

Can Cooperative Learning Strategies Lead to Practice Change in Continuing Care?

Our Future is Aging: Current Research on Knowledge, Practice and Policy

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Research Team

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Outline

- About ICCER and the CNDRN
- What Learning Circles are
- Why we used Learning Circles
- How Learning Circles contributed to practice change
- Next steps

Institute for Continuing Care Education and Research (ICCER)

A network of post-secondary institutions and continuing care providers collaborating to improve continuing care in Alberta by:

- encouraging research
- translating knowledge into better practice
- enhancing education
- informing policy

Community Needs Driven Research Network (CNDRN)

- CC sector is under-researched
- Academically driven
- Front- line staff are sources for research questions
- Knowledge translation potential is lost

Needs Identification



Top Ten Themes Identified

Theme	Sub- Themes
Mental Health related issues	Challenging behaviors Care for non- dementia clients Client mix
Education related issues	Adult Learning Effectiveness and outcomes HCA Training
System navigation and transition of care	Information and Education Assessment Impact on clients and families
Technology for adult learning and point of care	Point of care learning Communication Literacy (ESL)
Role definition within the CC sector	Nursing professions Rehabilitation/Recreation professions

Top Ten Themes Identified

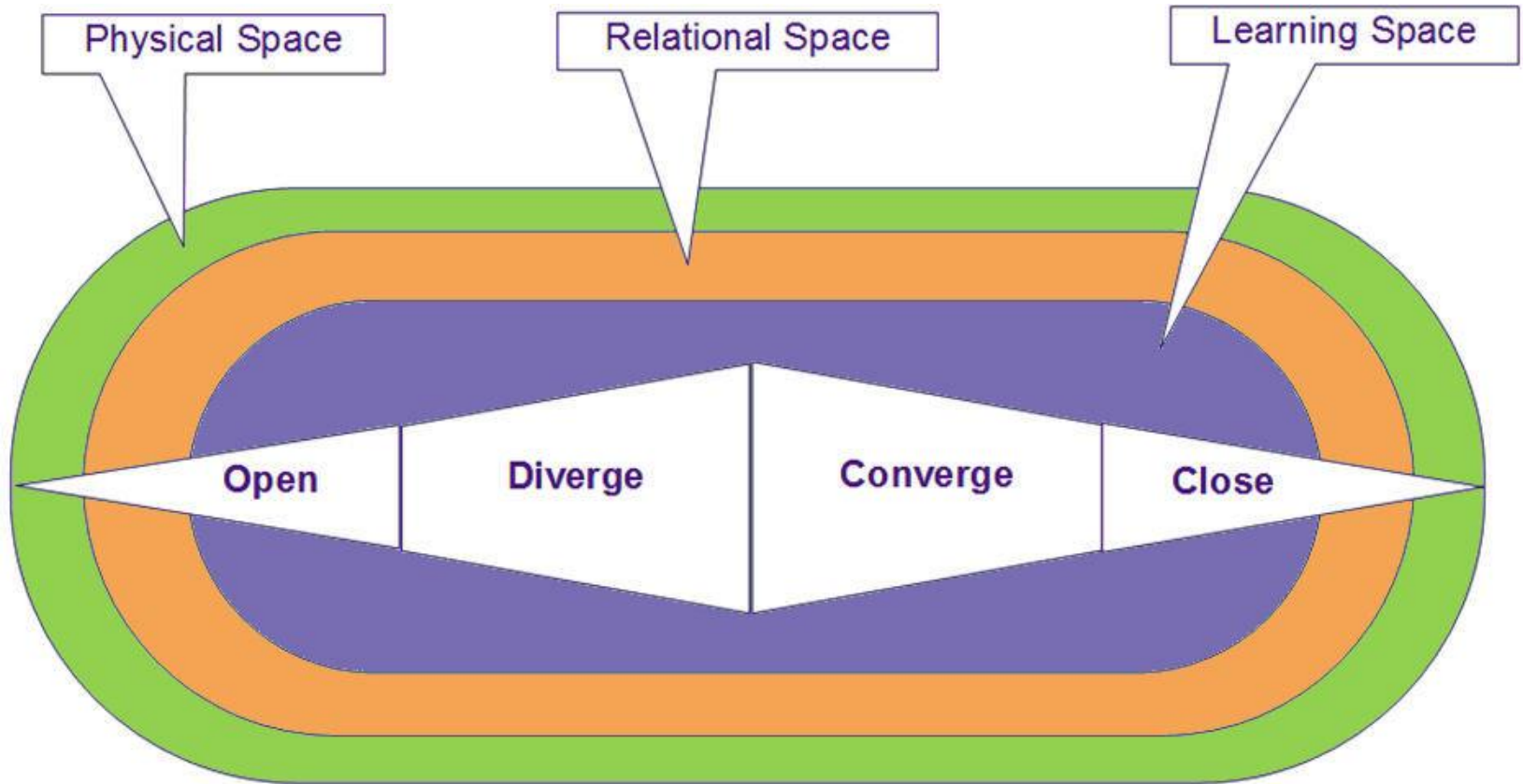
Working with families	Family's role Families as CC clients The overlooked value of family's knowledge
Staff retention and recruitment	Recruitment (numbers/appropriate interpersonal skills) Retention (expectations, value of work, temporary staff)
Caregiving	Attitudes and attributes of caregivers Caregiving and couples in the CC sector Impact of habits and addictions
Intercultural issues	Clients' cultural backgrounds Staff's cultural backgrounds
Need for Recreation and Rehabilitation staff	Need evidence to support funding

Challenges for staff education in CC

- Fulfilling mandatory requirements;
- Limited opportunities to talk about practice;
- Time away from unit a barrier to large group learning

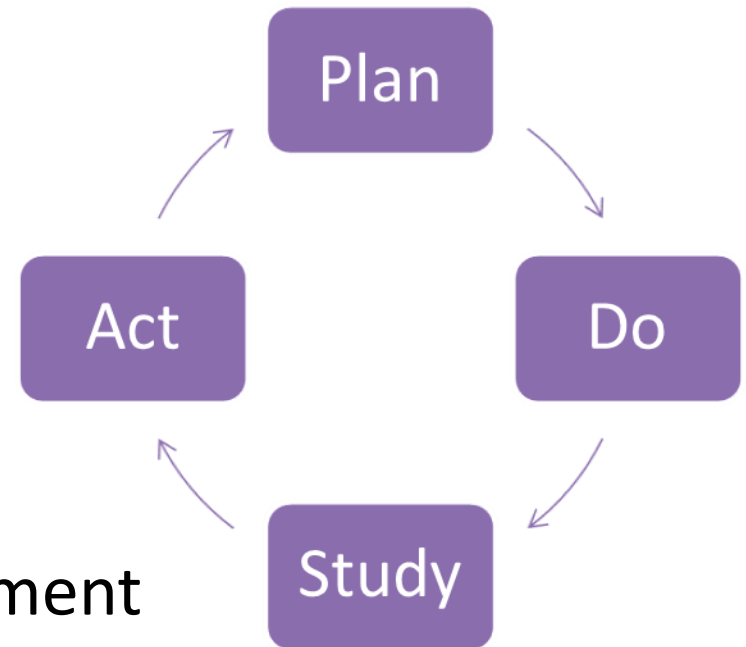
Staff want to learn more!

What is a Learning Circle?



Learning Circles Are...

- ✓ Democratic
- ✓ Action-focused
- ✓ Small & Trusting Group
- ✓ Historically linked to:
 - Swedish study circle movement
 - Quality circles (Deming Cycle)



Why Learning Circles?

- Continuing Care Context
 - Increasing need for capacity building
 - Decreasing education/training capacity
- Current Learning Strategies
 - Educators, staff time costly
 - Unclear benefits



Why Learning Circles . . .

To give voice and empower frontline workers through a cooperative learning model in Continuing Care in Alberta.

- A practice-driven initiative
- Participatory approach
- Open to emergent understandings
- Referencing between practice and theory

Our Study



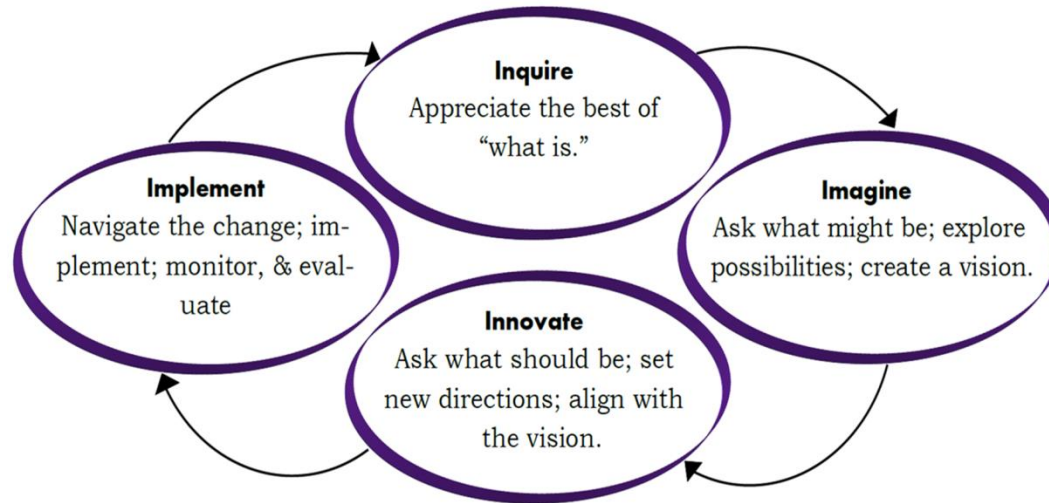
- 9 learning circles
- 8 continuing care facilities (mix of LTC and SL)
- 7 organizations

- Based on the results of a 2013 pilot

Findings from the 2013 Pilot

- Evidence of **knowledge transfer to practice.**
- Observed changes:
 - Shared information & ideas
 - Reduced feelings of isolation & “going it alone”
 - Used a variety of learning methods
 - Created safe space for problem solving
 - Produced new knowledge owned by participants
 - Developed supportive on-going peer group

Evaluation Methodology



“Appreciative Inquiry (AI) is a form of action research that attempts to create new theories/ideas/images that aide in the developmental change of a system” (Cooperrider & Srivastva, 1987). This evaluation project adopted the AI model to evaluate Learning Circles in continuing care sites.

Complexity of the evaluation

- 8 Continuing care facilities
- 9 Learning circles
- 9 Case studies
- 12 Evaluation tools
- 14 Coaching journals
- 15 Site visits
- 15 Focus groups
- 16 Interviews
- 53 Tracking sheets
- 81 Self-assessment questionnaires

Evaluation Findings

What did we learn about LCs?

Q1 - How have the LCs contributed to practice change?

Q2 - How have the LCs supported organizational priorities?

Q3 - How has this project contributed to LC sustainability?

Q1: How have the LCs contributed to practice change?

there were several foundational aspects to implementing LCs that are key to practice changes.

1. Facilitator Role
2. LC Process and Implementation
3. Major Outcomes

Facilitator Role

- A training workshop was held for the facilitators and administrators before the LCs began.
- Key concepts and facilitation techniques were explained and a binder of materials was distributed to each facilitator for future reference.

LC Process and Implementation

- The LCs provided participants with some significant benefits. The LCs gave participants **time and space to reflect on their practice, build trust, share tacit and explicit knowledge and develop skills to manage conflict in the work place.**
- *This circle is giving us a chance to think. When we are facing a problem at work we don't get a chance to think what to do. So this is a spot where we can sit and think and brainstorm plans together. (Focus Group)*
- When working on the units, staff members were too busy to reflect on their practice or to troubleshoot problems. **LCs provided a short period of time away from practice where staff could “think” and “focus” on the topic to be discussed without distraction or stress.**

Major Outcomes

- Although the researchers observed that the experiential learning concept was not fully implemented, participants did report that learning occurred through shared experiences.

What we learned about LCs supporting practice change

- LCs contribute to practice change by creating time and space for reflection and communication. Staff driven learning and team development are fundamental to practice change.
- A LC is an effective learning strategy for professional development

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- Participants' knowledge and skill levels were measured by three to four site specific objectives and three project objectives (common across all sites).

Participants applied knowledge and skills related to the site and project objectives

There are lots of elders that are in that moment. You might pass them by and not say, “Hi.” and they're thinking about that all day.... That's what I've really picked up on is being more in the moment. (Focus group)

We did put the question, “What is your favorite moment of your shift...?” Most staff said help with dealing with difficult patients. In a way, it also helps other new staff to see what the other staff do. (Focus group)

Participants' confidence to apply knowledge and skills increased

It makes me feel more confident in my practice by knowing other practice in that way too. (LC participant, Capability Questionnaire)

They (participants) have talked about how they are more confident as leaders on units and how they are more comfortable to confront people about performance, issues on the unit, or things or behaviours they've been seeing. (Facilitator interview)

Practice Changes

- A wide range of practice changes were described by participants across the sites. These changes may have occurred at an individual level, such as improvements with communicating with residents' families, or at a practice level with the site instituting a meeting for nursing staff.

Individual Level Change Participants reported that they had changed their ways of:

- managing time
- communicating with residents' families
- managing challenging behaviors

Some other changes were less tangible:

- increased cultural sensitivity
- greater confidence
- improved leadership
- a sense of belonging
- a positive attitude in the workplace.

Q1: How have the LCs contributed to practice change?

The LC is a prime vehicle for social learning:

- Learning is intentional
- Knowledge is from participants
- LCs are distinct from other formal learning/meetings
- Social learning is paramount for adults to learn

Q1: How have the LCs contributed to practice change?

LC facilitators need to have characteristics of ...

- Impartiality
- Leadership
- Management skills
- Educational focus
- Use of (and respect of) divergence

Q1: How have the LCs contributed to practice change?

Building foundations can lead to practice change:

- Team Development
 - Trust and Relationship Building
 - Stimulate and Encourage Communication
- Staff Learning
 - Learning Environment
 - Reflective Practice
 - Shared Learning

Future steps

- Continue dissemination of findings
- Further research into LCs – evaluating the sustainability of project LCs; multi-site comparisons; interprovincial

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Questions

Comments

