◯	◯	◯	◯
Podcast	◯	◯	◯	◯	◯
Overnight conference at a hotel or conference center	◯	◯	◯	◯	◯

Other (please specify)

[   ]

10. How many miles are you willing to drive for an educational offering?

◯ 0-10

◯ 11-20

◯ 21-50

◯ over 50

Over 50 (please specify)

[   ]

11. Do you have consistent access to a computer? Check all that apply.

☐ Yes, at home

☐ Yes, at work

☐ Yes, somewhere else (i.e. library)

☐ No

12. Would you participate in online educational offerings?

( ) Yes

( ) No

13. What type of internet access do you have? (check all that apply)

☐ Cable modem

☐ DSL

☐ Modem (dial up)

☐ T-1 (ethernet)

☐ Mobile Messaging (e.g. Blackberry, iPhone)

☐ Not sure

14. Do you use any online social networking media websites?

( ) Yes

( ) No

6. Social Networking Questions

1. Which social media networking sites do you use (check all that apply)?

☐ Blogs

☐ Facebook

☐ MySpace

☐ Linked In

☐ Twitter

Other (please specify)

[   ]

2. Do you use these social networking media websites for:

( ) Professional Networking

( ) Social Networking

( ) Both Professional and Social Networking

7. Social Networking Confidence & Skills

1. How confident are you in your ability to navigate and use social networking sites?

◯ Very Confident

◯ Somewhat Confident

◯ Not Confident

2. Would you be interested in improving your skills or knowledge of social networking for professional networking, education, and/or resource identification?

◯ Yes

◯ No

◯ Unsure

8. THANK YOU!

Thank you for taking the time to answer the UNE-Maine Geriatric Education Center needs assessment survey today.

For questions, or to request a paper copy of this survey, please contact:

Judith A. Metcalf, APRN, BC, MS
Director, UNE-MGEC
(207)221-4459
jmetcalf@une.edu

1. Please use the space below to identify any other comments you might have about geriatric educational offerings in Maine.

2. E-Mail: (optional but please submit if you would like to be entered into L.L. Bean gift certificate drawing)

APPENDIX 2: ANALYSIS OF OTHER CATEGORIES

In the question that asked respondents to indicate their profession, 71 designated themselves as "Other".

Of these, 8 were members of professions included in the discipline categories and were reclassified into the appropriate categories:

- 2 Registered Nurses
- 1 Social Worker
- 1 Faculty
- 1 Long Term Care Administrator
- 1 Dental Hygienist
- 1 Medical Director
- 1 Certified Nursing Assistant

Of the remaining 63 respondents in the "Other" category, the following professional areas were represented:

- 29 Administrator and managers in a variety of settings
- 4 Educators (no specific discipline noted)
- 3 Public Health professionals
- 3 Licensed Counselors/Therapists
- 2 Quality Compliance professionals
- 2 Wound Care Specialists

The remaining "Other" respondents (n=20) were isolated professions that could not be categorized.

In the questions that asked respondents to indicate their practice setting, 69 designated their setting as "Other"

Of these, 38 were reclassified into existing or new categories as follows:

- 9 Agency on Aging
- 7 Hospital Outpatient
- 4 Community Based Organizations
- 4 State Government
- 2 Long Term Care/Nursing Home
- 2 Social Service Agencies
- 2 Home Care
- 2 Rehabilitation Facilities
- 2 Assisted Living/Residential
- 2 Primary Care Clinic
- 1 Hospital Inpatient
- 1 Dental Office

The remaining "Other" practice settings (n=31) were isolated examples and could not be categorized.