Bethany Care Society:
Learning Circles Pilot Project
Final Evaluation Report

Prepared for:

DON MCLEOD, VICE PRESIDENT, ORGANIZATIONAL EFFECTIVENESS
Acting VP, Spirituality and Pastoral Care
BETHANY CARE SOCIETY
916 – 18A STREET NW
CALGARY AB T2N 1C6

Prepared by:

BARRINGTON RESEARCH GROUP, INC.
P.O. BOX 84056
MARKET MALL RPO
CALGARY, AB T3A 5C4
Telephone: 403.289.2221

www.barringtonresearchgrp.com

Contact:

Gail V. Barrington, PhD, CMC, CE
President & Principal Evaluator

Date:

March 15, 2014

Table of Contents

Acknowledgements

This project was funded by the Institute for Continuing Care Education & Research (ICCER). Their support is acknowledged with gratitude.

We are deeply indebted to Don McLeod, Vice President, Organizational Effectiveness and Acting VP, Spirituality and Pastoral Care at the Bethany Care Society for his vision for this project and his guidance throughout.

Special thanks needs to be extended to the Learning Circle facilitators who addressed the challenges provided by a new learning model with such confidence and who assisted this evaluation so willingly:

- Laura lee Altizer, Organization Development Specialist
- Cathy Enarson, RN, Team Lead, Clinical Education
- Dawn Larche, Organization Development Specialist
- Jodi Phillips, RN, Clinical Educator
- Ann Warnock-Matheron, RN, MN, Care Service Manager. MDE and SCU Program

Of course, the project would not have been possible without the interest and participation of the staff members in the three learning circles that comprised this pilot study. Thank you for your enthusiasm and candor!

Finally, my sincere gratitude is extended to Scott Henwood, MA, for his diligence, patience, and support for the research process throughout the study.

Gail V. Barrington, PhD, CMC, CE
President & Principal Evaluator

Executive Summary

Project Description

Funded by the Institute for Continuing Care Education & Research (ICCER) the Bethany Care Society in Calgary wanted to improve ways to build staff capacity. This pilot project was designed with the objective:

> *…to test the learning circle approach as a means of facilitating knowledge transfer by creating a series of learning circles.*

A learning circle is a form of cooperative learning that brings together experienced practitioners in structured collaborative learning groups to discuss topics of mutual interest. The pilot study offered a small scale, low cost way of exploring the feasibility of this concept and improving its design before moving to broader application.

The Bethany Learning Circle Pilot Project examined this workplace learning model in three learning circles. Each addressed a different theme and each was comprised of a different staff mix. They included:

- The Bethany Calgary MDE/SCU Learning Circle—an interdisciplinary team working on the same closed unit providing care for mentally dysfunctional elderly clients
- The Bethany Calgary Registered Nurse (RN) Learning Circle—RNs with Charge Nurse responsibilities; each from a different unit at the same care site
- The Bethany Airdrie Health Care Aide (HCA) Learning Circle—HCAs on day and evening shifts at a site in a satellite/rural community

Originally scheduled for a five-month period between November 2012 and March 2013, due to many contextual and environmental changes during this period, the project was eventually was extended to January 2014.

Evaluation Design

Framed by the philosophy of Appreciative Inquiry (AI) and based on the work of Preskill and Catsambas (2006), a collaborative, democratic, and responsive evaluation process was used that mirrored the learning circles themselves. The evaluation had three objectives:

1. *To contribute to the understanding of the Bethany Care Society with regard to workplace learning and knowledge translation by evaluating the Learning Circle Pilot Project;*
2. *To contribute evaluation findings to the future research agenda of ICCER; and*
3. *To build evaluation capacity among OE team members and other staff at Bethany and partner organizations.*

Throughout the study, data were collected using a variety of tools to track learning circle development and participant knowledge transfer. Two focus groups were conducted with each circle and ten key informants were interviewed. The main limitation to this pilot study was its very small scope but the insights gained here have already proved useful for other institutions and a broader provincial study is planned.

Evaluation Findings

On a small scale, the learning circles had an impact on practice and a number of changes were observed.

- In the MDE/SCU Learning Circle, changes were made to care strategies for specific residents and made a significant difference in the ability of staff to work with these behaviourally challenging residents.
- In the RN Learning observed practice changes included a decreased sense of isolation and positive attitude changes. Fewer calls for support were received by the on-call manager, suggesting that the RNs had more confidence in their own decision making skills.

- Participants in the HCA Learning Circle learned to articulate their needs and made a number of practice changes. A site administrator observed that their overall demeanor was more positive.

The benefits of workplace learning circles were clearly demonstrated:

1. Sharing information and ideas
2. Reducing feelings of isolation and "going it alone"
3. Using a variety of learning methods
4. Creating a safe space for problem solving
5. Producing new knowledge that is owned by participants
6. Developing a group of peers who will support each other beyond the life of the circle

Conclusions

This pilot tested the learning circle approach as a means of facilitating knowledge transfer and can be deemed a success. The creation of safe places for staff to discuss issues, explore new ideas, and reflect on their experiences is a powerful training tool.

Some of the conclusions that can be taken from this small experiment include the following:

- The composition of learning circles can vary according to the training needs of the organization.
- It takes time to build trust and group cohesion in a learning circle, but once it is developed, the group culture remains strong even though membership turns over.
- Topics for discussion are more effective if they emerge from the group's identified needs.
- It is essential to work with management to resolve operational issues such as meeting location, coverage, and scheduling.
- Once positive changes begin to emerge from learning circle activities, management support for learning circles increases.
- The learning circle can be used to strengthen professional identities, clarify roles, develop teams, and provide a safe place for problem solving.
- The collaborative and democratic nature of the learning circle empowers its members to take their new skills and solutions into the broader workplace.
- Learning circles enhance the confidence of their members and allow them to mentor others and to become ambassadors for new practice strategies.
- The learning circle provides new challenges for trainers. They must learn to guide the group without taking control.
- Appreciative Inquiry is a particularly effective and appropriate method for evaluating learning circles.

Recommendations

1. The learning circle approach to workplace capacity building should be expanded both within the Bethany Care Society and in other continuing care facilities in Alberta.
2. Larger trials should be conducted to confirm the findings of this study.
3. Further study should be conducted to determine if practice change resulting from learning circle activities has an impact on resident care.

4. The participants in this pilot project should be congratulated for their efforts and a celebration of their accomplishments should be held.
5. Participants of this project should act as a resource in the future development of learning circles at Bethany and at other continuing care organizations.
6. The findings of this study should be shared with ICCER stakeholders and disseminated in the fields of continuing care and program evaluation.

Project and Evaluation Overview

Learning Circles

Knowledge transfer and increasing the capacity of health providers to integrate best practices into care continue to be both urgent challenges as well as opportunities for quality improvement initiatives in health care. Many organizations spend considerable time and resources on educational initiatives to inform and build the capacity of point of care providers. However, evidence is mounting that traditional education methods for transferring knowledge are not effective. Many research studies have demonstrated that these approaches tend to result in very limited retention rates and that much of what is taught is never transferred to the workplace. It is clear that organizations need to explore new ways of creating workplace learning that are integrated in nature and that lead to actual practice change.

This project explored a new method for creating ongoing learning opportunities with point of care staff where and while they work.

The Learning Circle, which is the focus of this pilot project, is a form of cooperative learning that brings together experienced practitioners in structured collaborative learning groups to discuss topics of mutual interest. This delivery method is based on a number of characteristics from three important learning models. The key characteristics of **adult learning** are evident, including voluntary participation, mutual respect, collaboration, critical reflection, and self-direction (Brookfield, 1986). Elements of the **experiential learning** approach are also applied, including the stages described in the literature: 1) *Concrete Experience;* 2) *Reflection* on that experience on a personal basis; 3) *Abstract Conceptualization* to derive generalizations in order to describe that experience; and 4) *Active Experimentation* to construct ways of modifying the next similar experience (Kolb, 1984). Finally, the concept of **quality circles** is present in this workplace model as workers meet in self-directed groups to improve efficiency, safety, or productivity (Hutchins, 1981), all topics of particular significance in a health care setting.

The potential benefits of a learning circle include:

- Sharing information and ideas;
- Reducing feelings of isolation and “going it alone”;
- Creating a safe space for problem solving;
- Providing an opportunity to use a variety of learning methods;
- Producing new knowledge that is owned by those who are engaged; and
- Developing a circle of peers who will support each other beyond the life of the circle.

A typical learning circle consists of 8-12 people and meetings usually last for approximately 1-1.5 hours. The group is facilitated by a trained leader. These individuals are selected for their knowledge of the workplace context and have been trained in group dynamics. Typically they use strategies to help adult learners work together, analyze problems, and develop common solutions. They strive to maintain

balance in the group, encourage full participation, solve differences, and reinforce learning. Christenson (1983) identified five key processes that need to be addressed for successful group dynamics:

1. The promotion of trust and security in a non-threatening environment;
2. Cohesiveness and bonding of group members;
3. Attention to verbal and non-verbal communications;
4. Shared leadership where individual members are encouraged to prepare and lead group discussions; and
5. Sensitivity to group and individual needs.

The facilitator's task is to help circle members come to some conclusions about what they wish to study, why it is important to do so, how they will approach the learning, and who will be responsible for specific functions or activities (e.g., reading, research, leadership, logistics). Initially they familiarize members with learning circle concepts and then strive to promote a democratic atmosphere and a shared responsibility for learning—not only for the individual but for the group. Once a topic is selected, the facilitator assembles background materials as a catalyst for discussion. These can be print, video, audio, or interactive materials. Participants are expected to review the material prior to each circle meeting. Once together, participants discuss difficult, open-ended questions and are offered the chance to learn from each other's experience. Following the discussion, participants reflect on their learning and consider how they will apply it in the workplace. At the end of the meeting, the discussion is summarized. Once back in their workplace, participants experiment with their new skills and knowledge and report back at the next meeting.

For learning circles to be successful, consideration must be given to a number of operational issues, including the number of members in the circle, the diversity of group membership, the frequency of activities, scheduling, timing of meetings, location of meetings, and workplace support or coverage while participants are away from their normal duties.

Project Rationale

The Bethany Care Society in Calgary wanted to improve ways to build staff capacity. Many challenges had been faced in providing learning experiences for staff. Uptake on employer-supported skills training tended to be poor and few practice changes had resulted from the training provided. Learning circles appeared to be an attractive capacity-building tool. They are located at the workplace, are of brief duration, and place a limited strain on resources and staffing. A learning circle pilot project was designed to test this capacity building approach with small staff groups.

The purpose of the pilot project was as follows:

> *…to test the learning circle approach as a means of facilitating knowledge transfer by creating a series of learning circles.*

Funding for this evaluation was provided by the Institute for Continuing Care Education & Research (ICCER). It should be noted that the Institute is currently seeking funding from the Network of Excellence

in Seniors' Health & Wellness, Innovation Fund, Covenant Health to conduct broader workplace research based, in part, on the findings of this evaluation.

In early 2013, three learning circles were implemented by the Bethany Care Society. Each addressed a different theme and each was comprised of a different staff mix.

Learning Circle	Membership	# of Participants	Objective
The Bethany Calgary Complex Dementia Care Learning Circle	An interdisciplinary team working on the same closed unit providing care for mentally dysfunctional elderly clients (MDE/SCU)	6	*To build interdisciplinary team capacity in managing behaviours in complex dementia care.*
The Bethany Calgary Registered Nurse (RN) Learning Circle	RNs with Charge Nurse responsibilities; each from a different unit at the same care site	8	*To explore ways to increase RNs' critical thinking skills in leadership and decision making.*
The Bethany Airdrie Health Care Aide (HCA) Learning Circle	HCAs on day and evening shifts at a site in a satellite/rural community	6	*To build HCA capacity in terms of clear communications and effective teamwork.*

A fourth learning circle was piloted by Excel Society Residential Services in Edmonton. These evaluation findings will be reported separately.

Project Context

The constant change in the health care environment has become a fact of life for most staff. However, this project occurred in a period that was probably more turbulent than most. Several major events happened in 2013 which exerted a significant impact on Bethany itself and on learning circle facilitators and participants:

- An accreditation process for the Bethany Care Society occurred early in the project and placed heavy preparation requirements on staff, especially for the Organizational Effectiveness (OE) team. It delayed the start-up of the learning circles.
- Changes to the government funding model for long term care had significant implications for the organization. In particular, the Bethany management structure changed so that Client Service Managers (CSMs) were now responsible for two units rather than one. This had a significant effect on the RNs, some of whom found themselves to be in Charge Nurse roles. Other impacts of the budget cutbacks included job losses, staff re-location and position bumping due to seniority. These changes affected participants' attitudes.
- A major flood occurred in Calgary in June 2013. It not only affected the lives of Calgary citizens in general but affected some staff who experienced personal disruptions of various kinds.
- One of the MDE/SCU facilitators became the MDE/SCU unit manager, a significant change in role.
- There was some on-going turnover in the membership of the MDE/SCU and RN groups during the project.

- Towards the end of the study period, a major staff rotation at the Airdrie site had a negative impact on the mindset of the Health Care Aides.

The pilot was originally scheduled for a five-month period between November 2012 and March 2013 but due to these and other scheduling difficulties the project timeframe eventually was extended from November 2012 to January 2014.

Evaluation Philosophy

The evaluation was framed by the philosophy of Appreciative Inquiry (AI) (Preskill and Catsambas, 2006). This approach that has been found to be particularly successful when:

- The organization is interested in using participatory and collaborative approaches to evaluation;
- The members of the organization are open and committed to individual, group, and organizational learning;
- There is a desire to build evaluation capacity;
- The evaluation includes different stakeholders;
- The evaluation needs to be efficient with regard to time and cost;
- The organization values innovation; and
- The organization is engaged in organizational change and wants to use the evaluation as a means for assessing readiness and preparing members for change.

For this project, AI was particularly relevant because the learning circle process is collaborative, democratic, and responsive. AI uses group processes to inquire into, identify, and further develop the best of "what is" in an organization in order to create a better future. Underlying the approach is a belief that the questions we ask are critical to the world we create. Organizations move towards what they study. Instead of focusing on problems and what is not working, AI allows participants to discover what is working particularly well and then to envision what it would be like if these positive outcomes occurred more frequently. This asset-based approach emphasizes the strengths and resources of people and their environments, fostering problem-solving capacities, and moving towards development and growth.

There are four phases to the AI approach, and it was envisioned that they might develop as follows:

1. **Inquire**: Appreciate the best of "what is." Appreciative interviews are conducted. Typical questions might include: *Think back on your experience with the learning circle so far and remember a time when you felt most energized by it. What happened? What contributed to this success?*
2. **Imagine:** Determine what might be and conduct a dialogue of possibilities, creating and validating the vision. A focus group discussion might evolve from the following: *Imagine that it is two or three years from now and learning circles are being implemented in many long term care facilities in Alberta. How has the approach to workplace learning changed in your organization? What systems and supports have facilitated these changes?*

3. **Innovate:** Ask what should be, set new strategic directions and align systems and processes with the vision. A strategy or action planning session might be conducted to build a bridge from successful experiences and visions into clear and specific actions that will move in the desired direction. Sometimes provocative propositions are crafted to describe the desired future state and to stimulate action.

4. **Implement:** Navigate the change, implement the innovation, monitor progress and evaluate the results. Participants select a topic over which they have influence, declare the actions they plan, and self organize to implement this change. They monitor the effectiveness of the initiative and observe gains made. Subsequently, they celebrate the work that has been accomplished and chart future directions.

Because the AI approach clearly matched the collaborative, emergent, and democratic nature of the learning circles themselves and because it offered a positive focus in a difficult and stressful time, it was welcomed by both staff and participants. They responded willingly to the evaluation process.

Evaluation Design

The evaluation had three objectives:

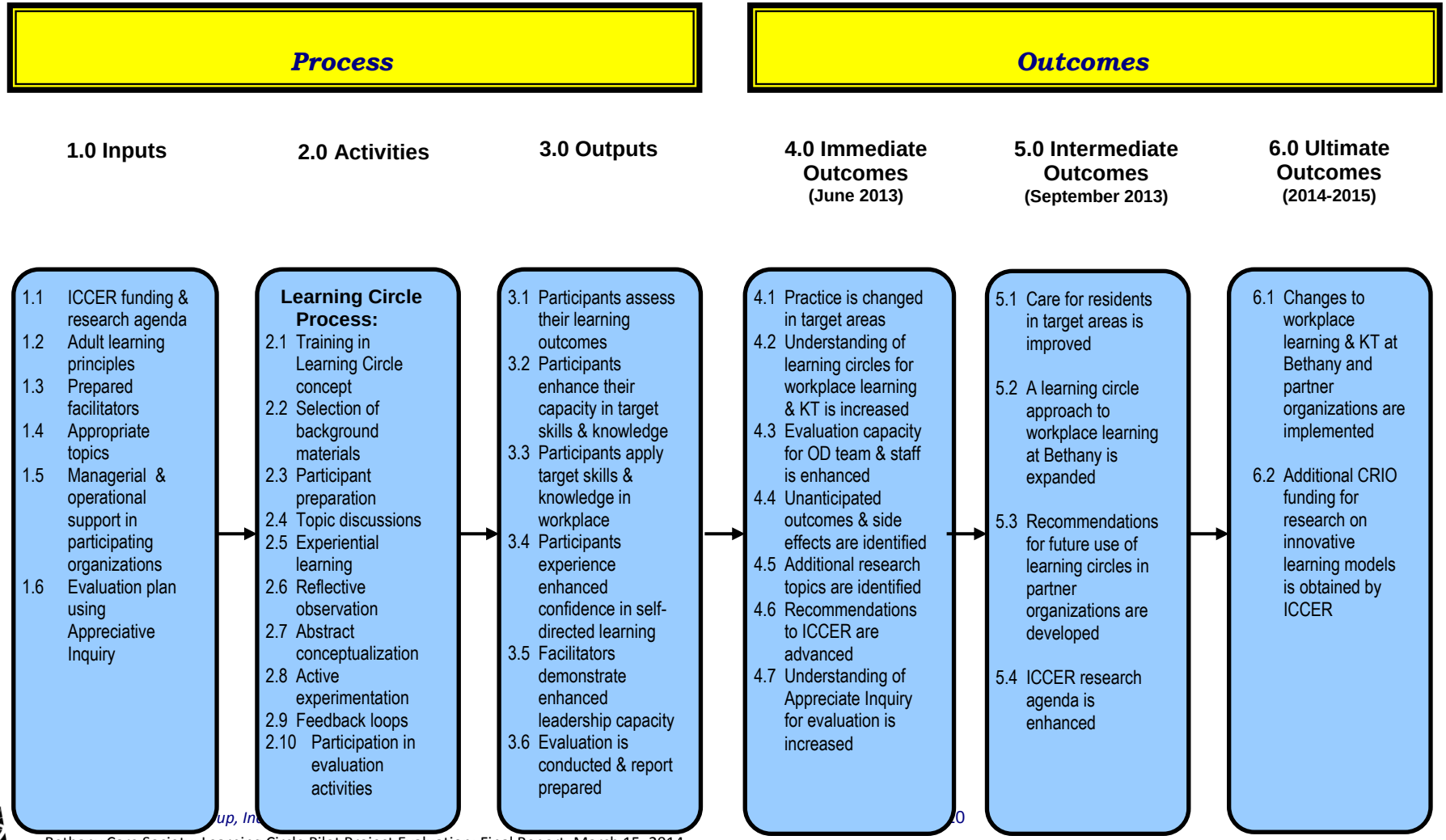
4. *To contribute to the understanding of the Bethany Care Society with regard to workplace learning and knowledge translation by evaluating the Learning Circle Pilot Project;*
5. *To contribute evaluation findings to the future research agenda of ICCER; and*
6. *To build evaluation capacity among OE team members and other staff at Bethany and partner organizations.*

In order to develop an evidence-based approach to the evaluation, a logic model was designed[1] to reflect program assumptions. It is provided on the following page. The related evaluation framework or Data Collection Matrix (DCM) is provided in the Appendix.

Five data collection tools were developed collaboratively by the evaluator and learning circle facilitators. They were customized for each circle. Sample tools are provided in the Appendix. All participants completed an Informed Consent Form and study data were handled with attention to issues of privacy, confidentiality, and security.

[1] Rossi, P. H., Lipsey, M. W.,& Freeman, H.E. Evaluation: A Systematic Approach. 7th edition. Thousand Oaks: Sage. (2004).

Learning Circles Pilot Project



Throughout the study, data were collected as follows:

- Self-assessment Capability Questionnaire[2]—administered after Meeting #3 (n=16 participants);
- Knowledge Transfer Questionnaire—administered after Meeting #6 or 7, the end of the pilot period (n=16 participants[3]);
- Learning Circle Tracking Sheet—completed jointly by the facilitators after each learning circle meeting (n=23 Tracking Sheets);
- Two Focus Groups per Learning Circle—conducted by the evaluator during Meetings #3 and #6/7;
- 10 Key Informant Interviews—conducted by the evaluator: facilitators (n=5), unit managers (n=3) and administrators (n=2).

In order to capture emergent project developments and to track results, two Rapid Response Reports were produced during the study period. Results were shared with Bethany staff.

Evaluation Risks and Benefits

A risk was identified at the outset of the study about the ability of facilitators to schedule meetings in these busy and under-staffed health care settings. The demanding work environment was seen as a possible hindrance to members being able to attend meetings as planned. Throughout the study, the evaluator and facilitators made every attempt to collect data in ways that were both feasible and appropriate.

The main limitation to this pilot study was its very small scope. The Learning Circle meetings were only an hour long, they occurred only once a month at best, there were typically between three and eight members in attendance, and they were conducted during a period of significant organizational and community change. While some quantitative data were collected, the small numbers mean that results should only be viewed as trends. More extensive qualitative data were obtained but again the information, comments and perceptions only reflect the views of those who offered them. As a result, it is important to have modest expectations when it comes to looking for outcomes.

The good news is that this pilot has already lent its design, evaluation approach, and early lessons to the development of a broader study, currently in the proposal stage. The insights about learning circles which have been gained here may be useful for other institutions and have already been used by a facility in Edmonton. The findings of this study may also inform future studies.

Evaluation strengths included:

- Extensive involvement of the OE Team in study design, data access, instrument development, and report preparation to ensure appropriateness, relevance, and clarity;
- Adherence to the Code of Conduct of the Canadian Evaluation Society and to the Guiding Principles of the American Evaluation Association by the evaluator;

[2] Note that the Capability Questionnaire and the Knowledge Transfer Questionnaire were modelled after work initially prepared by Lynette Gillis, PhD, Centre for Learning Impact (© 2009 CSTD) but with permission were revised substantially to address the specific objectives of this project.

[3] There was some turnover in learning circle membership so several individuals only completed one of these two tools.

- Use of accepted research and evaluation methods for all data collection and analysis;
- Adherence to privacy and confidentiality requirements and maintenance of data security; and
- Extensive evaluator experience in studies of a similar scope and nature.

What follows are the summarized findings of the information obtained from the Learning Circle Tracking Sheets, the Capability and Knowledge Transfer Questionnaires, the two sets of focus groups (conducted with each learning circle at mid-point and at the end of the study) and a final series of reflective interviews conducted with facilitators and administrators. The information is organized by learning circle and by general topic or theme as reflected in the logic model and DCM. Qualitative data were analyzed using MAXQDA software and coded based on the DCM and on emergent coding techniques.

Complex Dementia Care/MDE/SCU Learning Circle

The Complex Dementia Care/MDE/SCU Learning Circle involved a multi-disciplinary group of care staff serving the 22-bed unit, including RN, HCA, and LPN representatives, the Unit Clerk, and the Recreational Attendant. The focus of the learning circle was to build interdisciplinary team capacity. The goal was stated as follows:

To increase staff knowledge in managing behaviours in complex dementia care.

Across the seven meetings held during the study period, key activities included the following:

- Reviewed types of dementia
- Discussed observed resident behaviours, successful strategies used, and reflection on the effectiveness of new strategies
- Reviewed and discussed *Supportive Pathways Meaning of Behaviour* materials
- Discussed the University of Alberta study, *Safer Care for Older Persons (in residential) Environments* (SCOPE) project which focused on frontline caregivers in nursing homes and quality improvement strategies using the *Plan-Do-Study-Act* (PDSA) rapid change care cycle
- Explored underlying assumptions as part of understanding "Meaning behind Behaviour"

The learning circle got off to a good start but the group climate shifted following the announcement of budget and staff cuts. Two members of the group moved away from the unit and no longer attended. Eventually new members joined. Sessions were cancelled in May and June because of the many dynamics occurring during this period. Only three participants attended Meeting #4, held in July, and Meeting #5, scheduled for August, was postponed until September due to staff illness, vacations, and residual issues associated with unit changes. Following this, the meetings began to occur more regularly and continued post-study into 2014.

MDE/SCU Learning Circle Process

It is interesting to track the story of the MDE/SCU Learning Circle's development over the course of this eventful year through the eyes of the facilitators, meeting by meeting, as recorded in their Tracking Sheets.

MDE/SCU Learning Circle Facilitator Observations
LC #1, Feb. 6, 2013 **Attendance: 4** • Staff described their particular approach as it related to individual residents • Examples given were very focused on the individual resident and strategies that worked for each one • Need for staff on unit to be more "resident focused". • The comment was made, *What's best for us? No. We need to do what's best for them. Yes.*
LC #2, March 6, 2013 **Attendance: 5** • Observed the energy & passion of group members • Several members asked for "handout" in preparation for next learning circle • Need to be more cognizant of time factor as a facilitator, although participants were accommodating

MDE/SCU Learning Circle Facilitator Observations
• Acknowledged each others' contributions and perspectives as "team members," those who provided direct care versus those who did not. • Identified triggers/behaviours and interventions specific to the resident.   - Were very specific identifying what had changed for the resident in their observations of assessments, e.g., identified underlying causes for behaviours: physical conditions, environmental factors, social factors
LC #3, April 6, 2013 **Attendance: 6** • Challenging today: However believe we did a good job of being very sensitive to the group dynamics of emotions related to cutbacks/new staff alignments … lots of grief & anger. • Atmosphere of group very somber to begin with but able to turn it around as discussion turned to the residents. • Talked about sharing as a "community" the strategies for each resident and how this may work best. • Facilitated a visual exercise which assisted group dynamics.
LC #4, **July 3, 2013** **Attendance: 3** • Encouraged full participation - everyone shared individual resident details and strategies. • New member was introduced and eager to participate…very engaged, felt the learning circle was very valuable and that she learned a great deal today • Participants shared experiences/strategies for interventions with residents using Supportive Pathways framework. • Strategies were confirmed and validated by colleagues. Discussion held of most appropriate times/scenarios to use approaches.
LC #5, September 4, 2013 **Attendance: 4** • Having another new group member changed the dynamics…revitalized the group and gave a different perspective. New member asked some good questions that encouraged others to think differently…; however facilitators need to temper her enthusiasm somewhat so it does not exclude other group members. Encourage non-care staff to share valued input. • Discussion held about specific resident; participants really drew upon the previous discussion on Supportive pathways to explore “Meaning behind behavior.” Went even further to reflect upon understanding the person behind that behaviour and the “whys.” • Group concluded with plans to experiment with different strategies for behaviours of specific resident and will provide feedback at next learning circle. Participants taking ownership. • Staff was supportive with one another when brainstorming possible care strategies.
LC #6, October 7, 2013 **Attendance: 5** • All members of the group participated today and discussion was not dominated by any of the participants. Feel all group members spoke freely and they commented on discussion by others. • Group reflected on the strategies that were implemented and also noted the change in the resident’s recent responses over the past week. • They reviewed the behavior tracking sheet and saw that responses had changed and discussed rationale for these changes. • They reflected on the “meaning behind the behaviour” given the resident’s history and on the resident’s habits. • They discussed how one of the tasks they normally did could be contributing to the resident’s responses. From this, they developed an action plan. • The group was very energized and cohesive today, discussed another plan for the resident and identified concrete steps to implement the plan across all of the shifts. • They took into account variables that could impact the plan and implemented strategies to account for them.

MDE/SCU Learning Circle Facilitator Observations
LC #7, November 6, 2013 **Attendance: 5** • All members of the group participated; new group member felt at ease and participated as well. Could sense the team cohesion. • Group reflected on the strategies that were implemented for a couple of residents and provided feedback to one another. • They continued to make plans to experiment strategies and to follow-up with documentation to advise the rest of the Care team. • Group reflected on how the learning circle was of value to themselves, the team, and the resident.

The multi-disciplinary, single unit composition of the learning circle was seen as an advantage by participants. As they commented in their first focus group:

> *Everybody has a different background, a different ethic, culture, not everybody works the same [but] in a different way, and you know, you get to learn and share in this group.*
>
> *I learned other ways of taking care of that resident which was nice for me. Like, sometimes you're so programmed, you do it as you're doing it. But when hearing other people talking about it, and she needed a different way, that helped me.*

And in the second focus group:

> *It is helpful because everyone has different work. We are wise collectively. It is also easy to know staff because of the sharing that happens here.*

An administrator also saw the value of the multi-disciplinary team makeup of the learning circle:

> *It was very empowering for some of the front line voices, for acknowledging what they hear and see and do on a daily basis (unit clerk, Health Care Aide, Recreation Aide). [They are] not professional staff but they have front line knowledge.*

After each learning circle meeting, the facilitators reflected on their **group process skills** using a five-point scale (*1=Very dissatisfied, 5=Very satisfied*). The following table summarizes their views and attempts to show their changing perspective by combining their mean views for the first four meetings and for the last three.

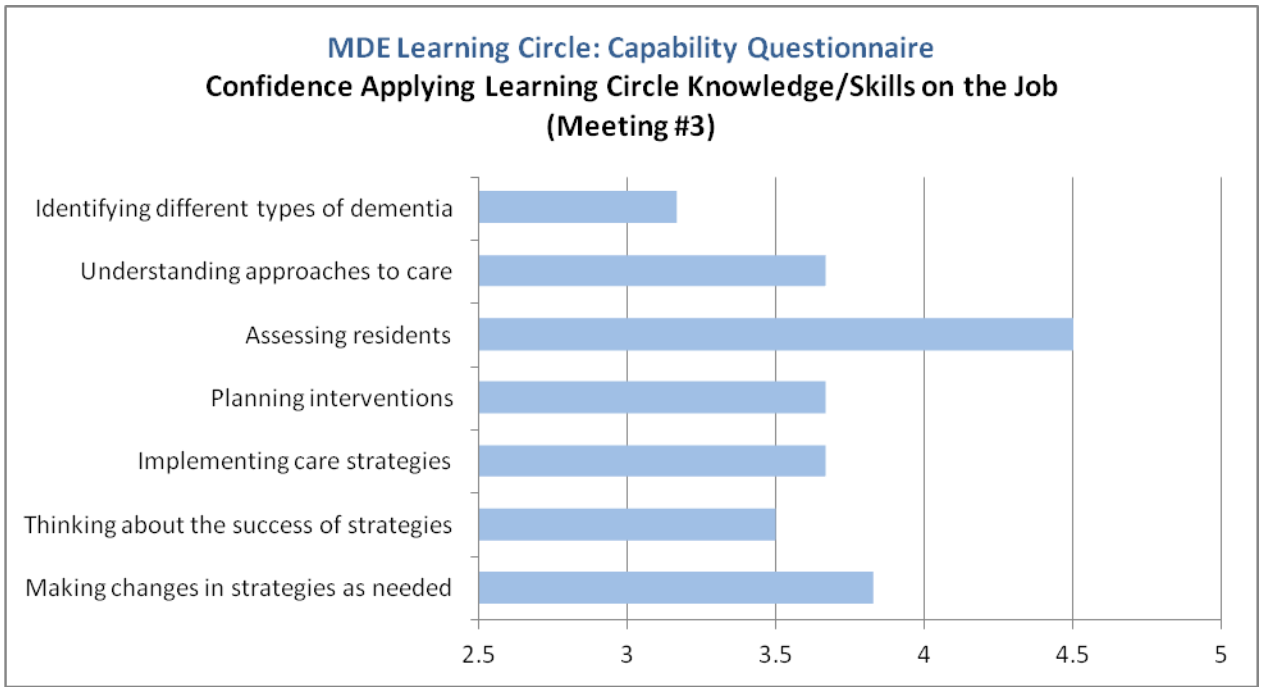
Group Process Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Leadership	4.25	0.96	4.00	1.00	- 0.25
Communication, clarification & summarization	3.75	0.96	4.33	0.58	+ 0.58
Sensitivity to individual & group learning needs	5.00	0.00	4.33	0.58	- 0.67

Group Process Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Promoting group cohesion	4.75	0.50	4.67	0.58	- 0.08
Promoting trust & confidentiality	4.50	1.00	4.57	0.58	+ 0.07
Encouraging full participation, collaboration & shared responsibility	4.25	0.96	4.00	1.00	- 0.25

In their interviews, the facilitators commented on team growth and cohesiveness and their own growing sense of pride in the accomplishments of the group:

> *Having the group come together and seeing the trust with one another and them being excited about attending the learning circle. It has taken time but it energizes me that they want to be in the room, want to be there and see value in it.*
>
> *Just seeing how the team came together, the whole discussion within the team, how everyone in the team valued and respected each other's opinion. I saw the team grow and we did have membership changes but the team was receptive because they understood the purpose of the learning circle, saw the team. I am proud of them.*

At Meeting #3, using the Capability Questionnaire self-assessment tool, participants were asked to rate their own **confidence in applying the knowledge or skills** they were acquiring in the learning circle. Their average confidence levels are presented below (*1=Not at all confident, 5=Very confident*). Most notably, assessing residents was rated the highest.



In their interviews, the facilitators did talk about some of the challenges associated with leading this informal and collaborative form of learning:

Space and scheduling issues:

> *The learning circle flowed over the report time, and so often did not start on time because of other things happening on the unit*
>
> *...because of the nature of the unit, sometimes we did start our LC a bit later, [but] as far as being able to have that number of staff off the unit at a time, it would have been a challenge [otherwise]. On our unit it worked very well considering that challenge.*
>
> *For the SCU they helped organize the group but because it is held on the unit, it was challenging. You need to have that designated time away and off the unit to get into a reflective mind set. As a facilitator you roll with it but the participants became torn when a resident walked in the room. It was challenging to get your mind set back on what we are talking about.*

Keeping members on track:

> *We have to give people things to take away; they have to understand that it is a process, not a venting session but about what you are doing on the unit and coming back and reflecting on it. Even though the agenda was loose, we had to make sure there was a shared responsibility for all group members to reflect on the topics discussed and bring forward to the next circle.*

Dealing with new members:

> *… when one individual came in, seeing the group dynamics it was a bit difficult in the first session. It was hard for everyone to have an equal voice, getting to know that individual, it wasn't smooth. Subsequent attendance by that individual was very positive.*

While the emergent and responsive form of training might be challenging, Bethany administrators believed that the learning circle was an effective training approach. As one commented:

> *We have used case studies a lot about individual residents but there seemed to be more buy-in and more sharing because [the learning circle] was not driven by the top—they were driving this car and so it made a big difference.*

The facilitators rated their views on participants' demonstrated use of six **experiential learning skills** (*1=Not at all, 5=A great deal*). In an attempt to capture change, their mean observations are summarized for the first four meetings and the last three.

Observed Experiential Learning Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Focusing on experience so far	4.75	0.50	4.67	0.58	- 0.08
Exploring underlying assumptions, values, and beliefs	4.00	0.82	4.67	0.58	+ 0.67

Observed Experiential Learning Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Using reflection to develop new understanding	4.25	0.96	4.67	0.58	+ 0.42
Drawing conclusions	3.00	0.82	3.67	0.58	+ 0.67
Developing plans to experiment with new skills and knowledge	2.75	0.96	4.33	0.58	+ 1.58
Provide feedback on how experimentation has unfolded in the workplace	2.75	1.50	4.00	1.00	+ 1.75

Over the course of circle meetings, it is clear that planning, experimentation, and reflection were central to the process. Facilitators' comments corroborated this finding:

> *They are sharing their experiences and reflecting on them. The conversation that happens is about their experiences and what happened.*
>
> *… they are being reflective about the interventions that are working or not working, really using the PDSA cycle, using it and bringing it to the next meeting and moving forward on it.*

Further evidence of experiential learning was offered by the facilitator who was also a staff member on the unit:

> *They did look at trying new approaches with the unit. They did work with each other as a team to come up with new ideas and to put those into practice. Some approaches based on their experience were brought forward to the group, [then they] went away and experimented with the suggestions, put them in practice, came back and evaluated how they had worked, put a plan of action into place if they did not work, [and] communicated with rest of the team on other shifts through care plans.*

Facilitating the learning circle also had an impact on the facilitators. When asked about the impact on them, they identified changes to their own learning and leadership skills:

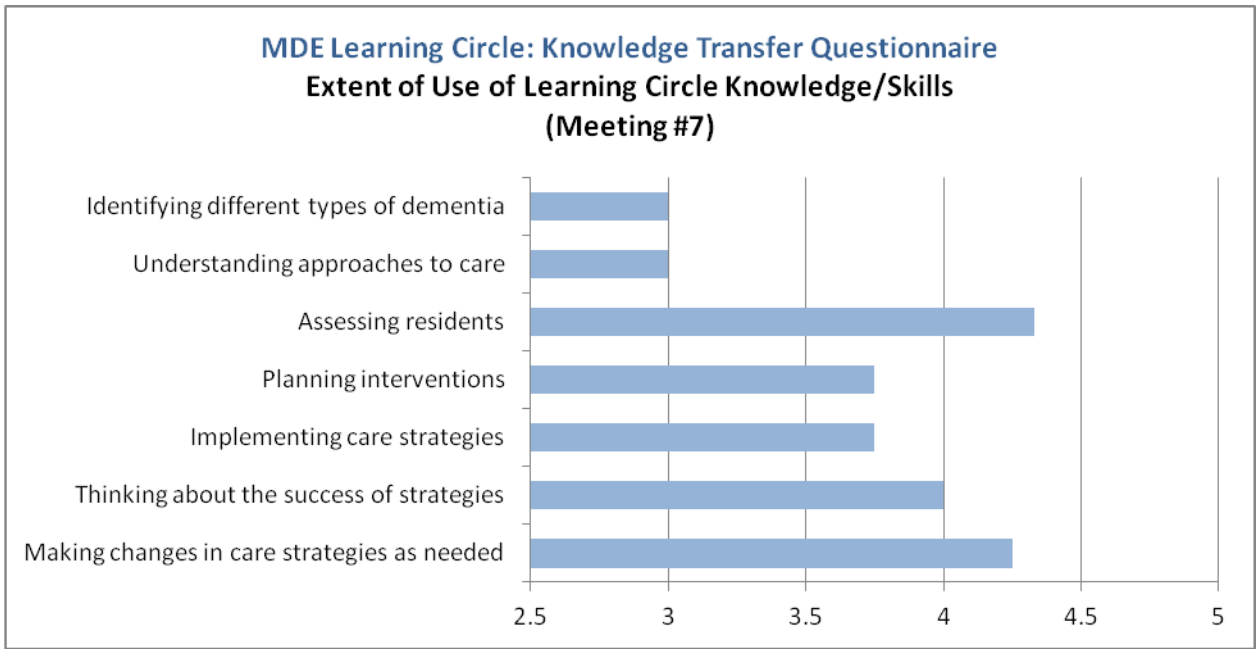
> *You have to let things flow the way they are going to go. Sometimes the discussion does not go the way you expected, you have to let go the lead of the discussion and let them lead instead.*
>
> *What energized me was to see the staff say, "This worked. Why don't we try this?" and us thinking, "That is a great idea."*

MDE/SCU Learning Circle Outcomes

It must be kept in mind that the Learning Circle Pilot Project was very small in scope. The meetings were only an hour long, they occurred only once a month at best, there were between three and six members in attendance, and they were conducted during a period of significant change. As a result, it is important

to have modest expectations when it comes to looking for outcomes. That said, on a small scale the MDE/SCU Learning Circle did have a real impact on the MDE/SCU Unit.

At Meeting #7, using the Knowledge Transfer self-assessment tool, the MDE/SCU Learning Circle participants rated the extent to which they had **used the knowledge and skills** learned (*1=Very little, 5=A great deal):*



Again, assessing residents continued to be rated highly but by Meeting #7 making changes in care strategies also received a strong rating.

The participants identified the factors which had helped them apply their new learning on the job. The most frequent responses, provided by 3 out of 4 participants, included:

- *I was motivated to make a change*
- *I had support from my colleagues or peers*
- *I got positive feedback on my performance*
- *I had the information I needed to apply new strategies*

In one of the early meetings, using the Supportive Pathways approach, group members each chose a resident and looked at the person, the environment, and themselves, making a diagram of the various components. They observed the care of their selected resident over the intervening weeks and returned to the circle to discuss the different care strategies attempted. Over time, changes were made to the care plans for specific residents. These were documented in the care plans to pass the strategies on to those on different shifts.

In one case, a participant was able to discuss the care changes with the resident's family. As one of the facilitators explained:

> *When one individual was in a care conference, she was able to relate to family members about some of the care changes that had been made to the care of one of the residents [and it] was very positive.*

As one circle member exclaimed:

> *[Name of resident] changed significantly! We tried everything and now we leave her and let her sleep. We tried the PDSA. She came a long way!*

An administrator confirmed these care changes:

> *It was very concrete and very real. They had a resident they had had such difficulty with (her aggression). They had trialed so many things. Through the learning circle a strategy came out—she loved being hugged, so a strategy was where one hugged her and another did care (didn't work all the time but did work sometimes). Also, trialing the baby doll through care. These came right from the learning circle.*

The facilitator/staff member explained the changes she saw:

> *…changes [were] made to care plans and things were changed in the care plans and interventions were followed through on. Some of the strategies that were implemented were amazing, [they] seemed simple but made a significant difference, because the group talked through things and then followed up with other members of the care teams.*

She also observed a change in the energy of the group. Although the unit did hold interdisciplinary meetings where all members could discuss the residents, the learning circle gave individuals a little bit more time to concentrate on the specific individual they had chosen for discussion. For her this represented a practice change. And the administrator concurred:

> *In interdisciplinary meetings (weekly) some of the strategies they were working on and trialing, the [circle members] were quite vocal for using them with difficult behaviours. It was trouble shooting. They claimed the language of the learning circle, and they took it to the resident care plans and for others to use.*

As the facilitator/staff member commented:

> *…the knowledge transfer—you can see it happening. Often it is hard to actually see it, at times especially if you are depending on educating by telling people and give them information, there is no way to see evidence in change in practice that way…but for our learning circle there was evidence of change in practice and you could see it and hear it and there were changes in resident responses as well.*

And the administrator had the final word:

> *We saw tremendous impact. It was empowering for the individuals who attended. I was able to see it come out in practice.*

Registered Nurse (RN) Learning Circle

The RN Learning Circle was comprised of RNs who had Charge Nurse or other supervisory responsibilities across the Calgary Bethany Care Centre. The stated goal of the learning circle was:

To increase RNs' critical thinking skills in leadership and decision making.

As a result of budget and staff cuts and as the pilot unfolded, the RNs began to face greater leadership responsibilities on their units than previously experienced, making the focus of this learning circle even more critical than originally planned. The administrative team selected eight RNs, one from each unit, inviting those key staff who were deemed to be strong and would likely benefit the most from the learning circle. Attendance ranged from four to eight.

Across the nine meetings held during the study period, key activities included the following:

- Discussed unit leadership (active listening, managing challenges, recognizing the value of the team)
- Reviewed the *Situation-Background-Assessment-Recommendation* (SBAR) tool and discussed strategies for its use
- Discussed topics covered in the Charge RN Workshop and reviewed the *Charge RN Role Guide*
- Discussed the *Palliative Care Toolkit*
- Discussed article, *Managing and Leading are Not the Same Thing*.(Coates, C. Talent Matters.)
- Reviewed *Practice Standards for Regulated Members* (CARNA).

The participants of this learning circle were affected by funding cuts. A major change was that the Client Service Managers (CSMs) became responsible for two units rather than one which in turn led to a significant increase in responsibility for the Charge Nurse RNs, now each responsible for a unit. Cutbacks also resulted in some staff being reassigned or released. Not surprisingly, staff morale was affected by these changes and the RNs approached the learning circle with some cynicism. Attendance was affected by the need for staff coverage at the unit level and often it seemed that backup could not be obtained. However, over time it became clear to the RNs that the learning circle was a useful place to discuss the leadership issues they were encountering in this new environment. The meetings continued into the new year.

RN Learning Circle Process

The interesting story of the RN Learning Circle's development can be tracked by the facilitator's monthly comments, as recorded in their Tracking Sheets.

RN Learning Circle Facilitator Observations
LC #1, **April 24, 2013** **Attendance: 7** • Established purpose of the group; promoted trust of group by acknowledging reduced resources with staffing change • Promoted the purpose of the LC to provide support for one another

RN Learning Circle Facilitator Observations
LC #2, May 29, 2013 **Attendance: 6** • Group members supporting one another, understanding the complexity of their new roles and having to work to full scope. • Shared experiences of leadership for managing unit re: sick calls and working short • Establishing the need for all to support entire site, not just own unit. • Still in group forming stage. New member started so still establishing purpose & promoting trust & confidentiality within the group. • Have had good feedback from participants
LC #3, June 26, 2013 **Attendance: 4** • 3 participants unable to attend because of resident admissions. 1 participant not working • Very appreciative of the Charge/RN workshop [offered separately]. Felt validated and appreciated and talked about learnings—that they have more power/ permission to make decisions. • Disappointed that participants did not follow through with using SBAR tool. They are reflective on the value of using tool but have not put into practice. They did come up with suggestion of placing the tool in location that is accessible.
LC #4, July 31, 2013 **Attendance: 7** • One participant has been struggling since staffing changes have taken place. We took the time to address some of those concerns while emphasizing the importance of the collective group. • Felt like there was a bit of a turnaround in supporting one another and seeing the importance of their role within the big picture of both funding within the organization and the importance of the RN role in ensuring safe and effective clinical practice • Some shared examples were given in with regard to creating a supportive environment for team members…specifically HCA's. • Reinforced the backing of senior leaders in their roles to make decisions and particularly the backing of each of their CSM's.
LC #5, September 25, 2013 **Attendance: 7** • One missing –due to sickness; however was replaced by a casual RN who was able to give good input • Felt positive about the flow of the discussion. Facilitators made more efforts to move the discussion towards the documentation tools and participants' leadership when utilizing these tools. • Discussed use of SBAR tool with on-call doctors; how a benefit to LPN and casual RN when communicating status changes to doctor. • Deeper understanding of the process and importance of Status Change. Believe that they displayed more confidence in their ability to make those decisions. • The group seemed to be more comfortable with one another.
LC #6, October 30, 2013 **Attendance: 6** • Two absent - due to workload, CSM leadership in flux in the facility • Participants able to look beyond the nursing role and see the importance of the entire team. • Discussion and reinforcement given about keeping the discussion in the room and not sharing with others unless we have everyone's permission. • Discussion held on how the philosophy of Care is integrated within the inter-disciplinary team where there is a focus on individual residents. • Participants were able to make the connection between the roles and our new "Philosophy of Care" • Can feel the team melding together. All are feeling much more comfortable with one another. Learning from others'

RN Learning Circle Facilitator Observations
experience where the SBAR is utilized more frequently. Participants are interested!
LC #7, November 20, 2013 **Attendance: 6** • Two absent –one leaving the organization, other absent due to changing units. • Very positive tone. The group is really supporting one another when they come together. Even though frustrations of the role shared and perhaps initially seen as "venting"; they are coming up with strategies of how to manage those frustrations within their scope and lead their teams. • Able to summarize comments and pull out important factors as they relate to leadership function on the unit and the importance of developing relationships with their staff. • Discussion about dealing with problem staff members, the importance of handling situations as they occur; dealing with the actual behavior, and being clear about the changes needed to move forward. • Discussion about concerns beyond their scope and what it is appropriate to pass a concern on to the CSM. • Clarification of the importance of the RN in the leadership role, asking questions to staff members to fully understand the impact of a situation. The importance of "listening" to their staff mentioned a few times. • Team brought back specific examples of utilizing the SBAR tool. • Very comfortable group dynamics. Participants expressed gratitude for the opportunity to share and learn from others in an RN role.
LC #8, December 18, 2013 **Attendance: 3** • Staff shuffle, some scheduling concerns today. Three absent, one sick, one has left the organization, one orienting new staff and unable to attend; new member present today • Despite scheduling concerns the tone was very positive. The two veterans of the group really supported the new RN who had already heard about the learning circle and was enthusiastic to share thoughts and experiences. • Discussion and brainstorming on key points of the article; need to balance between being a manager and a leader; understanding that their role requires both. • Discussed need to develop relationships with staff members, concluded they will have more buy in and trust and will be more willing to follow their lead.
LC #9, January 29, 2014 **Attendance: 8** • 2 new members, one casual RN attended; new members welcomed by group. • Group very engaged in discussion of Nursing Practice Standards, gave examples of how different standards relate to the work they do every day • Expressed that they have a big responsibility. • Discussed ways to implement the standards, expressed desire to work together as a group on their chosen practice standard for 2013/14. They will share this standard at the next meeting.

The learning circle was comprised of a single professional group (the RNs) from across different units in one urban site. As one of the facilitators explained, as a result of budget cutbacks and staffing changes the managerial component was halved in the facility (one CSM per two units) and four managers were removed. Bethany administrators explained the rationale for the RN Learning Circle:

> *There were staffing reductions over the last couple of years, more pressure on the RNs to manage issues related to staff and how they relate to resident care, their accountability to deliver care for their shift, reductions in the management team and presence in each unit, a need to empower Charge Nurses to make sure they work to full scope of practice in their Charge Nurse role, and the*

introduction of MDS[4] and increased accountability and those things important to be captured for our funding model. A very high pressure position

We were trying to accomplish an increased sense of team across the site through networking, to increase and refine their critical thinking and problem solving skills, and to use one another to share with their peers, to share reflections and apply those learnings to future situations in their role. To have them work as effectively as possible in the Charge Nurse role, to have confidence in their leadership and decision making skills. We found they were afraid to make decisions and we wanted to empower them to make decisions.

The Education Dept notified us at a CSM meeting [that they] wanted to get the RNs together to have one voice so they could discuss concerns, issues, and things that were going well from the RN perspective from all the units. They wanted to have RN input. The Charge Nurses often don't get the support they need. They oversee the LPNs and HCAs. What we ask them to do [i.e., supervision], that's why it was developed ... It's a workload [issue].

Participants each came from separate units where they were typically the only RN on duty. One of the RNs described her perspective on this arrangement:

Because you're the RN, you're in charge. You're standalone. You don't have anyone. You don't have anyone above you—well, you have your manager, but they're not there all the time. You stand alone.

During the study period, the RN Learning Circle met nine times. After each meeting, the facilitators reflected on their **group process skills** using a five-point scale (*1=Very dissatisfied, 5=Very satisfied*). The following table summarizes their views and attempts to show their changing perspective by combining their mean views for the first four meetings and for the next three.

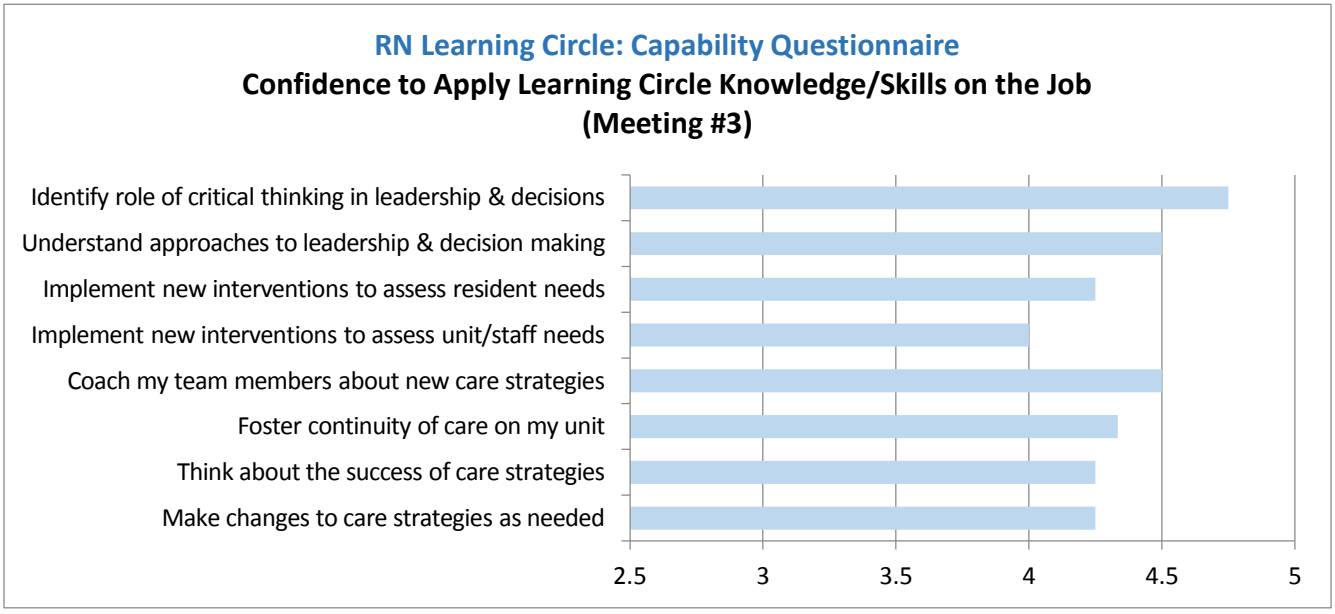
Group Process Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Leadership	4.25	0.50	4.33	0.58	+ 0.08
Communication, clarification & summarization	4.75	0.50	5.00	0.00	+ 0.25
Sensitivity to individual & group learning needs	4.75	0.50	4.33	0.58	- 0.42
Promoting group cohesion	4.75	0.50	5.00	0.00	+ 0.25
Promoting trust & confidentiality	4.75	0.50	4.33	0.58	- 0.42
Encouraging full participation, collaboration & shared responsibility	4.00	0.00	5.00	0.00	+ 1.00

[4] A reference to Health Information Systems: Resident Assessment Instrument (RAI) or Activity-based Funding for Continuing Care in Alberta.

Participants began with a certain amount of skepticism. It can be seen that the need for sensitivity and trust was high initially and the focus was on venting and providing support. By the time the later meetings occurred and a group culture had been established, the focus turned to participation, collaboration and shared responsibility. As one of the facilitators commented:

> *When they would share problems or different things, situations that worked or didn't work, they picked up that it worked for someone else and then would try it themselves. They were good about sharing what they were doing on their unit and it got better as they met. At first they had to build trust and it was up and down but we are seeing it more in the last three or four months.*

At Meeting #3, using the Capability Questionnaire self-assessment tool, participants were asked to rate their own **confidence in applying the knowledge or skills** they were acquiring in the learning circle. Their average confidence levels are presented below (*1=Not at all confident, 5=Very confident*). Most notably, identifying the role of critical thinking in leadership and decision making was rated the highest.



One of the facilitators noticed the change in the RNs' attitude during the pilot period:

> *RNs have seen a little more confidence. There is a camaraderie with RNs throughout the building which they never had before. They felt like lone rangers and now there is a sense of camaraderie.*

In the second focus group, one of the RNs described the importance of the role modeling that was fostered by the learning circle:

> *I may not show you that I'm stressed out, but I may be stressed out inside. But if I can think to myself, "Oh we were talking about this, I can deal with this," or whatever, I'm not going to be as stressed. Even, like I say you sometimes feel like you're all alone on the floor, you're by yourself and there's nobody. Well at least I know there are people I know. I may only see them once a month, but I know they're here.*

At Meeting #7, attended by the evaluator, a discussion took place on issues of leadership, based on information in the RN Charge Nurse Guide. Leadership topics that were raised by participants included:

- How to be a leader if you are younger than your staff
- How to deal with minor staff issues like staff eating residents' food or staff not helping a work partner
- How to deal with staff members who avoid certain tasks

In each of these cases, the participant who raised the issue talked about how they had handled it. Solutions included friendly reminders, listening, discussing the issue privately with the staff member involved, and setting an example for other staff members.

As one of the facilitators commented:

> *In the RN group they do not just see one silo but the possibilities of what other people do on different units.*

One significant issue raised at the meeting attended by the evaluator took quite a bit of discussion and trouble-shooting. It was about how to deal with a staff member who was perennially late. The group determined that this was a performance issue, not a leadership issue, and that it should be brought to the attention of the CSM. They suggested that the RN should enter the correct time on the staff member's time sheet. The CSM commented later:

> *It empowered them, hearing that everyone was doing the same thing, that they would change their time and sign for it. "That is the direction I will take," [she said]. My follow up was, "Absolutely and if you aren't getting changes or you are getting kick back, [let me know]."*

As one of the facilitators commented:

> *They were starting to realize that it was okay for them to make decisions, e.g., a room change, to tell staff if they were late that it wasn't appropriate. I saw them making some of those decisions that in their charge role that they should be making.*

In their interviews, the facilitators mentioned that the biggest challenge associated with leading this learning circle was obtaining managerial support:

> *I think that within the RN group there is definitely spoken commitment (i.e., in theory) but sometimes things happen (schedules, meetings, resident issues) that will be the priority at the time. Definitely as far as the RN group [was concerned] it took a little while but once the managers received feedback, they were committed. Scheduling was an issue. After a couple of meetings, the managers sent around emails to make sure people would be there and to make it possible for people to get off the floor.*

> *The [managers] felt it was important we keep doing it. If they didn't see value in it wouldn't want to keep doing it.... I don't want to say they didn't support it but*

it was difficult because of staffing and the reduction in the staffing component....

However, the administrators' support for the learning circle remained strong. As one explained:

We had to find a time that was not a peak time, not med delivery or rounds. We had to change a weekly management meeting at 11 am where managers touch base on pertinent issues. We determined we could cancel one session per month so they could go to the learning circle instead. It has worked out okay. Initially the nurses felt reluctant to leave the floor.... We had to chase them off the floor and say that it was okay. Now they are very comfortable.

The facilitators rated their views on participants' demonstrated use of six **experiential learning skills** (*1=Not at all, 5=A great deal*). In an attempt to capture change, their mean observations are summarized for the first four meetings and the next three.

Observed Experiential Learning Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Std. Dev.	Mean	Std. Dev.	
Focusing on experience so far	3.75	0.50	4.67	0.58	+ 0.92
Exploring underlying assumptions, values, and beliefs	3.00	0.00	3.67	0.58	+ 0.67
Using reflection to develop new understanding	3.50	0.58	4.33	0.58	+ 0.83
Drawing conclusions	3.00	1.00	4.67	0.58	+ 1.67
Developing plans to experiment with new skills and knowledge	4.00	0.82	3.33	0.58	- 0.67
Provide feedback on how experimentation has unfolded in the workplace	4.00	0.82	4.33	0.58	+ 0.33

Nearly all of the RNs' experiential learning skills increased over the course of the learning circle meetings, with the exception of plan development. In particular, their ability to draw conclusions was seen to increase the most, perhaps reflecting their increased sense of confidence in their own decision making.

At the first focus group, one RN commented:

I think one of the points is just to realize that we are all sitting in the same boat. And that we are all going to better our "not good" times, and that this learning circle is just for us. It's good that we can share about this, and just to know that I'm not the only one going through this. There are others as well, and I can share with them. So this is definitely a very positive thing.

By the second focus group, the need for support was shifting to problem solving:

> *I've learned a lot. Because I can share things that I think work for my unit for the other units, right? So you know, in some ways this is very helpful. Because everybody here has that same—how would I say it—because you cannot share this with the NAs, right? It's only the RNs that understand you. Because if you share it to them, they will say, "Ah!" because they are an RN...here we are all RNs. Because you understand me and I understand you, my frustration is your frustration. And we have this [learning circle]. We brainstorm on how to make things better on the unit.*

The facilitators felt that the goals of experiential learning, reflective observation, abstract conceptualization, and active experimentation developed slowly in the RN group due to the participants' strong need for role validation and support as they came into the learning circle. However, with time, more and more of the discussion focused on problem solving. As one of the facilitators commented, experiential learning was coming to the forefront:

> *They are sharing their experiences and reflecting on them. The conversation that happens is about their experiences and what happened.*

The facilitators commented that reflective observation was also happening more frequently:

> *When they would share problems or different things, situations that worked or didn't work, they picked up that it worked for someone else and then would try it themselves; [they were] good about sharing what they were doing on their unit and it got better as they met. At first they had to build trust and it was up and down but we are seeing it more in the last three or four months.*
>
> *They said themselves that they are reflecting back on the learning circle [discussion] and that they have thought, "Oh yeah, we talked about this. [Name of participant] does this so I am going to try it too."*

The S-BAR tool was an example of a topic selected for discussion and experimentation but the uptake by participants was slow to develop. In an early meeting, the participants were asked to describe their experiences using the SBAR. None of the four attendees had used it. As one commented, "It's a helpful tool but just a new piece of paper." As one of the facilitators commented:

> *The SBAR still is not where it should be. It is a fairly simple practice change to have the form when they call the physician. In their Charge workshop they were [told] to use it. We had at least three meetings before one of them came back and said they had used it.*

Later, participants would be able to comment on how it was a useful tool to use with LPNs and casual RNs when communicating status changes to the physician. By the second focus group, one participant could explain the reason for discussing it in the group:

> *It's also about learning. So things like the SBAR and you know, stuff like that that we can also learn from, also make our job easier and make the unit run smoother.*

As time went by, the group was able to attend more closely to other useful tools (e.g., the Status Change form in the Palliative Care Toolkit), to the integration of philosophy and practice (e.g., the relation of the new Philosophy of Care and the Charge Nurse role), to considering differences between managing and leading, and finally to begin to apply practice standards to their own work. The evolving level of topic sophistication demonstrated the participants' growing ability to reflect on and apply critical thinking skills learning to their Charge Nurse role.

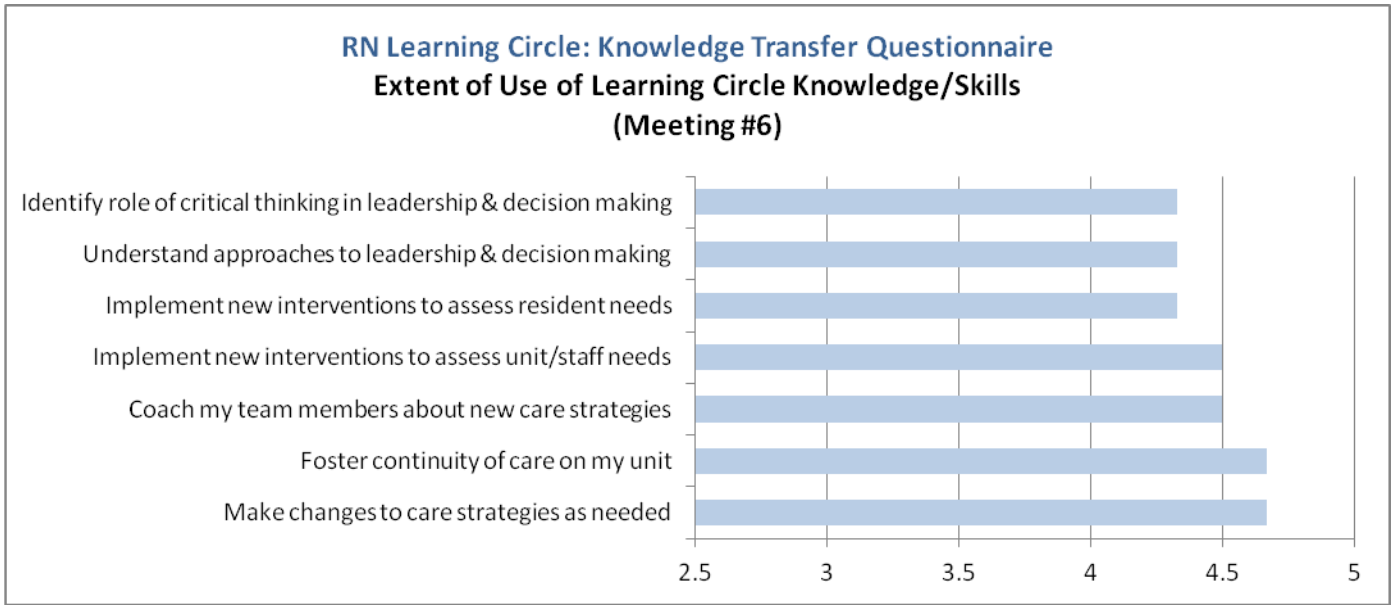
The facilitators felt that they also had learned something about their own leadership skills:

> *[An unexpected outcome was] the amount of time it actually takes to form the group's trust. It is not just throwing people together. It takes time to form that cohesion.*
>
> *I'm a nurse and you always want to try to fix things. I learned that it is okay to listen and not fix it and ask them how they will fix it.*

RN Learning Circle Outcomes

Again the caution must be advanced that the Learning Circle Pilot was very small in scope. As a result, only modest expectations should be held when it comes to looking for outcomes. That said, in a very small way, the RN Learning Circle had some very positive impacts.

At Meeting #6, the RNs indicated the extent to which they had **used the knowledge and skills** learned (*1=Very little, 5=A great deal):*



While all of the skills were rated very highly, fostering continuity of care on the individual's unit and making changes to care strategies as needed received the strongest ratings. When asked to identify the factors which had helped them apply their new learning on the job, the most frequent responses (provided by 5 out of 6 participants) included:

- *I had support from my colleagues or peers*

- *I got positive feedback on my performance*
- *I had the information I needed to apply new strategies*
- *I had support from management*

When asked to provide an example of how she had applied her new skills and knowledge to manage behavior in her care setting, one participant wrote on her Knowledge Transfer Questionnaire:

> *It gives you confidence to act as a leader in the Unit. Staff will respect you.*

Leadership is a fairly difficult skill to measure but some early signs were evident that the RNs were feeling more empowered in their Charge Nurse role. When asked in their second focus group what the impact of the learning circle had been on their leadership, they indicated that it would help them "down the road." As one explained:

> *Because when you're the only RN on a unit, and you never see these other people—very rarely—you think you're alone. Where you know now that, "I'm not alone, I'm not the only person who has these problems, I can deal with this because I know if I need help I can call somebody."*

RN empowerment was also evident to an administrator who commented:

> *I think I learned that I should not underestimate their ability to respond to empowerment. I think that the culture here had been engrained very deeply, that nurses weren't held accountable so that fostered a lack of willingness to make decisions. I did not give them enough credit for turning their attitude around in such a short time. It has moved in the direction I wanted so see quicker than anticipated.*

The best indication of practice change was described by an administrator:

> *One objective measure is that we are getting fewer calls to the on-call manager so we can say that they are trusting themselves in their decision making skills more. Not as many decisions made after hours require a lot of coaching or may not have been the decision we would want them to make. This is reassuring. Not sure how much they are calling on each other but I feel there is a shift in morale or culture. They seem to have a much more positive frame of mind than they had in April.*

Ultimately, it will be the residents who benefit from improved practice. As one of the administrators commented:

> *I am really excited and encouraged that the organization is looking at best practices in adult learning and the opportunity to try them here to see how we can support our staff to do the best job possible because the residents benefit.*

This view was echoed by one of the RNs who said over her shoulder as she left the second focus group:

> *Happier RNs, happier staff, happier residents.*

Airdrie Health Care Aide (HCA) Learning Circle

The Airdrie HCA Learning Circle involved six Health Care Aides (HCAs) who worked on either the day or evening shift. Members were split evenly between the two shifts. The meetings occurred in the last hour of the day shift and evening staff come in early to attend. No night staff members were included due to scheduling issues. It is worth noting that one of the facilitators was well known by the participants of this small facility as they had worked together in a number of capacities over the years.

Over the past few years there have been several organizational changes as well as budget cutbacks at the Airdrie site. A number of the HCAs were moved to different units and shifts and morale deteriorated. Initially it was thought that the objective for the learning circle would be similar to that of the overall project, namely to increase knowledge transfer and improve best practice behaviours among point of care staff. However at the first meeting, participants responded to a leading question, *How can we work together differently*, by venting and a list over 20 topics was quickly generated. When the topics were categorized, it was clear that communications and team work were the group's top priorities. As a result, the objective for the learning circle was revised as follows:

> *...to increase the HCAs' ability to understand the importance of clear communication and effective teamwork.*

Across the seven meetings held during the study period, key activities included the following:

- Completed and reviewed the *Workplace Engagement Profile*
- Reviewed and discussed materials pertaining to making assumptions
- Completed exercises related to change management
- Used the *365 Documentation Tool*
- Reflected on the learning circle experience

Using a collaborative approach to topic identification, specific topics related to communication and teamwork emerged from group needs week by week. At the second meeting, the participants began to share ideas on how to recognize the contributions made by the RN's, LPN's and peers in their work teams. Award stickers and recognition cards were suggested, quickly produced, and members began immediately to distribute them to their colleagues. At the third meeting, an exercise on assumptions caused the group to realize how their response to a scenario now was different from what it would have been three months earlier. Now they felt they could discuss a situation and determine the strategies needed for clarification. The facilitators saw this change as a great indicator of progress.

At the fourth meeting, issues around charting surfaced—the charting room was too small and already occupied when the HCAs needed to complete their charting. They also felt they needed more support with coding. This information was quickly fed back to management and the staff report meeting was moved to a different room so that the HCAs could complete their documentation. Further, one of the facilitators reviewed the *365 Documentation Tool* with them and coding questions were clarified. Despite these changes, however, workload issues remained uppermost. Just prior to the last meeting of

the pilot, a major staff rotation was implemented in the facility. This affected staff morale and decreased the sense of empowerment that the HCAs had developed in the learning circle. As a result, their responses to both the Knowledge Transfer Questionnaire and the post-test of the Workplace Engagement Profile, completed at this time, were negatively affected.

HCA Learning Circle Process

The narrative of the HCA Learning Circle's development emerges from tracking the facilitators' comments, meeting by meeting, as summarized in their Tracking Sheets.

HCA Learning Circle Facilitator Observations
LC #1, May 28, 2013 **Attendance: 6** • No scheduling concerns. Staff even changed their vacation time in order to participate. • Encouraging full participation and collaboration allowed participants to guide their own learning and to take the discussion in the direction they wanted to go and to share their concerns and challenges in an open and safe environment. • As many have been doing their jobs for several years they could draw on their past experiences to come up with positive work solutions to some of the challenges discussed. • Participants are very committed and appreciate the opportunity to share in the learning circle experience • Management is also very supportive and committed to the learning circle • The learning circle is very timely with all of the changes and challenges the site is going through currently
LC #2, June 25, 2013 **Attendance: 6** • Full participation despite staff shortages. Scheduling forgot to replace staff at the learning circle, one staff member on modified duties meaning they were two staff short on the floor. • Participants were very respectful of each other and the learnings that were shared. They were able to come to consensus through their discussions to determine what topic they would like to pursue. • From the previous meeting, staff developed plans to try some new ideas that supported their previous discussions (recognition cards, Be positive stickers, and using five minutes at each report to share positive experiences). Truly a positive and motivating step for this group. • Shared the results of the "Work Engagement Profile" with one another, lead to a discussion of assumptions in the workplace. • Spoke with management regarding sharing of ideas from the LCs with the RN and LPN groups in staff meetings. • Genuine commitment and enthusiasm – a very positive group • They are all feeling supported in this process and are sharing with other HCAs
LC #3, July 23, 2013 **Attendance: 6** • Again, although email reminder was sent to Scheduling, day staff were not replaced and had to work short on the floor to allow the learning circle participants to attend. • From the use of a generic scenario, participants were able to give real work experiences and share with the group. • The participants have expressed value and progress in the work they are doing to promote teamwork and communication in their day-to-day activities
LC #4, August 20, 2013 **Attendance: 6** • Again, although an email reminder and a call were sent to Scheduling, day staff were not replaced. One staff member forgot about it - but when called arrived 20 minutes late. • There seemed to be full participation by all group members during the change exercise. They shared the responsibility of coming up with a real work situation on change and were able to problem solve as a group. They feel that they will be able

HCA Learning Circle Facilitator Observations
to use some of the ideas in the workplace. • Even though we did not get through the materials, the group needed to feel supported and to share some of their challenges. This seemed to take time away from the learning; however, it was very valuable and the key focus of the discussion led to the topic for the next meeting – hands-on work with the 365 Documentation Tool. • The group was very focused on what their experience has been so far in the learning circle. They have identified needs, generated solutions and have plans in place to make improvements.
LC #5, September 17, 2013 **Attendance: 5** • One staff member had a family emergency. • There seemed to be full participation by all group members during the review of the documentation tool. They all had great questions and comments and were able to share their expertise as a group to enhance the learnings of each individual. They feel that they are more comfortable and have a better understanding of the tool. It was great having them work through the tool and making sure that they are coding it accurately. • More time for this topic would have been beneficial. • They were very focused on developing plans to experiment with the tool back in the workplace and to share their knowledge with others. They seemed to have a better understanding of the coding system and the importance of the documentation tool. • This hands-on approach was invaluable to the group.
LC #6, October 15, 2013 **Attendance: 3** • Three staff were sick. Those who were there did not want to cancel the session and appreciated continuing. • This session was used more to shared their concerns about some job duties related to charting, bathing and rotations. • Their commitment to this process has been very high and participants are fully engaged. • The possibility of continuing on with the LC was proposed and all agreed that they would like to continue meeting even after the pilot was completed.
LC #7, November 26, 2013 **Attendance: 6** • Two staff were late due to other commitments. • Two participants identified assumptions regarding other interdisciplinary team members, knowing that when an RN or an LPN says they are unable to help, it is because they are busy with other duties. • The group was very engaged in the session and it is clear they would like to continue. They were willing and enthusiastic about sharing their experiences over the last seven months. They have been very committed to this process. • After completing the summary of their Workplace Profile post-test results, participants felt that the results would have been different (i.e., more positive) if it had been completed in October. They have just changed units and felt that time was a factor in their results.

This learning circle was comprised of a single professional group, namely the Health Care Aides (HCAs), working in a rural site. Because of the cutbacks, there was poor morale among the HCAs. The site administrator and one of the facilitators selected those who were likely to have the most impact on staff attitudes. It was also believed that the invitation would highlight the importance of their contribution. As one administrator commented:

> *Everyone is so frustrated with the cutbacks that they feel they are giving as much as they can give and don't want to give more. It was reminding them*

about the importance of their contribution and that they could be an ongoing component of making a learning circle successful.

After each learning circle meeting, the facilitators reflected on their **group process skills** using a five-point scale (*1=Very dissatisfied, 5=Very satisfied*). The following table summarizes their views and attempts to show their changing perspective by combining their mean views for the first four meetings and for the last three.

Group Process Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Leadership	4.50	0.58	5.00	0.00	+ 0.50
Communication, clarification & summarization	4.00	0.00	5.00	0.00	+ 1.00
Sensitivity to individual & group learning needs	4.75	0.50	5.00	0.00	+ 0.25
Promoting group cohesion	4.75	0.58	5.00	0.00	+ 0.25
Promoting trust & confidentiality	4.50	0.00	5.00	0.00	+ 0.50
Encouraging full participation, collaboration & shared responsibility	4.25	0.58	5.00	0.00	+ 0.75

All of the group process skills improved over the course of the meetings. The greatest change over time related to the group's ability to communicate, clarify and summarize, all essential in support of the overall learning circle objective of understanding the importance of clear communication and effective teamwork. Encouraging participation, collaboration and shared responsibility were also seen to improve.

As one facilitator explained, it was also important to create a non-threatening learning environment and a climate of trust:

It is a safe place for learning, especially for the HCAs. In the learning circle, because there is a group, you don't feel singled out about something you may not know so it is a safe way for people to learn. It was important particularly with that group, because the traditional learning may not have been an easy thing or they did not commit to it.

As one participant commented in the second focus group:

It's one thing to have a voice, but if you're talking and no one is hearing you, that makes no difference. So, you know, I'm glad because we have a trust thing with you guys anyway, right? We've known you for a long time and you've been a part of—especially [name of facilitator] being on the floor with us a lot, so we know already that we can go to you with different issues....

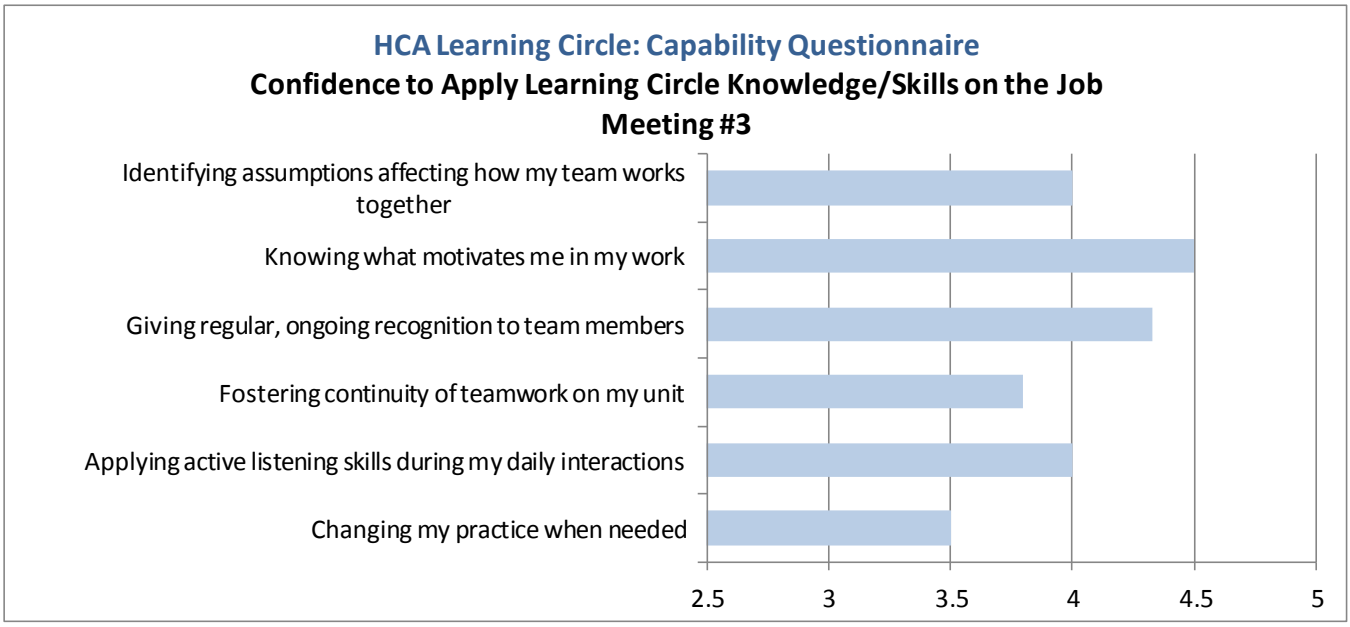
Another participant concurred:

It helps [to have] already built the trust, whereas it might have taken our group longer had we not had the trust to get where we were.

Finally, the fact that the facilitators could take action on issues raised in the Circle meetings validated the process. Even at the first focus group this was evident. As one participant commented:

It's more personal because we're a small building, and we can say our concerns and they're addressed—and they were addressed.

At Meeting #3, using the Capability Questionnaire self-assessment tool, participants were asked to rate their own **confidence in applying the knowledge or skills** they were acquiring in the learning circle. Their average confidence levels are presented below (*1=Not at all confident, 5=Very confident*). Most notably, knowing what motivated the individual HCA was rated the highest followed by giving recognition to team members.



As one facilitator commented, the safe environment in the learning circle allowed participants to build their confidence:

The whole approach to doing things a bit differently has helped. Meeting with the same people with the same issues and concerns has changed their attitudes. The learning circle is a safe environment to share what is on their mind, to problem solve and to bring solutions, to have a little more confidence in their work and knowing that, (quite often you hear, "I am just a HCA,") that they could speak what was on their mind and that their opinion actually matters. They can have an impact on behaviour and other challenges. It has really changed the attitude.

The other facilitator provided a concrete example of how participants' increased confidence resulted in practice change:

> *...an example is that 365 HCA tracking tool [required documentation]. I have seen them share their knowledge. That group is good at coming to me now to find out [answers to] questions, or to someone else. We may have given them confidence to take a little leadership in terms of accuracy in using the tool. What is critical now is getting accurate information and when they don't understand something or someone else doesn't, they are taking a little leadership, or policing it themselves if they see something that isn't accurate, and following up on it.*

Establishing the learning circle at the beginning was difficult. One facilitator described it as being "a little bit like pulling teeth to get people there" but once it got started, the energy and enthusiasm that participants brought with them surprised the facilitators. In the second focus group, one facilitator commented:

> *And I really felt that every time we were here, you guys truly wanted to be there.*

And a participant replied:

> *And we did. And I think it gave us back some of the power that we think we had lost, or was taken from us.*

One surprise was that staff members who were not invited to participant (particularly those on the night shift) felt left out and verbalized their displeasure at a subsequent staff meeting.

There were two ongoing challenges associated with leading this learning circle. One related to the lack of staff coverage and scheduling while participants were attending the meetings. A glance at the Tracking Sheet log reveals that the lack of staff replacement was a perennial problem. The second issue had to do with participant reminders to attend meetings. As an administrator commented:

> *[The on-site facilitator] had to remind staff prior to every meeting. Initially that commitment wasn't there. For the most part 90% made that commitment after the first couple of meetings but she still needed to contact them prior to every meeting. She used social media and phone messages to ensure that the pilot went well and was effective as a good trial.*

As the facilitator explained:

> *Scheduling is my biggest hurdle. When they are at work, they are okay with working, it's the reason they are there. The challenge is when they are not at work, their job is very stressful, chaotic, and so the time away from work more important than ever. To take time away from that and to commit to work is a challenge.*

The facilitators also rated their views on participants' demonstrated use of six **experiential learning skills** (*1=Not at all, 5=A great deal*). In an attempt to capture change, their mean observations are summarized for the first four meetings and the last three.

Observed Experiential Learning Skills	Meetings 1-4		Meetings 5-7		Change (Mean)
	Mean	Standard Deviation	Mean	Standard Deviation	
Focusing on experience so far	4.75	0.50	4.67	0.58	- 0.08
Exploring underlying assumptions, values, and beliefs	3.25	0.96	4.33	0.58	+ 1.08
Using reflection to develop new understanding	3.25	0.50	4.33	0.58	+ 1.08
Drawing conclusions	3.00	0.82	3.33	0.58	+ 0.33
Developing plans to experiment with new skills and knowledge	3.75	1.26	3.67	1.15	- 0.08
Provide feedback on how experimentation has unfolded in the workplace	3.25	1.71	4.33	0.58	+ 1.08

The most positive change in experiential learning skills that was observed by the facilitators included exploring underlying assumptions, using reflection to develop new understanding, and providing feedback on experimentation in the workplace.

One facilitator explained the learning style of the group as follows:

> *The HCAs are hands-on doers and a lot of their knowledge comes from their experience. They are less book learners and learn more by experience.*

Participants worked on their team skills and experimented with affirmation using the appreciation cards and "Be Positive" stickers. One of the facilitators noted, however, that the learning was much deeper:

> *Could they see how difficult it was to carry on from there was part of their learning—well you can be passionate about a good idea [e.g., stickers and appreciation cards] but how difficult it is to get people on board. They were successful in a lot of ways but even though they had a great idea and tried their hardest, not everyone jumped on the same excitement bandwagon. When you see how management can come up with a good idea may not get buy-in, it takes it back to reflective learning. From active experimentation they could be more reflective on other pieces within their own work.*

The learning circle had an impact on the facilitators as well. In particular, letting the group take more control for its own direction was challenging for both the facilitators. As they commented:

> *I had to check myself a few times to not solve problems, had to be consciously aware of this. It is what the nurse does, but to allow them to solve what was going on, to come up with the solutions rather than me handing them to them, I got better at that.*
>
> *Just being able to sit back and listen to the conversation and guide it and not jump in and want to solve the problems.*

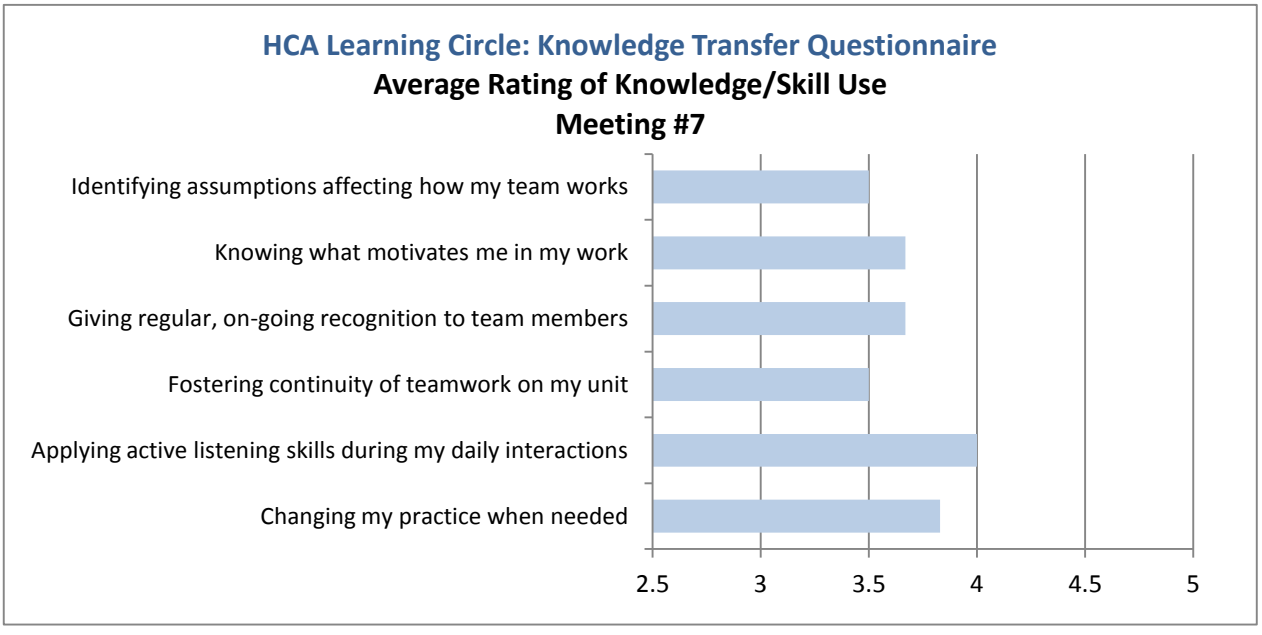
However, both of them found the facilitation to be a positive experience:

> *It wasn't as hard as I thought it would be and I got more value out of it. I sure see value now. Because I am a nurse, I know medical stuff, dealing with people, but to facilitate learning in a different way I had a little anxiety. It works. A benefit was that I knew the participants going in. I knew who would be tougher to pull things from, who would be more resistant. I am pretty lucky that this was my first learning circle. It gave me a better opportunity to practice some of my facilitation skills.*
>
> *I think for me going into it was doing learning in a different way, then seeing the energy, passion and commitment of the participants really revved me up. Seeing it in action and seeing the results. With each learning circle we had I got more and more excited, about what they were going to share the next time. My key motivation was the participants. With the HCA group you aren't expecting the challenges and issues they were willing to share. That trust drove my passion with the learning circle.*

HCA Learning Circle Outcomes

Again, it is important to remember the small scope of this project. The meetings were only an hour long, they occurred only once a month at best, there were between three and six members in attendance, and they were conducted during a period of significant change in the organization. As a result, it is important to have modest expectations when it comes to outcomes. That said, in a small way the HCA Learning Circle had a definite impact on participants and the facility.

At Meeting #7, using the Knowledge Transfer self-assessment tool, the participants rated the extent to which they had **used the knowledge and skills** learned (*1=Very little, 5=A great deal):*



When reviewing these results, it must be kept in mind that the survey was administered immediately following a significant staff rotation. Many of the HCAs were now working different hours or on different units and this affected their morale. As the objective of the learning circle was *to increase the HCAs' ability to understand the importance of clear communication and effective teamwork,* using active listening skills and changing practice accordingly were indeed successful outcomes.

The Knowledge Transfer Questionnaire also asked participants to identify the factors which had helped them apply their new learning on the job. The most frequent response, provided by all six participants was:

- *I was motivated to make a change*

Five respondents also indicated that the following factor was helpful:

- *I had support from my colleagues or peers*

Some examples of practice change emanating from learning circle activities included:

- Improved coding of the *365 Documentation Tool*;
- A room change for the shift report meeting so that the HCAs could complete their documentation more effectively. Comments indicated that this was a positive change showing a respect for boundaries and increased camaraderie among staff members;
- Evidence of the HCA participants mentoring and sharing information with other staff;
- Increased cooperation with other professional groups and recognition of their contribution

In the second focus group, the participants offered some interesting observations about the impact of the learning circle. An interesting metaphor occurred in the following dialogue:

> *Participant: I see it like having a compass when you're traveling someplace…your compass will guide you…in the right direction. So when you sit down, you analyze the stuff, and you end up with, "Okay, it needs correction this way and correction that way".*
>
> *Evaluator: So you make a course correction based on the compass, which is the learning circle.*
>
> *Participant: Yes.*

Another participant commented on the impact the learning circle was having on communications and problem solving:

> *Participant: So into the future, it can only get better, you know, in whatever aspect…. Maybe just communication in general between all the staff and the other disciplines as well. Because if our attitude is more positive in general, I mean that can only help all around. So I'm feeling I think a bit more powerful here, so that we can discuss some of the issues that we had and try to find solutions to things.*
>
> *Evaluator: So do you see that is this sort of a problem solving place?*

Participant: I think so, I think so.

For one of the site administrators, the impact was greater than expected:

> *I think the biggest surprise is the success of the learning circle and the impact it did have. I was a bit sceptical and wondered, "How will we get them there, with only two staff on the floor, how can we make it happen?" But it was workable, we did manage it, staff did embrace what was discussed in the meetings, and their overall demeanour was moved from less positive to more positive.*

Findings, Conclusions, and Recommendations

A pilot study offers a small scale, low cost method of exploring concept feasibility and improving project design before moving to broader application. The Bethany Learning Circle Pilot Project examined the use of a collaborative and integrated workplace learning model that proved to be both responsive and flexible. These characteristics proved to be essential for knowledge transfer to occur in the rapidly changing environment of long term care.

The project was situated in a rich and well-documented conceptual landscape and was able to integrate the principles of cooperative learning, adult learning, experiential learning, and quality circles. An Appreciative Inquiry approach to the evaluation mirrored this collaborative and democratic philosophy.

There were three learning circles studied in the pilot:

- **The Bethany Calgary Complex Dementia Care Learning Circle:** An interdisciplinary team working on the same closed unit providing care for mentally dysfunctional elderly (MDE/SCU) clients;
- **The Bethany Calgary Registered Nurse (RN) Learning Circle:** RNs with Charge Nurse responsibilities from different units in the same facility; and
- **The Bethany Airdrie Health Care Aide (HCA) Learning Circle:** HCAs on day and evening shifts at a facility in a satellite/rural community.

A pair of facilitators led each circle and included an organizational development specialist and a clinical educator. Each group had a different learning objective that was either selected by management and the facilitators (in the case of both the MDE/SCU Learning Circle and the RN Learning Circle) or that emerged from needs identified by the group (the HCA Learning Circle). These were as follows:

- MDE/SCU Learning Circle: *To increase staff knowledge in managing behaviours in complex dementia care;*
- RN Learning Circle: *To increase RNs' critical thinking skills in leadership and decision making*;
- HCA Learning Circle: *To increase the HCAs' ability to understand the importance of clear communication and effective teamwork*.

Findings related to project outcomes are summarized below.

Practice Change in Target Areas

The small scope of the learning circle is both a strength and a weakness. The strength lies in the group dynamics and learning that are fostered such a small and safe environment; the weakness lies in the lack of generalizability of findings. Thus, it is important to have modest expectations when it comes to looking for outcomes. That said, on a small scale, the learning circles had an impact on practice.

In the MDE/SCU Learning Circle, the following changes were observed:

- Changes were made to care strategies for specific residents (e.g., hugging, singing, the use of baby doll, allowing residents more control over their sleep schedule). While the changes seemed

simple, they made a significant difference in the ability of staff to work with these behaviourally challenging residents

- Circle participants had enough confidence in these jointly determined care strategies to champion them with other staff. They also documented them in the residents' care plans, thus passing on their new knowledge to staff on different shifts. In at least one case, the new strategies were also shared with a resident's family.
- According to a unit manager, these changes in practice also resulted in positive changes in the residents.

The RN Learning Circle focused on the development of critical thinking and leadership skills. Some practice changes were observed:

- A decreased sense of isolation by the RNs resulted in a positive change in their attitude and this was observed by management.
- Fewer calls for support were received by the on-call manager, suggesting that the RNs had more confidence in their own decision making skills.

Participants in the HCA Learning Circle learned to articulate their needs and a number of practice changes were made:

- They spoke with management regarding sharing ideas from the learning circle at the RN and LPN staff meetings.
- They were able to request and receive a room change for the shift report meeting so that they could complete their documentation more effectively.
- They increased their cooperation with other professional groups, recognizing their contribution through visible acknowledgements such as stickers and cards.
- They requested and received further training on the *365 Documentation Tool*. They now ask for support when they don't understand something and not only check their own accuracy but mentoring the accuracy of other staff as well.
- A site administrator observed that their overall demeanor is more positive.

Understanding of Learning Circles for Workplace Learning is Increased

The benefits of workplace learning circles were clearly demonstrated:

1. **Sharing information and ideas**

All three circles discussed articles, manuals, and tools that were relevant to their practice. Most notable were the *Supportive Pathways* materials used in the MDE/SCU Circle; the *Situation-Background-Assessment-Recommendation (SBAR)* tool and the RN *Charge Nurse Workshop Binder* from a recent professional development event in the RN Circle; and the *365 HCA Weekly Charting Record* in the HCA Circle.

2. Reducing feelings of isolation and "going it alone"

While the MDE/SCU Learning Circle was comprised of an interdisciplinary work team of individuals who already worked together every day, the other two circles provided a much needed opportunity to address issues of isolation. In the case of the RN Circle, the sense of "standing alone" was particularly strong as these nurses faced new responsibilities and a broader scope of practice in an environment of more limited supervision. The feeling was expressed by participants a number of times that "only an RN understands" the demands of their position. The circle allowed members to problem solve and to act as role models for each other. Their sense of isolation decreased as they became aware of RNs in other units that they might emulate or call upon when needed. On the other hand, the HCAs worked in a small facility and already knew each other quite well. Their sense of isolation related more to their perception of how their role fit with the roles of the LPNs and RNs on their team. As they worked in their circle to understand assumptions, they came to have a better sense of these relationships.

3. Using a variety of learning methods

Discussions tended to follow the both elements of experiential learning outlined by Kolb (1984) and the Plan-Do-Study-Act (PDSA) cycles often used in health care to improve efficiency, safety, and productivity. Examples included discussing concrete experience, reflecting on that experience, deriving generalizations to describe that experience, planning and executing ways of experimenting with the next similar experience, and reporting back to the group on that experience for further reflection and practice change.

In particular, the MDE/SCU Circle participants used the *Supportive Pathways* materials to create a diagram of an individual resident for whom they wished to provide more appropriate care. Then they observed how the care was provided and what the resident's response to it was. Changes were reported back to the group and further discussion on the success of these strategies ensued. Theses were later documented in the care plans so that they could be passed on to staff on different shifts. In the HCA Circle, at the request of the HCAs, the *365 Documentation Tool* was reviewed, item by item and participants' questions were answered. The result was increased coding accuracy and the HCAs were able to mentor other staff.

There is a lesson to be learned from the RN Circle where the SBAR tool was introduced in an early meeting. The tool was used to frame conversations with physicians in order to promote resident safety, The group was presented with the tool, asked to use it, and to then teach someone else to use it but the results were disappointing. The tool was seen as "just a new piece of paper" in an already heavy workload. It took until the seventh meeting for participants to bring specific examples of its use to the circle. By then group cohesion and support had taken root and participants were able to attend to practice topics with interest.

4. Creating a safe space for problem solving

The promotion of trust and security in a non-threatening environment was needed before problem solving could occur. Particularly for the RNs, trust took time to build, much more time than either of the

facilitators had anticipated. However, eventually, the participants began to welcome the safety offered by the group. By Meeting #7 the evaluator observed both acceptance and support among the group members. Difficult issues related to management and leadership could be discussed and the group was able to generate solutions. For the HCAs, the learning circle offered a safe environment to share their thoughts and experiences. They felt that their opinions were valued by both group members and the facilitators and this acceptance allowed them to blossom in term of attitudes and behaviour. As one of the facilitators noted, traditional learning environments may not have been comfortable memories for these hands-on learners and so the safe and supportive atmosphere in the circle worked well for them. In the MDE/SCU circle, the participants came with different training backgrounds and perspectives and worked in different jobs. From RN to Recreation Assistant to Unit Clerk, in the learning circle they were treated as equals and their perspectives were welcomed. As one participant commented, "We are wise collectively."

5. Producing new knowledge that is owned by participants

New knowledge was a product of all the learning circles. In the MDE/SCU Circle, the participants felt confident in their ability to assess residents and to make changes to their care strategies as needed. They used the PDSA cycle to plan interventions with specific residents, to try them out, to reflect on whether they were working well and if not how to revise them, and to bring the new strategies forward to other staff members.

The RNs indicated that their confidence had increased in applying critical thinking to their leadership and decision making. One specific skill they learned related to drawing conclusions, an essential step in their decision-making process. Once back on their units, they could reflect on group discussions and experiment with strategies suggested there. Then they could determine how well they worked. Their learning circle was giving them the confidence they needed to be leaders.

The HCAs learned to take a closer look at their own motivation and to better understand the assumptions they were making about their co-workers. They learned the value of giving recognition to their team but, as one of the facilitators commented, the learning went much deeper than stickers and appreciation cards; the group gained an understanding of how difficult it is to get people to buy into good ideas. Their active listening skills also improved and were carried forward into their practice.

6. Developing a group of peers who will support each other beyond the life of the circle

It does seem that the Bethany Care Society plans to continue the learning circle approach to capacity building. It was unclear whether the MDE/SCU Learning Circle would continue as management changes were taking place. That said, the work team remains and has learned some new communication and problem solving strategies. The RN Circle has continued into 2014 and seems to be getting on its feet in terms of the sophistication level of topics being discussed. The RNs are currently looking at *Practice Standards* and are selecting one for their personal development. It is likely that their need for a collegial problem solving arena will continue for the foreseeable future. In Airdrie, plans have been suggested to expand the number of learning circles and reconfigure them to include more staff groups. Whether the HCA Circle will continue in its current format remains to be seen but participants are keen to continue. They take a sense of empowerment with them into their other activities.

As a senior administrator commented, looking at potential future directions for learning circles at Bethany:

> *The managers involved have been very engaged and are committed to continue and expand this initiative. Of course it will need support from other places in the organization as well. We will need to demonstrate what we have learned and the impact and benefit both from an employee perspective and a care perspective. Site leaders from both our pilot sites have already committed to expand the reach of learning circles in the coming year, and site leaders from other centres have expressed genuine interest in implementing circles as well. My vision would be that eventually we would have multiple learning circles forming and reforming at all of our sites and that ultimately every point of care team member will have the opportunity to participate.*

The Evaluation Capacity for OD Team and Staff is Increased

Appreciative Inquiry was an appropriate evaluation approach for several reasons. In the first place, the study environment was undergoing significant change. Cuts to government funding resulted in staff cuts, reassignment and relocation. Most notably this had an impact on the role of the RNs who now had increased responsibility and scope as Charge Nurses. The HCAs also experienced a rotation towards the end of the pilot. In both cases, morale was negatively affected. Changing government requirements also meant that reporting requirements were increased, adding more pressure to workloads.

Secondly staff welcomed the AI focus on possibilities and accomplishments, not on problems. Its collaborative and democratic philosophy mirrored the learning circle process itself.

Finally, Bethany as an organization is open to participatory approaches and organizational learning. Staff wanted to learn about evaluation and AI provided that opportunity. A senior administrator noted that the evaluation process, logic model, and data collection matrix developed for this study have already been used as templates for other projects. The questionnaires have also been recycled. He thought that using qualitative data and project stories as valid evidence was a welcome addition to more traditional evaluation approaches used in the past.

Staff liked working with an external evaluator and appreciated being part of study design and data collection. The use of the Learning Circle Tracking Sheet was particularly helpful because the facilitators had to reflect on their group process and observational skills at the end of each meeting. Over time, they were also able to reflect on their own learning. The art of facilitation requires that they shift control away from themselves to the group and several of the facilitators observed this change in their own practice.

Knowledge Translation and Future Research Opportunities

In January 2014, based on the early positive findings of this evaluation, ICCER and its provincial stakeholders were able to prepare a proposal for Covenant Health's Network of Excellence in Seniors' Health and Wellness Innovation Fund for an expanded version of this pilot. The goal of the project is *to establish and evaluate learning circles as supports to clinical practice and structures for effective learning in the workplace*.

The Bethany Care Society also prepared two other proposals for funding based on project findings. In addition, several researchers have contacted Bethany staff for more information on using learning circles for knowledge translation. In addition, several conference abstracts about the project have been submitted to evaluation and gerontological associations in Canada, the United States, and Europe. It is hoped that some of these presentations will result in journal articles as well. It seems that the notion of learning circles in long term care resonates with people and warrants further study.

Conclusions

This pilot project tested the learning circle approach as a means of facilitating knowledge transfer. It can be deemed a success. The creation of safe places for staff to discuss issues, explore new ideas, and reflect on their experiences is a powerful training tool. Some of the conclusions that can be taken from this small experiment include the following:

- The composition of learning circles can vary according to the training needs of the organization. In this case, a multi-disciplinary team drawn from one unit and groups of similar professionals and health care workers drawn from across the organization worked equally well.
- It takes time to build trust and group cohesion in a learning circle, but once it is developed, the group culture remains strong even though membership turns over.
- Topics for discussion are more effective if they emerge from the group's identified needs.
- It is essential to work with management to resolve operational issues such as meeting location, coverage, and scheduling.
- Once positive changes begin to emerge from learning circle activities, management support for learning circles increases.
- The learning circle can be used to:
    - Strengthen professional identities,
    - Clarify roles,
    - Develop teams, and
    - Provide a safe place for problem solving.
- The collaborative and democratic nature of the learning circle empowers its members to take their new skills and solutions into the broader workplace.
- Learning circles enhance the confidence of their members and allow them to mentor others and to become ambassadors for new practice strategies.
- The learning circle provides new challenges for trainers. They must learn to guide the group without taking control.
- Appreciative Inquiry is a particularly effective and appropriate method for evaluating learning circles.

Recommendations

1. The learning circle approach to workplace capacity building should be expanded both within the Bethany Care Society and in other continuing care facilities in Alberta.
2. Larger trials should be conducted to confirm the findings of this study.
3. Further study should be conducted to determine if practice change resulting from learning circle activities has an impact on resident care.
4. The participants in this pilot project should be congratulated for their efforts and a celebration of their accomplishments should be held.
5. Participants of this project should act as a resource in the future development of learning circles at Bethany and at other continuing care organizations.
6. The findings of this study should be shared with ICCER stakeholders and disseminated in the fields of continuing care and program evaluation.

Appendix 1 Data Collection Matrix

BETHANY CARE SOCIETY

Learning Circle Pilot Project

January 24, 2013

Bethany Care Society			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources/Methods**
PROCESS			
1.0 Resources			
1.1 ICCER funding & research agenda	1.1.1 What funding was received from ICCER for the evaluation of the Learning Circles Pilot Project? 1.1.2 Were there any unexpected costs? 1.1.3 How did the Project contribute to ICCER's research agenda?	Project cost Input to ICCER agenda	Administrator interview

1.2 Adult learning principles	1.2.1 Which adult learning principles were identified for use in the Learning Circles?
	1.2.2 Which principles were more essential and why?
		Evidence of identification of adult learning principles *(Kolb, 1984):*
		• Experiential learning
		• Reflective observation using double-loop learning *(Argyris, n.d.):*
		  • Reflection
		  • Paradigm shift
		  • Emergent knowing
		  • New understanding
		• Abstract conceptualization
		• Active experimentation
			Literature review
			Facilitator Interviews

1.3 Prepared facilitators	1.3.1 How were facilitators prepared for the project? 1.3.2 To what extend did they feel comfortable with their understanding of group process skills? 1.3.3 Which skills needed more preparation?	Evidence of training activities Understanding of group process skills*(Christenson, 1983) :* • Leadership • Communication, clarification & summarization • Sensitive to individual & group learning needs • Promotes cohesion • Promotes trust & confidentiality • Encourages full participation, collaboration & shared responsibility	Facilitator Interviews
1.4 Appropriate topics	1.4.1 How appropriate were assigned Learning Circle topics? 1.4.2 Were the topics modified by individual circles? How were they changed?	Topic appropriateness Topic change	Learning Circle Tracking Sheet

Bethany Care Society			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources/Methods**
1.5 Managerial and operational support in participating organizations	1.5.1 To what extent did managers and operational staff support the Circles? 1.5.2 What issues were identified in providing support to the Circles?	Evidence of operational support for Circles: • Size of Circle • Frequency of meetings • Meeting space • Timing in day • Scheduling • Coverage	Learning Circle Tracking Sheet Administrator interview
1.6 Evaluation Plan using Appreciative Inquiry	1.6.1 To what extent did the evaluation intentionally focus on organizational learning throughout the evaluation?	AI approach described in Evaluation Plan*(Preskill & Catsambas, 2006)* : • Collaborative questioning, reflection & dialogue • Use of interviews & storytelling to collect data • On-going, iterative & integrated inquiry process • Respectful of diverse stakeholders • Systems oriented • Findings to be used for decision making	Evaluator Reflection
2.0 Activities: Learning Circle Process			
2.1 Training in Learning Circle concept	2.1.1 Was initial training on Learning Circle processes provided to members? 2.1.2 How comfortable did Circle members feel with the learning method? 2.1.3 Did their sense of comfort change over time?	Evidence of training on Learning Circle processes	Learning Circle Tracking Sheet
2.2 Selection of background materials	2.2.1 What background materials were selected for Circle members to review? 2.2.2 To what extent did the background materials prepare Circle members for activities?	Identified materials	Learning Circle Tracking Sheet
2.3 Participant preparation	2.3.1 How much time did Circle members spend on preparation? 2.3.2 Did this change over time?	Member feedback to facilitator	Learning Circle Tracking Sheet

Bethany Care Society Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources/Methods**
2.4 Topic discussions	2.4.1 How did Learning Circle discussions proceed? 2.4.2 To what extent did the facilitators use group process skills? 2.4.3 To what extent were the issues discussed relevant to Circle members' workplace contexts? To their current learning needs? 2.4.4 What barriers or facilitators influenced Circle members' ability to discuss topics openly? 2.4.5 How did the discussion process vary by Circle?	Evidence of use of group process skills *(Christenson, 1983):* • Leadership • Communication, clarification & summarization • Sensitive to individual & group learning needs • Promotes cohesion • Promotes trust & confidentiality • Encourages full participation, collaboration & shared responsibility	Learning Circle Tracking Sheet AI Focus Groups Evaluator Observation
2.5 Experiential learning	2.5.1 To what extent did Circle discussions focus on members' past experience?	Evidence of shared concrete experience *(Kolb 1984)*	Learning Circle Tracking Sheet AI Focus Groups
2.6 Reflective observation	2.6.1 To what extent did Circle discussions provided members an opportunity to reflect on their experience? 2.6.2 Did their understanding of Circle topics change fundamentally because of this reflection?	Evidence that reflection occurred by exploring the assumptions, values, and beliefs underlying the discussed experiences? (Kolb 1984) Evidence of double-loop learning *(Argyris,n.d.):* • Reflection • Paradigm shift • Emergent knowing • New understanding	Learning Circle Tracking Sheet AI Focus Groups
2.7 Abstract conceptualization	2.7.1 How did the facilitator help the group draw conclusions about their experience? 2.7.2 To what extent were Circle members able to generalize their experience?	Evidence of conclusions drawn Evidence of generalization of discussion topics, drawing conclusions *(Kolb 1984)*	Learning Circle Tracking Sheet
2.8 Active experimentation	2.8.1 To what extent did Circle members plan to test out or experiment with the skills and knowledge acquired in their Circles? 2.8.2 How successful were they in experimenting as planned? 2.8.3 What barriers or facilitators affected their ability to apply what they had learned?	Evidence of planning to experiment Evidence of experimentation with skills and knowledge *(Kolb 1984)*	Self-assessment Tool AI Focus Groups Learning Circle Tracking Sheet

Bethany Care Society Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources/Methods**
2.9 Feedback loops	2.9.1 Did the Circle discussions provide an opportunity to review learning from previous sessions? 2.9.2 Did Circle activities change as a result of feedback from the group? If so, what changes occurred?	Evidence of feedback loops	Learning Circle Tracking Sheet
2.10 Participation in evaluation activities	2.10.1 How did OD team members and staff participate in evaluation activities?	Evidence of involvement in evaluative processes Evidence of integration of evaluation with work practices *(Preskill & Catsambas, 2006)*	Facilitator Interviews Evaluator Reflection
3.0 Outputs			
3.1 Participants assess their learning outcomes	3.1.1 How did Circle members assess their learning outcomes? 3.1.2 What did they conclude about their learning?	Evidence that learning occurred	Facilitator Interviews AI Focus Groups
3.2 Participants enhance their capacity in target skills & knowledge	3.2.1 How did Circle members' target skills and knowledge change?	Evidence of change in target skills and knowledge	Self-assessment Tool
3.3 Participants apply target skills & knowledge in workplace	3.3.1 What examples were provided by Circle members about how they applied their target skills and knowledge in their workplace? 3.3.2 What happened as a result?	Evidence of application of target skills and knowledge	AI Focus Groups
3.4 Participants experience enhanced confidence in self-directed learning	3.4.1 How did Circle members change in terms of their confidence about self-directed learning?	Evidence of change in confidence levels	Self-assessment Tool
3.5 Facilitators demonstrate enhanced leadership capacity	3.5.1 What impact did the Learning Circle experience have on facilitators' leadership skills? 3.5.2 What other impacts did facilitators experience as a result of their role in the Learning Circles?	Impact of Learning Circle experience	Facilitator Interviews
3.6 An evaluation of the project is conducted & a Final Report is prepared	3.6.1 How was the Project evaluated? 3.6.2 Did the evaluation address the evaluation needs of both ICCER and Bethany? 3.6.3 Was AI an integral part of the evaluation? 3.6.4 What did the Final Report conclude regarding project goal achievement?	Evaluation narrative in Final Report Evaluation conclusions	Evaluation Final Report Administrator Interview Evaluator Reflection
OUTCOMES			
4 Immediate Outcomes (June 2013)			

Bethany Care Society Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources/Methods**
4.1 Practice is changed in target areas	4.1.1 What changes occurred to practice in target areas?	Evidence of practice change	AI Focus Groups Facilitator Interviews Administrator Interview
4.2 Understanding of Learning Circles for workplace learning & KT is increased	4.2.1 How did staff understanding of Learning Circles change? 4.2.2 What lessons were learned about the use of Learning Circles in the workplace? 4.2.3 Were Learning Circles seen as an effective workplace learning & KT strategy?	Impact of Learning Circles Lessons learned	AI Focus Groups Facilitator Interviews Administrator Interview
4.3 Evaluation capacity for OD team & staff is enhanced	4.3.1 How did the evaluation capacity of the OD Team members & staff change based on their involvement in the project evaluation? 4.3.2 What lessons did they learn that could be applied "next time"?	Evidence of change in their interest and ability to explore critical issues using evaluation logic Evidence of professional growth regarding workplace learning *(Preskill & Catsambas, 2006)* Lessons learned	Facilitator Interviews Administrator Interview
4.4 Unanticipated outcomes & side effects are identified	4.4.1 What surprises or unanticipated outcomes resulted from the project? 4.4.2 Were there any side effects?	Unanticipated outcomes Side effects	AI Focus Groups Facilitator Interviews Administrator Interview
4.5 Additional research topics are identified	4.5.1 What research topics about workplace learning emerged from the project?	Additional research topics	Facilitator Interviews Administrator Interview
4.6 Recommendations to ICCER are advanced	4.6.1 What recommendations were advanced to ICCER regarding the utility of Learning Circles as a workplace learning strategy?	Recommendations about Learning Circle utility	Administrator Interview
4.7 Understanding of Appreciate Inquiry for evaluation is increased	4.7.1 How appropriate was AI as an evaluation strategy for Learning Circles? 4.7.2 What lessons were learned about evaluating Learning Circles?	Evidence of utility of AI approach: • Focus on process as well as outcome • Shared learning—individual, team, organization • Provides training on inquiry skills • Fosters collaboration • Establishes linkages between learning and performance • Creates greater understanding of project successes • Uses diverse perspectives *(Preskill, 2005)* Lessons learned	Facilitator Interviews Administrator Interview Evaluator reflection

Bethany Care Society			
Data Collection Matrix			
Evaluation Topics	**Evaluation Questions**	**Indicators**	**Data Sources/Methods**
5 Intermediate Outcomes (September 2013) [NB Out of Scope]			
5.1 Care for residents in target areas is improved	5.1.1 How did the workplace learning that resulted from the Learning Circles affect resident care? 5.1.2 What lessons were learned about the utility of this approach as a way to impact resident care?	Future research as needed	
5.2 A learning circle approach to workplace learning at Bethany is expanded	5.2.1 To what extent did Bethany adopt Learning Circles as a workplace learning strategy? 5.2.2 What plans did they make for the future use of Learning Circles?		
5.3 Recommendations for future use of Learning Circles in partner organizations are developed	5.3.1 To what extent did partner organizations adopt the learning circle strategy? 5.3.2 What plans did they make for the future use of Learning Circles?		
5.4 ICCER research agenda is enhanced	5.4.1 How was the ICCER research agenda influenced by the findings of this project?		
6 Ultimate Outcomes (2014-2015) [NB Out of Scope]			
6.1 Changes to workplace learning & KT at Bethany and partner organizations are implemented	6.1.1 What changes to workplace & KT learning strategies were implemented at Bethany and partner organizations?	Future research as needed	
6.2 Additional CRIO funding for research on innovative learning models is obtained by ICCER	6.2.1 What funding was obtained by ICCER to explore innovative learning models based on the results of this project?		

Sample Study Tools

RN Learning Circle Evaluation: Tracking Sheet

Circle Operation

Please provide the following information:

Today's Topic:	# Attendees: # Absent:	Date :
Please describe any scheduling concerns related to this meeting:		
Please describe any coverage issues related to participants' attendance at this meeting:		
What background materials were used today? Please rate their appropriateness and comment as needed:		

Not effective 1	2	3	4	Very effective 5	NA
☐	☐	☐	☐	☐	☐

Use of Your Group Process Skills Today

Select the number that best reflects your satisfaction with your use of group process skills while facilitating this Learning Circle meeting. If you did not use the skills, indicate *Not Applicable (NA)*.

Group Process Skill	Very dissatisfied 1	2	3	4	Very satisfied 5	NA
1. Leadership	☐	☐	☐	☐	☐	☐
2. Communication, clarification & summarization	☐	☐	☐	☐	☐	☐
3. Sensitivity to individual & group learning needs	☐	☐	☐	☐	☐	☐
4. Promoting group cohesion	☐	☐	☐	☐	☐	☐
5. Promoting trust & confidentiality	☐	☐	☐	☐	☐	☐
6. Encouraging full participation, collaboration & shared responsibility	☐	☐	☐	☐	☐	☐

What group process skill worked particularly well for you today? Why was it so successful?

Participants' Experiential Learning Today

Based on your observation of the Learning Circle today, select the number that best reflects the extent to which participants used the following experiential learning skills; if they did not use the skill, indicate *Not Applicable (NA)*.

Experiential Learning Skill	Not at all 1	2	3	4	A great deal 5	NA
1. Focusing on experience so far	☐	☐	☐	☐	☐	☐
2. Exploring underlying assumptions, values, and beliefs	☐	☐	☐	☐	☐	☐
3. Using reflection to develop new understanding	☐	☐	☐	☐	☐	☐
4. Drawing conclusions	☐	☐	☐	☐	☐	☐
5. Developing plans to experiment with new skills and knowledge	☐	☐	☐	☐	☐	☐
6. Providing feedback on how experimentation has unfolded in the workplace	☐	☐	☐	☐	☐	☐

Can you provide an example of an experiential learning skill that participants demonstrated particularly well today? Why was it so successful?

Please add any other thoughts and reflections about this Learning Circle meeting here:

Thank you very much!

Complex Dementia Care Learning Circle: Capability Questionnaire

Letter to Participants

The goal of the Complex Dementia Care Learning Circle is:

To increase staff knowledge in managing behaviours in complex dementia care.

The purpose of this questionnaire is to assess the impact of this Learning Circle on your knowledge and skills. Please reflect carefully on the questions. Accurate and complete responses are very important to us. Please try to be as objective as possible in providing responses. Your input will be anonymous and the information will be treated confidentially.

Your answers will be used to enhance the effectiveness of the learning and development opportunities we provide our employees. We greatly value your input and appreciate your cooperation.

Thank you,

Dawn Larche
Ann Warnock-Matheron

Please provide the following information:

Position:	Department:	Date :

Questions about your Learning

1. Select the number that best reflects your knowledge or skill level in each area at the end of this Learning Circle meeting today. If the skills or knowledge are not important in your job, indicate *Not Applicable (NA)*.

Objectives	Very low 1	2	3	4	Very high 5	NA
1. Understanding the different types of dementia	☐	☐	☐	☐	☐	☐
2. Discussing approaches to care with Circle participants	☐	☐	☐	☐	☐	☐
3. Assessing residents with complex dementia	☐	☐	☐	☐	☐	☐
4. Planning interventions for residents with complex behaviours	☐	☐	☐	☐	☐	☐
5. Implementing strategies for care	☐	☐	☐	☐	☐	☐
6. Thinking about the success of the strategies	☐	☐	☐	☐	☐	☐
7. Changing practice	☐	☐	☐	☐	☐	☐

Please feel free to add any comments to explain your answer:

2. So far, to what extent has this Learning Circle met your gaps in knowledge about managing behaviours in complex dementia care? Select the number that best reflects your rating. If you don't know, indicate *Don't Know (DK)*.

Not at all 1	2	3	4	A great deal 5	DK
☐	☐	☐	☐	☐	☐

Please feel free to add any comments to explain your answer:

3. How confident are you to apply the knowledge or skills you have learned in this Learning Circle on the job? If the skills and knowledge are not important in your job, indicate *Not Applicable (NA)*.

Knowledge and Skills	Not at all confident 1	2	3	4	Very confident 5	NA
1. Identifying different types of dementia	☐	☐	☐	☐	☐	☐
2. Understanding approaches to care	☐	☐	☐	☐	☐	☐
3. Assessing residents	☐	☐	☐	☐	☐	☐
4. Planning interventions	☐	☐	☐	☐	☐	☐
5. Implementing care strategies	☐	☐	☐	☐	☐	☐
6. Thinking about the success of care strategies	☐	☐	☐	☐	☐	☐
7. Making changes in care strategies as needed	☐	☐	☐	☐	☐	☐

Please feel free to add any comments to explain your answers:

4. How have you changed your approach to managing behaviours in complex dementia care because of what you have learned in this Learning Circle?

5. What has helped you be successful?

Thank you very much!

Adapted from: Lynette Gillis, Ph.D., Centre for Learning Impact, v 2.0 (Bethany Care Centre, 2013.)

AIRDRIE HCA Learning Circle: Knowledge Transfer Questionnaire

Letter to Participants

The purpose of this questionnaire is to follow-up with your progress—to see how you have been able to apply what you have learned in the Learning Circle at your job.

The goal of the HCA Learning Circle is:

To increase HCAs' ability to understand the importance of clear communication and effective teamwork.

Please reflect carefully on the questions. Accurate and complete responses are very important to us. Try to be as objective as possible in providing responses. Your input will be anonymous and the information will be treated confidentially.

Your answers will be used to enhance the effectiveness of the learning and development opportunities we provide our employees. We greatly value your input and appreciate your cooperation.

Thank you!

Jodi Phillips
Laura lee Altizer

Please provide the following information:

Position:	Department:	Date :

Questions about Using your Learning

1. To what extent have you used the knowledge and skills taught in this Learning Circle at your job? For each area of learning, select the number that best reflects your rating.

Knowledge & Skills	Very little 1	2	3	4	A great deal 5
1. Identifying the assumptions that effect how my team works together	☐	☐	☐	☐	☐
2. Knowing what motivates me in my work	☐	☐	☐	☐	☐
3. Giving regular, on-going recognition to team members	☐	☐	☐	☐	☐
4. Fostering continuity of teamwork on my unit	☐	☐	☐	☐	☐
5. Applying active listening skills during my daily interactions	☐	☐	☐	☐	☐
6. Thinking about the success of the strategies	☐	☐	☐	☐	☐
7. Changing my practice when needed	☐	☐	☐	☐	☐

If you wish, please add comments to explain your answers:

2. To what extent has your performance changed in each of the areas below as a result of what you have learned at this Learning Circle?

Performance Areas	No change 1	2	3	4	A great deal of change 5
1. Identifying the assumptions that effect how my team works together	☐	☐	☐	☐	☐
2. Knowing what motivates me in my work	☐	☐	☐	☐	☐
3. Giving regular, on-going recognition to team members	☐	☐	☐	☐	☐
4. Fostering continuity of teamwork on my unit	☐	☐	☐	☐	☐
5. Applying active listening skills during my daily interactions	☐	☐	☐	☐	☐
6. Changing my practice when needed	☐	☐	☐	☐	☐

What other aspects of your job that you are doing better as a result of the Learning Circle?

3. Please check any factors that have helped you apply your new learning to your job.

☐	I was motivated to make a change	☐	I had support from my colleagues or peers
☐	I had enough time to implement new strategies	☐	I had support from management
☐	I had the information I needed to apply new strategies	☐	I got positive feedback on my performance
☐	There were many opportunities to practice new strategies	☐	I was able to practice and make changes as needed
☐	Was there anything else that helped you?	☐	Is there any other support you may need?

4. Please provide an example of how you applied your new skills and knowledge to manage behaviour in your care setting. What happened as a result?

5. Should the Bethany Care Society continue to provide Learning Circles to support workplace learning? Why or why not?

6. Do you have any additional comments about your Learning Circle?

Thank you very much

Adapted from: Lynette Gillis, Ph.D., Centre for Learning Impact, v 2.0 (Bethany Care Centre, 2013.)