Discussion Paper

Framework for a Virtual Teaching Continuing Care Centre Network

18 July 2011

ICCER

INSTITUTE FOR CONTINUING CARE EDUCATION & RESEARCH

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A. About ICCER

The Institute for Continuing Care Education and Research (ICCER) is a collaborative endeavour between member organizations focusing on continuing care education and research in Alberta.

ICCER is intended to provide an ideal environment to create synergies, resulting in leading edge research and evidence, and allowing for innovation and the implementation of best practices.

Mission

The Institute will enhance the quality of life for those served in the continuing care system by creating a continuum of learning and research, and by ensuring excellence in education for students.

Vision

ICCER will be a partnership of practitioners, researchers, educators, and learners collaborating to provide the best care and quality of life for those served by the continuing care system.
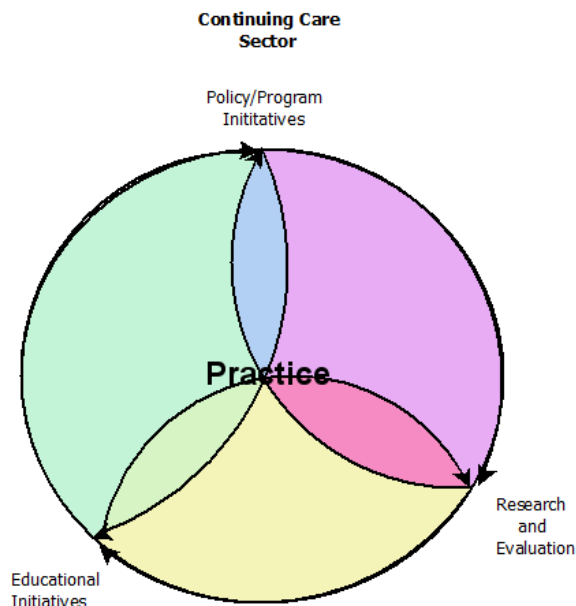
ICCER Strategic Objectives

➢ Foster innovation in education and training of care providers

➢ Strengthen the effectiveness of the clinical practicum experience in the continuing care environment

➢ Stimulate and support research and its application in continuing care

➢ Share and exchange knowledge and expertise with the community

➢ Promote continuing care as a career of choice

B. Background

The concept of ICCER developed out of plans to develop a teaching continuing care centre which would incorporate teaching and research into the day-to-day operations of a care facility. Although this is typically done in acute care settings, it is rare within the continuing care sector.

Figure 1 – Interaction of Education, Research, Policy, and Practice in Continuing Care

Once the founding partners realized that building a new, separate facility would take time in the existing economic climate, they turned to developing ICCER, a virtual institute with a mandate to stimulate research and its application in continuing care; to share knowledge and expertise with the practice community; and to strengthen the effectiveness of clinical practicums in order to promote continuing care as a career of choice.

Research, education, and practice should be closely linked, as the adjacent diagram shows. As new initiatives are developed in health care and in continuing care, the results can lead to the development of new educational programming, the enhancement of existing educational programming, or the inclusion of innovations such as technology integration. As the educational programs adapt, there

is a need for additional research/evaluation to see if the programs are addressing the original needs.

ICCER, to address these needs, is developing a virtual teaching continuing care centre, based on the expertise and interests of its members, and the operational expertise of the three current provider members.

C. Current Situation

The three provider organizations (Bethany Care Society, CapitalCare, and Excel Society) have a range of facilities and programs, including independent living with supports, day programs, designated supportive living, long term care, young adult specialized residential care, and specialized dementia care. They have facilities in Edmonton, Calgary, Red Deer, Cochrane, High River, Airdrie, and Sylvan Lake.

Although many of sites have student placements, not all of the placement opportunities are ongoing. For instance, a site may have a physical therapy student on an occasional basis, although the physical therapist (and the site) is able and interested in having students on a regular, ongoing basis[1].

Researchers from the University of Alberta, the University of Calgary, and Red Deer College use the various sites as a basis for research, but, with the exception of CapitalCare, which has a permanent Research Unit, research is often not strategically planned with input from the front-line providers and is based solely on the interests of the researchers, not of the provider organization.

Each of the three provider organizations has a number of ongoing relationships with researchers or other organizations, but they tend not to be truly collaborative or mutually beneficial. All three strive to be innovative and actively seek to apply research and evidence based best practices to improve client care.

Organization Activity	Bethany	CapitalCare	Excel
In-house research unit		✓	
Licensed training school			✓
In-house Quality Improvement teams	✓	✓	✓
Integrated practical nurse education		✓ (one site)	
Research grant process		✓ (not annual)	
Regular educational opportunities through annual conference		✓	

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[1] For some disciplines regular and ongoing may mean once a year. For instance, pharmacy technicians have student placements once during their educational program.

D. Gaps

1. Research

What is missing is a clear research/evaluation agenda, with collaborative partners who are interested in working with the provider organizations on an equal footing. Often the research is driven by the researchers and the research granting bodies - the researcher identifies a subject, the researcher writes the grant proposal, the researcher organizes and conducts the research, and finally the researcher writes up the research and disseminates it. The provider organizations frequently are listed as decision makers on the proposals and provide the sites and subjects for research, but are not necessarily an equal partner in developing research questions, planning the research methodology, analyzing and interpreting the results, and applying the outcomes to clinical care.

Once research has been completed, there is a lack of consistency in how findings are disseminated and applied. Unless the organization is an equal partner in the research, the results may not be shared by the researcher, or at least not in a timely manner. Once research findings are released or published, there is no consistent method of applying and sharing the results to improve practice.

Research needs to be seen in its broadest sense and include applied research, quality improvement, knowledge synthesis, and evaluation activities. It should be seen as something organizations do regularly, not something that is done to them by academics. It is also important that the research be meaningful to the provider organizations; at this time there is a lack of workforce research being done at the level of health care aides.

2. Education

All three provider organizations have student placements. Some of these placements (e.g. nursing students, pharmacy students) have to be organized through Alberta Health Services placement service. Other placements are arranged between the provider organization and the placement coordinators of individual programs from various post-secondary institutions (PSIs).

What is lacking is full knowledge on the part of the provider organizations as to what educational programs could benefit from placements, and, on the part of the PSIs, what educational opportunities the provider organizations could offer to students. With the focus on teams in clinical care, there is also a need to coordinate placements so that students obtain a team experience in clinical care practicums.

On the reverse side, the educational partners need to have greater awareness of what placement opportunities (both for regular practicums, as well as independent research/study projects) could be provided by the provider organizations. The educational partners need to be better aware of issues in practice that could be addressed by the educational programs.

3. Practice

The provider organizations provide a natural setting for education and research; however, they need to ensure that the staff are fully functioning and capable of working at full scope of practice.

AHS has been offering in-services to facilities, particularly at the Designated Assisted Living level, on subjects such as infection control. Organizations need the ability to have best-practice learnings offered to staff on important subjects and in a timely manner. There is a role, not currently met, for technology and online learning (just-in-time learning), particularly for health care aides.

There is a need for training and supporting leadership at all levels of the continuing care workforce. Many new graduates have some leadership skills, but they lack the experience. Leadership and team building skills need to be encouraged and supported through in-service instruction.

E. Framework for a Virtual Teaching Continuing Care Centre

The development of a Virtual Teaching Continuing Care Centre (VTCCC) will strengthen the linkages between education, research/evaluation, and practice. The VTCCC will take the attributes of a defined "bricks and mortar" centre, without the physical limitations of working in one organization. The VTCCC will utilize the skills, knowledge, and experience of existing ICCER member organizations, and leverage them to meet needs by expanding and enhancing knowledge transfer in education, research and practice.

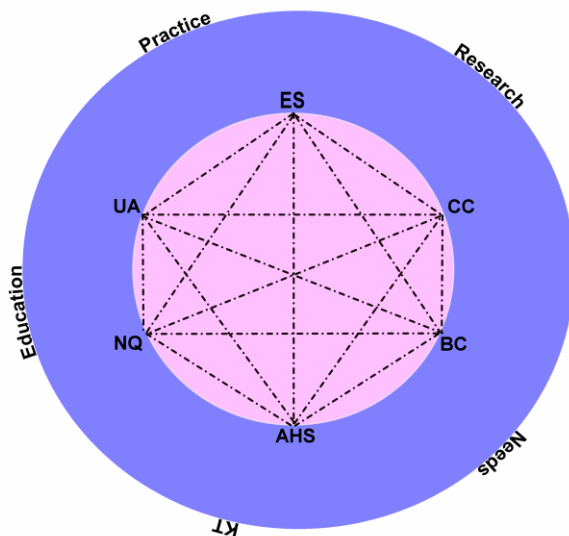**Figure 2 – Schematic of the ICCER network**

Figure 2 shows ICCER network schematically. The ICCER members work together to enhance continuing care through the constructs of needs, practice, education, research, and knowledge translation.

The VTCCC will be based upon intentionality, network development, and capacity building.

In order to expand the developing network of ICCER affiliates, it may be necessary to go beyond the Steering Committee and establish an advisory committee to link providers, educators, and researchers from across the province.

At the same time, ICCER to needs to join other networks to learn and grow from those experiences. For example, the University of Alberta is developing an Interdisciplinary Health Research Academy (IHRA) to advance, facilitate, and support cross-faculty and multi-partner interdisciplinary health research to better understand and resolve health issues and challenges facing individuals, communities, health care providers, health systems and governments. As a collaborator in IHRA, ICCER can learn from their experiences, and at the same time lobby on continuing care issues.

F. Strategies

Although ICCER's mandate is provincial, ICCER follows the precept "think globally, act locally". As such, the activities of the teaching continuing care centre will be based initially within the boundaries of the three ICCER provider organizations and two PSIs. The learnings will be shared provincially. The overall goal is to improve the quality of continuing care across Alberta.

1. Research

ICCER member organizations will purposefully become partners in regular exploration of research opportunities and needs, including the initial research grant applications to align priorities and expectations, and ensuring adequate resources for organizations to be full partners in research projects. ICCER will develop a process for identifying potential research partners, and will plan for Knowledge Translation (i.e. how to ensure research gets to best practice working groups → best practice leaders → practice).

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In order for ICCER members to be equal partners in the research, ICCER should facilitate the identification of a series of research themes that are pertinent to the needs of the provider organizations. Once the themes are identified, all members can support the initiatives either through participation or in principle. This will allow academic institutions to provide project leadership for research while the providers provide the context.

The principles of community-based research (community-situated, collaborative, and action-oriented) need to be integrated into the foundation of the TCCC. As well, capacity in applied research, at both NorQuest College and University of Alberta, needs to be nurtured. There is a need to understand the research/practice interface. This will provide the opportunity for learnings to be shared, instructors to engage in meaningful research either independently or with students, and for students do research while doing their clinicals/practicums, or while studying (i.e., capping projects or thesis). The fundamental principle is that the research is a collaborative endeavour from problem identification through to clinical application of results.

Researchers need to translate research language into practical terms if front line staff are to understand and apply information into practice. Researchers need to be able to understand how research relates to both education and practice and be able to work with practitioners and educators.

2. Education

Educational activities be organized and directed toward increased continuing care workforce capacity and skills. It should include team building and be a positive placement experience for the students – encouraging continuing care as a career choice.

Using the themes that emerge from research needs, educational activities should be designed to support them. Then, when students go out for routine placements or for project placements, their activities can be directed around the common themes. For example, if leadership development is chosen as a theme, the PSIs would ensure education supports leadership development, and students would be encouraged to undertake projects that relate to leadership development.

The University of Alberta and NorQuest College will work to encourage student placements and projects with the three ICCER provider organizations. This would include students from:

University of Alberta	NorQuest
Human Ecology	Day home provider
Medicine	Health care aide
Nursing	Mental health assistant
Nutrition	Pharmacy technician
Physical Therapy	Physical therapy assistant
Pharmacy	Practical nurse
Occupational Therapy	Social work
Psychology	Therapeutic recreation
Public Health	
Recreation Administration	
Sociology	

University of Alberta	NorQuest
Speech-Language Pathology	
Social Work (UofC – Edmonton)	

Students from the University of Alberta include those from the existing Edmonton and Augustana campuses, as well as from the future Calgary campus. Students may be involved directly through their faculty (e.g. routine student practicum), or through an interdisciplinary educational opportunity (e.g. community collaboration through the Health Sciences Education and Research Commons).

Educators routinely take new research findings and share it with students in the classroom. Provider educators could benefit from integrating evidence based practice into their educational offerings and could work together as facilitated by ICCER.

Educators need to translate research language into practical terms if front line staff is to understand and apply information into practice. They also need to appreciate demands on staff time.

Educators need to understand the different care givers that make up the teams at the various sites (professional practitioners and front-line staff) and the limitations in funding that support the teams, i/e/ number and type of staffing component.

3. Practice

Staff in the provider organizations needs to be working to their full scope of practice.

Communities of Practice need to be developed to support continuing care staff, educators, and researchers in specific clinical areas. Research questions need to arise from ongoing clinical practice.

The various social media, and how they can be used to support practice, needs to be examined. For example, Facebook groups can be the infrastructure for Communities of Practice.

Community-based research principles need to be imbedded in practice. Practitioners need to be comfortable with research concepts in order to understand and fully participate.

G. Deliverables

1. Identify three to five overall themes for the VTCCC – so that all three levels (practice, education, research) support these themes and activities for the next two to five years can be planned around the themes.

2. Develop a collaborative research process with researchers/funders/educators/provider organizations.

3. Establish teaching/learning communities where research and practice are integrated through intentional partnerships.

4. Create a network where experience/expertise is shared.

5. Build capacity for continuing care staff (front line/support/leadership) to understand and model the community of practice approach.

6. Encourage health related organizations to offer research grants for continuing care on an annual basis.

APPENDIX 1 – Key areas of interest

Research, Practice, and Education are tightly connected. What happens in one area can affect the others.

Key areas of interest are:

1. Role definition

2. Leadership (informal/formal) for both Practical Nurses and Registered Nurses

3. Team development

4. Intercultural issues (emphasis on health care aides)

5. Development of options for adult learning (emphasis on health care aides)

Use of technology, best practices, and the integration of best practices are integral to all five areas of interest.

There are overlaps between 1, 2, and 3.

Issue/theme	Potential Questions
Roles definition	There are many issues related to role definition on continuing care teams. Are care providers working to the full scope of their practice?
	Do we have consensus re role of RNs in the future? As resource managers? with LPNs providing the clinical leadership? Are all sectors working towards that?
Leadership skills	Leadership is not just at the RN or PN levels. There is both formal and informal leadership. How do these relate and who takes on these roles?
	RNs and PNs learn some leadership skills but lack experience. Often too high expectations are placed on new graduates. Are educational programs meeting the needs in terms of leadership?
	How do organizations build capacity for informal and formal leadership?
	There are no intentional ways to build leadership capacity at this time, how do organizations change this?
	Who brings the day to day leadership that can develop the team?
	Are health care providers, particularly LPNs, able to communicate effectively with family and others involved in the client[2] relationship?
Team development	How do the teams in continuing care work? Are they effective interdisciplinary teams? Do they function efficiently to provide best practices and optimal care to the residents/clients?
	Includes issues of family and others involved in the client relationship – the family has a role, how do they fit on team?
Intercultural	Intercultural issues are important from two perspectives: i) understanding the

[2] The word client includes patients, elders, participants, and residents.

Issue/theme	Potential Questions
issues	cultural beliefs/needs of the client group, and ii) understanding the cultures from within the health care provider groups. A high percentage of health care providers within the continuing care sector are originally from other countries and have English as their second language.
Development of options for adult learning	Organizations are continually challenged to provide ongoing learning in the workplace for health care providers who work around the clock and have minimal time to participate in education sessions. Adult learning principles suggest that classroom learning is ineffective in supporting meaningful knowledge transfer and practice change for point of care providers. How can we best provide meaningful learning experiences that are both timely and relevant? Is there an alternative model that might integrate a learning circle approach that provides a more natural context for applying new concepts to practice and, at the same time, honours the experience and knowledge of the participants?