

Learning Circles – An Alternative Learning Model for Front-line Staff in Continuing Care

CAG Symposium
25 October 2015



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Research Team

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Capital Care

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Craig Hart, Associate Dean, Faculty of Health and Community
Studies, NorQuest College

Renate Sainsbury, General Manager, Operations, Lifestyle Options

Larry Scarbeau, Director of Operations, Balwin Villa, Excel Society

Kathy Tam, Executive Director, Wing Kei Centre

Marilyn Willison-Leach, Chief Clinical Officer, AgeCare

Participating Sites

- AgeCare: Sagewood
- Bethany Care Society: Bethany Collegeseide
- Capital Care: Kipnes Centre for Veterans
- Excel Society: Balwin Villa
- Excel Society: Grand Manor
- Lifestyle Options: Whitemud
- St. Michael's Health Group: Vegreville Manor
- Wing Kei Care Centre

The Symposium

- Introduction and Background (10min)
- Learning Circle Model (15min)
- Theoretical Perspectives (15min)
- A Developmental Evaluation Approach (15min)
- Implications and Next Steps (10min)
- Questions and Discussion (25min)

Institute for Continuing Care Education & Research (ICCER)

A collaborative network of post-secondary institutions and continuing care providers.

To improve continuing care for Albertans by working with academics, researchers, educators, providers, and students.

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

Results

- 14 issues identified
- Examples:
 - Education
 - Role definition within CC sector
 - Staff retention & recruitment

Challenges

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

Staff want to learn more!

Learning Circles Pilot

- Bethany Care Society implemented 3 learning circles in 2 LTC sites
- evaluated the implementation and learnings from the circles

Findings from the 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

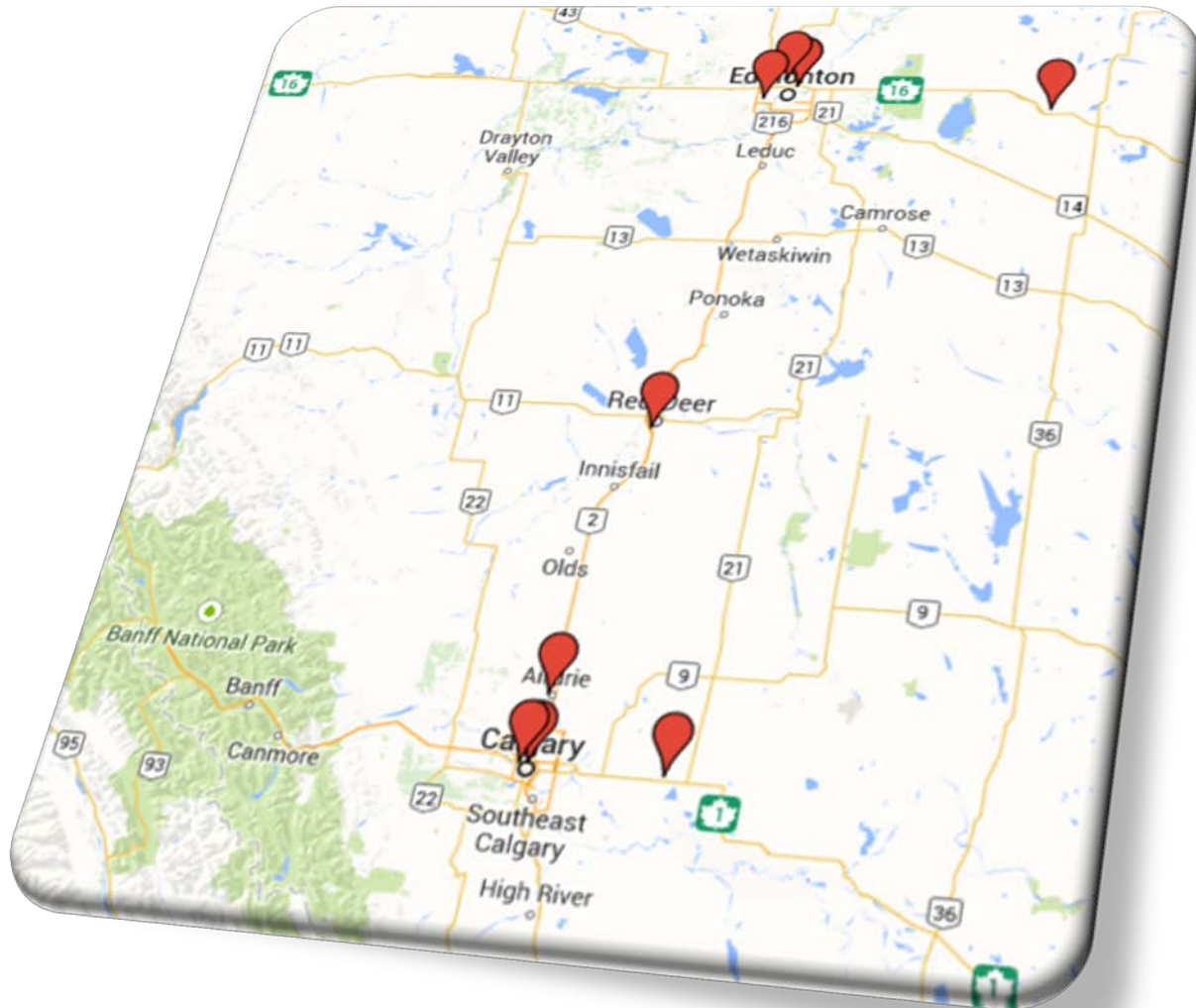


Covenant Health
Network of Excellence in
Seniors' Health and Wellness

What was Proposed?

- Build on the positive experiences piloting LCs
- Support establishment of LCs within other organizations
- Evaluate and determine the effectiveness of LCs to *support clinical practice changes and effective workplace learning for direct care providers*

Our Story



An Alternative Learning Model for Front-line Staff in Continuing Care: Learning Circle Model

Don McLeod
Steven Friesen, MEdes

Why Learning Circles?

- Continuing Care Context

- Increasing need for capacity building
- Decreasing education/training capacity

- Current Learning Strategies

- Educators, staff time costly
- Unclear benefits



Social Learning Theory



“To facilitate significant, transformative changes in organizations, we need to make a profound change in how people interact.”

Lisa Kimball

70%

LEARN & DEVELOP
THROUGH
EXPERIENCE

20%

LEARN & DEVELOP
THROUGH
OTHERS

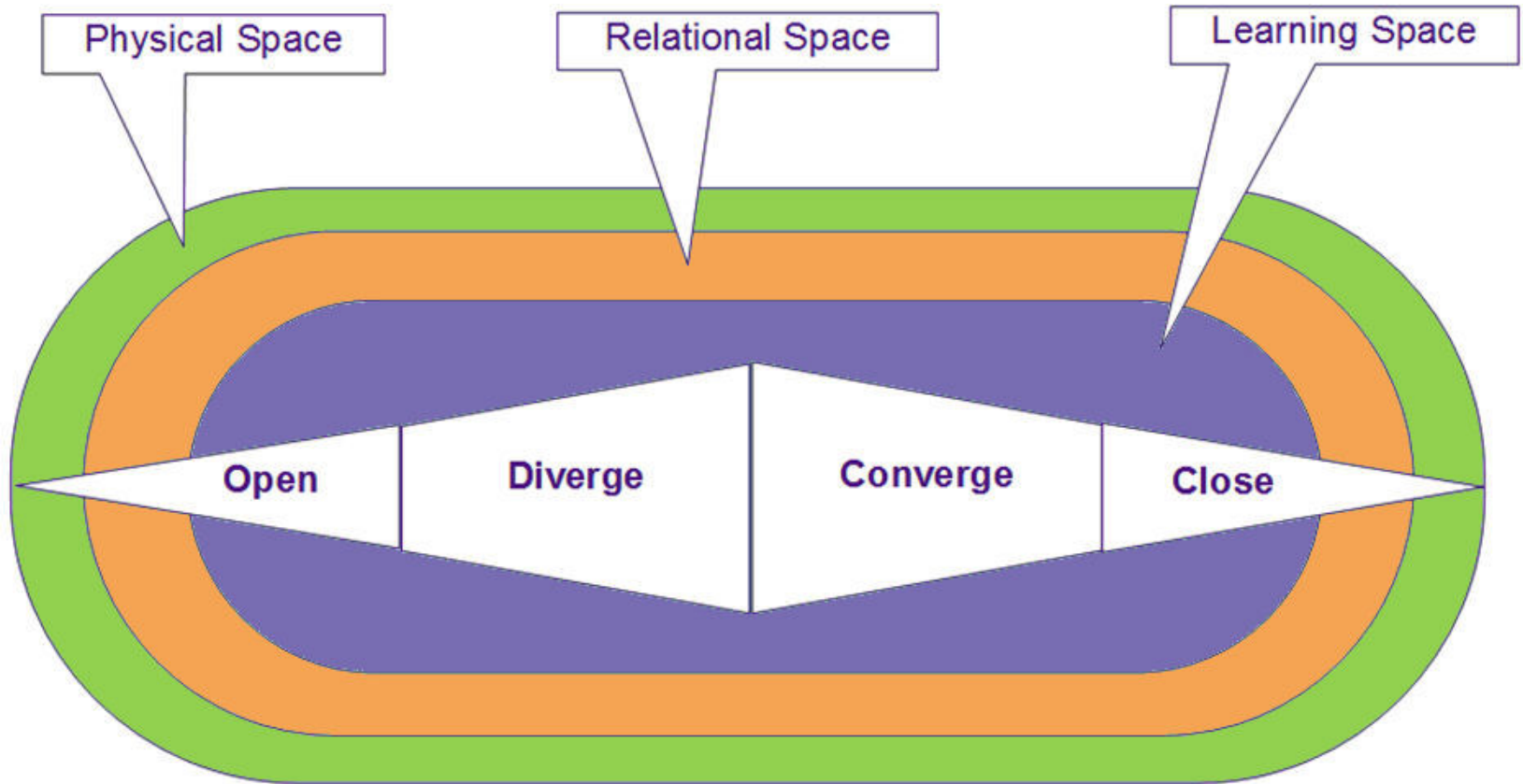
10%

LEARN & DEVELOP
THROUGH
STRUCTURED
COURSES & PROGRAMS

90%

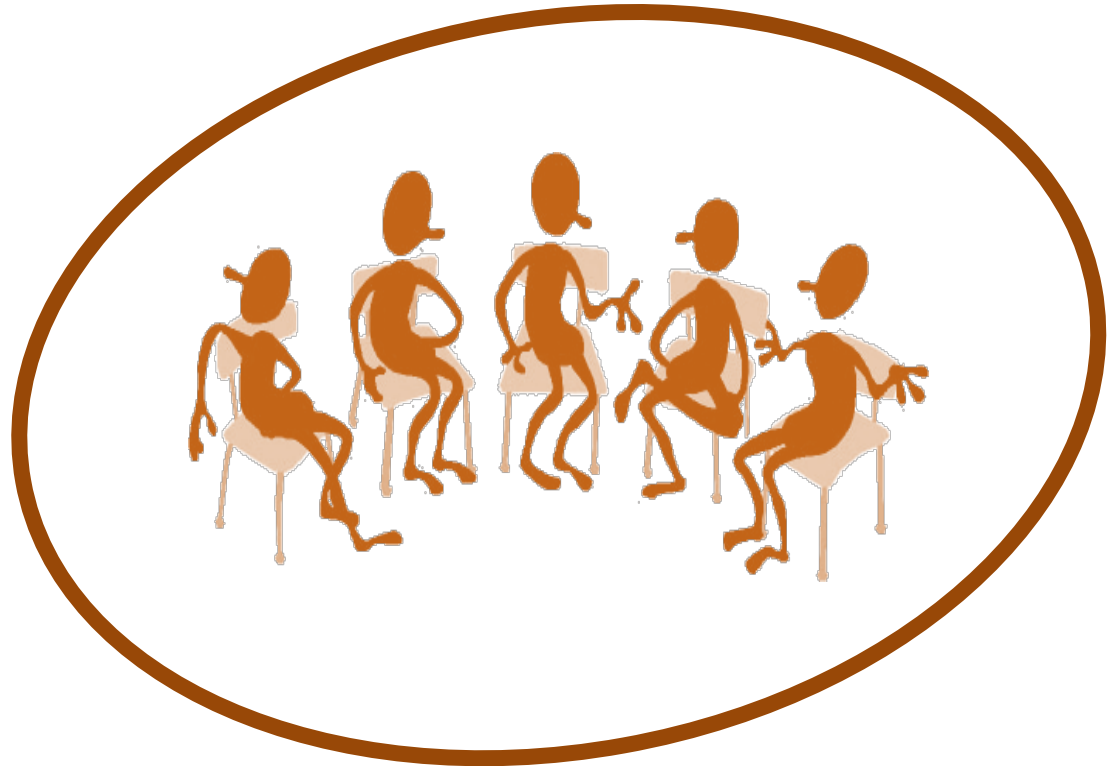
= EXPERIENTIAL
LEARNING & DEVELOPMENT

What is a Learning Circle?

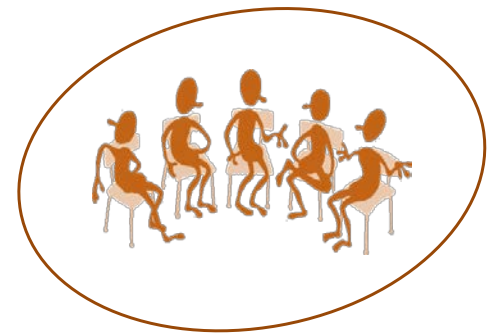


3 Spaces

- Physical
- Relational
- Learning

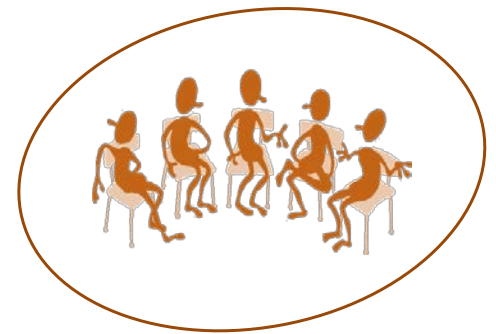


Physical Space



- Convenient to where participants work (e.g. a break room)
- Comfortable seating in a circle
- Confidential: No cross traffic
- Minimal interruptions: Silent cell phones
- A virtual meeting space would be structured differently

Relational Space

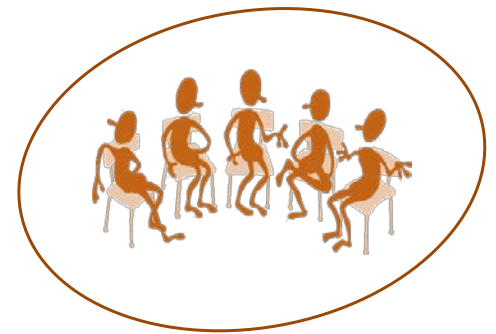


Determined by participants who have a shared practice

This space must be perceived as:

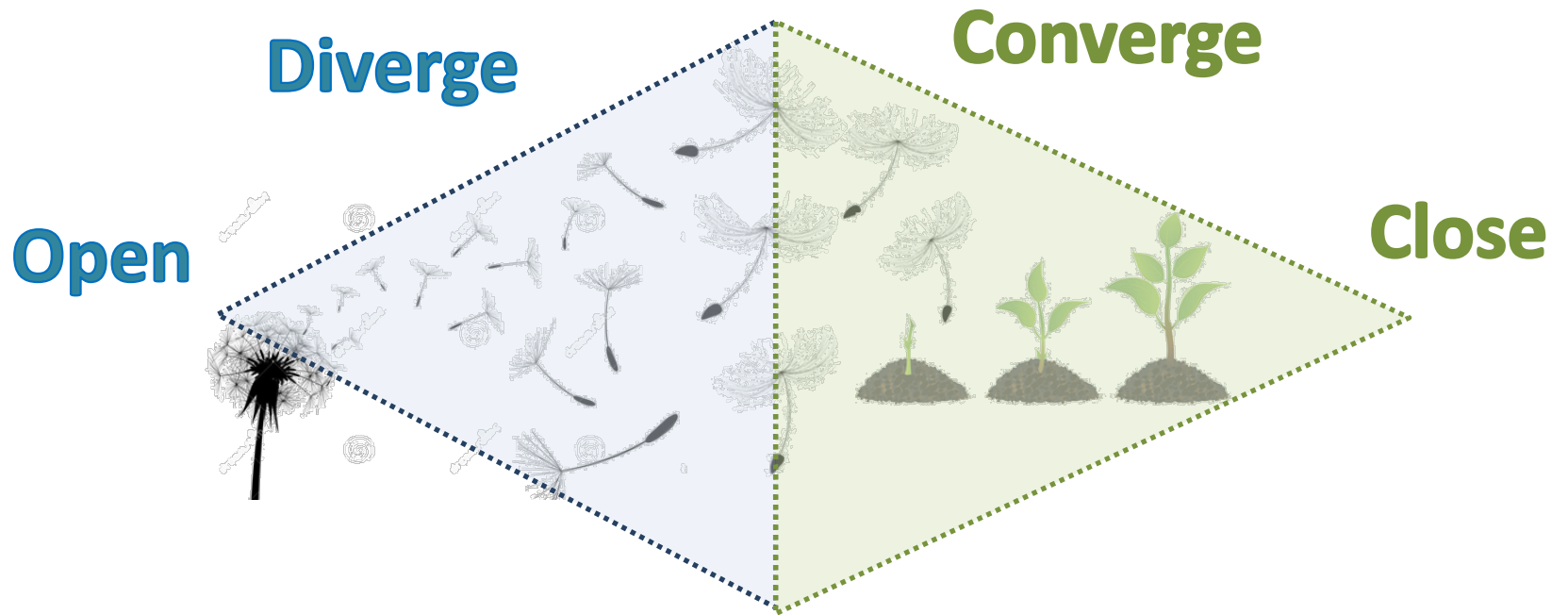
- Relationally “safe”
- Collaborative
- Collegial
- Generative

Learning Space



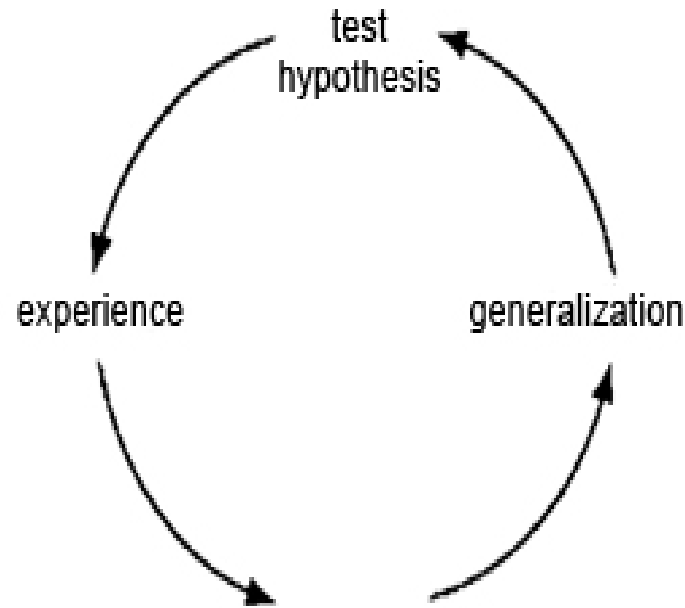
- Disciplined inquiry
- Tacit knowledge is disclosed
 - Thoughts, feelings, beliefs
- Explicit knowledge is included
 - Information from a variety of sources
- Participants attempt to make sense of what has been discussed
- Individual & collective mindlines are remodeled

4 phases

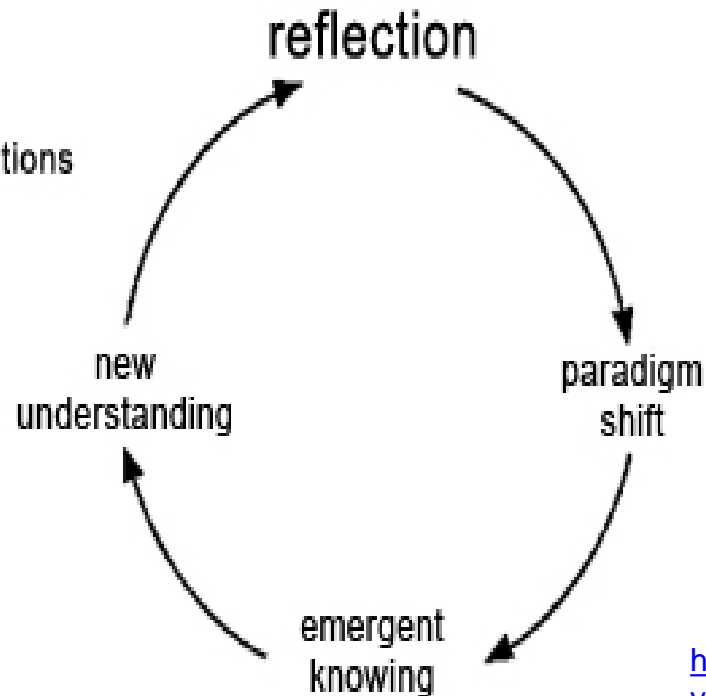


Double-loop Learning

Kolb's learning cycle depicting "instrumental" learning



"Double-loop" learning can bring fundamental shifts in understanding and involve emotions



Open



- The first step of divergent thinking is to be open. This means temporarily suspending judgment and deliberately opening yourself up to new thoughts and ideas.
- Begin with a prepared practice story that relates to current practice issue

Open



How *do* we
do this now?



Diverge



- Divergence allows you to look for options and new ideas. People in the group are looking at things from different perspectives.
- Reflect on initial story in a way that will permit others to disclose their thoughts & feelings.
- Initial story may lead to other, similar practice stories

Diverge



How **could** we
do this now?

Converge



- When thinking convergently, you are seeking a conclusion, an answer, and closure on the topic in question.
- Interject applicable information from external sources such as guidelines, journal articles, consultants, conferences
- If there are unanswered questions that require more information, someone volunteers to investigate & report back at the next session

Converge



How **should** we
do this now?

Close



- Participants attempt to make sense of what has been discussed.
- Participants report what, if any, practice changes they will make.
- Someone volunteers to prepare the opening story for the next session.

Close



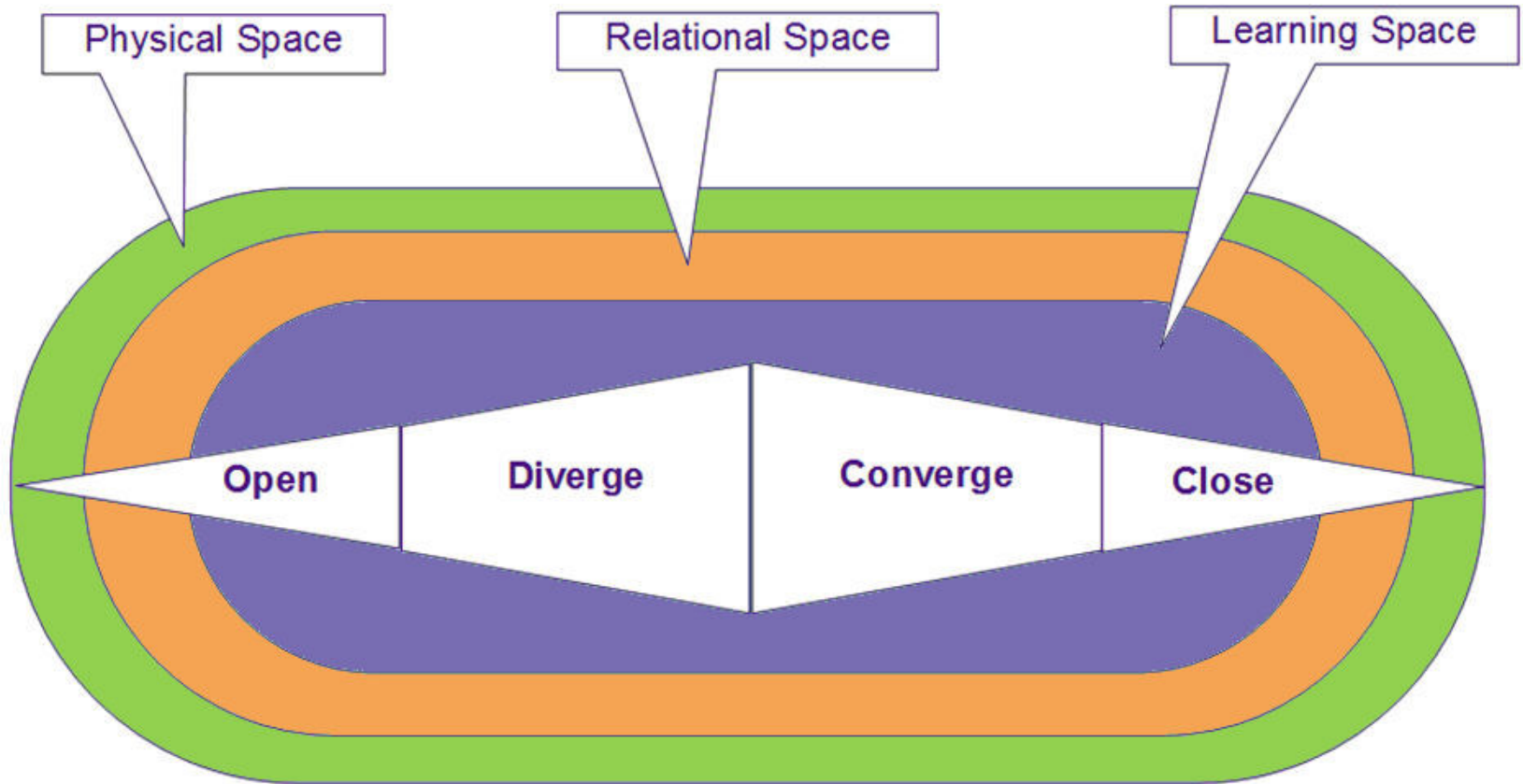
How **will** we
do this now?

Key skills of a facilitator

- Reflecting
- Clarifying
- Summarizing
- Shifting focus
- Using silence
- Using non-verbal and verbal signals



What is a Learning Circle?



An Alternative Learning Model for Front-line Staff in Continuing Care: Theoretical Perspectives

Heather Moquin, PhD
Sharla King, PhD



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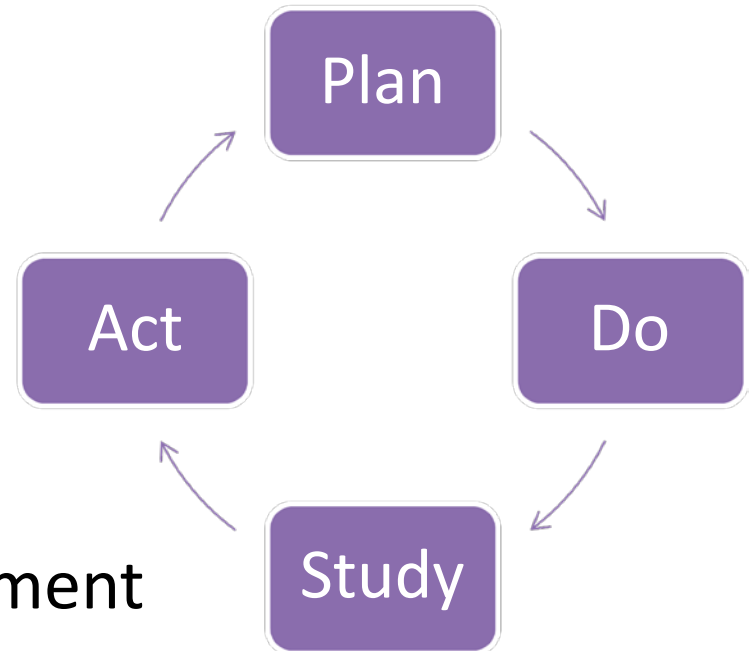
Why Learning Circles . . .

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

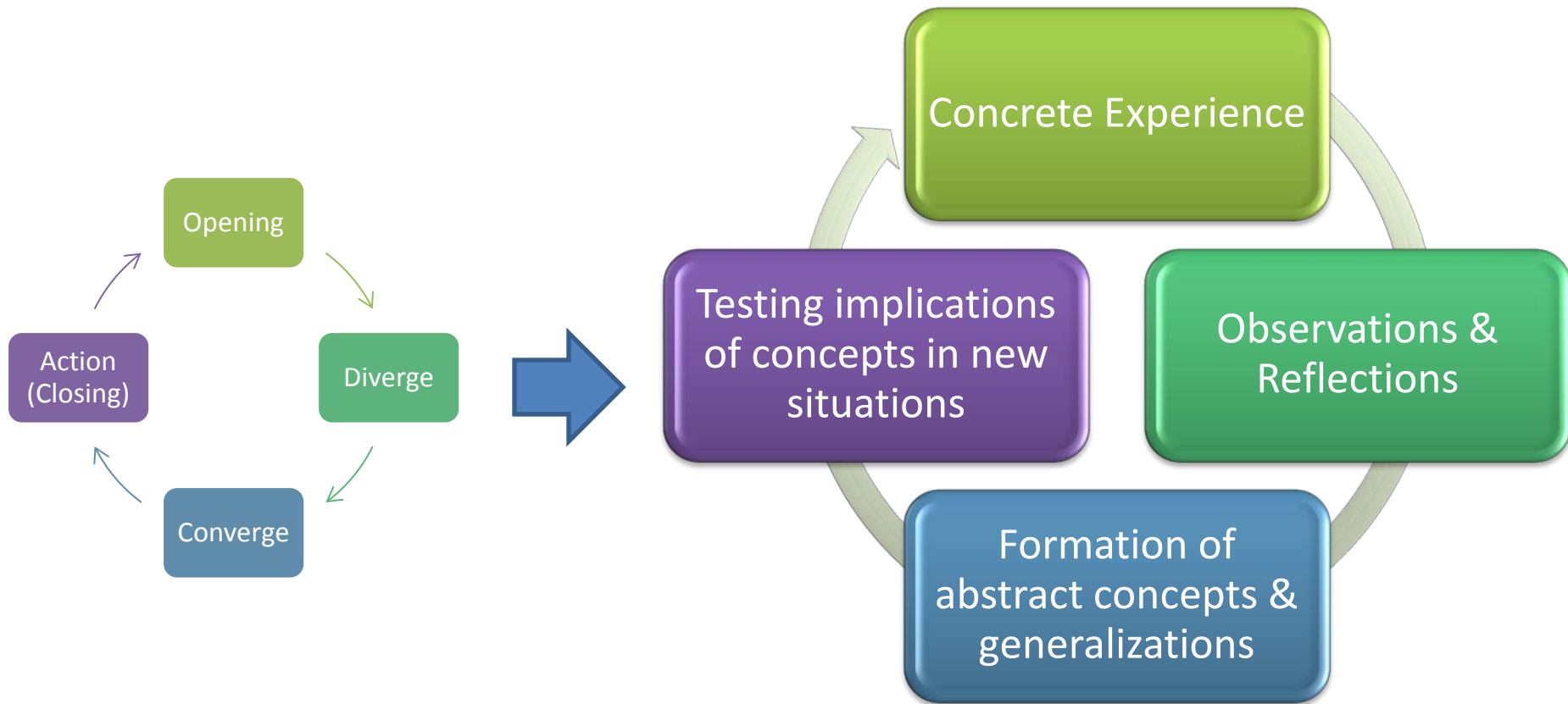
- A practice-driven initiative
- Participatory approach
- Open to emergent understandings
- Referencing between practice and theory

Learning Circles Are...

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



Kolb's Experiential Learning Theory



Kolb's Experiential Learning Model (Knowles et al, 2011, p. 196).

Detailed Theoretical Understandings

1. Learning circles as *Reflective Practice*
2. *A Need* for Reflective Practice in Continuing Care Settings
3. Learning Circles as *Self-directed*
4. *Constructivist* understanding of education



1. Learning Circles as Reflective Practice

“Reflective practice engages with the messiness, the unpredictability, the uncertainty of practice, focusing not on abstract theory but on the real experiences of practitioners and the skills they develop as they try to make sense of those experiences” (Saltiel, 2010, p. 131)

- **Reflection-in-action vs Reflection-on-action**
- **Frame Reflection**

2. A Need for Reflective Practice in Continuing Care Settings

“It is vital that the space for reflection and for development is protected, in order to enable individuals and organizations to learn and to improve patient care in response to patient needs and feedback” (Clark, 2011, p. 420).

“Management would need to make changes to their current resource allocations and schedules in order to create time for the HCAs to participate in reflective practice and to analyze the current situation and design possible solutions” (Conklin, 2010, p. 162).

3. Learning Circles as Self-directed

For learning to be self-directed: “Educators of adults in formal and nonformal settings need to shift to learners as much control as possible in the learning process” (Merriam et al, 2007, p. 109).

Advocating that people should be in control of their own learning is based on the belief that if people had a chance to give voice to what moves and hurts them, they would soon show that they were well aware of the real nature of their problems and of the ways to deal with these” (Brookfield, 1993, p. 234).

4. Constructivist Understanding of Education

“The constructivist view of learning is particularly compatible with the notion of self-direction, since it emphasizes the combined characteristics of active inquiry, independence, and individuality in a learning task” (Candy, 1991, p. 278).

“Basically, a constructivist stance maintains that learning is a process of constructing meaning; it is how people make sense of their experience” (Merriam et al, 2007, p. 291).

Theoretical Understandings	Stakeholder Views
1. Learning circles as Reflective Practice	➤ Responsive to problems which are multi-layered, unspoken of, changes in staff roles/responsibilities/shifts in power
2. A Need for Reflective Practice in Continuing Care Settings	➤ Extremely resource tight and severely understaffed; sustainability dependent upon availability of resources to support their operation.
3. Learning Circles as Self-directed	➤ For LCs to be owned by staff, they must be provided with the LC as a protected space w/out management influence
4. Constructivist Understanding of Education	➤ LCs are not a one-size fits all; can be complementary to in-service; one learning strategy chosen within a larger staff educational program.

1. Learning circles as **Reflective Practice**

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2. **A Need** for Reflective Practice in Continuing Care Settings

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4. **Constructivist** Understanding of Education

➤ LCs are not a one-size fits all; can be complementary to in-service; one learning strategy chosen within a larger staff educational program.

An Alternative Learning Model for Front-line Staff in Continuing Care: A Developmental Evaluation Approach

Gail Barrington, PhD, FCMC, CE
Taoting Li, MSc



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Project Overview

Project Title: From Cooperative Learning Strategies to Quality Continuing Care Workplaces

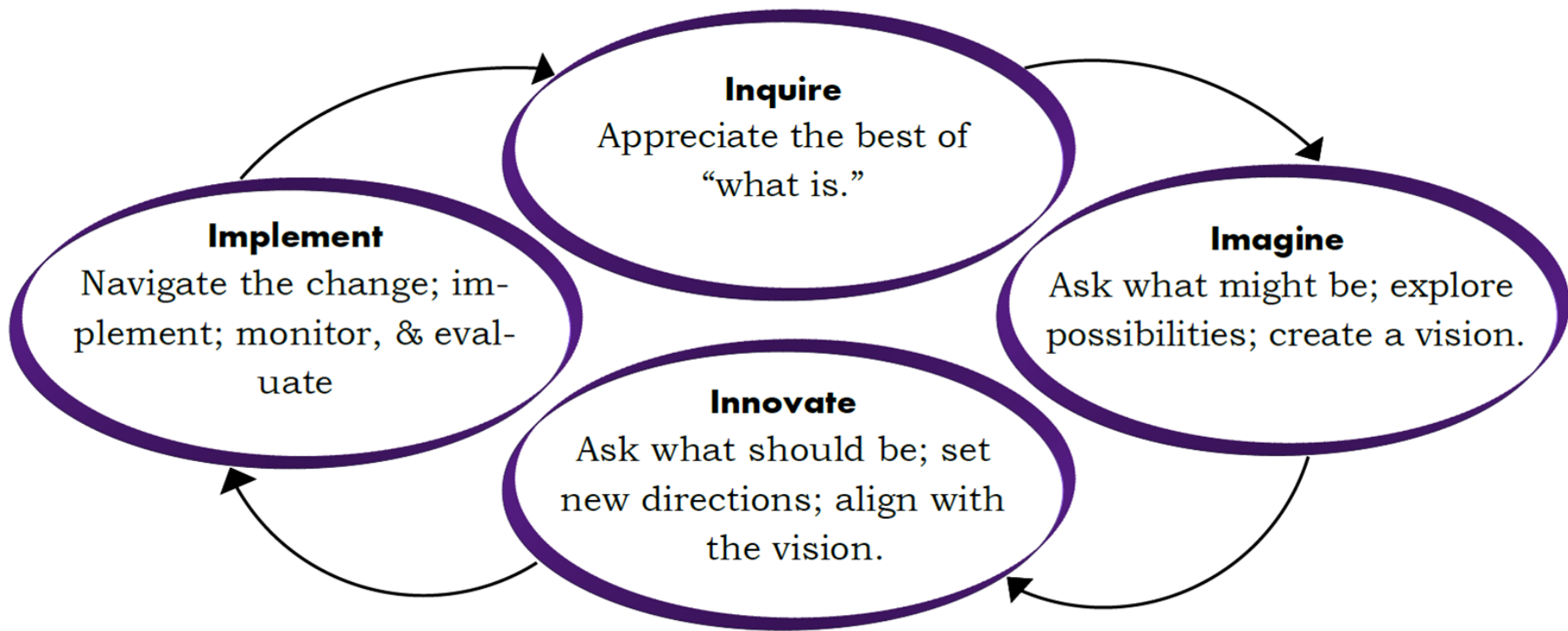
Project Purpose : *To determine if LCs are helpful to support learning in the workplace & to improve clinical practice.*

- Based on 2013 pilot study
- 12 months from September 2014
- 9 LCs in 8 Alberta sites
- In long-term care &/or supportive living

Current Continuing Care Context

- Turbulence, constant change & uncertainty
- Funding cuts/threats of more
- Job loss, turnover, relocation
- Reorganization, restructuring
- Negative impact on staff morale
- Staff feel overworked, de-valued & disempowered

4 Phases of Appreciative Inquiry



AI in Health Care Settings

- Is positively perceived by participants
(Trajkovski, Schmied, Vickers, & Jackson, 2013)
- Promotes change in organizational process
(Carter et al., 2007; Richer, Ritchie, & Marchionni, 2009)
- Promotes change in clinical practice
(Marchionni & Richer, 2007)
- Explores professional development initiatives
- Defines public healthcare services
- Creates a team vision
- Improves the work environment
(Richer, Ritchie, & Marchionni, 2010)

Evaluation Questions

- 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?

From Cooperative Learning Strategies to Quality Continuing Care Workplaces: Logic Model Crosswalk

Inputs	Activities	Outputs (2014-2015)	Short-term Outcomes (2015-2016)	Mid-term Outcomes (2016-2017)	Long-term Outcomes (2017-2020)
Q1 How Have the Learning Circles Contributed to Practice Change?					
1.1 Covenant Health/ Network of Excellence in Seniors' Health & Wellness funding	2.1 New LCs are established & operate at selected sites; established LCs continue	3.1 LCs enable staff to discuss issues, reflect on experience & experiment with practice change.	4.1 Project LCs contribute to practice change	5.1 Clinical care in participants' workplaces shows positive change	6.1 CC residents receive enhanced care as the capacity & responsiveness of health care providers & teams is increased
	2.2 Facilitators are trained & supported in their group process skills	3.2 Facilitators demonstrate enhanced group leadership			
	2.3 LCs support social learning theory	3.3 LC phases & stages are explored	4.2 Participants demonstrate enhanced self-confidence to solve care-related problems		
	2.4 LCs support experiential learning & reflective practice	3.4 Participants enhance their capacity in target skills & knowledge	4.3 Participants apply target skills & knowledge in their workplace		
1.2 Project research team					
1.3 Project management office					
1.4 Continuing care project sites					
Q2 How Have the Learning Circles Supported Organizational Priorities?					
1.5 Managerial & operational support at sites	2.5 LC topics are identified to address staff learning needs	3.5 LCs address identified practice issues	4.4 LC topics & organizational priorities align	5.2 LCs are responsive to both staff & organizational development needs	6.2 Organizations experience LCs as an effective & efficient in-service training tool.
	2.6 LCs link their topics to organizational priorities	3.6 LCs address identified organizational issues			
	2.7 LCs use staff time & resources efficiently	3.7 LCs provide an efficient form of capacity building			
1.6 Partners & KT users					
1.7 Cooperative learning model					
Q3 How Has this Project Contributed to Learning Circle Sustainability?					
1.8 Adult & experiential learning principles	2.8 Orientation, capacity building & coaching are provided for facilitators, participants & sites	3.8 LCs continue at each participating site after project completion	4.5 Additional LCs at project sites build on project lessons & best practices	5.3 ICCER network expands the LC approach beyond project sites	6.3 ICCER network strengthens organizational learning in CC sector
	2.9 LC Toolkit documents knowledge, strategies & resources for LC implementation	3.9 Additional tools & materials are added to LC Toolkit based on project experience	4.6 LC Toolkit continues to support planning, implementation & evaluation of LCs at new & existing sites		
1.9 Pilot evaluation framework, tools & findings					
1.10 Evaluation plan					
1.11 AI philosophy					
1.12 Participatory action research approach	2.10 ICCER network is updated on LC project experiences	3.10 ICCER network strengthens relevant best practices	4.7 ICCER network supports LC sustainability beyond project timeframe by developing a community of practice		
	2.11 LC Forum shares LC experiences & best practices with broader CC community	3.11 Knowledge mobilization fosters support & sharing between LC project & other KT users			
	2.12 Awareness of post-secondary programs regarding use of LCs & reflective practice is enhanced				

Evaluation Tools

- Data Collection Matrix
- Training Workshop Survey (T1) & Field Notes (T1&T2)
- 2 Self-assessment Tools:
 - T1 (LC #3) Capability Questionnaire
 - T2 (LC #6) Knowledge Transfer Questionnaire
- Learning Circle Tracking Sheet
- Coaching Journal
- LC Observation Checklist
- AI Focus Groups (T1&T2)
- LC Field Notes Template
- Facilitator Interview
- Site Administrator Interview
- Case Studies

AI Tools: Surveys

Self-assessment tools are asset-based; look at strengths and growth; are customized to each LC's objectives & with **a few project-level items**. For example:

*Select the number that best reflects your **knowledge or skill level** in each area at the end of this Learning Circle meeting today:*

- To identify what effective leadership looks like in my unit
- To understand how effective leadership can increase support for my role
- To understand how appreciation and positive feedback increase my team's motivation
- To learn how to foster continuity of care on my floor
- To reflect on how to change my practice
- To be able to discuss what I have learned
- To make plans to try out my new skills and knowledge

TC#8 Capability Questionnaire T1

AI Tools: Focus Groups

Pop-up AI focus groups were scheduled according to site needs, occurred during the last 10 minutes of a LC meeting, were comprised of only one question & were developmental. It took several LCs to get it right. For example in T1:

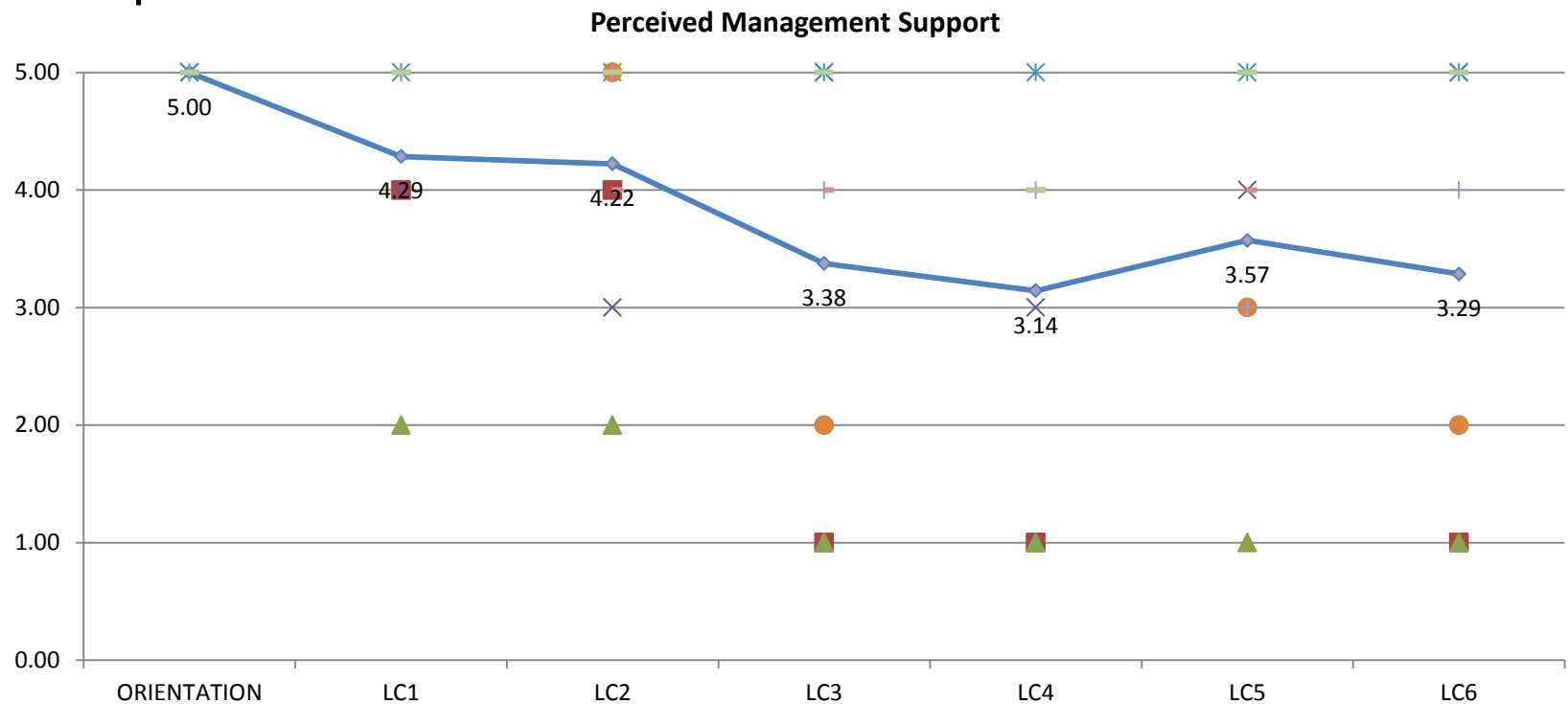
- Think about on your experience with the Learning Circle so far. Remember a **favourite moment** when you learned something and then were able to use it in your work. Tell us about what happened and why it was a **success**.

Method: Quantitative Analysis (SPSS)

Data Sources:

- 53 Tracking Sheets
- 81 Self-assessment Questionnaires (Time 1 & Time 2)

Example 1

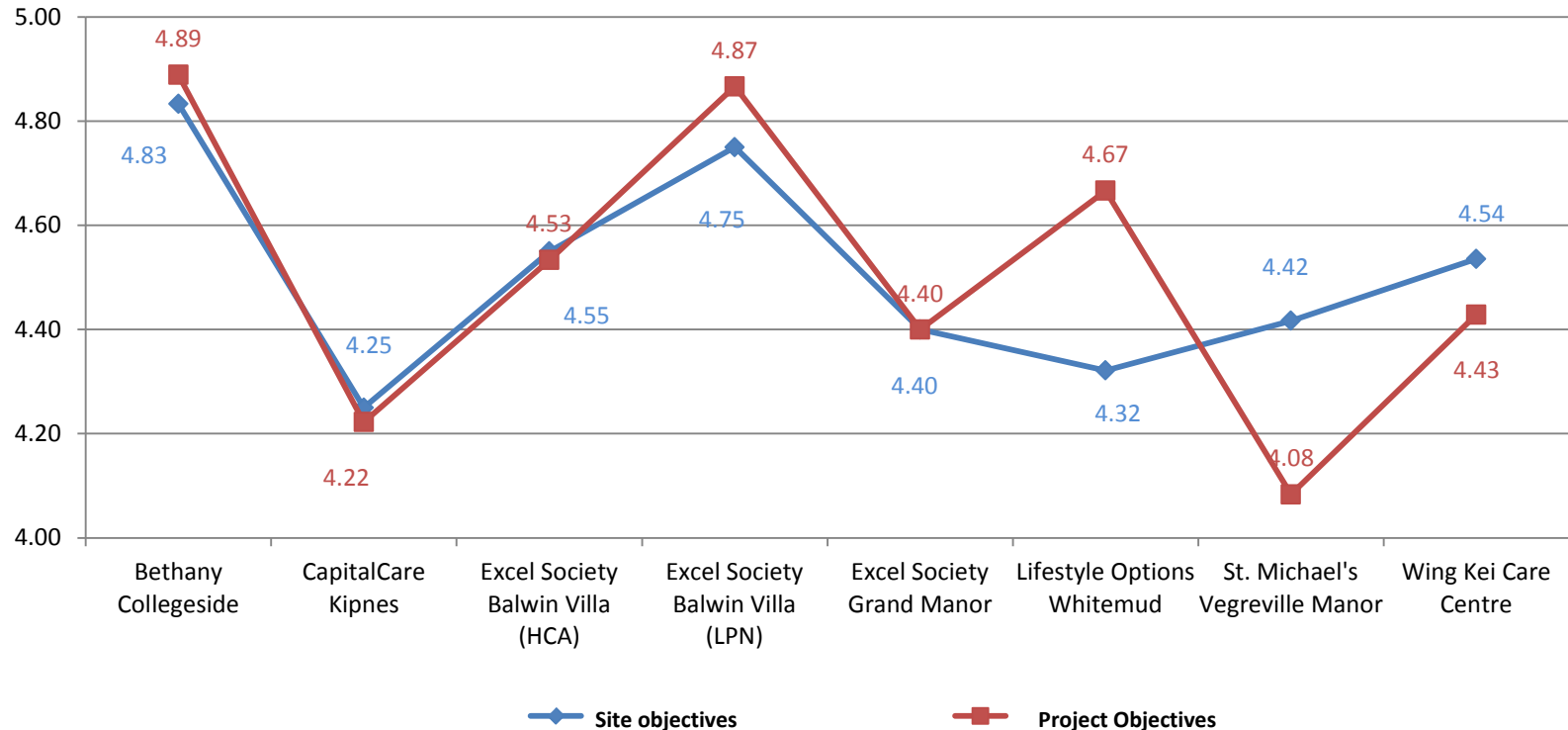


Data source: LC Tracking Sheets (N = 50)

Method: Quantitative Analysis (SPSS)

Example 2

Participants' Knowledge and Skill Levels



Data Source: Time 1 Capability Questionnaire (N = 42)

Method: Qualitative Analysis (NVivo)

Data Sources:

- 14 Coaching journals
- 53 LC Tracking Sheets – open-ended questions
- 81 Self-assessment Questionnaires (T1 & T2) – open-ended questions
- 15 Focus groups (T1 & T2)
- 16 Facilitator/Administrator Interviews

Themes:

- 5 main themes and 64 sub-themes

Example:

Main theme: Team Development

Sub-themes: Team Communication & Team Collaboration

Method: Qualitative Analysis (NVivo)

Example quotes for **Building Trust**

- *Observing the group go from “co-workers” to “confidants” (LC Tracking Sheet)*
- *That's a lot easier...we all know each other like more in personal. (T1 Focus Group)*
- *They opened up and felt safe that they can trust that no one would be called on the things they said. (Admin Interview)*

Evaluation Findings

What did we learn about LCs?

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

Q2: How have the LCs supported organizational priorities?

LC common themes: Team Development and Leadership

What LCs are:

- A novel learning method
- Meeting of practice and expertise
- Complementary to in-service
- Draw upon prior practice experience
- Allow for dialogue

What LCs are not:

- LCs are not in-service
- LCs are not didactic
- LCs are not casual small talk
- LCs are not a staff clinical meeting

Q3: How has this project contributed to LC sustainability?

Enablers:

- Willingness of participants
- Skilled and resourceful facilitation
- Management support
- Relevant content
- Demonstrating impact

Barriers:

- Lack of willingness of participants and/or facilitator
- Lack of management support
- Content not relevant
- Scheduling and coverage

Evaluation Lessons

- Evaluation was developmental (e.g., logic model and evaluation tools)
- 6 months were too short to change practice
- LCs had to be based on organizational priorities
- More facilitator training should be provided
- Limitations on quantitative data (i.e., small “n”, ceiling effects/limited variance)
- Unexpected findings (e.g., team development)

An Alternative Learning Model for Front-line Staff in Continuing Care: Implications and Next Steps



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Our Convergence

- LCs are not in-service training but a novel space to meaningfully interpret practice
- LCs offer space for reflective practice & experiential learning however...challenges with closing phase
- Communicating the value management places on LCs is necessary
- Role of facilitator is key
- LCs are a powerful capacity building/team development tool
- LCs support trust building
- Team development is a necessary part of practice change

Our Closing

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About ICCER

- Continuing Care in Alberta
- News and Events
- Conferences and Events
- Members
- Governance
- Partnership Projects
- CNDRN Project
- Behavioural Supports Alberta
- Workforce Utilization Project
- Continuing Care Networking Events
- Speed Networking Events
- Links
- Contact ICCER
- Learning Circles Toolkit
 - Resources for Facilitators
 - Resources for Site Sponsors
 - Resources for Organizational Sponsors

Resources for Facilitators

Congratulations on being selected to facilitate a learning circle at your site! Below, you will find a list of resources which have been designed to assist you with both setting up your learning circle and facilitating the learning circle itself.

Background on learning circles

- [What are Learning Circles?](#)
- [The Learning Circle Model: 3 spaces & 4 phases](#)
- [Learning Circles as Experiential Learning](#)
- [Learning Circles as Reflective Practice](#)
- [How Adults Learn](#)
- [Learning Circles are Supportive of Team Development](#)

Organizing learning circles

- [Getting Started](#)
- [Introducing Learning Circles to Participants](#)
- [Learning Circle Goal & Objectives](#)
- [A Map to Learning Circles](#)
- [Tips: Recruitment & Continuing Participation](#)
- [Single Discipline versus Interdisciplinary Groups](#)
- [Logistical Considerations](#)
- [New to Facilitation?](#)

Facilitating learning circles

- [Essential Skills of a Learning Circle Facilitator](#)
- [The Qualities of a Learning Circle Facilitator](#)
- [General Guidelines for Group Discussion](#)
- [Common Challenges](#)
- [Building Trust through Ground Rules](#)
- [Practical Tips for Getting the Group to Commit to Action](#)

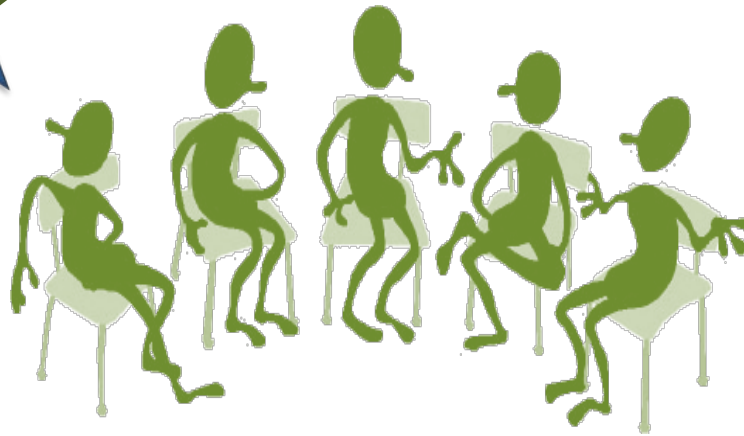
Sharing the learning beyond the learning circles

- [Sharing Learning & Gaining Support](#)
- [Requesting and Gaining feedback from Organizational Sponsors - Nothing here yet](#)

- Sustaining LCs
- Project Dissemination
- Knowledge Translation

Questions

Comments



For additional information

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